

## Unit 1. Concept of Atyaya, and Atyayika Chikitsa

### Unit 1: Concept of Atyaya and Atyayika Chikitsā

#### Shloka 1 (definition & scope of Āyurveda):

हिताहितं सुखं दुःखमायुस्तस्य हिताहितम् ।

मानं च तच्च यत्रोक्तमायुर्वेदः स उच्यते ॥

— *Aṣṭāṅga Hṛdaya, Sūtrasthāna 1.2*

#### Shloka 2 (purpose of Ayurveda):

स्वस्थस्य स्वास्थ्यरक्षणं आतुरस्य विकारप्रशमनम् ॥

— *Suśruta Saṃhitā, Sūtrasthāna 1*

## 1. Why this unit matters

Emergencies do not wait. In clinical life you will repeatedly face conditions where *minutes* determine outcome. Āyurveda recognises such time-critical states as **Atyaya** (immediate danger) and the diseases that manifest with urgent, rapidly worsening course as **Atyayika Vyādhi** (emergency illnesses). This unit trains you to identify these states quickly, stabilise the patient with *yukti* (rational judgment), and decide when to continue, combine, or defer interventions while arranging timely referral.

## 2. Key terms and core ideas

- **Atyaya**: “That which threatens life at once.” A state of *prāṇa-saṅkāta* (danger to life) demanding immediate action.
- **Atyayika Vyādhi**: A disease/episode with **sudden onset, fast progression, high risk to ojas (vital essence), marma (vital structures), or prāṇa**.
- **Agantu (external) vs Nija (internal)**: Emergencies can be due to trauma/poison/burns (āgantuka) or acute doṣa perturbations (nija) like *prāṇavaha srotas* crisis (severe śvāsa), *raktapitta* (hemorrhage), or *atisāra* with collapse.
- **Prāṇa-Ojas-Agni axis**: In emergencies, *prāṇa* (vital function), *ojas* (vital strength), and *agni* (metabolic fire) destabilise rapidly. Restoring airway/breathing/circulation parallels protecting *prāṇa*, conserving *ojas*, and supporting *agni*.

#### Shloka 3 (Arishta concept—ominous signs):

अरीष्टानि नाम मृत्युसूचकानि — *Carāṇa (Caraka) tradition, Indriyasthāna opening concept*  
("Arishta are indicators of impending death.")

## 3. Atyaya vs Atyayika Vyādhi: the distinction

Term	Focus	Typical example	Clinical demand
<b>Atyaya</b>	An immediate life-threatening state irrespective of root disease	Airway obstruction, profuse bleeding, shock	Act <b>now</b> to secure <i>prāṇa</i> (airway, hemostasis, circulation)
<b>Atyayika Vyādhi</b>	A disease with emergency course	Severe śvāsa attack, acute <i>raktapitta</i> , venomous bite	Rapid assessment, targeted <i>upakrama</i> , safe referral if needed

## 4. Clinical significance

1. **Time-sensitivity:** Delay converts a manageable event into *arishta* (ominous).
2. **Therapeutic prioritisation:** In emergency windows, **śamana (pacification)** and **stambhana (arresting)** measures often precede or replace *śodhana* (cleansing).
3. **Marma protection:** Injury to *marma* is classic Āyurvedic emergency; swift splintage, pressure hemostasis, and immobilisation are lifesaving.
4. **Ojas conservation:** Over-intervention, late fasting, or injudicious emesis in a collapsing patient risks ojas loss and death.

## 5. Typology of Atyāyika conditions (with practical handles)

### 5.1 By origin

- **Āgantuka (external):** trauma, burns, bites/stings (*viṣa*), foreign body, drowning, electrical injury.
- **Nija (internal):** acute *doṣa* storms—severe *śvāsa* (bronchospasm), *raktapitta* (hemorrhage), *atisāra* with dehydration, *mūrcchā* (syncope), *unmāda* (delirium), *apasmāra* (seizures).
- **Mānasa (psychogenic/neuro-autonomic):** panic with hyperventilation, acute grief syncope; always exclude organic causes.

### 5.2 By threatened system (think “ABCO”—Airway, Breathing, Circulation, Ojas)

Threat axis	Examples (Ayurvedic lens → common correlates)	Immediate aim
Airway (A)	<i>Kanṭha-āvaraṇa</i> , foreign body, edema	Positioning, suction if trained, urgent referral
Breathing (B)	<i>Śvāsa-hikka</i> crisis → acute asthma; chest trauma	Upright posture, warmth, calm; bronchodilator referral
Circulation (C)	<i>Raktapitta pravṛtti</i> , postpartum bleed, vascular injury	Direct pressure, stambhana, fluids en route
Ojas (O)	Collapse from dehydration, sepsis, severe pain	Gentle <i>ojovardhana</i> (warm water sips, <i>madhu-ghṛta</i> in select cases), warmth

## 6. First 5 minutes: Atyāyika Chikitsā—decision frame

### Step 1: See danger quickly (*dṛṣṭa-saṅjñā*).

- Is the patient talking? If not, suspect airway/brain compromise.
- Look for cyanosis, profuse bleeding, seizures, unresponsiveness.

### Step 2: Stabilise *prāṇa* (ABCO).

- **A:** Open airway with simple chin-lift if trained; remove visible obstruction only.
- **B:** Sit upright for *śvāsa*; loosen tight clothes; warm environment; oxygen if available.
- **C:** External bleeding—direct pressure bandage; limb elevation; tourniquet only if life-saving and trained.
- **O:** Keep warm; tiny sips of warm water if conscious and not aspirating.

### Step 3: Choose *upakrama* (measure) that is safe now.

- In **bleeding:** prefer **stambhana** (arresting).
- In **bronchospasm:** **svedana** (gentle warmth/steam around chest) may soothe but **never delay** allopathic bronchodilator/oxygen referral.
- In **dehydration/collapse:** **madhura-rasa** (soothing) and **snehana** are supportive only if airway is safe and

patient is alert; otherwise **IV/ORS referral immediately.**

**Step 4: Decide site of care.**

- If **A/B/C unstable** or *arishta* signs appear—**refer urgently** after basic stabilisation.
- Document vitals, time, measures given, and communicate clearly.

## 7. Classical *upakrama* adapted to emergencies (rational use)

Classical measure	Emergency-appropriate use	Avoid when
<b>Langhana</b> (lightening/fasting)	Post-emetic nausea, mild fever with full stomach	Collapse, hypotension, pregnancy (without supervision)
<b>Snehana</b> (oleation)	Throat dryness with irritative cough (few drops ghṛta), painful spasm (local)	Ongoing aspiration risk, severe dyspnea
<b>Svedana</b> (fomentation)	Muscular spasm, śvāsa relief by chest warmth	High fever, dehydration, burns/trauma sites
<b>Stambhana</b> (arresting)	Bleeding control—pressure, cold compress; hemostatic herbs locally	Thrombotic states, ischemic limbs
<b>Vamana/Virechana</b> (emesis/purgation)	<b>Not for field emergencies.</b> Consider only in hospital, after stabilisation, when clearly indicated	Shock, pregnancy, elderly frail, electrolyte loss

**Clinical wisdom:** In Atyāyika states, śamana (pacification) and supportive care are primary; śodhana waits until prāṇa is safe.

## 8. Common Atyāyika presentations and your first-line response

### 8.1 Severe Śvāsa (acute breathlessness)

- **Clues:** fast shallow breathing, accessory muscle use, wheeze, panic.
- **Ayurvedic view:** Vāta-kapha obstruction of *prāṇavaha srotas*.
- **Immediate:** Upright posture, reassurance, warm surroundings. If trained/available: nebulised bronchodilator/oxygen; arrange referral.
- **Adjuncts:** Gentle chest fomentation; warm water gargles post-episode.

### 8.2 Raktapitta (active bleeding)

- **Clues:** hematemesis, epistaxis, PV bleeding, wounds.
- **Immediate:** Direct pressure, cold compress; keep patient supine with legs elevated (unless breathing worsens).
- **Ayurvedic lens:** Pitta-rakta āśaya overflow; conserve ojas.
- **Adjuncts (local/topical):** Clean pressure dressing; astringent/hemostatic powders locally if trained and sterile. **Do not** delay transport.

### 8.3 Mūrcchā (syncope/pre-syncope)

- **Clues:** light-headedness, blackout, brief unresponsiveness.
- **Immediate:** Lay flat, elevate legs, ensure airway; check for trauma, bleeding, glucose if available.
- **After recovery:** Small sips of warm water; evaluate triggers. Refer if first episode, chest pain, seizure, or injury.

## 8.4 *Apasmāra* (seizure)

- **Immediate:** Protect from injury, turn to side, **do not** force objects into mouth. After convulsion stops, airway check; refer.

## 8.5 Burns/Scalds (*Dāha/Agni-dagdha*)

- **Immediate:** Cool the burn with cool (not icy) clean water 15–20 min; remove tight items; cover with clean cloth; **no** oil/ghee on fresh burns; refer for extent >3% BSA, face/genitals/hands, electrical/chemical.

## 8.6 Bites and stings (*Viṣa*)

- **Immediate:** Reassure, immobilise limb; pressure immobilisation bandage for neurotoxic bites if recommended locally; **no** incision/suction. Rapid referral to antivenom-capable centre.

## 9. Arishta Lakṣaṇa: recognising ominous signs

*Arishta* are patterns that suggest **imminent death or disastrous prognosis** despite treatment. They emphasise **careful observation of indriya (senses), varṇa (complexion), svara (voice), gati (movement), ācāra (behaviour), and svapna (dreams)**.

### Shloka 4 (prognostic vigilance):

अथातोऽरिष्टलक्षणीयमध्यायः — *Caraka/ Aṣṭāṅga Hṛdaya, Indriyasthāna* header  
(Classical compendia introduce a full chapter on Arishta—signs portending death.)

### 9.1 Practical grouping of Arishta for bedside use

Domain	Examples of Arishta features (interpret with clinical context)	Clinical implication
<b>Varṇa/Prabhā (colour/shine)</b>	Sudden earthy/sooty pallor, waxy yellow, diffuse blueness; face looks “oily without oil”, unnatural gloss or dullness	Shock, hypoxia, liver failure; very poor reserve
<b>Svara (voice)</b>	Whispery feeble voice, sudden aphonia, words unclear without fatigue explanation	Brainstem compromise, respiratory failure
<b>Dṛṣṭi/Netra (eyes)</b>	Fixed dilated pupils, loss of lustre, sunken eyes with dark halos	Raised ICP, dehydration, premortem state
<b>Gandha (odour)</b>	Foul sweet-fetid smell not explained by wound or hygiene	Sepsis, tissue necrosis
<b>Sparśa (touch)</b>	Cold clammy extremities with feeble pulse; burning heat with delirium	Shock patterns; neurotoxicity
<b>Ācāra (behaviour)</b>	Disorientation, unprovoked laughter/crying, refusing favourite foods suddenly, apathy	CNS failure, hepatic/uraemic encephalopathy
<b>Svapna (dreams)</b>	Recurrent terrifying dreams—smoke, fall from heights, travel with dead (interpret cautiously)	If accompanied by objective decline, indicates grave prognosis

### How to use Arishta intelligently:

- Never rely on a single sign. **Look for clusters** with objective vitals (pulse, BP, respiratory rate, oxygen saturation if available).
- If Arishta patterns appear with instability (**ABCO not secure**), **escalate level of care immediately**.

## 10. Modern triage harmonised with Āyurvedic reasoning

- **Airway and Prāṇa first.** Without prāṇa, no therapy acts.
- **Breathing and Agni.** Hypoxia quenches agni—oxygen and ventilation save metabolism.
- **Circulation and Ojas.** Bleeding drains ojas—stop the leak, replace volume, keep warm.
- **Pain control.** Severe pain is a Vāta storm; splintage, gentle immobilisation, and appropriate analgesia reduce physiologic chaos.
- **Early referral is rational yukti**, not therapeutic failure.

## 11. Documentation you should not skip

- Time of onset, first 5-minute actions (*kriyā-kāla* notes).
- Vitals trend (pulse, BP, RR, temperature, O<sub>2</sub> saturation if available).
- What was given (topical/local/systemic), patient's response, and reason for referral.
- Contact of receiving facility and handover summary.

## 12. Red-flag checklist (remember: “ABCO-RED”)

- Airway noise/obstruction, cannot speak full sentences
- Breathing rate <8 or >30/min, cyanosis
- Circulation: uncontrolled bleed, BP <90 systolic, feeble or absent radial pulse
- Ojas collapse: cold clammy skin, altered sensorium
- Repeated seizures, severe head injury
- Extensive burns/chemical/electrical injury
- Delirium with high fever or neck stiffness

If any present → **Stabilise + Refer**.

## 13. Quick cases (think aloud)

1. **A 28-year-old with massive epistaxis:** Pinch soft nose, head slightly forward, cold compress; monitor pulse/BP; if persistent or syncope → urgent ENT care. *Stambhana* justified; avoid head tilt back (aspiration risk).
2. **A 65-year-old with chest trauma and breathlessness:** Sit upright, oxygen if available, watch for tracheal deviation; arrange rapid referral for pneumothorax. *Fomentation* is **not** appropriate on acute chest trauma.
3. **Post-partum heavy bleeding:** Uterine massage while arranging transfer; IV/ORS per protocol at facility; avoid delay with unproven measures. Document blood loss trend.

## 14. Summary points to retain

- **Atyaya** is an immediate prāṇa threat; **Atyāyika Vyādhi** is a disease with emergent course.
- Protect **ABCO** first; tailor *upakrama* to the moment—**stambhana** for bleeding, **svedana** only when safe, **śodhana** deferred.
- **Arishta Lakṣaṇa** guide prognosis; use them alongside vitals and objective signs.
- Early, well-documented referral after stabilisation is sound Āyurvedic *yukti*.



## 15. Self-check (answer mentally, then verify from the text)

1. List four differences between Atyaya and Atyāyika Vyādhi with examples.
2. Map ABCO to prāṇa-ojas-agni concepts in your own words.
3. In active *rakta-pitta*, which classical upakrama is primary and why?
4. Name three Arishta patterns in **svara/dṛṣṭi/varṇa** that worry you.
5. Why is over-zealous *śodhana* dangerous in an Atyāyika state?

## 16. Clinical pearls

- When in doubt, **warmth, calm, cleanliness, and gravity-wise positioning** help and rarely harm.
- In the fright of the moment, **speak slowly**; your voice steadies Vāta—for the patient and for you.
- Record first vitals before interventions if possible; trends tell the story better than single numbers.

### Closing reflection

Emergencies test your viveka (discerning wisdom). You are not choosing between Āyurveda and modern care; you are choosing **life**. Stabilise prāṇa, conserve ojas, support agni, protect marma, and move swiftly—this is true **Atyāyika Chikitsā**.