Unit 5. Teevra Udarashoola- (Acute abdomen, Acute abdominal pain)

Unit 5: Tīvrā Udaraśūla (Acute Abdomen, Acute Abdominal Pain)

1) Orientation: why “acute abdomen” demands instant, structured action

Tīvrā Udaraśūla refers to **sudden, severe abdominal pain** with potential for rapid deterioration—bleeding, sepsis, obstruction, perforation, or shock. In the emergency bay, your first task is **stabilise (ABCD)**, then **localise** the pain and **triage**: who needs **immediate transfer** for surgery or monitored care, and who can receive **conservative management** while you observe?

Āyurveda reads acute abdomen through **doṣa** dynamics—especially **Vāta** (spasm, colic, obstruction), **Pitta** (inflammation, burning, suppuration), and **Kapha/Āma** (congestion, heaviness)—acting on **annavaha, udakavaha, purīṣavaha, mūtravaha** srotases and **marma** (notably **hṛdaya** via shock and **basti–pelvis** in lower abdominal crises). Your clinical reasoning should integrate **modern red flags** with **Ayurvedic upakrama** that are **safe in emergencies**.

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2) Rapid assessment: modern + Ayurvedic together

2.1 First minute: ABCD

- **A – Airway**: vomiting with altered sensorium? aspiration risk.
- **B – Breathing**: RR, work of breathing (pain splinting vs peritonitis rigidity).
- **C – Circulation**: pulse, BP, capillary refill, skin (cold/clammy), **urine output**.
- **D – Disability (neuro)**: agitation, confusion (sepsis), syncope (hemorrhage).

Immediate red flags → transfer after basic stabilisation: hypotension, persistent tachycardia, rigid “board-like” abdomen, rebound tenderness, GI bleeding (hematemesis/melena/maroon stool), uncontrolled vomiting with dehydration, severe jaundice + fever, anuria/oliguria, pregnancy with pain/bleed.

2.2 Focused abdominal exam (5–7 minutes)

- **Site & character**: colicky (Vāta) vs burning (Pitta) vs dull heavy (Kapha/Āma).
- **Onset & radiation**: renal colic (loin→groin, testis/labia), biliary colic (RUQ→right scapula), pancreatitis (epigastrium→back).
- **Viscera-specific signs**: Murphy (gallbladder), McBurney/Rovsing (appendix), CVA tenderness (renal).
- **Peritoneal irritation**: guarding, rebound, absent bowel sounds.
- **Systemic context**: fever, rigors, jaundice, hematemesis/melena, dysuria/hematuria, prior ulcers/gallstones, alcohol, drugs (NSAIDs, anticoagulants).

2.3 Ayurvedic lens while you examine

- **Vātaja śūla**: spasmodic, shifting, relieved by warmth/gentle pressure; constipation, flatus retention.
- **Pittaja śūla**: burning, thirst, sour/bitter eructations, yellow tinge, heat intolerance.
- **Kaphaja/Āma śūla**: heaviness, nausea, coated tongue, sluggish bowels; worsens after heavy/unctuous meals.
- **Sannipāta**: mixed and severe; often accompanies peritonitis/sepsis—**do not delay referral**.

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3) Key acute conditions you must recognise fast

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3.1 Renal colic (mūtravaha srotas—āśmarī–vatika spasm)

- **Clues**: sudden colicky flank pain radiating to groin/testis/labia, restlessness, **hematuria**, dysuria, CVA tenderness, nausea.
- **Pitfalls**: fever + chills suggest **pyelonephritis/obstruction**—higher risk.
- **Immediate care**: analgesia (facility: antispasmodics/NSAIDs), antiemetic, **fluids** (guided by vitals), strain urine; **USG/KUB** as per protocol.
- **Ayurvedic view**: Vāta provocation with **śarkarā/āśmarī** irritation. **Warmth**, antispasmodic herbs, gentle hydration if not vomiting.

3.2 Biliary colic / acute cholecystitis (pittāśaya–yakṛt)

- **Clues**: RUQ colic after fatty meal, radiation to right scapula, **Murphy's sign**; with fever, persistent pain → **cholecystitis**.
- **Immediate care**: NPO, analgesia, antiemetic, ultrasound, lab work; antibiotics for cholecystitis at facility.
- **Ayurvedic view**: **Pittaja śūla** in *yakṛt–pittāśaya*; **śītala** measures internally, avoid oleation/svedana during hot, inflamed phase.

3.3 Acute gastritis/peptic flare (annavaha srotas—amla-pitta spectrum)

- **Clues**: epigastric burning, nausea, sour belch; relation to NSAIDs/alcohol/stress.
- **Red flags**: hematemesis/melena, severe tenderness, orthostasis → **urgent evaluation**.
- **Immediate care**: stop NSAIDs/alcohol, acid suppression at facility if needed, **small cool sips**, antiemetic.
- **Ayurvedic view**: **Pittaja** dominance ± **Āma**; choose **tikta–madhura–śīta** supports.

3.4 Acute pancreatitis (agni–pitta catastrophe)

- **Clues**: **severe epigastric pain radiating to back**, persistent vomiting, abdominal distension, tachycardia; history: alcohol/gallstones.
- **Immediate care**: **Urgent transfer**; NPO, IV fluids, analgesia, monitored setting; look for hypoxia/shock.
- **Ayurvedic view**: violent **Pitta–Agni** derangement consuming **Ojas**—**no oral, no heat**; only supportive *śamana* once stable.

3.5 Peritonitis (sannipāta—marma threat)

- **Clues**: diffuse severe pain, **rigid abdomen**, rebound, absent bowel sounds, fever, shock.
- **Immediate care**: **Time-critical surgical referral**; IV fluids, antibiotics, NG decompression at facility as per protocol.
- **Ayurvedic view**: life-threatening *doṣa* storm; **avoid basti, svedana, lepa**; prioritise **prāṇa–ojas** preservation and urgent surgery.

3.6 Appendicitis

- **Clues**: periumbilical pain migrating to **RLQ (McBurney's point)**, anorexia, low-grade fever, tenderness/rebound.
- **Immediate care**: surgical evaluation; **nothing orally**; avoid laxatives or enemas.
- **Ayurvedic view**: *Pakvāśaya* Vāta–Pitta irritation progressing to suppuration; invasive measures only at facility.

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4) Decision table you can use at bedside

Scenario	Keep in mind	Immediate steps (pre-facility)	What to avoid
Colicky flank pain + hematuria	Renal colic	Warmth, fluids if not vomiting; analgesia/antiemetic per protocol at facility	Strong laxatives; deep massage
RUQ pain post-fatty meal	Biliary colic/cholecystitis	NPO, analgesia, ultrasound referral	Ghṛta/abhyanga/svedana in hot inflamed phase

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Scenario	Keep in mind	Immediate steps (pre-facility)	What to avoid
Epigastric burning	Gastritis/peptic flare	Cool sips, avoid NSAIDs/spices; acid suppression at facility	Alcohol, hot fomentation
Epigastric → back, shock risk	Pancreatitis	**Urgent transfer**, NPO, IV fluids (facility)	Oral intake, oily enemas, heat
Rigid, board-like abdomen	Peritonitis	**Urgent transfer**, NPO, do not move much	Any enema/basti, lepa, cupping
RLQ migration, rebound	Appendicitis	**Surgical eval**, NPO	Enema, purgation, deep abdominal therapies

5) Integrative management: safe sequencing

5.1 Abhyantara Auṣadhi (internal) — choose conservatively, match the phase

> **Do not give orally** if vomiting, ileus, shock, peritonitis, pancreatitis, or when surgery is anticipated. Resume only after stability and surgeon clearance.

- **Vātaja colic (renal/intestinal spasm) — when swallowing is safe**:
  - **Ajamodādi cūrṇa** 1–2 g **BD** with warm water for flatulence/colic.
  - **Hingu-vādi cūrṇa** 500 mg–1 g **BD** (gastric/intestinal spasm).
  - **Jeeraka-jal** (cumin water) warm sips.
- **Pittaja epigastric pain/gastritis (no bleed)**:
  - **Śatāvarī chūrṇa** 3 g **BD** with cool water or **Godhuma-māṇḍa**.
  - **Gudūcī ghaṇa** 500 mg **BD**; **Pravāla/Mukta piṣṭi** 125 mg **BD** (short course).
- **Post-colic convalescence**:
  - **Dhānyaka-Uśīra-Pāṭhā** cool infusion sips; **Peya** (thin rice gruel), **Takra** (if kapha/āma recedes).

(Doses are typical adult ranges; align with your pharmacopeia and comorbidities.)

5.2 Basti (enema) — targeted, not routine

- **When helpful**: **Vātaja śūla** with **constipation/flatulus** after you have **ruled out peritonitis, appendicitis, ileus, active bleed, pancreatitis**.
- **Options** (post-stabilisation only):
  - **Snehana (Mātrā) basti**: 30–60 ml warm **tila taila** with a pinch of **saindhava** for spasmodic distal colic.
  - **Mridu niruha** (gentle decoction) for Vāta colic: **Daśamūla-Saindhava-Yaṣṭimadhu** lukewarm, low volume.
- **Avoid**: any basti in **acute abdomen red flags** (rigidity, high fever with rebound, suspected perforation/appendicitis/pancreatitis/obstruction).

5.3 Nābhi Pūraṇa (navel pooling) — simple, analgesic, Vāta-shāmaka

- **Method**: Make a **dough ring** (atta) around the **nābhi** (umbilicus); pour **warm** (not hot) medicated oil **10–15 min**.
- **Dravya selection**:
  - **Vāta colic, gas**: **Tila taila** infused with **Hiṅgu-Ajavāyana** (if available) or plain **Tila taila**.
  - **Pitta-dominant epigastric burn**: **Ghṛta** with **Yaṣṭimadhu** (cool-leaning); ensure only **mild warmth**.
- **Use for**: **mild–moderate spasmodic pain** while monitoring vitals.
- **Avoid**: **any guarding/rigidity, suspected surgical abdomen, pregnancy without supervision, open wounds, dermatitis**.

5.4 Agnikarma (thermo-cautery) — only for selected myofascial colic points

- **Use case**: Refractory **parietal/myofascial spasm** after exclusion of surgical causes and once vitals are stable.
- **Technique**: **Kṣudra agnikarma** (micro-dots) with heated metallic rod **around** but **never on** umbilicus; 4–6 tiny

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touch points over trigger bands; follow with **ghee** smear.
- **Avoid**: **feverish states, over major vessels/scars, peritonitis, pancreatitis, pregnancy, children**. This is an **OPD pain-modulation** tool, **not** an acute-abdomen cure.

5.5 Viddha Karma (needling/venesection analogues) & Cupping (Śṛṅga/Alābu)

- **Role**: **Analgesic–decongestive** in **muscle-wall spasm** or **cutaneous referred pain** after ruling out emergencies.
- **Dry cupping (Śṛṅga/Alābu)**: brief **low-negative pressure** over **paraspinal thoraco-lumbar** or **lateral abdominal wall** trigger zones, **5–7 min**, then release.
- **Viddha** (superficial needling of trigger points)**:** minimal depth, asepsis, avoid vessels.
- **Avoid**: **coagulopathy, anemia/shock, peritonitis, pancreatitis, pregnancy (abdomen), infected skin**, and **directly over viscera**.
- **Blood-letting (Raktamokṣa) is not** an acute-abdomen field remedy.

5.6 Lepa / Upanāha (poultice)

- **Vāta colic (gas)**: **Ajavāyana + Saindhava** warm **thin** lepa on **lateral abdomen/back** (not hot, not thick).
- **Pitta-predominant gastritis**: **Uśīra + Candana + Yaṣṭimadhu cool** thin lepa over **epigastrium**.
- **Avoid**: occlusive heavy packs, **direct heat** in pitta states, **any lepa** when peritonitis suspected.

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6) How the doṣa logic maps to the emergency choices

- **Vāta-pradhāna (colic/obstruction) → warmth, antispasmodic herbs, gentle basti only after ruling out surgery**, Nābhi Pūraṇa supportive; **no forceful purgation**.
- **Pitta-pradhāna (inflammation/burning) → śītala upakrama**, cool sips, antiemetic; **no svedana/heat, no oils internally** in the hot phase; monitor for sepsis.
- **Kapha/Āma (heaviness, nausea) → laghu pācana**, light infusions; **avoid ghṛta/sneha** till nausea settles.
- **Sannipāta/peritonitis → stabilise & transfer**; **withhold** all local procedures.

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7) Practical adult dosing & supports (when oral is safe)

Indication	Formulation (examples)	Typical adult dose & notes
Gas/flatulent colic	**Ajamodādi cūrṇa**	1–2 g **BD** with warm water
Intestinal spasm/nausea (non-surgical)	**Hiṅgu-vādi cūrṇa**	500 mg–1 g **BD** after warm water
Epigastric burn (non-bleeding)	**Śatāvarī chūrṇa**	3 g **BD** with cool water or **Godhuma-māṇḍa**
Pitta-feverish upset	**Gudūcī ghaṇa**	500 mg **BD**
Convalescent hydration	**Peya, Dhānyaka-jal**	Small frequent feeds

(Coordinate with facility meds—analgesics, antiemetics, acid suppression, antibiotics—without delay.)

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8) “What not to do” checklist in acute abdomen

- **Do not** give **enemas/basti** or **purgatives** in **peritonitis/pancreatitis/appendicitis/obstruction**.
- **Do not** apply **intense heat** on **Pitta-dominant** or **inflammatory** states.
- **Do not** delay **surgical referral** when **guarding, rebound, hypotension, or persistent vomiting** are present.
- **Do not** mask pain repeatedly without pursuing the cause.
- **Do not** attempt cupping/viddha over the **actual abdomen** in pregnancy or when diagnosis is uncertain.

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9) Case snapshots (apply the algorithm)

A. 24-year-old with colicky flank→groin pain, hematuria
ABCD stable. Warm room, antiemetic; fluids sips (no vomiting). **Nābhi Pūraṇa** with mild-warm **tila taila**; **Ajamodādi** after pain abates and swallowing safe. **USG** referral; analgesia protocol at facility. Watch for fever/chills (obstruction).

B. 48-year-old RUQ pain after oily meal, Murphy +
NPO; cool ambience; avoid ghṛta/abhyanga. Facility referral for ultrasound, labs, antibiotics if cholecystitis. **No svedana**. Post-pain, **Gudūcī** and **śītala peya** may support recovery.

C. 36-year-old severe epigastric→back pain, tachycardia, persistent vomiting
Suspect **pancreatitis**. **Transfer now**; NPO, IV fluids/analgesia at centre. **Avoid** basti/lepa/heat. Later, only after stability, graded liquids.

D. 62-year-old with sudden diffuse pain, rigid abdomen, absent bowel sounds
Peritonitis: minimal movement, oxygen if available, **urgent surgical care**. No oral meds, no local procedures.

E. 19-year-old periumbilical pain → RLQ, anorexia, rebound
Appendicitis: NPO, surgical evaluation. **Avoid** enemas, purgation, cupping/viddha.

11) Documentation & discharge counsel (when conservative)

- **Document**: onset, site/radiation, vitals, tenderness signs, bowel/urine status, actions taken, response, referral details.
- **Diet**: start with **peya**, then **laghu** meals; avoid **spicy/acidic/oily** until symptom-free.
- **Heat**: allowed **only** in **Vāta colic** after danger ruled out; otherwise prefer **śītala** supports.
- **Follow-up**: imaging/labs as advised; recurrence triggers diary (foods, meds, dehydration).

12) Self-check (answer privately, then review)

1. Which **three red flags** push you to surgical referral in minutes?
2. Name **two features** that separate **renal** vs **biliary** colic at bedside.
3. When is **Nābhi Pūraṇa** appropriate, and when is it **contraindicated**?
4. Why should **basti** be avoided in suspected **peritonitis**?
5. For **Pitta-dominant epigastric pain** without bleeding, list **two śītala internal supports** and **one lepa** option.

Closing line

Acute abdominal pain is where your **speed** and **sequence** save lives: **stabilise prāṇa**, separate **surgical** from **medical**, then match **Ayurvedic upakrama** to **doṣa** only **after** danger has passed. This harmony of modern triage and classical reasoning is the hallmark of safe, intelligent **Tīvrā Udaraśūla** care.

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