

## Cha. Chi 8. Rajayakshma Chikitsitam

### Cha. Chi. 8. Rājayakṣmā Cikitsitam (Therapeutics of Rājayakṣmā)

This chapter gives you an exam-ready, self-contained understanding of **Rājayakṣmā** (consumptive wasting disorders; classically aligned with pulmonary tuberculosis but broader in scope). You will study causation, purvarūpa, pathogenesis, lakṣaṇa sets (trirūpa-ṣaḍrūpa-ekādaśarūpa), prognostic hints, the **Cikitsā Sūtra**, and the key **yogas** explicitly taught by Ācārya Caraka.

## 1) Rājayakṣmā: Prakṛti, Pravṛtti, Prabhāva, Pūrvarūpa, Adhiṣṭhāna, Pratyātmā-Lakṣaṇa

### 1.1 Prakṛti & Nomenclature (why “rāja-yakṣmā”)

Rājayakṣmā is the “**king of diseases**” owing to its grievous nature and classic narration that even afflicted Soma/Chandra; therefore the name and great clinical seriousness. Four fundamental etiologies (chatvāri hetūni/āyatanāni) initiate it: **sāhasa** (over-exertion beyond capacity), **vega-saṁdhāraṇa** (suppression of natural urges), **kṣaya** (dhātu depletion), and **viṣamāsana** (irregular diet). Caraka states:

“अथथाबलमारम्भं वेगसन्धारणं क्षयम् । यक्ष्मणः कारणं विद्यात् चतुर्थं विषमाशनम् ॥१३॥” (Cha.Chi. 8/13)

These **four āyatanas** are your anchor for etiology-based classification and case discussion.

### 1.2 Pūrvarūpa (premonitory features)

Before full manifestation, the patient shows **pratyaya** such as *pratiśyāya* (coryza), *daurbalya* (weakness), disgust for normal things, loss of bala and māṁsa despite adequate food, craving for *strī-madya-māṁsa*, desire for constant covering (chilliness), obsession with hair/insects contamination, bizarre dreams of ashes/hair/bones, and visions of dried ponds/forests.

Select śloka (learn one line for viva):

“पूर्वरूपं प्रतिश्यायो दौर्बल्यं दोषदर्शनम्... घृणित्वमशनतश्चापि बलमांसपरिक्षयः...” (Cha.Chi. 8/33-34, abridged)

### 1.3 Adhiṣṭhāna (site) & Samānya Samprāpti

**Adhiṣṭhāna:** Prāṇa-vāha & Uraḥ (chest) are primary; *rasa* and *ojas* impoverishment underlines the disease. Caraka’s core pathogenesis:

- **Srotas obstruction** and **dhātu-uṣma/apacaya** precipitate Rājayakṣmā; whatever is digested contributes little to *ojas*; the patient goes into pan-dhātu kṣaya.
  - **Vidagdha rasa** at its own seat (hṛdaya) moves **upwards with cough**, then clustered **six or eleven** signs appear—this **aggregation** is designated **Rājayakṣmā**.
- Memorize:

“स्रोतसां सन्निरोधाच्च... धातूष्मणां चापचयाद् राजयक्ष्मा प्रवर्तते... रसः स्रोतःसु रुद्धेषु... बहुरूपः प्रवर्तते” (Cha.Chi. 8/40-43, abridged)

### 1.4 Pratyātmā-Lakṣaṇa: Trirūpa-Ṣaḍrūpa-Ekādaśarūpa

Caraka uniquely groups lakṣaṇas by severity/srotas involvement:



- **Ekādaśarūpa (11 signs):** *kāsa*, *aṃsa-tāpa* (shoulder/chest heat), *vaisvarya* (hoarseness), *jvara*, *pārśva-śiraḥ-rujā*, *chardana* (of *śoṇita* & *kapha*), *śvāsa*, *varcogata doṣa* (bowel disorder), *aruci*.
- **Ṣaḍrūpa (6 signs):** *kāsa*, *jvara*, *pārśvasūla*, *svara-vikāra*, *varcogata doṣa*, *aruci*.  
Śloka to cite:

“जायन्ते... षडेकादश... कासोऽसतापो वैस्वर्यं ज्वरः पार्श्वशिरोरुजा... रूपाण्येकादश... कासो ज्वरः पार्श्वशूलं...” (Cha.Chi. 8/44-46)

- **Trirūpa (3 signs):** concise triad denoting early/mild form—*kāsa-jvara-śvāsa* is accepted by commentators as the practical triad, and verse-context uses “त्रिलक्षणम्” while listing features precipitated by *vega-saṃdhāraṇa*.

#### Sādhya-asādhya hints:

If **all, half or even three** of the signs occur **with māṃsa-bala-kṣaya**, patient is **to be avoided** (grave prognosis). Otherwise, **even multiple forms are treatable**:

“सर्वैरर्धैस्त्रिभिर्वापि लिङ्गैर्मांसबलक्षये । युक्तो वर्ज्यः... सर्वरूपोऽप्यतोऽन्यथा ॥” (Cha.Chi. 8/47)

## 2) Jāti-bheda (Causation-based Pādas) & Clinical Pointers

Caraka details **four etiological subsets** with symptom pictures; know a **key line** and a **clinical cue** from each:

1. **Sāhasaja** — over-exertion (warfare, burden, long treks, jumps, trauma): chest injury, *vātānubandha* → *śiraḥ-sūla*, *kāsa*, *svara-bheda*, *jṛmbhā*, *jvara*, *uras-rujā*, *raktastheevana*.

“युद्धाध्ययनभाराध्व... अयथाबलमारम्भैः...” (Cha.Chi. 8/14-18)

2. **Vega-saṃdhāraṇaja** — suppression of **vāta-mūtra-purīṣa**: **upward and erratic** vātic movement → *pratiśyāya*, *kāsa*, *svara-bheda*, *aruci*, *jvara*, *aṃsa-avamardana*, *aṅga-marda*, *chardi*, *varcobheda*.

“द्भीमत्त्वाद्वा... वेगमागतम्... निगृह्णाति” (Cha.Chi. 8/20-23)

3. **Kṣayaja** — **śukra-ojas** depletion by *ati-vyavāya*, *anāśana*, *krodha*, *śoka* etc. → *pratiśyāya*, *jvara*, *kāsa*, *aṅga-marda*, *śiro-rujā*, *śvāsa*, *varcobheda*, *aruci*, *pārśva-sūla*, *svara-kṣaya*, *aṃsa-santāpa*.

“अतिव्यवायानशनाच्छुक्रमोजश्च हीयते... एकादशगदानिमान्” (Cha.Chi. 8/24-27)

4. **Viṣamāśanaja** — irregular food habits create **doṣa viṣama-gati** & srotorodha → *pratiśyāya*, *praseka*, *kāsa*, *chardi*, *aruci*, *jvara*, *aṃsa-tāpa*, *raktastheevana*, *pārśva-śiraḥ-sūla*, *svara-bheda* in Vāta-Pitta-Kapha order.

“विविधान्यन्नपानानि वैषम्येण... रोगाय कल्पन्ते...” (Cha.Chi. 8/28-32)

## 3) Cikitsā Sūtra (Therapeutic Framework)



### 3.1 Cardinal Rule

- **Tridoṣaja vyādhi** — treat by **doṣa-bala** and **patient's avasthā**; specifically address *pratiśyāya*, *śiraḥ-śūla*, *kāsa*, *śvāsa*, *svara-kṣaya*, *pārśva-śūla*.

“सर्वस्त्रिदोषजो यक्ष्मा... परीक्ष्यावस्थिकं वैद्यः...” (Cha.Chi. 8/63-64)

### 3.2 Pathya-Ahāra & Śamana Core

- In **pīnasa/pratiśyāya**: **swedana**, **abhyanga**, **dhūma**, **alepana**, *yāvaka/vāṭya*; **lavaṇa-amla-kaṭu-uṣṇa** rasas with *snehopabṛṃhaṇa*; *ājā-rasa* with **pippalī-yava-kulattha-nāgara-dāḍīma-amalaka**.
- **Stable grains** (*yava*, *godhūma*, *śālī*) per satmya; **pāñcamūlika jala/varuṇī prasāda** as anupāna. (Cha.Chi. 8/65-69)

### 3.3 Śodhana (judicious, non-debilitating)

- **Nāvana**, **dhūmapāna**, **abhyanga-taila**, **śamana-basti**, and **raktamokṣa** (in head/shoulder-chest pains) are indicated **without further emaciation**. (Cha.Chi. 8/81-82)

### 3.4 Swedana (localised & naḍī-sweda)

- **Kṛśara-utkārīkā-māṣa-kulattha-yava-pāyasa** recipes; **patra-pota** sweda for neck/chest/head; **naḍī-sweda** with suitable decoctions. (Cha.Chi. 8/71-75)

### 3.5 Ghṛta & Kṣīra (Bṛṃhaṇa with Srotas-śodhana)

- **Post-prandial ghṛta** repeatedly relieves head/side/shoulder pain, *kāsa-śvāsa*. *Daśamūla-kṣīra-māṃsa-rasa-balā* ghṛta “quickly subdues” the complex. (Cha.Chi. 8/92-94)
- **Vāsā-ghṛta/Śatāvārī-ghṛta** in **daaha**, **jvara**, **ūrdhva-raja (hemorrhage)**:

“वासाघृतं शतावर्या सिद्धं वा परमं हितम्” (Cha.Chi. 8/105)

- **Jīvantyādi-ghṛta** (*jīvantī*, *madhuka*, *drākṣā*, *kuṭaja-phala*, *śaṭī*, *puṣkara*, *vyāghrī*, *gokṣura*, *balā*, *nīlotpala*, *tāmalakī*, *trāyamāṇā*, *durālabhā*, *pippalī*): effective across the *ekādaśa-lakṣaṇa* spectrum. (Cha.Chi. 8/111-113)
- **Duralabhādi-ghṛta**—indicated in **jvara**, **dāha**, **bhrama**, **kāsa**, **aṃsa-pārśva-śīro-ruja**, **tṛṣṇā**, **chardi**, **atisāra**. (Cha.Chi. 8/106-110)

### 3.6 Rasāyana-bṛṃhaṇa meats & Jugupsā-cikitsā

- **Importance of meat in emaciation**: *barhiṇ*, *tittiri*, *haṃsa*... and according to *doṣa* type; meats are to be **well-prepared, palatable and aromatic** to restore *māṃsa* quickly. (Cha.Chi. 8/149-162)
- **Jugupsā-cikitsā** (disguised administration when the patient has aversion):

“जानन् जुगुप्सन् नैवाद्याज्... तस्माच्छुद्धमोपसिद्धानि मांसान्येतानि दापयेत्” (Cha.Chi. 8/156-157)

### 3.7 Medicated wines (where indicated, as anupāna to bṛṃhaṇa diet)

- **Prasanna/Varuṇī/Sidhu/Āsava/ariṣṭa** after meat diet—**open srotas** by *tīkṣṇa-uṣṇa-sūkṣma* qualities enabling **dhātu-poṣaṇa** (use judiciously considering *avasthā*). (Cha.Chi. 8/163-166)

## 4) Specific Yogas to Memorise (with classical references)

When you quote any yoga in theory/viva, give: **name—contents—prayoga—indication—reference.**

### 4.1 Sitopalādi Yoga (Leha/Chūrṇa)

- **Dravya:** *sitopala (śarkarā), tugākṣīrī, pippalī, tvak (patra)*; taken as **leha with madhu-sarpiḥ** or as **chūrṇa**.
- **Indications:** *śvāsa, kāsa, kaphātura, supta-jihvā (taste dull), aruci, alpāgni, pārśva-śūla*.
- **Ref.:** “सितोपलां... लेह्येन्मधुसर्पिषा... चूर्णितं प्राशयेद्वा...” (Cha.Chi. 8/103-104)

### 4.2 Tālīsādyā (Tālīsādi) Cūrṇa/Guṭikā

- **Dravya:** *tālīsā-patra, marica, nāgara (śuṅṭhī), pippalī, tvag-ela + 8x sitā*; can be made into **guṭikā**.
- **Karma:** *Dīpana-Pācana, kāsa-śvāsa-aruci hara*; also *hṛd-pāṇḍu-grahaṇī-śoṣa-plīha-jvara* etc.
- **Ref.:** (Cha.Chi. 8/145-148)

### 4.3 Yavānī Śāḍava (digestive sherbet-mix)

- **Dravya:** *yavānī, tintidīka, nāgara, āmla-vetasa, dāḍīma, badara āmla*; plus *dhānya, sauvarcala, ājājī, varāṅga; pippalī-marica* in defined ratios; *sitā* four pala—**cūrṇa for rocanā-mukha-śodhana**.
- **Indications:** *kāsa-śvāsa, hṛt-pāṇḍu, grahaṇī, śoṣa, plīha, jvara, vibandha, anāha, atisāra-vamana śamana*.
- **Ref.:** (Cha.Chi. 8/141-144)

### 4.4 Jīvāntyādi Ghṛta (ekādaśa-lakṣaṇa hara)

- **Dravya:** *jīvāntī, madhuka, drākṣā, kuṭaja-phala, śaṭī, puṣkara-mūla, vyāghrī, gokṣura, balā, nilotpala, tāmalakī, trāyamāṇā, durālabhā, pippalī*.
- **Prayoga:** *sidhha-ghṛta*; indicated **across the complex of “roga-rāja”**.
- **Ref.:** (Cha.Chi. 8/111-113)

### 4.5 Vāsā-ghṛta / Śatāvārī-ghṛta

- **Use for:** burning of hands/feet/limbs, **jvara, ūrdhva-gata rakta** (hemoptysis).
- **Ref.:** (Cha.Chi. 8/105)

**Clinical tie-in:** In *ūrdhva-roga* with **raktasrāva** and *daaha*, prefer **Vāsā-ghṛta**; if *pitta-vridhhi* with *kṣayānubandha*, add **Śatāvārī-ghṛta** for sneha-bṛṃhaṇa.

## 5) Special Topics You Must Be Able to Explain in Exams

### 5.1 Why bṛṃhaṇa with māṃsa-rasa matters here

Caraka explicitly advises **māṃsa-rasa** (jāṅgala/anūpa as per doṣa), including **administration in disguised forms** if the patient has aversion (**jugupsā**), so that **taste and psychology** do not sabotage nutrition. (Cha.Chi. 8/149-157)

### 5.2 Why madya is allowed contextually

As **anupāna** with meat in select, indicated patients, **madya** “opens” srotas by *tikṣṇa-uṣṇa-sūkṣma-vaiśadya*, facilitating **dhātu-poṣaṇa**, hence alleviating *śoṣa* faster. (Cha.Chi. 8/163-166)



### 5.3 Prognosis pearls

Combine **lakṣaṇa load** with **māṃsa-bala-kṣaya** for **sādhya-asādhya**; **trirūpa** without kṣaya is often early and manageable; **ṣaḍ/ekādaśa** with kṣaya demands **intense bṛṃhaṇa** and cautious, non-debilitating Śodhana. (Cha.Chi. 8/47)

## 6) Quick Tables to Revise

### 6.1 Lakṣaṇa clusters

Cluster	Items (keywords)
<b>Trirūpa</b>	Kāsa-Jvara-Śvāsa (early triad; exam triad)
<b>Ṣaḍrūpa</b>	Kāsa, Jvara, Pārśvaśūla, Svāra-vikāra, Varcogata-doṣa, Aruci
<b>Ekādaśarūpa</b>	Kāsa, Aṃsa-tāpa, Vaisvarya, Jvara, Pārśva-śīraḥ-rujā, Chardana (rakta/kapha), Śvāsa, Varcogata-doṣa, Aruci

### 6.2 Four Āyatanas (Causative Pādas)

Āyatana	Key trigger	Signature hints
<b>Sāhasaja</b>	Over-exertion/trauma	Chest strain, hemoptysis, uras-rujā
<b>Vega-saṃdhāraṇaja</b>	Suppressed Vāta/mūtra/purīṣa	Upward Vāta, kāsa, aruci, varcobheda
<b>Kṣayaja</b>	Dhātu, śukra, ojas depletion	Aṃsa-santāpa, svāra-kṣaya, śvāsa
<b>Viṣamāsanaja</b>	Irregular food habits	Doṣa-viṣama-gati, raktastheevana, svāra-bheda

### 6.3 Core Therapies (memory grid)

Aim	What to use	Reference
Bṛṃhaṇa & Sroto-śodhana	Post-bhakta ghr̥ta, <i>Daśamūla-kṣīra-māṃsa-rasa-balā</i> ghr̥ta	Cha.Chi. 8/92-94
Hemoptysis/Daaha	<b>Vāsā-ghr̥ta, Śatāvārī-ghr̥ta</b>	8/105
Complex Ekādaśa Lakṣaṇa	<b>Jīvantiyādi-ghr̥ta</b>	8/111-113
Kāsa-Śvāsa-Aruci	<b>Tālīśādyā cūrṇa/guṭikā</b>	8/145-148
Rocanā-Mukha-śodhana	<b>Yavānī Śāḍava</b>	8/141-144
Kaphātura Kāsa	<b>Sitopalādi</b> (Iha/chūrṇa)	8/103-104
Śamana-Śodhana adjuncts	<b>Nāvana, Dhūmapāna, Abhyanga, Basti, Raktamokṣa</b>	8/81-82

## 7) Key Ślokas (quote-ready)

- Causative four (Āyatanas):**  
“अथथाबलमारम्भं वेगसन्धारणं क्षयम् । यक्ष्मणः कारणं विद्यात् चतुर्थं विषमाशनम् ॥१३॥” (Cha.Chi. 8/13)
- Samprāpti gist:**  
“स्रोतसां सन्निरोधाच्च... धातूष्मणां चापचयाद्...” (Cha.Chi. 8/40) “रसः स्रोतःसु रुद्धेषु... कासवेगेन बहुरूपः प्रवर्तते” (8/43)
- Lakṣaṇa clusters:**  
“जायन्ते व्याधयश्चातः षडेकादश...” (8/44) “कासोऽसतापो वैस्वर्यं... छर्दनं रक्तकफयोः...” (8/45) “रूपाण्येकादशैतानि... कासो ज्वरः...” (8/46)
- Prognosis warning:**  
“सर्वैरर्थैस्त्रिभिर्वापि... मांसबलक्षये युक्तो वर्ज्यः” (8/47)
- Vāsā/Śatāvārī ghr̥ta:**  
“वासाघृतं शतावर्या सिद्धं वा परमं हितम्” (8/105)
- Jugupsā-cikitsā:**  
“जानन् जुगुप्सन् नैवाद्याज्... तस्माच्छ्रद्मोपसिद्धानि मांसान्येतानि दापयेत्” (8/156-157)



## 8) How to Present in Theory/OSCE

1. Start with **Chatvāri Āyatanāni**.
2. Narrate **Pūrvarūpa** → **Samprāpti** with the two-line śloka.
3. Tabulate **Trirūpa-Ṣaḍrūpa-Ekādaśarūpa** and **prognostic verse (8/47)**.
4. State **Cikitsā Sūtra** and **five yogas** with indications.

**One-line “sticky” summary:** Rājayakṣmā = tridoṣaja kṣaya with srotas-avarodha; manage by **bṛmhaṇa** + **cautious śodhana**, pathya-āhāra, ghṛtas (Vāsā/Śatāvarī/Jivantyādi), and specific yogas (Sitopalādi, Tālīśādyā, Yavānī Ṣaḍava); meats (even disguised) and indicated anupāna support quick dhātu-poṣaṇa. (Cha.Chi. 8)

## 9) Assessment (Exam-style)

### A. Long Essay (10 marks)

1. **Discuss the Samānya Samprāpti of Rājayakṣmā** with reference to *rasa-ojas* kṣaya and srotorodha. Elaborate the **Trirūpa-Ṣaḍrūpa-Ekādaśarūpa** and their prognostic relevance. Quote suitable ślokas. (Cha.Chi. 8/40-47)
2. **Write the Cikitsā Sūtra of Rājayakṣmā** and detail **five key yogas** (ingredients, dose form, indications): **Sitopalādi, Tālīśādyā, Yavānī Ṣaḍava, Jivantyādi-ghṛta, Vāsā/Śatāvarī-ghṛta**. (with references)

### B. Short Essays (5 marks each)

1. **Chatvāri Āyatanāni** of Rājayakṣmā with one classical line. (8/13)
2. **Jugupsā-cikitsā**—rationale and śloka. (8/156-157)
3. **Role of medicate wines** as anupāna in śoṣa (with śloka). (8/163-166)
4. **Indications of Vāsā-ghṛta vs Śatāvarī-ghṛta**. (8/105)
5. **Enumerate pīnasa management** (swedana/abhyanga etc.) and supportive diet. (8/65-69, 71-75)

### C. Short Answers (3 marks each)

1. Define **Trirūpa**; list items.
2. Write any **four dravyas** of **Jivantyādi-ghṛta**.
3. Two indications of **Tālīśādyā cūrṇa**.
4. Mention two **śodhana** measures advised **without emaciation**.
5. Two key **pūrvarūpa** dream/vision phenomena.

### D. MCQs (1 mark each — choose one best)

1. **Not** among the four āyatanas of Rājayakṣmā is:  
a) Sāhasa b) Viṣamāśana c) Vega-saṃdhāraṇa d) Atimātra-bhojana (Answer: d)
2. Ekādaśarūpa includes all **except**: a) Kāsa b) Aṃsa-tāpa c) Kṛmi-udara d) Aruci (Ans: c)
3. Jugupsā-cikitsā relates to: a) Raktamokṣa b) Disguised meat administration c) Dhūmapāna d) Pariseka (Ans: b)
4. Sitopalādi is best started in: a) Raktapitta b) Kaphātura-kāsa/śvāsa c) Udara d) Arśas (Ans: b)
5. Vāsā-ghṛta is indicated in: a) Atīsāra b) Urdhva-gata-rakta with dāha c) Aruci d) Unmāda (Ans: b)
6. Śloka “सर्वस्त्रिदोषजो यक्ष्मा...” addresses: a) Samprāpti b) Prognosis c) Cikitsā Sūtra d) Pūrvarūpa (Ans: c)
7. Tālīśādyā contains **not**: a) Tvak b) Haritakī c) Elā d) Nāgara (Ans: b)
8. Yavānī Ṣaḍava chiefly acts as: a) Rasāyana b) Dīpana-pācana/mukha-śodhana c) Rakta-stambhana d) Virecana (Ans: b)
9. Prognostic red flag: **three** signs with... a) bala-māṃsa-kṣaya b) kaphaja prakṛti c) bāla vayaḥ d) atimātra nidrā (Ans: a)



10. Which is **not** part of Jīvantiyādi-ghṛta? a) Jīvantī b) Kuṭaja-phala c) Pāṭhā d) Pippalī (Ans: c)

### E. Śloka Identification (2 marks each)

1. “अथवाबलमारम्भं वेगसन्धारणं क्षयम्...” — Identify the context and all four causes. (Cha.Chi. 8/13)
2. “रसः स्रोतःसु रुद्धेषु...” — Explain its role in Samprāpti. (8/43)

### Mini-Self-Review (2 minutes)

- Can you **list the four āyatanas** without looking?
- Can you **map** one formulation to **each** of these clinical needs: hemoptysis/daaha; ekādaśa-lakṣaṇa complex; kāsa-śvāsa with kapha; anāha/aruci?
- Say aloud the **prognosis line (8/47)** and interpret it clinically.

If you can do the three above smoothly with one śloka each, you're exam-ready for **Rājyakṣmā Cikitsitam**.