



Gulma

GULMA (Ābaddha-piṇḍa in the abdomen produced by vitiated Doṣa-Mala-Agnī disturbance)

References – Caraka Cikitsā 5, Sūtra 4, Vimāna 4; Suśruta Nidāna 7; Aṣṭāṅga-Hṛdaya Nidāna 12; Bhāva-prakāśa, Mādhava-nidāna 27.

I. CONCEPT & CLASSIFICATION

1. **Etymology** - guḷ + ma = something rolled up / knot.
2. **Definition** - A palpable or non-palpable mass situated between Hṛdaya & Basti; produced by deranged Vāta (Prāṇa-Apāna conflict) combining with Pittā, Kaphā or Rakta and obstructing channels.
3. **Types (Doṣa-bheda)** -
 1. Vātaja (2 sub-types: Āmāśaya-sthita & Pakvāśaya-sthita)
 2. Pittaja
 3. Kaphaja
 4. Sannipātaja
 5. Raktaja (Suśruta) – only in women

II. SAṂPRĀPTI (Pathogenesis)

Nidāna (dry, cold, irregular food; Vegā-dharana; mental stress; Ābhighāta etc.) → Jatharāgni-daurbalya + Āma → Srotorodha inside Koṣṭha → Apāna Vāta uthkṣepa (reverse movement) + Prāṇa Vāta avarodha → Vāta saṅghāta with associated doṣa → Caya-piṇḍa = GULMA.

III. SAṂPRĀPTI-VIGHATANA (Break-the-chain plan)

1. Nidāna-parivarjana – first & foremost.
2. Āma-nirharaṇa – Langhana + Dīpana-Pācana.
3. Srotas-viśodhana – Snehana → Svedana.
4. Vāta-anulomana / Doṣa-hara Śodhana (Basti / Virecana / Vamana / Raktamokṣa).
5. Śamana aushadha sustaining normal Vāta-gati, Agni & dhātu circulation.

IV. UNIVERSAL CHIKITSĀ-SŪTRA (Caraka Cikitsā 5; A.Hr. Cikitsā 9)

Langhana → Dīpana-Pācana → Snehapāna → Svedana → Śodhana (Doṣānusāra) → Vāta-Anulomana (Basti mandatory) → Śamana Yoga → Rasāyana & Pathya.

V. DETAILED CHIKITSĀ-YOJANĀ (A) COMMON STAGING

1. **Pūrvakarma**
 - a. Dīpanīya Cūrṇa (Pañcakola, Trikaṭu 2-3 g TID)
 - b. Śuddha Ghṛta or Tila Taila Snehapāna 3-7 days (30-60 ml titrated).
 - c. Saṅghāta-vicchedana Svedana – Daśamūla-Nirguṇḍī potali / Valuka sveda (for Kapha).
2. **Pradhāna Śodhana (select as per Prādhānya)** -
 - **Vātaja** – Karma-basti (Anuvāsana 9 + Nirūha 6) using Daśamūla-Eranda etc.
 - **Pittaja** – Śitala Virecana (Trivṛt lehya 20 g, Āvipattikara cūrṇa 10 g).
 - **Kaphaja** – Vamana with Madhana-ikṣvāku yoga after Snehopacāra.
 - **Raktaja** – Sirā-vyadha/ Leeching followed by Tikta-ksīra Virecana.
 - Sannipāta – sequential: Virecana → Vamana (if needed) → Basti.
3. **Paścāt karma** – Saṁsarjana kramā, gradual diet escalation, Rasāyana.

VI. ŚAMANA PACKAGE (Doṣa-wise)

The table below combines— • Key Classical Formulations (Aushadha-yoga) • Dosage (adult) • Auxiliary external measures • Pathya-Apathya

DOSA-WISE PRACTICAL CHIKITSĀ

Doṣaja Gulma	Prime Lakṣaṇa	Śamana Aushadha (internal)	External / Panchakarma add-ons	Pathya (Do's)	Apathya (Don'ts)
VĀTAJA	Cutting/pricking pain, constipation, fluctuating lump	1. Hinguvacāḍī cūrṇa 3 g + warm water after food 2. Gulmakalanāla rasa 125 mg + Saindhava + Ghṛta b.i.d. 3. Eranda-Doṣāmūla kvātha 60 ml b.i.d. 4. Mahā-Yogarāja Guggulu 500 mg t.i.d.	Abhyanga with Sahacarādi taila, Nādi-sveda; Karma-basti course	Warm, unctuous, easy-digest: Śāli/godhuma odana with Ghṛta; Kulattha/Māṣa-yūṣa having Hiṅgu & Ajmoda; Hot water sipping; early bedtime.	Fasting, dry/raw food, cold drinks, suppression of flatus, night-vigil
PITTAJA	Burning, sour belch, soft hot lump, loose stools	1. Sūtaśekhara rasa 125 mg + Kamadugha (mukta) 250 mg with Gudūcī svarasa b.i.d. 2. Drākṣādi kvātha / Gudūcī-pañcapallava kvātha 60 ml b.i.d. 3. Tiktaka ghṛta 10 ml h.s. 4. Praval-panca-mṛta 250 mg if hyperacidity	Takra-dhārā over abdomen, Śīta virecana every fortnight	Cool, sweet, mildly fatty diet: Śāli rice, Ghṛta, Milk, Drākṣā, Kakdi; stay in cool environment, practice Prāṇāyāma, Satva-avajaya	Fried, fermented, alcohol, vinegar, chilli, anger, mid-day sun
KAPHAJA	Heaviness, mild pain, cold firm mass, nausea, lethargy	1. Agnitundī vaṭī 250 mg t.i.d. before food 2. Pañcakola kvātha 60 ml b.i.d. 3. Vyosādi vaṭī 250 mg + honey 4. Nārāyaṇa churna 3 g h.s.	Valuka-sveda; Vamana (Madhanaphala) once in 15-30 d; Udwarthana with Triphalā-Cūrṇa	Light, dry, hot: Yava/kodrava roṭikā, Śigru, Patola soups, daily exercise, early rising	Curd, cheese, sweets, bakery, day sleep, sedentary work, cold & damp climate
SANNIPĀTAJA	Mixed features, severe pain, variable bowel	1. Punarnavādi maṇḍūra 250 mg b.i.d. 2. Hinguvacādi 3 g + Trikaṭu 1 g 3. Triphalā-Guggulu 500 mg t.i.d.	Sequential Śodhana as tolerated; Piccha basti in chronic colic	Strict Doṣa-balanced, freshly cooked light meals; boiled water; small frequent feeds	Incompatible food, irregular timings, stress
RAKTAJA	Pulsatile mass, dark discoloration, systemic features	1. Araghvadhādi kvātha 60 ml b.i.d. 2. Nāgara-Yaṣṭi-Madhu kṣīra-pāka 50 ml b.i.d. 3. Chandana-ārdraka-svarasa + Madhu 10 ml t.i.d.	Sirā-vyadha / Leeching lateral to Nābhi; Patra-pottali sveda after bleeding; Tikta-kṣīra virecana monthly	Bitter, cooling, Rakta-prasadaka items – Nimba, Patola, Dhātṛi; Gokṣuṇa-jalapāna	Meat-soups, salt excess, alcohol, exposure to heat/fire

Dosages refer to average adults; adjust for age, constitution and physician's discretion.

VII. FOLLOW-UP & RASĀYANA

After complete samyag-śodhana and saṃsarjana:

- Vātaja – Pippalī-rasāyana 45 days.
- Pittaja – Āmalakī-rasāyana or Brāhmī ghṛta 1 month.
- Kaphaja – Śīlājatu-rasāyana (processed) 30-60 days.

VIII. CLINICAL PEARLS & PRECAUTIONS

1. Always rule out surgical abdomen, malignancy, organomegaly, pregnancy before instituting intensive therapy.
2. Basti is indispensable – Caraka: “Gulmah bastikṛtānyeva bhāṣyante”.
3. Women during gestation – restrict to mild Sneha-sveda + Śamana; postpone Śodhana.
4. Maintain regular bowel movement throughout treatment; Eranda taila 10 ml h.s. is a safe aide.
5. Psychogenic component significant (ati-cintā, śoka); counselling & Satva-avajaya help in recurrence prevention.



IX. SUMMARY

Gulma is essentially an Agni-Vāta disorder culminating in an obstructive abdominal knot. Samprāpti-vighatana is achieved by:

1. Eliminating nidāna & Āma,
2. Mobilising obstructed Doṣa through Sneha-Sveda,
3. Expelling them by doṣa-specific Śodhana, and
4. Stabilising the system with tailored Śamana drugs, lifestyle and diet.

Meticulous adherence to the above chikitsā-sūtra with doṣa-wise yojanā, appropriate aushadha-yoga and strict Pathya-apathya offers excellent prognosis in uncomplicated Gulma.

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