

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)

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):

- 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.
- Stabilize with graded movement (chuvadukal patterns, breath-led mobility), nutritive oils/boluses where indicated, and simple dinacarya anchors (timely sleep/food) to protect ojas and keep Vata steady.

2) Role of doşa dominance in injuries and recovery

Every injury expresses a primary doşa tone and moves through phases that also map to doşas.

- 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 & doşa overlay:

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- 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.

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.
 - o Vāta: thin, fast, irregular feel; clients report variable pain, cold hands/feet.
 - **Pitta**: bounding, moderately tense; heat, irritation, flushing.
 - o **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.

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.

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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 doşa 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

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Presentation Likely category Tissue emphasis First steps

Gentle unction, parasympathetic Diffuse ache, brittle nails Asthigata/majjāgata Vāta Bone/nerve pacing

B) Doşa-guided injury care

Doșa tone Feel Avoid **Prefer**

Warm oil, traction, slow exhale-led holds Vāta ↑ Cold, sharp, variable Fast friction, high-velocity jabs Pitta ↑ Hot, irritable Heat stacking, deep compression Neutral oil, lymph vectors, even tempo

Kapha 1 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

Action

Stop & refer

Fever, hot swollen joint, suspected DVT/PE, chest pain, neuro deficit, acute abdomen

Varicose veins, pregnancy, uncontrolled HTN, neuropathy,

osteoporosis

Agni/sūksma marmas

Modify (lighten/avoid heat/depth; side-lying; traction over compression)

Broad, oblique, breath-timed contact only

E) Session planning flow (one glance)

Screen red flags → Read doṣa + āma → Pick oil & heat dose → Sequence: Film → Long glides → Targeted work → 2-6 marma → Seal → Home anchors

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.

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