

A REVIEW ON APACHI- A BECLOUDED CONCEPT IN AYURVEDA

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Abstract - Apachi has been widely understood as a pathology mostly pertaining to neck region and is described by Acharya Susruta in the Nidanasthana. Acharya Charaka has used the term gandamala in the Chikitsa sthana while describing Svayathu chikitsa. Acharya Vagbhata in Utharasthana uses the terms Apachi and Gandamala synonymously. Though the treatment has been elaborated by the Acharyas, the entire concept remains unclear including its modern interpretation. The present paper tries to understand apachi described in classics with its possible modern correlation.

Key words- Apachi, Gandamala, Svayathu

INTRODUCTION

Apachi is defined as that which grows steadily by Acharya Dalhana¹. Acharya Gayadasa also explains that the disease is called so because it is characterised by recurrent increase and decrease and it is an entity different from the disease granthi².

According to Acharya Susruta, medas getting increased together with kapha gives rise to lump at places where the bones of the lower jaw, axilla, clavicle, shoulder, nape of the neck and throat joins with the body. The lump is static, round or broad, unctuous and has mild pain; such lumps of the size of amalaka seed, spread like the shoal of the fish eggs, having the same colour as that of the body and growing steadily is called as apachi because of its slow and steady growth; associated with itching and mild pain, they undergo ripening and suppuration; then new ones appear, this disease produced by medas and kapha is difficult to cure and persists for many years³.

Acharya Charaka describes gandamala in the chapter on treatment of Svayathu. He says that sometimes oedema is localized in a particular part or organ of the body. Depending upon their locations, tissue elements involved, shape and nomenclatures, these are of innumerable types. According to him, if there is a single swelling in the sides of the throat, it is called galaganda and if there are a chain of swellings, then it is called gandamala. Prognosis of apachi is good but if associated with pinasa, parswasula, kasa, jwara and chardi; it is asadhya⁴.

Acharya Vagbhata in Uthara sthana expounds that aggravated dosas invading medas present in the throat, neck, region of collar bone, axilla and the groin, give rise to growth of hard, unctuous, deep rooted, multiple small lumps of the same colour as of the skin resembling vartaka and amalaka in size, ripening after a long time. Some undergo ripening causing mild pain, and others exude fluid causing severe itching. Some disappear

and some appear fresh, the disease persists for long. This disease known as gandamala or apachi undergoes increase and decrease like the durva grass⁵.

TREATMENT

Multitude of treatment options are described for the treatment of apachi.

Acharya Charaka

Siravedham, virechanam, nasyam, dhumapanam, snehapana with purana ghrita and langhana are treatments to be done. If the swelling occurs inside the mouth, then pragharsana and kavalagraha should be administered⁶.

Acharya Susruta

i. Intake of ghee prepared with jimutaka, kosavati phala, danti, dravanti and trivrt. This highly potent medicine removes dosas via vamana and virechana and cures apachi though greatly increased.

ii. Vamana with juice of nirgundi, jati, barihista, jimutaka added with more of honey and saindhava made comfortably warm.

iii. Sirovirechana nasya with taila prepared of kaidarya, bimbi, karavira.

iv. Sirovirechana with taila prepared of sakhotaka svarasa.

v. Avapida nasya with madhuka sara, sigraphala and kharamanjari.

vi. Excision followed by application of agnikarma, application of pratisarana kshara followed by lekhana in those lumps not situated over marma and which have not suppurated.

vii. Excision followed by agnikarma- incision of calf to be done 12 angula above heel avoiding the indravasti marma and excision of matsyandanibha jalam (network resembling shoal of eggs). The area is to be then cauterised by agni.

viii. At a distance of two and half angula from gulpha marma, incision straight like the ridge of the nose is made, to the size of akshi, avoiding indarvasti marma and agnikarma done.

ix. Bahugata karma for apachi situated in axilla and elbow joint- three incisions are to be made proximal to the wrist with a distance of one angula between them.

x. At the time of healing, application of ash of feathers of peacock, cock, skin of iguana, snake and tortoise mixed with ingudi taila.

xi. Tailas mentioned in the context of slipada can be applied.

xii. Virechana dhoomapanam

xiii. During the entire treatment period, the person should consume food prepared from yava and mudga⁷.

Acharya Vagbhata

i. Dhumapana, gandusha and navana which alleviates kapha and medas.

ii. Venesection

iii. Intake of rasanjana mixed in urine.

iv. Bark of kanchanara to be taken along with hot water in a dose of one pala, half pala or karsha.

v. For those which have not undergone suppuration- application of paste of nakuli, nagara and salt followed by fomentation with lavana potali and massage if the swelling is hard.

vi. Application of the seeds of sami, mulaka, sigru, yava and sarsapa macerated in sour buttermilk.

vii. Application of ash of nimba patra and bhallataka mixed with half its quantity of siddharthaka and macerated in goat's urine.

viii. Bloodletting and therapies which mitigate pitha and kapha to be done in case of swellings undergoing suppuration.

ix. Those which have not undergone suppuration should be excised and applied with kshara and agni.

x. Kakadani langalikadi tailam for panam, abhyangam and nasyam

Medicated oil is prepared with the decoction of kakadani, langalika, nahika, uttundikiphala, seeds of jimuta, karkoti, visala, kritavedha and patha- each half pala, visa one karsha, karanja taila one prasta and fresh juice of nirgundi- one adhaka.

xi. Nasya with medicated oil prepared with the decoction and paste of langaliki in one fourth part and four parts of nirgundi juice.

xii. Pana, abhyanga and nasya with bhadrasriyadi tailam- medicated oil prepared with the paste of one pala each of bhadrasri, daru, maricha, haridra, daruharidra, trivrt, ghana, manasila, haritala, nalada, visala and karavira made with cow's urine; visa half-pala, juice of brahmi, arka ksheera, juice of fresh cow dung and one prastha of sarsapa taila.

xiii. Intake of taila prepared with vacha, haritaki, laksha, katurhini, and chandana.

xiv. Nasya and external application of root of sharapunkha macerated in tandulavari.

xv. Nasya and abhyanga with medicated oil prepared of uthamakarini root, piluparni, sahachara, rodhra, abhaya, yashtyahva, satahva, dvipi, daru and equal quantity of milk.

xvi. Application of ash of hooves of cow, goat and horse mixed in katu tailam or svayam mrita black snake or crow mixed in ingudi tailam.

xvii. Excision and agnikarma- if not cured by the conservative measures, medas present in the calf muscle of the leg opposite to the side of apachi should be taken out and the site cauterized by fire.

xviii. The patient is made to stand extending his leg and at a distance from the heel, the lump is removed.

xix. Excision similar to that explained by Acharya Susruta- at a distance of 12 angula from the heel, avoiding indarvasti⁸.

LYMPHADENITIS

Enlarged lymph glands may be an important indicator of haematological disease but they are not uncommon in reaction to infection or inflammation. Nodes that enlarge in response to local infection or inflammation ('reactive nodes') usually expand rapidly and are painful, whereas those due to

haematological disease are more frequently painless. Localised lymphadenopathy should elicit a search for a source of inflammation or primary malignancy in the appropriate drainage area. Generalised lymphadenopathy may be secondary to infection, often viral, connective tissue disease or extensive skin disease (dermatopathic lymphadenopathy) but is more likely to signify underlying haematological malignancy. Weight loss and drenching night sweats that may require a change of nightclothes are associated with haematological malignancies, particularly lymphoma.

Initial investigations in lymphadenopathy include a Full Blood Count (to detect neutrophilia in infection or evidence of haematological disease), measurement of erythrocyte sedimentation rate (ESR) and a chest X-ray (to detect mediastinal lymphadenopathy). If the findings suggest malignancy, a formal cutting needle or excision biopsy of a representative node is indicated to obtain a histological diagnosis⁹. Empirical antibiotics are not indicated¹⁰.

DISCUSSION

Apachi has been widely correlated as cervical lymphadenitis but thorough understanding of the text as well as the commentaries of Brihat traysees throws light on the fact that apachi is a broader concept incorporating lymph node enlargement; both reactive lymphadenitis and lymphadenopathy as evidenced by:

- Acharya Vagbhata includes vankshana also as a site of apachi (inguinal lymphadenopathy) in contrast to Acharya Susruta.
- Acharya Bhoja enumerates the sites of apachi as neck, axilla and groin. He also details the types as vatika, paithika and kaphaja¹¹. Symptomatology of pittaja apachi is more of lymphadenitis whereas those of vata and kapha; of lymphadenopathy.
- Shastra karma is indicated for apachi situated in kurpara sandhi (epitrochlear nodes)¹².

Apart from the literature review, a study conducted by Bhanita Das et al for the diagnosis of apachi by fine needle aspiration cytology showed that apachi had cytomorphological picture as that of granulomatous lymphadenitis, whereas granthi revealed a picture as that of reactive lymph node¹³.

Despite the elaborated treatments available in the texts, these are not widely followed in clinical practice due to legion factors. The theory behind excision and application of cauterization in calf muscle region for a pathology occurring elsewhere perplexes the surgeon. The difficulty in identification and unavailability of the indicated drugs may

also be a factor in creating hindrances to their adoption in practice.

CONCLUSION

Elaborate descriptions are available in the classics regarding the pathology and management of apachi which includes both conservative and surgical. Researches are becoming popular in all the fields of Ayurveda as evidence based medicine is the need of the era. Apachi remains as a less explored subject possibly due to the obscure nature of the surgical techniques described in its management. Research needs to be promoted taking in to account the feasibility of the procedure so that the described treatment becomes acceptable and ancient wisdom remains unquestioned for the cure of the mankind.

REFERENCES

1. Susrutha, Susrutha Samhita, with the Nibandhasangraha commentary of Sri Dalhanacharya & Nyāyacandrika Panjika of Sri Gayadasacharya on Nidanasthana, Edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya 'Kavyatirtha', Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2015, Nidanasthana 11/10,11,12; page 312.
2. Susrutha, Susrutha Samhita, with the Nibandhasangraha commentary of Sri Dalhanacharya & Nyāyacandrika Panjika of Sri Gayadasacharya on Nidanasthana, Edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya 'Kavyatirtha', Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2015, Nidanasthana 11/10,11,12; page 312.
3. Susrutha; Susruthasamhitha; English translation by Prof.K.R.Srikantha Murthy; Chaukhambha Orientalia publishers, reprint edition 2010, Nidanasthana 11/10,11,12; page 533
4. Agnivesa, Charaka Samhita, revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya; Chaukhamba Sanskrit Sansthan, Varanasi, reprint 2014; Chikitsasthana 12/79; page 489.
5. Vagbhata, Ashtangahrdaya, Sarvangasundara commentary of Arunadatta & Ayurvedarasayana of Hemadri, Edited by Pt. Hari Sadasiva Sastri Paradakara, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, 2016, Uttarasthana 29/23,24,25; page 883
6. Agnivesa, Charaka Samhita, revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, Edited by Vaidya Yadavji Trikamji Acharya; Chaukhamba Sanskrit Sansthan, Varanasi, reprint 2014; Chikitsasthana 12/80; page 489
7. Susrutha, Susrutha Samhita, with the Nibandhasangraha commentary of Sri Dalhanacharya & Nyāyacandrika Panjika of Sri Gayadasacharya on Nidanasthana, Edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya 'Kavyatirtha',

- Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2015, Chikitsasthana 18/20-28; page 471,472,473
8. Vagbhata, Ashtangahrdaya, Sarvangasundara commentary of Arunadatta & Ayurvedarasayana of Hemadri, Edited by Pt. Hari Sadasiva Sastri Paradakara, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, 2016, Uttarasthana 30/13-32; page 885, 886
 9. Stuart H Ralston et al, Davidson's principles and practice of medicine; Elsevier, 23rd edition, Chapter 23, page 927.
 10. Longo et al, Harrison's manual of medicine, McGraw Hill Medical, 18th edition, Chapter 50, page 281.
 11. Susrutha, Susrutha Samhita, with the Nibandhasangraha commentary of Sri Dalhanacharya & Nyāyacandrika Panjika of Sri Gayadasacharya on Nidanasthana, Edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya 'Kavyatirtha', Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2015, Nidanasthana 11/10,11,12; page 312.
 12. Susrutha, Susrutha Samhita, with the Nibandhasangraha commentary of Sri Dalhanacharya & Nyāyacandrika Panjika of Sri Gayadasacharya on Nidanasthana, Edited by Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya 'Kavyatirtha', Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2015, Chikitsasthana 18/27; page 473.
 13. Dr. Bhanita Das and Dr. Hemen Kalita.2020, A Study on Different Types of Lymphadenopathy Like Disorders as Described in Ayurveda with Special Reference to Their Diagnosis by Fine Needle Aspiration Cytology. Int J Recent Sci Res.11(06), pp. 39032-39037.
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