



Unit 2. Important factors related to Atyayika conditions

Unit 2: Vital Factors in Atyāyika Avasthā (Emergencies)

Doṣa framework behind pathophysiology:

वातः पित्तं कफश्चेति त्रयो दोषाः समासतः ।

— Aṣṭāṅga Hṛdaya, Sūtrasthāna 12.1

1. Orientation: why these factors decide outcomes

In time-critical illness, survival depends on how quickly **Prāṇa (vital force)**, **Agni (metabolic fire)**, **Ojas (vital essence)**, **Indriya (sensory-cognitive integrity)**, **Bala (strength/immunity)**, and **Marma (vital points/organs)** are protected and restored. These are not abstract ideas; they map closely to airway-breathing-circulation-neurology-metabolism in modern triage. Failure of any one rapidly unbalances the rest, pushing the patient into *Atyāyika avasthā* (an emergency phase). This chapter explains each factor's bedside meaning, their interactions, and what their failure looks like in life-threatening conditions.

2. The Prāṇa-Agni-Ojas axis (the lifesaving triangle)

- **Prāṇa—principle of life support and movement.** In practice: airway patency, central drive, respiratory mechanics, and circulatory drive.
- **Agni—principle of transformation.** In practice: cellular respiration, perfusion-dependent metabolism, temperature regulation, digestion-absorption.
- **Ojas—integrated vitality/immune-neurohumoral reserve.** In practice: shock tolerance, healing capacity, infection containment, consciousness stability.

Loss of **Prāṇa** collapses **Agni** (tissue hypoxia), and rapid **Ojas** depletion follows (shock, immune paralysis). Conversely, severe **Agni** derangement (hyper- or hypo-metabolism: sepsis, hypothermia) consumes **Ojas** and impairs **Prāṇa** rhythms (respiratory fatigue, arrhythmia). Protecting this triangle is the essence of Atyāyika Chikitsā.

3. Roles of the six factors in emergencies

3.1 Prāṇa (प्राण)

Normal role: Drives inhalation, swallowing, voice, mental alertness, and cardiac impetus (classically, activities of *Prāṇa* and *Udāna Vāyu*).

Emergency meaning: Airway and central cardiorespiratory drive.

Early compromise signs: Inability to complete sentences, noisy breathing, agitation/anxiety, weak cough, dysphagia.

Advanced failure: Silent chest, cyanosis, gasping, bradycardia/asystole, coma.

Bedside priorities (Prāṇa-centric):

- Secure airway posture (chin lift if trained), clear visible obstruction, position upright for *śvāsa* distress.
- Oxygen/ventilatory support where available; minimal handling in severe dyspnea.
- Avoid sedating or oil-based oral remedies in any risk of aspiration.

Ayurvedic lens: Acute Vāta-Kapha obstruction in *prāṇavaha srotas*; initial *śamana* (pacification—warmth, calm, posture)



is preferred; *śodhana* is **not** an emergency field measure.

3.2 Agni (अग्नि)

Normal role: Digestion, assimilation, and cellular energy (all levels from *jāṭharāgni* to *dhātvagni*). Balanced Agni sustains temperature and perfusion-efficient metabolism.

Emergency meaning: Metabolic competence under stress—can the body transform fuel into life?

Early compromise: Chill or high fever with rigors, anorexia, nausea, tachycardia disproportionate to temperature, new confusion.

Advanced failure: Hypothermia or extreme hyperthermia, lactate rise (clinical correlate), refractory shock.

Bedside priorities (Agni-centric):

- Restore perfusion (fluids where appropriate in a facility), maintain warmth (blankets, ambient heat).
- Do **not** force feed; small sips of warm water only if fully alert and airway-safe.
- Defer strong *langhana/śodhana* until vital signs stabilise.

Ayurvedic lens: Agni fluctuates in shock and sepsis; indiscriminate fasting or purgation during collapse extinguishes Agni and accelerates ojas loss.

3.3 Ojas (ओजस्)

Normal role: Fundamental vitality and resilience; integrates immune–endocrine–neural stability and tissue coherence.

Emergency meaning: Shock reserve—how much physiological “buffer” is left?

Ojas as life-basis:

ओजः प्राणस्य आधारः, तदभावे मृत्युः ।

Ojas is the base of life; in its absence, death.

Early compromise: Tremor, palpitations, anxiety, brittle pulse, dryness, sense of “draining”.

Advanced failure: Cold clammy skin, thready pulse, altered sensorium—classic shock.

Bedside priorities (Ojas-centric):

- Stop the loss (control bleeding, treat dehydration, keep warm).
- Gentle, non-overloading support: if conscious and safe to swallow, tiny sips of warm sweet liquids; otherwise **medical facility resuscitation**.

Ayurvedic lens: In rapid hemorrhage (*raktapitta*) or severe diarrhea (*atisāra*), *stambhana* (arrest) and heat conservation protect Ojas; heavy cleansing is contraindicated.

3.4 Indriya (इन्द्रिय) — sensory-cognitive integrity

Normal role: Reliable perception (*jñāna-indriya*) and purposeful response (*karma-indriya*) coordinated by *manas* (mind).

Emergency meaning: Neurological stability—GCS/mental status, pupils, reaction to environment.

Early compromise: New agitation, inappropriate laughter/crying, disorientation, visual dimness, slurred voice.

Advanced failure: Non-reactive pupils, coma, decerebrate posturing, seizure clusters.

Bedside priorities (Indriya-centric):



- Protect airway (side-position in unconscious), prevent injury during seizures, avoid oral intake until fully alert.
- Rapid referral for neuro-evaluation.

Ayurvedic lens: Indriya failure often heralds *Arishta* (ominous prognosis) in Indriyasthāna. Restoration of Prāṇa and Ojas commonly improves Indriya integrity.

3.5 Bala (बल) — strength/immunity

Normal role: Endurance, infection resistance, and recovery capacity (*sahaja, kālaja, yuktikṛta* bala—constitutional, seasonal, acquired).

Emergency meaning: The ability to tolerate shock, procedures, and infections without rapid decompensation.

Low Bala clues: Frailty, cachexia, recurrent infections, slow wound healing; in crisis—rapid exhaustion, pressure-induced hypotension.

Bedside priorities (Bala-centric):

- Choose the gentlest effective measures; avoid over-proceduralisation.
- Early nutrition support only after airway/circulation are safe.

Ayurvedic lens: *Yuktikṛta bala* (acquired strength) grows after stabilisation with graded *bṛhmaṇa* (nourishment). In the emergency window, conserve, don't spend.

3.6 Marma (मर्म) — vital structures

Normal role: Anatomical-functional “vital points” where injury leads to severe disability or death.

Emergency meaning: Any trauma or disease process threatening a marma—especially **Trimarma**—is inherently Atyāyika.

Marma as seats of life:

मर्माणि प्राणभूतानि — *Suśruta Samhitā, Śārīrasthāna 6*
 (“Marmas are of the nature of life (prāṇa).”)

Bedside priorities (Marma-centric):

- **Protect first, treat next.** Splint/immobilise, control bleeding, prevent secondary hits (pressure off head/spine, bladder decompression only by trained personnel in facilities).

4. Significance of Trimarma (शिरः, हृदय, बस्ति) in emergencies

Trimarma are the three supreme vital seats—**Śira (Head/Brain)**, **Hṛdaya (Heart)**, and **Basti (Urinary bladder-pelvic vital complex)**—whose injury belongs to the gravest category (classically *Sadyapraṇahara*—immediately life-threatening).

4.1 Śira (शिरः) — head/brain

- **Why critical:** Governs Indriya integration, respiratory drive, and vasomotor tone.
- **Threat patterns:** Severe head injury, stroke, meningitis, status epilepticus.
- **Seen at bedside:** Vomiting with headache, unequal pupils, seizures, progressive drowsiness, Cushing's response.
- **Immediate actions:** Airway protection, prevent hypoxia/hypotension, immobilise cervical spine; urgent referral.

4.2 Hṛdaya (हृदय) — heart

- **Why critical:** Central pump for Prāṇa distribution and Ojas conservation.
- **Threat patterns:** Massive hemorrhage, myocardial infarction, tamponade, malignant arrhythmias, electrical injury.
- **Seen at bedside:** Chest distress, diaphoresis, syncope, rapid weak pulse or pulselessness, sudden breathlessness.
- **Immediate actions:** Position of comfort, oxygen if available, control external bleed, rapid transport; avoid delays with non-essential oral remedies.

4.3 Basti (बस्ति) — bladder-pelvic vital complex

- **Why critical:** Pelvic trauma can cause exsanguination; bladder rupture leads to sepsis and shock; autonomic instability worsens Prāṇa-Agni.
- **Threat patterns:** Road-traffic pelvic fractures, obstructed labour complications, urethral injuries, lower abdominal penetrating trauma.
- **Seen at bedside:** Lower abdominal distension, suprapubic tenderness, blood at urethral meatus, inability to pass urine, hypotension.
- **Immediate actions:** **Do not** attempt blind catheterisation after suspected urethral injury; control external bleeding with pelvic binder; urgent referral.

5. How these factors derail in life-threatening states (pathophysiology map)

5.1 Hemorrhagic shock (e.g., postpartum hemorrhage, trauma)

- **Trigger:** Rapid **Rakta** loss → fall in preload and oxygen delivery.
- **Sequence:**
 1. **Prāṇa** strain: tachypnea → fatigue → hypoventilation.
 2. **Agni** sinks: cold, acidosis (clinical correlate), ileus.
 3. **Ojas** drains: thready pulse, confusion, collapse.
 4. **Indriya** dims: restlessness → obtundation.
 5. **Bala** fails: poor vasomotor tone.
 6. **Marma** at risk: Hṛdaya ischemia, cerebral hypoxia.
- **Key counter-moves:** Arrest bleeding (*stambhana* principles locally), keep warm, rapid transfer for volume/definitive hemostasis. Avoid purgatives/emetics.

5.2 Septic shock / fulminant infection

- **Trigger:** Toxins and cytokine storm.
- **Sequence:**
 1. **Agni** initially blazes (high fever) then collapses (hypothermia).
 2. **Prāṇa** dysregulated: tachypnea, later respiratory failure.
 3. **Ojas** consumed: capillary leak, hypotension, delirium.
 4. **Indriya** clouded: fluctuating consciousness.
 5. **Bala** exhausted: multiorgan failure.
- **Key counter-moves:** Early facility care (fluids, antimicrobials), maintain warmth, gentle handling; oral intake only if fully alert.

5.3 Anaphylaxis / toxic envenomation (āgantuka viṣa)

- **Trigger:** Sudden āgantuka insult.
- **Sequence:**
 1. **Prāṇa** threatened by airway edema and bronchospasm.
 2. **Ojas-Bala** overwhelmed: distributive shock.

3. **Agni** deranged: temperature swings, gut stasis.
- **Key counter-moves:** Immediate referral; airway positioning, avoid oral dosing; limb immobilisation and pressure immobilisation bandage for indicated neurotoxic bites.

5.4 Neuro-catastrophe (head injury, stroke, status epilepticus)

- **Trigger:** Śira marma insult.
- **Sequence:**
 1. **Indriya** failure: pupillary changes, seizures.
 2. **Prāṇa** dyscontrol: irregular breathing, aspiration risk.
 3. **Agni** and **Ojas** secondary downfall: hypothermia/hyperthermia, hypotension.
- **Key counter-moves:** Side-position if unconscious, protect from injury, oxygen if available, immobilise neck, urgent transfer.

5.5 Burn shock / thermal injury (dāha/dagdha)

- **Trigger:** Pitta-dominant tissue combustion.
- **Sequence:** Fluid loss → **Ojas** depletion; **Agni** dysregulation (hyper- then hypo-thermia); **Prāṇa** strain from inhalational injury.
- **Key counter-moves:** Cool the burn (not ice), cover with clean cloth, no oils on fresh burns, assess airway; rapid referral for >3% BSA or critical sites.

6. Integrating the six factors at the bedside

Use this quick mapping to act without hesitation:

Factor	What you watch	What you do immediately (pre-facility)	What to avoid in field
Prāṇa	Speech, breaths/min, airway sounds, cyanosis	Upright/side positioning, clear visible obstruction, oxygen if available	Sedation, oral oils in dyspnea
Agni	Temperature, perfusion (warmth), nausea, vigor	Warmth, minimal gentle sips if safe, defer heavy diet	Forcing food, purgatives
Ojas	Skin feel, pulse quality, mentation	Control losses (bleed/diarrhea), warmth, rapid referral	Procedures that drain fluids/strength
Indriya	GCS, pupils, coherence	Protect airway, seizure safety, dark-quiet space	Forcing drinks/pills
Bala	Endurance to handling, postural stability	Gentle measures, reduce unnecessary movement	Multiple procedures "to do something"
Marma / Trimarma	Head, chest, pelvis trauma signs	Immobilise, pressure hemostasis, pelvic binder	Blind catheterisation, rough handling

7. Practical red flags tied to these factors

- **Prāṇa:** Can't speak full sentences, silent chest, choking.
- **Agni:** Hypothermia in sepsis, rigors with confusion, uncontrollable vomiting.
- **Ojas:** Cold clammy skin + thready pulse, syncope after bleed/diarrhea.
- **Indriya:** Unequal pupils, new seizures, sudden aphasia.
- **Bala:** Rapid fatigue with minor exertion during illness, postural collapse.
- **Marma (Trimarma):** Head trauma with vomiting/drowsiness; chest pain with breathlessness/syncope; pelvic pain/distension with inability to pass urine or hypotension.

8. Ayurvedic rationale for early choices in Atyāyika Chikitsā

- **Prioritise pacification and conservation** (*śamana, stambhana*, warmth) over cleansing (*śodhana*) in the first window.
- **Guard Marma**: protect head, heart, and pelvis from secondary injury; splintage and pressure hemostasis save *Prāṇa* and *Ojas*.
- **Sequence matters**: First *Prāṇa* (airway/breathing), then Circulation/*Ojas* (bleeding, fluids at facility), then *Agni* (metabolic re-engagement), then *Bala* (graded nourishment), then elective *śodhana* only when stable.

मर्माणि प्राणभूतानि — तेषां भेदे प्राणा व्यपैति ।

— *Suśruta Samhitā, Śārīrasthāna 6*

(*Marmas are of the nature of life; when they are destroyed, life departs.*)

9. Micro-cases (think like a clinician)

1. Fainting after loose stools:

- Factor failure: **Ojas** (fluid) → **Prāṇa** (cerebral perfusion).
- Action: Lay flat, legs up, keep warm; tiny sips only when fully alert; quick transfer if vitals unstable.

2. Epistaxis in an elderly patient on a hot day:

- Factors: **Pitta-Rakta** surge, **Ojas** leakage risk.
- Action: Pinch soft nose, head slightly forward, cold compress, avoid supine with head back; monitor pulse/BP; refer if persistent.

3. Fall with pelvic pain and hypotension:

- Factor: **Marma—Basti/pelvis** threatening *Ojas* and *Prāṇa*.
- Action: Pelvic binder, minimal movement, monitor mentation; urgent transfer; no blind catheter.

4. Child with scalds over both forearms:

- Factors: **Agni** dysregulation, **Ojas** loss.
- Action: Cool water 15–20 min (no ice), cover with clean cloth, keep warm otherwise; analgesia at facility; assess for inhalation injury if face involved.

10. Key shastra-to-clinic takeaways

- **Prāṇa** is protected first—without air and perfusion, no therapy acts.
- **Agni** must be rekindled only after circulation and oxygenation are secure.
- **Ojas** is preserved by stopping losses and avoiding strength-draining procedures.
- **Indriya** changes are not “just behaviour”—they are prognostic.
- **Bala** guides the gentleness of your interventions.
- **Marma, especially Trimarma (Śira-Hṛdaya-Basti)**, demand protective handling and the fastest route to definitive care.

11. Self-check (answer privately, then revisit the section)

1. In one line each, map *Prāṇa*, *Agni*, and *Ojas* to their closest bedside correlates.



2. Which early signs tell you Ojas is draining during an acute bleed?
3. Why is blind urinary catheterisation dangerous in suspected pelvic/urethral injury?
4. List three Indriya changes that make you escalate care immediately.
5. After stabilisation, in what order do you rebuild: Ojas, Agni, or Bala—and why?

Closing summary

Emergency outcomes depend on how well you preserve the **Prāṇa-Agni-Ojas** triangle, read **Indriya** changes early, work within the patient's **Bala**, and vigilantly protect **Marma**, especially **Trimarma**—Śira, Hṛdaya, and Basti. Thinking this way keeps your actions focused, conservative where needed, and decisive when it matters most.