

UNDERSTANDING OF SWATANTRA AND PARATANTRA VYADHI WITH SPECIAL REFERENCE TO GULMA

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Abstract: Ayurvedic clinical practice relies on the classification of diseases into *Swatantra* (independent) and *Paratantra* (dependent) to determine the complexity of treatment. This article provides a critical analysis of the *Swatantra* (independent) and *Paratantra* (dependent) classifications of disease, with a focus on *Gulma Roga*. According to the *Charaka Samhita*, a *Swatantra* disease (*Anubandhya*) manifests through its own specific etiology (*Nidana*), exhibits distinct symptoms (*Vyakta Linga*), and responds to its specific treatment (*Swa-chikitsa*). Conversely, *Paratantra Vyadhi* (*Anubandha*) arises secondary to another disease, often appearing as premonitory symptoms (*Purogamini*) or complications (*Anugamini*). The study specifically examines the pathogenesis of *Gulma*, a *Vata*-predominant condition characterized by localized, rounded swellings in five specific abdominal regions. Pathogenesis involves vitiated *Vata* encircling *Kapha* and *Pitta* within the *Mahasrotas*. Clinical management of *Gulma* necessitates the mandatory *Adi-Anta-Madhya* protection of *Vata* and the stabilization of *Agni*. The study concludes that the prognosis of *Gulma* is fundamentally tied to *Agni* stability; while independent *Gulma* requires specific *Doshic upakrama*, dependent forms often resolve through the treatment of the primary underlying disease. This comprehensive analysis of differentiating between *swatantra* and *paratantra Gulma* is essential for accurate diagnosis and successful clinical outcomes.

IndexTerms - Ayurveda, *Swatantra vyadhi*, *Paratantra vyadhi*, *Gulma*.

I. INTRODUCTION

Clinical Ayurvedic practice utilizes a unique classification system to distinguish between independent (*Swatantra*) and dependent (*Paratantra*) diseases, which is essential for determining treatment priorities. A *Swatantra* disease manifests through its own specific causes and exhibits clear, distinct symptoms that respond to targeted therapies. Conversely, a *Paratantra* disease arises as a secondary complication or premonitory sign of another primary illness, often exhibiting subtle symptoms that resolve once the underlying condition is treated. This diagnostic framework is particularly significant in the study of *Gulma*, a condition characterized by palpable, rounded abdominal masses primarily driven by *prakupita Vata*. While *Gulma* can manifest independently, it frequently emerges as a secondary result of chronic emaciation or systemic disorders like hemorrhoids or fever. Effective management depends on correctly identifying these types to stabilize the digestive fire (*Agni*) and protect the balance of *Vata* at every stage of therapy. This article analyzes these classical concepts to improve clinical outcomes in managing complex abdominal pathologies.

1. REVIEW OF LITERATURE

The diagnostic framework of Ayurveda is predicated on the distinction between *Swatantra* and *Paratantra Vyadhi*, a concept essential for determining *Guruta and laghuta of chikitsa*. A *Swatantra Vyadhi*, also termed *Anubandhya*, is defined as *Swatantra vyaktalingo yathoktasamutthanaprashamo bhavaty anubandhyah, tadviparitalakshanastwanubandhyah*.¹ [Ch.Vi.6/17]. This implies that the independent disease manifests with clear symptoms (*Vyakta Linga*) and follows its own specific etiological factors and treatment protocols, whereas the *Anubandha* (secondary) condition possesses opposite characteristics, often manifesting with indistinct symptoms (*Avyakta Linga*) and arising secondary to another primary disease. *Paratantra*(*Anubandha*) *vyadhi* are divided into further two types, *Purogamini* (Premonitory) Ex- *Anannabhilashanam* (aversion to food) before a fever. *Anugamini* (Complication): Ex- Breathlessness (*Shwasa*) as an *Upadrava* following chronic disease.

Paratantra vyadhi can be understood by a specific Example: In *Sharad* (autumn), *Sleshma* is generated by *Pittaja hetu* (due to *Amla-vipaka* of water). It is pacified by treatment of *Pitta* (*Tikta Sarpi*) because the treatment is *Anuguna* (compatible) for *Kapha*. Because the *Anubandha* is *Abala* (weak), it does not manifest clear symptoms and is resolved by the treatment of the primary condition due to *Anugunata* (compatibility).

As explained in the *Sarvangasundari* commentary on *Ashtanga Hridaya*, *chikitsagurulaghavapratipatyartham cha swatantradisanjnakaranam*²[A.Hr.Su.12/61], the physician must use these designations to prioritize interventions accurately. This logic is critical in the study of *Gulma Roga*, which is defined as *gupitanilamulatvadgudamulodayadapi gulmavadva vishaalatvadgulma ityabhidhiyate*³[Su.utt.42/5]- a deep-rooted, shrub-like abdominal mass. Whether it arises as a primary functional entity from *Vata prakopaka ahara-vihara* or as a secondary complication (*Upadrava*), the physician must identify the *Mula* of the *gulma* to prevent it from becoming an incurable structural pathology.

Table 1: Comparative Features of *Swatantra* and *Paratantra Vyadhi*

Feature	<i>Swatantra</i> (<i>Anubandhya</i>)	<i>Paratantra</i> (<i>Anubandha</i>)
<i>Utthana</i> (Origin)	Arises from its own <i>Nidana</i> (<i>Swa-hetu</i>).	Arises from other causes (<i>Para-hetu</i>).
<i>Linga</i> (Symptoms)	Clear symptoms (<i>Vyakta Linga</i>).	Indistinct symptoms (<i>Avyakta Linga</i>).
<i>Prashama</i> (Pacification)	Pacified by <i>Swa-chikitsa</i> .	Pacified by <i>Para-chikitsa</i> .
Vikara manifestation	<i>Vikara</i> during own <i>Prakopakala</i> .	<i>Vikara</i> only when provoked by <i>Pradhana</i> .
Example	Primary <i>Vataja Gulma</i> .	<i>Gulma</i> as an <i>Upadrava</i> of <i>Arsha</i> .

2. METHODOLOGY

This study employs a structured conceptual literary review methodology to analyze the *Swatantra* and *Paratantra* classifications in the context of *Gulma Roga*.

Source Material Selection: Primary data were collected from the *Brihat Trayee*, including *Charaka Samhita* (*Nidana 3, Chikitsa 5*), *Sushruta Samhita* (*Uttara Tantra 42*), and *Ashtanga Hridaya* (*Nidana 11, Chikitsa 14*).

Conceptual Analysis: *Gulma* was categorized into *Anubandhya* (primary) and *Anubandha* (secondary) based on *Utthana* (onset), *Linga* (symptoms), and *Prashamana* (pacification), to understand the *Swatantra* and *Paratantra* classification in the context of *Gulma* to understand its importance in *chikitsa*.

3. RESULTS AND DISCUSSION

The core distinction between independent and dependent manifestations rests on their relationship with causative factors and symptom clarity.

Gulma classification across texts

The categorization of *Gulma* varies slightly across primary classical sources.

Table 2: Classification of *Gulma* in *Brihat Trayee*

<i>C.Ni.3</i>	<i>S.Ut.42</i>	<i>A.H.Ni.11/32</i>	<i>A.S.Ni.11/39</i>
<i>Vata</i>	<i>Vata</i>	<i>Vata</i>	<i>Vata</i>
<i>Pitta</i>	<i>Pitta</i>	<i>Pitta</i>	<i>Pitta</i>
<i>Shleshma</i>	<i>Shleshma</i>	<i>Shleshma</i>	<i>Shleshma</i>
<i>Shonita</i>	<i>Shonita</i>	<i>Shonita</i>	<i>Shonita</i>
<i>Sannipataja</i>	<i>Sannipataja</i>	<i>Samsrusta (3)</i>	<i>Samsrusta (3)</i>
		<i>Artavasya dosha</i>	<i>Artavasya dosha</i>

*Gulma Nidana*⁴:

- ✓ Extensive *parisrava* of *vit, pitta* and *shleshma*
- ✓ Extensive *vrudhata* of *vit, pitta* and *shleshma*
- ✓ *Dharana* and *Udeerana* of *adhovega*
- ✓ *Bahya abhigata*
- ✓ *Atisevana* of *Ruksha annapana*
- ✓ *Shoka*
- ✓ *Mithyapratikarma* (Improper administration of *Panchakarma*)
- ✓ *Vishama atimatra* of *vicheshta*

These *nidana* lead to *vata prakopa* in *Koshta*

General *Samprapti* (Pathogenesis) of *Gulma*⁵:

Prakupita vata leading to *prakopa* of *kapha* and *pitta*, gets encircled by *kapha* and *pitta* leading for manifestation of *Gulma* in its respective *sthana* causing *shola*. Situated in *Pakwashaya/pitta-kaphashaya* by *swatantra/paratantra*, perceptible to touch, *paripinditwat*, gets name according to *dosha pradhanata*.

Samprapti according to *Ashtanga hrudaya*:

Vrudhda Vata causes *Vrudhata* of *Rakta*, which further leads to *Vrudhata* of *Kapha* and *Pitta*. Subsequently, the *Uddhuyata* (upward displacement/excitation) of *Kapha* and *Pitta* occurs; these mix together, become encircled, and form a *Paripindita* (compact mass-like structure) in the *Mahasrotas*. This is known as *Gulma*⁷.

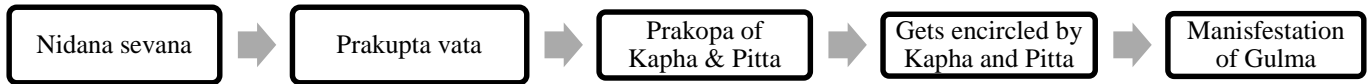


figure: flow chart showing *samprapti* of *gulma*

Gulma Samprapti can be understood in four principal ways⁶:

- (1) Due to *Kaphaja Hetu* or *Pittaja Hetu* leading to the development of *Gulma*;
- (2) *Kaphaja Gulma* arising from *Swatantra Vruddha Kapha* and *Pittaja Gulma* arising from *Swa-hetu Swatantra Vruddha Pitta*;
- (3) *Kapha-Pitta* encircling *Vata*, where *Vata Prakopa* along with *Avarana* results in *Gulma*; and
- (4) *Vata* aggravates already *Prakupita Pitta* and subsequently becomes encircled by *Kapha* and *Pitta*, leading to the manifestation of *Gulma*

Gulma Purvarupa (premonitory symptoms of Gulma)⁸:

- ✓ *Annabhilasha* (lack of desire for food) and *Arochaka* (anorexia);
- ✓ *Agnivaishamyā* (irregularity of digestive fire) and *Avipaka* (indigestion);
- ✓ *Vidaha* (burning sensation) during or after digestion;
- ✓ Improper occurrence of vomiting and belching during digestion;
- ✓ Non-appearance of natural urges of flatus, urine, and feces, or even when present, their retention or scanty evacuation;
- ✓ *Vata*-induced pain, flatulence, intestinal gurgling sounds, lack of satisfaction after evacuation, and passage of hard or delayed stools;
- ✓ *Abhukshutva* (loss of hunger); *Dourbalya* (general weakness);
- ✓ *Souhityasya Asahatva* (a feeling of discomfort or heaviness even after consuming a small quantity of food).

Etiology (Nidana) of Gulma⁹:

Table 3: differential *nidana* of *swatantra* and *paratantra vataja gulma*

<i>Swatantra Nidana</i>	<i>Paratantra Nidana</i>
<i>Sheeta</i> (Excessive cold foods).	<i>Karshita</i> (Emaciated) from <i>Jwara, Vamana, Atisara etc.</i>
<i>Chardi</i> (Suppression of urge for vomit).	<i>Vamana</i> or <i>Virechana</i> . Without prior <i>Snehana</i>
<i>Abhighata</i> (Physical assault).	<i>Shoka</i> .
<i>Vishamasana</i> (Irregular posture) in sitting/sleeping.	Drinking excessive <i>Navodaka</i> immediately after <i>Atyashana</i> (overeating).
Undertaking any irregular or excessive physical activity	

Swatantra Vataja Gulma Samprapti¹⁰:

Prakupita Vata enters the *Mahasrotas* and, due to *Roukshyata* (dryness), becomes *Kathinibhuta* (hardened) and *Pindita* (mass-like), manifesting in regions such as the *Hrudaya* (cardiac region), *Basti* (urinary bladder region), *Parshva* (flanks), and *Nabhi* (umbilical region).

Swatantra Vataja Gulma lakshana¹¹:

- ✓ Severe colic and various types of nodules
- ✓ Mass suddenly inflates and deflates
- ✓ Pain and size are unpredictable due to *Vata*'s mobility
- ✓ Sensation of ants crawling on the body
- ✓ Pricking, throbbing, and numbness that frequently appear and disappear
- ✓ Patient feels as if being pierced by needles or iron spikes
- ✓ Fever occurs specifically at the end of the day
- ✓ Dryness of mouth
- ✓ Exhalation or breathing becomes obstructed
- ✓ The skin, nails, eyes, face, urine, and feces turn dark, reddish, and rough

Swatantra Vataja gulma Chikitsa upakrama¹²

If *Vatika Gulma* is caused by *Rukshata* (dryness), *Vyayama* (excessive exertion), *Tivravedana* (severe pain), and *Baddha Vinmaruta* (obstruction of feces and flatus), then *Snehana* (oleation therapy) should be adopted first. *Snigdha Abhyanjana* (unctuous external application), *Pana* (internal oleation), *Niruha Basti* (decoction enema), and *Anuvasana Basti* (oil enema), administered, along with *Sveda* (sudation therapy), should be performed for the alleviation of *Gulma*. Through *Sveda*, *Mardavata* (softness) of the *Srotas* (channels) is achieved; the aggravated *Vata* is controlled, and *Vibandha* (obstruction) is broken in a *Snigdha Vyakti* (unctuous individual), leading to the alleviation (*Upahata*) of *Gulma*.

In conditions where the Gulma is located above the navel (*Urdhva Nabhi*), *Snehapana* is beneficial; when situated in the *Pakwashaya* (large intestine), *Basti* is beneficial; and when located in the *Jatharashaya* (stomach region), both *Snehapana* and *Basti* are beneficial. When *Diptagni* (strong digestive fire) is present in *Vatika Gulma*, but obstruction of *Anila* (flatus) and *Varchas* (feces) is observed, then *Brumhana* (nourishing therapy) along with *Snigdoshna Annapana* (unctuous and warm food and drinks) should be adopted. Repeated administration of *Snehapana*, *Niruha Basti*, and *Anuvasana Basti* should be carried out while ensuring *Anurakshana* (protection) of *Pitta* and *Kapha*.

If *Kapha*, *Pitta*, or even *Shonita* (blood) becomes aggravated when *Vata* is being pacified during its treatment, then the treatment should be directed toward the *Ulbanadosha* (predominantly aggravated dosha), while maintaining *Parirakshana* (protection) of *Vata* at the *Adi* (beginning), *Madhya* (middle), and *Anta* (end) of the therapy.

Vata gulma Avasthika Chikitsa sutra¹³ :

If *Kapha Vruddhata* occurs in *Vata Gulma*, it causes *Hatvagni* (diminished digestive fire) and leads to *Aruchi*, *Hrullasa* (nausea), *Gourava* (heaviness), and *Tandra* (drowsiness); in such conditions, *Ullekhana* therapy should be induced. In *Vata-Kapholbana Gulma* associated with *Shula* (pain), *Anaha* (distension), and *Vibandha* (obstruction), the use of *Varti*, *Gutika*, and *Churna* having *Kapha-Vatahara* properties is beneficial. If *Pitta* becomes *Samvrudha* and produces *Santapa* (burning sensation) in *Vataja Gulma*, then *Virechana* (purgation) with *Sasneha* (unctuous preparation) along with *Anulomika Dravya* should be administered. When *Shula*, *Anaha*, and *Vibandha* are present, various forms of *Sveda* such as *Nadi Sveda*, *Prastara Sveda*, and *Sankara Sveda* can be adopted. *Basti* is the best therapy for *Gulma*, as it brings about *Prashamana* (pacification) of *Vata* in its *Swasthana* (own site).

Swatantra Pittaja Gulma¹⁴

Table 4: *swatantra* and *paratantra nidana* of *gulma*

Swatantra Pittaja Gulma Nidana:	Paratantra Pittaja gulma Nidana
Excessive use of pungent, sour, salty, alkaline, hot, sharp, and burning foods	Those who are already emaciated by previous depleting factors mentioned for Vata and consuming sour, salty, pungent, alkaline, hot, and sharp foods
Consuming fermented liquids, spoiled wine, raw greens, and sour fruits	Excessive exposure to anger, alcohol, sunlight, and fire triggers the condition
Eating varieties of vegetables, grains, and meats causes irritation/burning sensation	
excessive vomiting or the suppression of the urge to vomit.	
Excessive exposure to strong wind and the sun	

Swatantra Pittaja Gulma Samprati¹⁴:

Pitta along with *Maruta* becomes *Prakopa* (aggravated). The *Prakupita Maruta* (aggravated Vata) localizes in a part of the *Amashaya* and produces *Vedana* (pain) similar to that of *Vataja Gulma*, due to *Rukshana* (drying effect) of the *Amashaya*.

Swatantra Pittaja Gulma lakshana¹⁴:

- ✓ *Pitta* causes *Vidahata* (burning sensation) in the *Kukshi* (abdomen), *Hrudaya* (heart region), *Urah* (chest), and *Kantha* (throat).
- ✓ The patient emits *Udgara* (eructation) as if accompanied by *Sadhooma* (sensation of smoke coming out from the mouth), along with *Amlatva* (sourness).
- ✓ The region where *Gulma* is present feels *Dahyate* (burning), *Dhoopyate* (as if fumigated), *Ushmayate* (heated), *Svidhyate* (perspiring), *Klidyate* (moist), and *Shithila* (lax); it is *Sparsha Asaha* (intolerant to touch) and associated with *Alpa Romanchana* (slight horripilation).
- ✓ Skin, nails, eyes, face, urine, and feces become greenish or yellowish in color.

Swatantra Pittaja Gulma Chikitsa upakrama¹⁵

If *Pittaja Gulma* is caused by *Snigdha Ushna Nidana*, then *Sramsana* (mild purgation) is beneficial. If *Pittaja Gulma* is caused by *Ruksha Ushna Nidana*, then *Sarpi* (ghee) is beneficial. Knowing *Pittaja Gulma* to be located in *Pakwashaya Sthita*, the physician should immediately expel the *Prakupita Dosha* by administering *Satikta Ksheera Basti*. Considering the *Agnibala* (strength of digestive fire), the physician should administer *Virechana* with *Payasa* or with *Sukhoshna Satikta* or *Tailvaka Sarpi*.

Raktavasechana (bloodletting) can be performed in a patient with *Gulma* who experiences *Trushna* (thirst), *Daha* (burning), *Jwara* (fever), *Paridaha* (intense burning), *Shula* (pain), *Sveda* (sweating), *Agnimardava* (weak digestion), and *Aruchi* (loss of appetite). After the *Dosha* have been expelled, the patient should be made *Tarpita* (nourished) by administration of *Jangala Rasa* (meat soup of animals of arid regions), once *Samashvasa* (reassurance and stabilization) is achieved. If the patient still experiences pain, then repeated *Sarpi Pana Abhyasa* (habitual intake of ghee) is advised.

Table 5: *swatantra and paratantra kaphaja gulma nidana*

Swatantra Kaphaja gulma Nidana¹⁶	Paratantra Kaphaja gulma Nidana¹⁶
Consumption of cold, heavy, and unctuous/oily foods, along with lack of physical activity	Over-nourishing the body and sleeping during the day
Excessive consumption of preparations made from <i>Pishta</i> (flour), <i>Ikshu</i> (sugarcane), <i>Ksheera</i> (milk), <i>Tila</i> (sesame), <i>Masha</i> (black gram), and <i>Guda</i> (jaggery), as well as excessive intake of <i>Mandaka Madya</i> (immature/half-fermented wine), <i>Haritaka</i> (raw greens), and meat from <i>Anupa</i> (marshy), <i>Audaka</i> (aquatic), and <i>Gramya</i> (domestic) animals.	In a person already weakened) by those very same depleting factors, it is caused by excessive-eating; And by the consumption of foods that are excessively oily, heavy), sweet, and cold
Suppression of natural urge, excessive intake of water) even when not hungry, or due to <i>Sankshobhanad Va</i> (physical trauma)	

Swatantra Shleshmaja gulma samprapti¹⁶

Shleshma along with *Maruta* undergoes *Prakopana* (aggravation). The *Prakupita Vata* enters an *Eka Desha* (localized part) of the *Amashaya*, becomes *Samvartya* (enveloped/associated), and produces *Vedana* (pain) similar to that of *Vata Gulma*

Swatantra Shleshmaja gulma Lakshana¹⁶

✓ *Sthairya* (stability/immobility), *Gourava* (heaviness), and *Kathinya* (hardness), and the mass is *Avagadha* (deep-seated) and characterized by *Suptata* (numbness).

✓ *Shvaityam* (pallor) in the *Tvak* (skin), *Nakha* (nails), *Nayana* (eyes), *Vadana* (face), *Mutra* (urine), and *Purisha* (feces).

Swatantra Kaphaja Gulma Chikitsa upakrama¹⁷

When *Kaphaja Gulma* arises due to *Shitala*, *Guru*, and *Snigdha Nidana*, and the patient is *Avamy* (not suitable for emesis) with *Alpa Kayagni* (low digestive power), then *Langhana* (lightening therapy) should be adopted first. If there is *Mandagni* (low digestive fire), *Manda Vedana* (mild pain), *Gurustimita Koshta* (heavy and sluggish abdomen), associated with *Utklesha* (kapha excitation), *Vamanarha* (fit for emesis), and a *Snigdha Svinna Shareera* (unctuous and sudated body), then *Vamana* (emesis) should be administered. After *Vamana* and *Langhana*, the patient should be treated with *Ushna Upachara* (hot therapies) along with *Katu Tikta Sansarga Bhesaja* (medicines having pungent and bitter properties).

If the mass is *Kathina* (hard) and *Unnata* (elevated), associated with *Anaha* (distension) and *Vibandha* (obstruction), then *Sveda* (sudation) should be administered judiciously. After *Langhana*, *Ullekhana* (scraping therapy), *Sveda*, and *Agnisampradhukshana* (kindling of digestive fire) should be performed. Knowing that *Kapha Gulma* has moved from its original location, *Virechana* (purgation) and *Sasneha Basti* prepared from *Dashamoolika* should be given. When *Agni* is *Manda* and *Anila* is *Mudha* (obstructed), and considering the *Snigdhatva of Ashaya* (unctuousness of the site), *Gutika*, *Churna*, and *Niruha Basti Prayoga* should be administered. If the *Gulma* is *Krutamula* (deep-rooted), *Mahavastu* (large in size), *Kathina* (hard), *Stimita* (immobile), and *Guru* (heavy), then *Kshara*, *Arishta*, and *Agnikarma* (cauterization) should be employed.

Gulma as paratantra nidana in other diseases

Vata being obstructed by *Arsha*, *gulma*, *prakupta kapha* leads to upward movement of *vata* and foul smell of mouth causing *Urdhvaguda* (*Mukhapaka*)¹⁸. *Arsha* caused by *Karshana* due *jwara*, *gulma*, *atisara*¹⁹ etc

Paratantra lakshana in Vataja gulma¹¹

Complications include *Pliha* (splenic enlargement), *Atopa* (flatulence), *Antrakujana* (intestinal gurgling), *Avipaka* (indigestion), *Udavarta* (upward movement of gas/constipation), and *Angamarda* (body aches). The patient is afflicted by *Manya-Shirah-Shankha-Shula* (pain in the neck, head, and temples) and *Bradhna Rogah* (hernia or inguinal swellings).

Pittaja gulma Paratantra lakshana in Pittaja gulma¹⁴

Complications include *Jwara* (fever), *Bhrama* (dizziness or giddiness), *Davathu* (burning sensation in the eyes and sense organs), and *Pipasa* (excessive thirst). The patient is also *Upadravanti* (afflicted) by *Gala-Talu-Mukha Shosha* (dryness of the throat, palate, and mouth), *Pramoha* (mental confusion or fainting), and *Vidbheda* (loose stools or diarrhea).

Paratantra lakshana in Kaphaja gulma¹⁶

It produces *Shitajwara* (fever with chills), *Arochaka* (anorexia), *Avipaka* (indigestion), *Angamarda* (body aches), *Harsha* (horripilation or tingling), *Hridroga* (cardiac discomfort), *Chardi* (vomiting), *Nidra* (excessive sleep), *Alasya* (lethargy), *Staimitya* (stiffness), *Gourava* (heaviness), and *Shirobhitapa* (headache). When *Atipravruddha* (excessively aggravated), it leads to *Kasa* (cough), *Shvasa* (breathlessness), *Pratishyaya* (rhinitis), and *Rajayakshma* (wasting disease).

Gulma as Gulma as Nidanarthakara²⁰

While explainin concept of *Nidanarthakara roga* it is stated that from *Plihābhivruddhya* (enlargement of the spleen), abdominal disease/*Udara* arises; and from *Jathara*, *Shotha* (edema or swelling) develops. From *Arshobhya* (hemorrhoids), painful *Jathara* (abdominal disease) and *Gulma* are produced.

Gulma as Upadrava

While explaining the context of *Nishedha* (prohibition) of *Stambhana* (hemostatic therapy) in the early stages of *Raktapitta*, and the diseases produced due to improper suppression of *Rakta*, *Gulma* is mentioned as one of the complications arising from such mismanagement²¹. In the context of *Udavarta Lakshana*, *Gulma* is mentioned as an *Upadrava* (complication) of *Udavarta*²². In the context of *Vataja Arshas Lakshana*, *Gulma* is mentioned as an *Upadrava*²³.

Apaparpana leading to Gulma

In the context of *Stihoola* and *Krusha Pramehi*, *Gulma* is described as one of the *Upadrava* (complications) arising due to *Apatarpana* (excessive depletion)²⁴.

Gulma as one of Gara Visha lakshana²⁵

In the context of explaining *Gara visha lakshana*, *Gulma* is also mentioned as *lakshana*.

Paratantra chikitsa²⁶

Prashamana of *Paratantra* conditions occurs upon the *Prashamana* of the *Pradhana Roga*; however, if it does not subside in that manner, then it should be treated subsequently (*Pashchat*), or if it is a *Balavanta Upadrava* (strong complication), it should be managed immediately. *Paratantra Chikitsa* can be clearly understood in conditions like *Samsrushta* and *Sannipataja Jwara*, where the *Tara-Tama-Sama* (degree of predominance) of the *Prakupita Dosha* should be assessed, and treatment planned accordingly, with *Yathokta Aushadha* prescribed for the involved *Dosha*. In *Sannipataja Jwara*, treatment is done either by *Vardhana* (augmentation) of one *Dosha* and *Kshapana* (reduction) of the excessively aggravated (*Uchrita*) *Dosha*, or by following *Kaphasya Anupurvy Chikitsa*.

In *Jwara Upadrava*, when *Daha* (burning) is *Alpa* and *Sheeta* (cold) is *Adhika*, then by *Vardhana* of *Daha Hetu* or *Kshapana* of *Sheeta Hetu*, *Sheeta Jaya* is achieved first, followed by *Daha Jaya*. Conversely, when *Sheeta* is *Alpa* and *Daha* is *Adhika*, then by *Vardhana* of *Sheeta Hetu* or *Kshapana* of *Daha Hetu*, *Daha Jaya* is achieved first, followed by *Sheeta Jaya*. When *Daha* and *Sheeta* are *Tulya* (equal), then *Kapha Anupurvy* (i.e., *Kapha-Pitta-Vata* in *krama*) or *Sthana Anupurvy* (i.e., *Uraha-Koshta-Basti krama*) should be followed for sequential management²⁷.

Among all types of *Gulma*, none can occur without the involvement of *Vata*. A physician, recognizing *Sannipatika Gulma* as *Asadhya* (incurable), should not initiate *Chikitsa* for it. However, in conditions where there is *Eka Dosha Pradhana*, treatment specific to that *Dosha* should be started (*Yathaswam Arambham*). In cases caused by *Samsrushta Dosha*, management should be carried out with *Sadharana Karmana Upachara* (general therapeutic measures).

Measures that are *Aviruddha* (non-contradictory) should be administered after careful assessment of the *Guruta* (severity/heaviness) and *Laghavata* (mildness) of the *Upadrava*. In *Atyayika Karma* (emergency conditions), if the physician is unable to differentiate the involved *Dosha*, *Vata Chikitsa* should be administered first. This includes *Vatahara Sneha Upasamhita Snehana*, *Svedana*, *Mridu Virechana*, and *Basti*. *Amla*, *Lavana*, and *Madhura Rasa* should be used judiciously. Once *Maruta* becomes *Shanta* (pacified), other *Dosha* can be subdued even with *Swalpa Prayatna* (minimal effort). Therefore, *Vata Shamana* should be practiced in every possible way and according to proper *Vidhi*, as once *Vata* is controlled, even minimal therapeutic measures can eliminate the other *Kupita Dosha*⁸.

Sadhyasadyata in Gulma²⁸

A *Gulma* that has grown gradually over time, occupying a large area, *deep-rooted*, covered with a network of prominent veins, and appearing protuberant like the shell of a tortoise, when associated with *Dourbalya* (weakness), *Aruchi* (anorexia), *Hrullasa* (nausea), *Kasa* (cough), *Vami* (vomiting), *Arati* (distress), and *Jwara* (fever), and further accompanied by *Trushna* (thirst), *Tandra* (drowsiness), and *Pratishyaya* (rhinitis), is considered *Asadhya* (incurable). Similarly, if a patient is afflicted with *Jwara* (fever), *Shwasa* (breathlessness), and *Vamyatisara* (vomiting and diarrhea), along with *Shopha* (edema) appearing in the *Hrut* (cardiac/chest region), *Nabhi* (navel), *Hasta* (hands), and *Pada* (feet), leading to emaciation, it indicates that *Gulma* has reached an incurable *Avastha*.

Agnisandhukshana Vidhana in Gulma²⁹

In cases of *Pittaja Gulma* associated with *Ama*, or *Kapha-Vatika Gulma* in *Sama Avastha*, the *Agni* (digestive fire) should be *Sandhukshya* (rekindled) after *Vilanghana* (lightening therapy) by administering *Yavagu* (gruel), *Khada* (buttermilk preparation), and *Yusha* (soup). The *Shama* (pacification) and *Prakopa* (aggravation) of all *Dosha* are entirely dependent upon the state of *Agni*; therefore, it should always be protected, and etiological factors causing the disease should be avoided.

Significane of deeptagni in Gulma³⁰

For a patient with *Diptagni* (strong digestive fire), *Anna* and *Pana* should be *Snigdha* (unctuous), *Ushna* (warm), and *Brumhana* (nourishing). Repeated administration of *Snehapana*, *Niruha Basti*, and *Anuvasana Basti* should be carried out while carefully monitoring and preventing excessive *Prakopa* of *Kapha* and *Pitta*. If *Kapha* becomes *Vivruddha* (excessively increased), it may produce *Tandra* (drowsiness), *Gourava* (heaviness), *Aruchi* (anorexia), *Hrullasa* (nausea), and *Agnisada* (diminished digestive fire); in such cases, *Kapha* should be expelled through *Ullekhana* (*Vamana*).

If complications such as *Shula* (pain), *Anaha* (abdominal distension), and *Vibandha* (constipation) arise due to these therapies, then *Ghruta* (medicated ghee), *Churna* (powders), *Gulika* (pills), and *Kwatha* (decoctions) should be prescribed. These medicines should be administered with appropriate *Anupana* such as *Kola* (jujube), *Dadima* (pomegranate), *Matulunga* (citron), *Suramanda* (supernatant part of wine), *Takra* (buttermilk), *Mastu* (whey), *Dhanyamla* (fermented sour gruel), or *Ushnodaka* (warm water).

When *Agni* is *Manda* (weak), *Gulma* increases; whereas when *Agni* is *Pradipta* (strong), *Gulma* subsides. Thus, the *Shamana* and *Prakopa* of all *Dosha* are essentially dependent upon the state of *Agni*, and efforts should always be made to maintain it.

4.CONCLUSION

The conceptual framework of *Swatantra* and *Paratantra Vyadhi* is essential for the effective clinical management of *Gulma Roga*. Independent *Gulma* arises from primary etiological errors and requires targeted *Dosha-specific* therapies, whereas dependent *Gulma* acts as a clinical marker for the severity of a primary underlying disease like *Jwara* or *Arsha*. The strategic imperative of "Protection of *vata*" remains the cornerstone of practice, preventing functional masses from transitioning into chronic structural malignancies. By identifying whether a *gulma* is an *Anubandhya* entity or an *Anubandha* complication, the practitioner can apply the correct *Chikitsa Guru-laghava* to dissolve the mass and restore systemic harmony. Ultimately, the successful resolution of *Gulma* depends on the physician's ability to restore *Agni* and the downward movement (*Anulomana*) of *Vata*, ensuring that the body can naturally dissolve the encapsulated clump of *Doshas*.

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