



## CRITICAL REVIEW OF DIFFERENTIAL DIAGNOSIS OF KANDU (ED-2.2) FROM AYURVEDA (SAT-A.1) PERSPECTIVE

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### ABSTRACT

Rupa (SAT-C.111) is one of the important tools for understanding of any disease. Kandu (ED-2.2) is one of the common presenting symptoms in patients today which affects the quality of life. It is present either as local or generalised symptom. One symptom might be common to many diseases. Kandu (ED-2.2) is also present as a symptom in many dermatological as well as other systemic diseases. So, it is important to study the differential diagnosis of Kandu (ED-2.2) from Ayurveda (SAT-A.1) perspective to diagnose the underlying condition and treat it accordingly.

**Keywords:** Kandu (ED-2.2), Pruritus, differential diagnosis, Ayurveda (SAT-A.1) perspective

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## INTRODUCTION

Ayurveda (SAT-A.1) is based on many principles for treatment protocols. One of the principles is that a physician should first diagnose the disease and then select the proper medicine. Thereafter he should administer the therapy applying the knowledge of the science of medicine.<sup>[1]</sup> The physician who is well versed in diagnosing the disease, who knows about modalities to be used in therapy(that varies from place to place and season to season) is sure to accomplish the desired outcome without any doubt.<sup>[2]</sup> Any disease can be diagnosed with the help of 5 things called as nidanpanchak(SAT-C.57) which includes nidan/hetu(SAT-C.60),purvarupa(SAT-C.100),rupa(SAT-C.111),upashay(SAT-C.113)and samprapti(SAT-C.123).<sup>[3]</sup>

Out of these 5 things, rupa(SAT-C.111) is one of the important thing. The signs and symptoms which are fully manifested are called as rupa(SAT-C.111) or linga(SAT-D).<sup>[4]</sup> The presentation of manifested disease along with peculiar dosha(SAT-B.382) , peculiar unripe and ripe state of dosha(SAT-B.382)depicting specific symptoms can be easily understood with the help of rupa(SAT-C.111).<sup>[5]</sup>In Nidan sthana of Charak samhita, a compendium of symptomatology has been provided as a reckoner for an Ayurveda (SAT-

A.1) practitioner to gain adequate knowledge of some of the major classes of diseases and diagnose them effectively.<sup>[6]</sup>

One symptom may be common to many diseases, one symptom may be related to only one disease, many symptoms may be associated with only one disease and many symptoms may be common to many diseases.<sup>[7]</sup> For example irregular onset(and similar other symptoms) appear in case of Jwara(EC-3) while similar symptom also occur in Shwas(EA-4), Hikka(AAB-109)and other similar diseases.<sup>[8]</sup>

Pruritis or itch is a sensation that cause the desire or reflex to scratch. Approximately 280 million people globally, 4% of the population, have difficulty with itchiness.<sup>[9]</sup> It affects unfavourably the sleep and quality of life.<sup>[10]</sup> The local or generalised itch may be due to many factors like infection , environmental and allergic conditions, skin disorders and many systemic disorders.<sup>[9]</sup> It is a frequent complaint heard by a dermatologist and primary care physician. Finding the cause of itching and treating the underlying condition is the first step in solving pruritis.<sup>[11]</sup> So the physician must be aware of the varied causes of Pruritus.

In Charak samhita, Kandu(ED-2.2) is mentioned as a symptom which is present either locally or is generalised. Apart from skin diseases other

systemic disorders also have the symptom Kandu(ED-2.2).So, it is important to study the various causative factors responsible for manifestation of Kandu(ED-2.2) from ayurvedic perspective. This article focusses on differential diagnosis of Kandu(ED-2.2)- local and generalised which are explained either as purvarupa(SAT-C.100),rupa(SAT-C.111) and vyapat or upadrava(SAT-D.1661) in Charak samhita.

#### MATERIALS AND METHODS

Charak samhita along with Chakrapani commentary is studied regarding the differential diagnosis of local and generalised Kandu(ED-2.2) in the form of purvarupa(SAT-C.100),rupa(SAT-C.111) and vyapat or upadrava(SAT-D.1661) is done and presented in the form of tables.

#### RESULTS

Local Kandu(ED-2.2) - is mentioned in the form of purvarupa (SAT-C.100) and rupa(SAT-C.111) is described below in Table no. 1 and 2.

**Table no.1 - Differential diagnosis of local kandu(ED-2.2)as purvarupa(SAT-C.100)**

Sr.No	Vyadhi(SAT-C.1)	Site of Kandu(ED-2.2)	Reference
1.	Kasa(EA-3)	Kantha(SAT-B.100)	Cha.Chi.18/5
2.	Vatrakta(ED-8)	Janu(SAT-B.175), Thigh, uru(SAT-B.171), kati(SAT-B.145), Shoulder, Hands , pada(SAT-B.181), anga sandhi(SAT-B.291)	Cha.Chi.29/17

**Table no.2 - differential diagnosis of local Kandu(ED-2.2) as rupa(SAT-C.111)**

Sr.No	Vyadhi(SAT-C.1)	Site of Kandu(ED-2.2)	Reference
1.	Vataj arsha(EE-3.4)	Guda(SAT-B.135)	Cha.Chi.14/11
2.	Pittaj arsha(EE-3.5)	Guda(SAT-B.135)	Cha.Chi.14/14
3.	Kaphaj arsha(EE-3.6)	Guda(SAT-B.135)	Cha.Chi.14/17
4.	Savisha Jaluka dansha(PE-4.31)	Site of bite	Cha.Chi.23/155
5.	Mashak dansha(PE-4.21)	Site of bite	Cha.Chi.23/157

6.	Savisha Keeta dansha(PE-4)	Site of bite	Cha.Chi.23/141
7.	Savisha dansha(PA-32)	Site of bite	Cha.Chi.23/177
8.	Kaphaj karnaroga(J-3)	Karna(SAT-B.65)	Cha.Chi.26/128
9.	Kaphaj netraroga(H-4)	Eyes	Cha.Chi.26/130
10.	Kaphaj Yonivyapad(EL-2.3)	Yoni(SAT-B.128)	Cha.Chi.30/13
11.	Vaginal disease due to local unhygienic conditions	Yoni(SAT-B.128)	Cha.Chi.30/18
12.	Bahya krumi(NA)	Kesha(SAT-B.207), Moustache,loma(SAT-B.208), Pakshma(SAT-B.41)	Cha.Vi.7/10
13.	Shonitaj krumi(NB-1.11)	at the site of wound	Cha.Vi.7/11
14.	Purishaj krumi(NB-3)	Anal opening	Cha.Vi.7/17
15.	Krumij shiroroga(F-6)	Head	Cha.Su.17/29

Generalised Kandu(ED-2.2)(ED-2.2) – is D.1661)which is described below in Table no. mentioned in the form of purvarupa(SAT- 3,4 and 5 C.100),(rupa(SAT-C.111) and vyapat(SAT-

**Table no.3 - differential diagnosis of generalised kandu(ED-2.2) as purvarupa(SAT-C.100)**

Sr.No	Vyadhi(SAT-C.1)	Reference
1.	Kushtha(ED-4)	Cha.Ni.5/7 Cha.Chi.7/11

**Table no.4 - differential diagnosis of generalised kandu(ED-2.2) as rupa(SAT-C.111)**

Sr.No	Vyadhi(SAT-C.1)	Reference
1.	chardi veg nigraha(EB-11.6)	Cha.Su.7/14
2.	Doshas present in large quantity	Cha.Su.16/13
3.	Krumij hrudrog(EC-2.5)	Cha.Su.17/39
4.	Kaphaj shotha(EK-3.4)	Cha.Su.18/6
5.	Pitta prakop(SAT-C.146)	Cha.Su.20/15
6.	Kapha prakop(SAT-C.146)	Cha.Su.20/18
7.	Diseases due to over santarpana(SAT-I.39)	Cha.Su.23/5
8.	Diseases due to vitiation of blood	Cha.Su.24/16
9.	Kapal kushtha(ED-4.2.2)	Cha.Ni.5/8(1)
10.	Udumbar kushtha(ED-4.2.3)	Cha.Ni.5/8(2)
11.	Mandal Kushtha(ED-4.2.4)	Cha.Ni.5/8(3)
12.	Vrushyajivha Kushtha(ED-4.2.5)	Cha.Ni.5/8(4)
13.	Pundarik Kushtha(ED-4.2.6)	Cha.Ni.5/8(5)
14.	Sidhma Kushtha(ED-4.2.7)	Cha.Ni.5/8(6)
15.	When doshas(SAT-B.382)undergo metabolism in the dhatus(SAT-B.425) and gradually the fever subsides but its harmful effects continue	Cha.Chi.3/336
15.	Kaphaj kushtha(ED-4.2.4)	Cha.Chi.7/36
16.	Alasak Kushtha(ED-4.3.5)	Cha.Chi.7/23
17.	Charmadala Kushtha(ED-4.3.7)	Cha.Chi.7/24
18.	Skin disorder named Visphot	Cha.Chi.7/25
19.	Vicharchika(ED-4.3.10)	Cha.Chi.7/26
20.	Measles	Cha.Chi.12/92

21.	Trutiya Visha vega- Mamsa dushti(PB-3)	Cha.Chi.23/19
22.	If the poison gets lodged in Kapha sthana(SAT-B.420) in a person having Kapha prakruti(VA-3)	Cha.Chi.23/30
22.	Raktaj vatrakta(ED-8.5.4)	Cha.Chi.29/27

**Table no.5 - differential diagnosis of sarvadehik kandu(ED-2.2) as vyapat or updrava(SAT-D.1661)**

Sr.No	Vyapat or Upadrava(SAT-D.1661)	Reference
1.	Sneha vibhrama(SA-3)	Cha.Su.13/76
2.	Sleeping during daytime in seasons other than summer	Cha.Su.21/47
3.	Complications of Kushtha(ED-4) corresponding to Kapha dosha (SAT-B.414)	Cha.Ni.5/10
3.	If the blood vitiated by doshas(SAT-B.382), which comes out from the haemorrhoids is arrested in the beginning	Cha.Chi.14/179
4.	Inappropriate emesis	Cha.Si.1/16
5.	Anuvasitasya Shirovireka( SK-3.11)	Cha.Si.2/21
6.	When Asnighdha and Asvinna person with Ruksha nature of the body, is administered a vaman or virechana drug which is stored for long duration – unable to remove doshas from the body by creating dosha utklesha(SG-1)	Cha.Si.6/38-39
7.	When in patients with excessively vitiated doshas, only a small dose of Vamak or Virechak drug is given- the doshas get aggravated and discharged out in little quantity frequently(SG-4.3)	Cha.Si.6/68

8.	If the virechana drug stops action after the elimination of fecal matter and the emetic recipe stops action after elimination of medicine- excited doshas do not get eliminated properly(SG-4.7).	Cha.Si.6/85
9.	Niruha basti ayoga- Patient having guru koshta, ruksha sharir,Vata predominance if given Niruha basti which is either Sheeta, alpa lavana, alpa Sneha, alpa drava, atighana- does not eliminate the doshas(SI-2.2)	Cha.Si.7/8
10.	Visham and Ahita bhojana before attaining the normal state of health after purification therapy(SR-6)	Cha.Si.12/13(6)
11	Divaswap before attaining the normal state of health after purification therapy(SR-7)	Cha.Si.12/13(7)

## DISCUSSION

Generalised Kandu(ED-2.2) as a rupa(SAT-C.111) is most commonly described with 22 possible underlying causes. Subsequently, local Kandu(ED-2.2) as a rupa(SAT-C.111) is described having 15 possible underlying causes in Charak samhita. By assessing all the above results, discussion is made on how to approach a patient presenting with complaint of Kandu(ED-2.2) through ayurveda(SAT-A.1) perspective. It is done with the help of 3 points as given below-

Assessment of hetu (SAT-C.60) – following points should be asked to rule out the various probabilities.

1. History of suppression of natural urge of vomiting should be asked.
2. Whether there is any history of Snehapana(SAT-I.445), emesis therapy, purgation therapy, enema with herbal decoctions, therapeutic cleansing of head and neck region – if yes whether the state of patient, dosha(SAT-B.328) and vyadhi (SAT-C.140) were assessed, whether koshta (SAT-B.507) examination or assessment, prakruti(VA)

assessment was done and what were the properties of medicine selected, how much was the number of vomittings or purgation) and other associated symptoms during and after the procedure should be understood with the help of questions which patient can easily understand and answer and with the help of previous discharge summary.

3. Whether all the rules were followed after purification therapy until attainment of normal health.
4. History of any poisonous insect, mosquito, leech should be asked.
5. History of ingestion of any poison.
6. Whether patient is having a habit of daytime sleeping in seasons other than Summer.
7. Dietary habits should also be considered for deciding the vitiation of dosha(SAT-B.382).

8. History of personal hygiene should be taken.

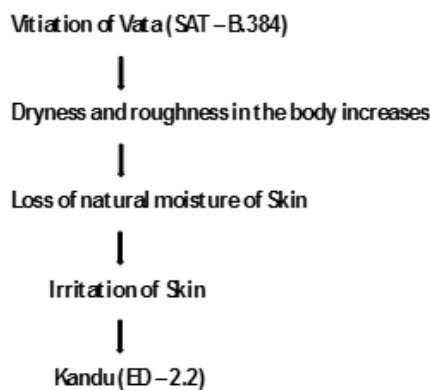
9. Presence of bahya(NA) or purishaj krumi (NB-3)in the past should be asked.

- Site of Kandu(ED-2.2)- Whether it is local or generalised.
- Other associated symptoms –

1. Presentation i.e. colour, odour, discharge, feel on palpation if any should be taken into consideration in Kushtha(ED-4).
2. Other symptoms should be taken into consideration so that systemic diseases can be ruled out.
3. Predominance of dosha(SAT-B.328) can be ascertained with the help of other associated symptoms.

The pathogenesis of Kandu(ED-2.2) differs according to the underlying vitiated dosha(SAT-B.328). It can be studied as below –

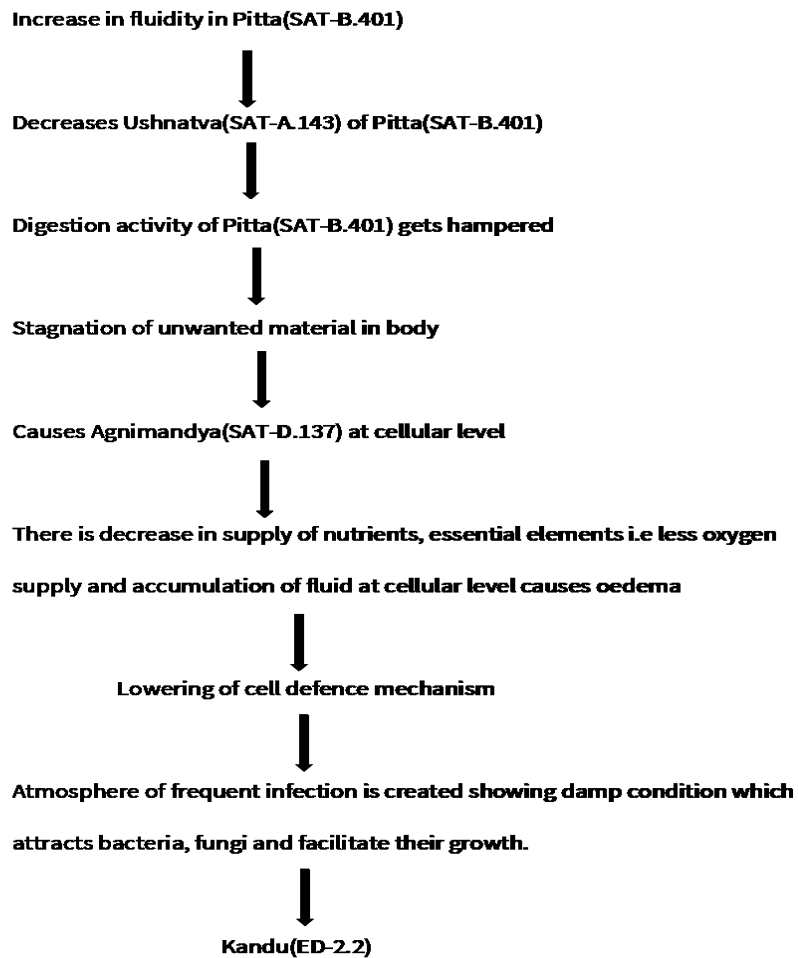
### 1. Pathogenesis of Kandu(ED-2.2) due to vitiated Vata (SAT-B.384)



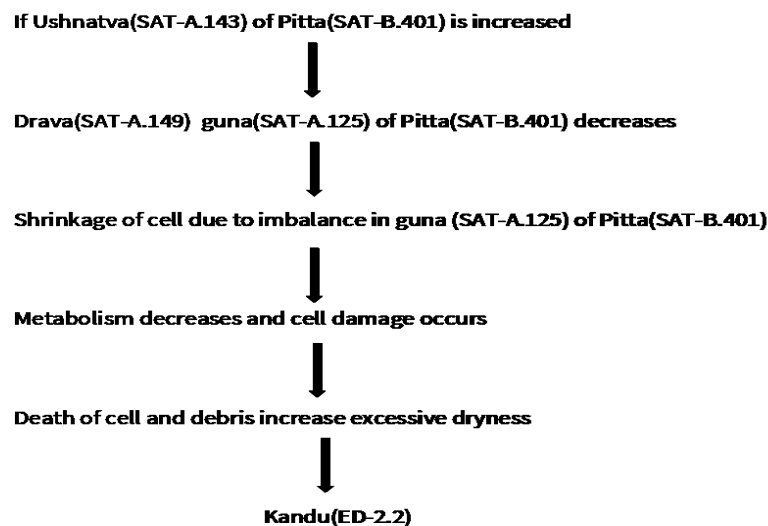
2. **Pathogenesis of Kandu(ED-2.2) due to vitiated Pitta(SAT-B.401) – it can be explained in relation to both**

drava(SAT-A.149) Pitta(SAT-B.401) and Nidrava Pitta(SAT-B.401)

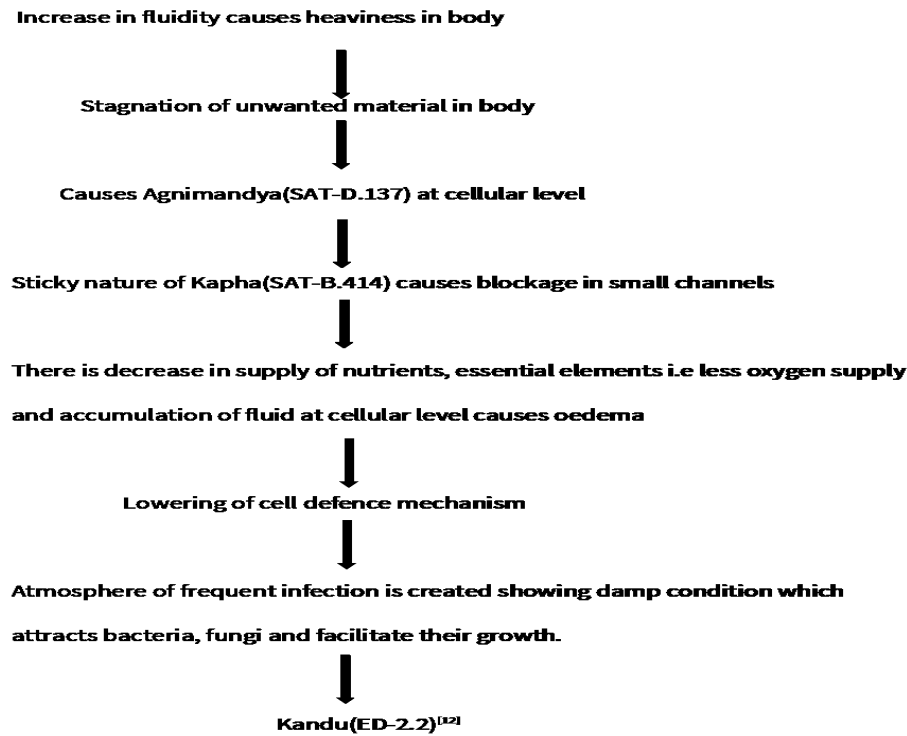
- Drava(SAT-A.149) Pitta(SAT-B.401) –



- Nidrava Pitta(SAT-B.401)



### 3. Pathogenesis of Kandu(ED-2.2) due to vitiated Kapha(SAT-B.414)



Same study should be done from other 2 classical texts from 3 main classical texts of Ayurveda(SAT-A.1). Vikalpa samprapti(SAT-C.131) of Kandu(ED-2.2) should also be studied with the help of Ayurveda(SAT-A.1) classical texts. A questionnaire should be done for differential diagnosis of Kandu(ED-2.2) with this study which should be practically applied in patients having Kandu(ED-2.2). Other commonly symptoms of dermatological disorders like daha(ABB-24), srava( HA-3),Supti (SAT-D.8721) should be studied in the same format.

#### CONCLUSION

- Kandu(ED-2.2)can be both localised or generalised symptom.

- In Charak samhita , it is described in the form of purvarupa(SAT-C.100),rupa(SAT-C.111) or vyapat(SAT-D.1661).
- Dermatological disesaes like Sidhma(ED-4.2.7),Vicharchika(ED-4.3.10),etc along with systemic diseases like Vatrakta(ED-8), Shotha(SAT-D.7906) also have Kandu(ED-2.2) as a symptom.
- It is a disease caused by santarpana (SAT-I.39).
- It is one of the signs of excess quantity dosha(SAT-B.382) .
- Involvement of krumi(N) might be there in manifestation of kandu(ED-2.2).

- Improper removal of doshas(SAT-B.382) through purification therapy is one of the important cause.
- When doshas(SAT-B.382)undergo metabolism in the dhatus(SAT-B.425) it may be responsible for Kandu(ED-2.2).
- Predominance of dosha(SAT-B.382)-Kapha dosha(SAT-B.414) mainly and Pitta (SAT-B.401)and Vata(SAT-B.384) subsequently are responsible for Kandu(ED-2.2) and pathogenesis is explained on the basis of their qualities.
- Predominance of dushya(SAT-B.424) – Vitiation of Rakta(SAT-B.429) is seen predominantly.
- So, the patient having complaints of Kandu(ED-2.2)should be assessed properly and above-mentioned probabilities should be ruled out for reaching upto proper diagnosis of underlying cause.
- The treatment part should be done after proper diagnosis of underlying cause and pathology. It should be done with the help of proper Shodhana( SAT-1.76), internal medicinal treatment and local treatment by considering all the necessary factors like dosha(SAT-B.382),dushya(SAT-B.424),vyadhi avastha(SAT-C.140),strength of disease), strength of Patient, etc.

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