Unit 4: Disease Understanding and Treatment Logic

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(Ayurvedic view of musculoskeletal disorders • Doṣa dominance in injury & recovery • Classical assessment (Nāḍi, Jihvā, Netra) • Indications/contraindications in Kalari therapy • Turning diagnosis into a session plan)

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1) Ayurvedic understanding of musculoskeletal disorders

Ayurveda groups most bone–joint–muscle complaints under **Vāta**-dominant disorders, then refines by the **presence of āma** (metabolic residue) and the **tissue/channel involved**.

- **Sandhigata Vāta** (Vāta lodged in joints) typically presents with crepitus, stiffness after rest, and relief with mild warmth and unction—an osteoarthritis-like picture. Pathogenesis (samprāpti) emphasizes **dryness, depletion, and loss of joint lubrication** (Kapha/Āpa decline within the joint space).
- **Māṃsagata Vāta** (in muscle/fascia) shows taut, tender bands, variable pain, and movement aversion—**Vāta in a dry, reactive myofascial bed**.
- **Āmavāta** (Vāta + āma in joints) combines stiffness, pain, and **systemic heaviness**; mornings are worst, warmth helps only after **ama is reduced**.
- **Vātarakta** (Vāta + vitiated rakta) corresponds to a **hot, irritable** joint/tissue state with redness and burning; cooling, blood-soothing measures precede strengthening.
- **Asthigata/majjāgata Vāta** flags deeper structural or neurological involvement (bone, marrow/nerve) with dull ache, brittleness, or neuropathic features.

Treatment logic (outside and inside):

1. **If āma is present** (coated tongue, heavy limbs, morning stiffness), first do **āmāpācana** (light, digestible diet; ginger–jeera teas under guidance), **dry-to-warm external work** (brisk light strokes; very cautious heat), and **avoid heavy oiling** until tongue clears.
2. **When āma subsides** and stiffness remains, add **snehana** (oleation) and **swedana** (measured heat) to hydrate fascia, improve joint glide, and reduce Vāta.
3. Stabilize with **graded movement** (chuvadukal patterns, breath-led mobility), **nutritive oils/boluses** where indicated, and simple **dinacaryā** anchors (timely sleep/food) to protect **ojas** and keep Vāta steady.

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2) Role of doṣa dominance in injuries and recovery

Every injury expresses a **primary doṣa tone** and moves through **phases** that also map to doṣas.

- **Vāta-dominant injuries** (sprains, traction neuritis, tendon overload) feel **cold, sharp/variable**, worse with wind, better with warm steady pressure. Early phase: **protect and calm**—broad, slow oiling with warm sesame-based media; joint **traction**, not compression; minimal friction. As pain settles, add **snigdha swedana** (unctuous fomentation) and **glide + hold** work to restore safe load through the line.
- **Pitta-dominant injuries** (hot tendinitis/bursitis, inflammatory flares) feel **hot, irritable, throbbing**. Early: **decongest and cool**—neutral/cool oils (e.g., coconut-based), no vigorous friction, avoid overheat; emphasize lymph return and gentle pain-gating at **sūkṣma** marmas. Progress with even-tempo mobilization and careful strengthening.
- **Kapha-dominant injuries** (effusions, boggy edema, adhesions) feel **heavy, puffy, slow**. Start with **light, brisk strokes** and **rūkṣa/sudation** variants (dry fomentation or powder bolus) to lighten tissue, then introduce range and strength. Finish **seated/upright** to avoid post-session drowsiness.

Healing phases & doṣa overlay:

- **Reactive (days–weeks):** Pitta↑ & Vāta↑ → protect, dose heat carefully, keep strokes light and short.
- **Resolving (weeks):** Kapha↑ remodeling → mobilize adhesions (after warmth), rehydrate fascia, pattern safe load.
- **Reintegration (later):** Vāta steadied → load joints intelligently with **movement homework** so gains stick.

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3) Assessment through the Ayurvedic lens (Nāḍi, Jihvā, Netra)

A Kalari therapist does not “diagnose disease” medically—but can **screen state** and **dose treatment** using classical cues integrated with modern red-flag checks.

- **Nāḍi (pulse) — state & tempo.**
  - **Vāta**: thin, fast, irregular feel; clients report variable pain, cold hands/feet.
  - **Pitta**: bounding, moderately tense; heat, irritation, flushing.
  - **Kapha**: broad, slow, heavy; edema, lethargy.
    Use pulse to **set tempo & temperature** (slow warm for Vāta, even neutral for Pitta, brisk warm for Kapha).
- **Jihvā (tongue) — āma vs. nirāma.**
  - **Coated, greasy, tooth-marked edges** → **āma/heaviness**: keep oils lighter initially; prefer drainage and dry-to-warm measures before deep unction.
  - **Clean but dry/fissured** → Vāta dryness: give **snigdha** (unctuous) warmth and steady holds.
- **Netra (eyes) — heat & vitality.**
  - **Red, irritable sclera** → Pitta heat: avoid friction/overheat; emphasize cooling contact.
  - **Dullness/puffiness** → Kapha heaviness or fatigue: lighter, brisker contact; seated finish.
  - **Over-bright with fatigue** → Vāta drive: lengthen exhalations, grounding strokes.

Add modern intake: medications (e.g., anticoagulants), comorbidities (hypertension, neuropathy), and **red flags** (fever, unexplained weight loss, night pain, neurological deficits)—these determine **if** and **how** you proceed.

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4) Indications and contraindications in Kalari therapy

Indications (with proper screening):

- Non-acute joint/muscle pain and stiffness; post-exertion soreness; subacute sprain/strain; postural fatigue; stress-related guarding; chronic edema not due to heart/renal failure; recovery support after primary medical care.

Absolute contraindications (defer & refer):

- **Suspected DVT/PE**, high fever or systemic infection, **acute hot swollen joint** with fever, unstable cardiac/neurologic symptoms, **acute abdomen**, open wounds/burns, **new major trauma**/suspected fracture, intoxication.

Relative contraindications / modify:

- **Varicose veins** (no deep local pressure; guide fluid around), **pregnancy** (no deep abdomen; prefer side-lying; avoid strong steam), **uncontrolled hypertension** (calm, shorter sessions; avoid heat and carotid area), **diabetes with neuropathy** (avoid hot bolus on insensate skin), **osteoporosis** (no Chavitti/deep elbow on ribs/spine), **post-surgical/radiation** changes (feather-light; medical clearance).

Marma safety:

- **Agni marmas** (Hṛidaya/heart, Nābhi/umbilicus, Basti/pelvis, Ādhipati/crown): **broad, breath-timed contact only**—no vertical force or heat stacking.
- **Sūkṣma (neurovascular) sites**: oblique, graded touch; avoid sustained artery/nerve compression.

5) Integrating Ayurvedic diagnosis into treatment planning

Turn what you found into a **clear, dosed plan**. Use this four-step scaffold:

Step 1 — State triage (āma? heat? dryness?)

- **Āma present** → lighten & clear first (brisk light strokes, proximal "gate" clearing, measured dry/steam as tolerated; simple diet/hydration cues).
- **Heat dominant** → neutral/cool oils, lymph-drain vectors, avoid friction/long heat.
- **Dryness dominant** → warm unction, slower holds, traction more than compression.

Step 2 — Map doṣa and tissue

- Is it **joint** (sandhi), **muscle/fascia** (māṃsa–snāyu), **nerve track** (majja), or **fluid** (rasa/kapha)? Choose tools accordingly: forearm glides for fascia, traction for joints, feather/oblique for neurovascular paths.

Step 3 — Sequence the session

- **Warm film → long Thirumu glides → targeted work** (Eduthu-thirumu; joint decompressions) → **2–6 marma holds** that match intent (e.g., Gulpha–Talahridaya–Ūrvi for leg grounding; Hṛidaya–Nābhi–Sthapanī for autonomic reset) → **seal** at heart/crown.
- Add **Swedana/Kizhi** only when the tissue state and contraindication screen agree (dry→rūkṣa, cold/stiff→snigdha, depleted→navarakizhi).

Step 4 — Prescribe simple home anchors

- One **movement** (e.g., Neeta lunge set, ankle pumps), one **breath cue** (4-in/6-out), one **rhythm anchor** from **dinacaryā** (consistent sleep/wake or main meal timing). Small, consistent changes stabilize Vāta and protect gains.

Case vignette (putting it all together)
A 46-year-old with desk work, morning stiffness, coated tongue, puffy knees, and heavy limbs. **Findings:** Kapha–Vāta picture with **āma**; pulse heavy-slow; eyes dull; no red flags.
Plan 1 (weeks 1–2): Light brisk limb glides (distal→proximal), proximal gate clearing, minimal oil; brief **rūkṣa swedana** (powder bolus) around knees; avoid deep joint work; diet timing and short walks.
Plan 2 (weeks 3–4): As coating clears and stiffness localizes, add **snigdha snehana** (warm oil), long forearm glides for quads/ITB, gentle traction; **Ūrvi–Jānu** marma holds; seated finish.
Plan 3 (weeks 5+): Introduce strength/coordination (chuvadukal patterning), taper heat, maintain dinacaryā anchors.

Summary Tables

A) Disorder → tissue/doṣa map

Presentation	Likely category	Tissue emphasis	First steps
Crepitus, "dry" stiffness, better with warmth	**Sandhigata Vāta**	Joint capsule & cartilage	Warm oil, traction, slow holds
Taut bands, variable pain	**Māṃsagata Vāta**	Myofascia	Forearm along-fibre, snigdha swedana
Morning heaviness, coated tongue, stiffness	**Āmavāta**	Joint + **āma/srotas**	Drainage first, dry→warm; delay heavy oil
Hot red joint, burning pain	**Vātarakta**	Blood/heat modulation	Cool/neutral oil, lymph return, no friction

Presentation	Likely category	Tissue emphasis	First steps
Diffuse ache, brittle nails	**Asthigata/majjāgata Vāta**	Bone/nerve	Gentle unction, parasympathetic pacing

B) Doṣa-guided injury care

Doṣa tone	Feel	Avoid	Prefer
Vāta↑	Cold, sharp, variable	Fast friction, high-velocity jabs	Warm oil, traction, slow exhale-led holds
Pitta↑	Hot, irritable	Heat stacking, deep compression	Neutral oil, lymph vectors, even tempo
Kapha↑	Heavy, puffy	Prolonged supine, sluggish pace	Brisk light strokes, dry/steam primers, seated finish

C) Classical assessment quick cues

Lens	Vāta	Pitta	Kapha	Therapy knob
Nāḍi	thin, irregular	tense, bounding	broad, slow	Pace & temperature
Jihvā	dry/fissured	red edges	coated/puffy	Oil/heat dosing; āma first
Netra	over-bright + fatigue	red/irritable	dull/puffy	Cooling vs. mobilizing choices

D) Red flags & modifications

Situation	Action
Fever, hot swollen joint, suspected DVT/PE, chest pain, neuro deficit, acute abdomen	**Stop & refer**
Varicose veins, pregnancy, uncontrolled HTN, neuropathy, osteoporosis	**Modify** (lighten/avoid heat/depth; side-lying; traction over compression)
Agni/sūkṣma marmas	**Broad, oblique, breath-timed** contact only

E) Session planning flow (one glance)

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Screen red flags → Read doṣa + āma → Pick oil & heat dose → Sequence:
Film → Long glides → Targeted work → 2–6 marma → Seal → Home anchors
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Instructor note — sources consulted (not part of student material)

Classical and contemporary resources on *āmavāta* (Vāta + āma in joints), standard treatment guidelines and Panchakarma procedures from AYUSH/CCRAS, marma definitions/classification from *Suśruta/Caraka* summaries, and scholarly reviews on Nāḍi-parīkṣā and musculoskeletal management informed the above synthesis. For further reading:

Key take-aways

1. Most MSK pain is **Vāta-led**, but **āma** and **heat** dictate first moves.
2. **Classical cues (Nāḍi, Jihvā, Netra)** let you dose oil, tempo, and heat without overreach.
3. **Safety** is non-negotiable: marma restraint, heat as a drug, and modern red-flag screening.
4. A good plan reads **state → tissue → sequence → homework**, so gains outlast the table.

PDF generated on 14 Jan 2026, 10:10 pm IST