

Unit 1. Concept of Atyaya, and Atyayika Chikitsa

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Shloka 1 (definition & scope of Ayurveda):

हिताहितं सुसं दुःसमायुस्तस्य हिताहितम् । मानं च तच्च यत्रोक्तमायुर्वेदः स उच्यते ॥ — Aşṭāṅga Hṛdaya, Sūtrasthāna 1.2

Shloka 2 (purpose of Ayurveda):

स्वस्थस्य स्वास्थ्यरक्षणं आतुरस्य विकारप्रशमनम् ॥

— Suśruta Saṁhitā, 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 **Atyāyika 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-saṅkaṭa (danger to life) demanding immediate
 action.
- Atyāyika 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 — Caraṇa (Caraka) tradition, Indriyasthāna opening concept ("Arishta are indicators of impending death.")

3. Atyaya vs Atyāyika Vyādhi: the distinction

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

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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 Atyayika 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)	Kanṭha-āvaraṇa, foreign body, edema	Positioning, suction if trained, urgent referral
Breathing (B)	Śvāsa-hikka crisis → acute asthma; chest trauma	Upright posture, warmth, calm; bronchodilator referral
Circulation (C)	Raktapitta pravṛtti, 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, madhughṛta 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

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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
Langhana (lightening/fasting)	Post-emetic nausea, mild fever with full stomach	Collapse, hypotension, pregnancy (without supervision)
Snehana (oleation)	Throat dryness with irritative cough (few drops ghṛta), painful spasm (local)	Ongoing aspiration risk, severe dyspnea
Svedana (fomentation)	Muscular spasm, śvāsa relief by chest warmth	High fever, dehydration, burns/trauma sites
Stambhana (arresting)	Bleeding control—pressure, cold compress; hemostatic herbs locally	Thrombotic states, ischemic limbs
Vamana/Virechana (emesis/purgation)	Not for field emergencies. 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, reassure, 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.

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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 (Vișa)

• **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
Varṇa/Prabhā (colour/shine)	Sudden earthy/sooty pallor, waxy yellow, diffuse blueness; face looks "oily without oil", unnatural gloss or dullness	Shock, hypoxia, liver failure; very poor reserve
Svara (voice)	Whispery feeble voice, sudden aphonia, words unclear without fatigue explanation	Brainstem compromise, respiratory failure
Dṛṣṭi/Netra (eyes)	Fixed dilated pupils, loss of lustre, sunken eyes with dark halos	Raised ICP, dehydration, premortem state
Gandha (odour)	Foul sweet-fetid smell not explained by wound or hygiene	Sepsis, tissue necrosis
Sparśa (touch)	Cold clammy extremities with feeble pulse; burning heat with delirium	Shock patterns; neurotoxicity
Ācāra (behaviour)	Disorientation, unprovoked laughter/crying, refusing favourite foods suddenly, apathy	CNS failure, hepatic/uraemic encephalopathy
Svapna (dreams)	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.

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10. Modern triage harmonised with Ayurvedic 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, O₂ 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
- **D**elirium 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*.

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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 raktapitta, 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**.

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