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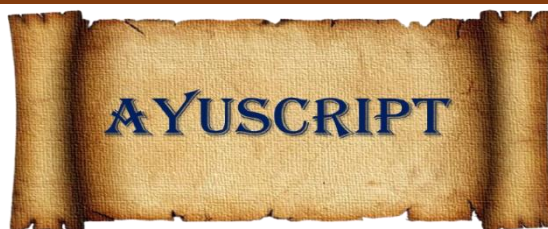
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यन्मूलकाद्द्वारकासमकल्पयन् ॥१॥ विश्वकर्मोणमाहूयपुरीहाटकानि
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येषामध्येकल्पयन् ॥ परिजाननरुवेवतासोभोगायकल्पयन् ॥१२॥ या
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राः ॥१३॥ अथान्तिवित्तियुलाकेषु सुंदरंनचदुश्यते ॥ सवाजिनप्रसेनाप्योपु
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अथान्तिवित्तियुलाकेषु सुंदरंनचदुश्यते ॥ सवाजिनप्रसेनाप्योपु





International Journal for Empirical Research in Ayurveda

Concept of Emergency (*Atyayik chikitsa*) in Ayurveda.

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ABSTRACT: Emergency condition is defined as an acute injury or illness that poses an immediate, time-sensitive threat to a person's life or long term health. These conditions require immediate medical intervention to prevent death, permanent disability or severe damage to organs. Ayurveda is often viewed as a system mainly addressing chronic diseases, however classical Ayurvedic literature demonstrates a clear understanding of acute and life-threatening conditions. These are described under concepts such as *Atyayika Vyadhi*, *Ashukari Avastha*, *Daruna Vyadhi* and *Vegavastha*. Acharya Sushruta explicitly emphasizes urgent management of such conditions, highlighting the necessity of immediate intervention. Objectives-To review and analyze the concept of emergency management (*Atyayika Chikitsa*) in Ayurveda and to evaluate its relevance in context of present day integrative emergency care. Materials and Methods-A conceptual and literary review was carried out using classical Ayurvedic texts. References related to acute disease presentations, emergency terminology and principles of urgent management were identified and compiled and analyzed. Clinical Correlation was made with modern emergency conditions based on severity and rapid disease progression. Results-Classical Ayurvedic texts describe many conditions such as *Shwasa*, *Atisara*, *Chhardi*, *Raktapitta*, *Jwara* and *Mutraghata* as *Pranahara* if not treated promptly. The principles of *Atyayika Chikitsa* include prioritizing *Prana Rakshan* preference for *Shamana Chikitsa*, avoidance of *Shodhana* in debilitated patients, selection of quick-acting therapeutic measures and ethical consideration. Conclusion- Ayurveda possesses a well-defined conceptual framework for emergency management through *Atyayika Chikitsa*.

Key words: *Atyayika Chikitsa*, *Emergency care*, *Ayurveda*, *Acute conditions*, *Prana Rakshan*

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Introduction:

Emergency treatment focuses on the rapid assessment and management of conditions where the patient is either conscious or unconscious that possess an immediate threat to life. Modern emergency care (ABC- Airway, Breathing, Circulation) can be combined with Ayurveda to enhance patients outcomes. A common misconception exists that Ayurveda lacks emergency management principles. However, classical Ayurvedic texts emphasize the urgency of treatment in certain disease conditions where delay may lead to death. *Acharya Sushruta* clearly mentions the need for immediate treatment in life-threatening diseases in *Aturopakramaniya Adhyay* [1]. Similarly, *Charaka* emphasizes that the primary objective of all treatment is preservation of life[2]. These references proved that emergency care is an integral component of Ayurvedic medical philosophy. Acute or emergency diseases are very well treated by Ayurvedic treatment. Ayurveda is often viewed as a system mainly addressing chronic diseases, however classical Ayurvedic literature demonstrates a clear understanding of acute and life-threatening conditions. These are described under concepts such as *Atyayika Vyadhi*, *Ashukari Avastha*, *Daruna Vyadhi* and *Vegavastha*.

Aim and Objectives-

To review and analyze the concept of emergency management (*Atyayika Chikitsa*) in Ayurveda and to evaluate its relevance in context of present day integrative emergency care.

Material and Methods-

This section of study includes both modern and Ayurvedic literature, which serves as the foundation for the research like *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, Relevant Ayurveda journals and textbooks, API, Davidsons book of medicine.

A literary review was conducted by collecting references related to acute diseases, emergency conditions, and

urgent therapeutic principles from classical Ayurvedic texts and modern textbooks. These were analyzed and correlated with the modern concept of medical emergencies.

1. Concept of Emergency in Ayurveda-

Ayurveda does not explicitly use the term "emergency," but recognizes acute, severe and life-threatening states under various terminologies such as:

Atyayika Vyadhi – Life-threatening condition. [3]

Ashukari Avastha –The term Ashu is repeatedly used in classical text which means rapidly progression or sudden manifestation of disease.

Daruna Vyadhi –*Daruna* is widely used in *samhitas* which means severe disease. E.g. *Daruna jwara*, *Daruna Vedana*, *Daruna Vyadhi*.

Vegavastha – Classical text described Acute exacerbation phases of disease using the concept of *Vega* (attack phase).

Sushruta's instruction to treat *Atyayika Vyadhi* immediately establishes the emergency framework in Ayurveda.

2. Emergency Conditions Described in Classical Texts-

Several diseases are described with severe and fatal potential if not managed promptly.[4]

Shwasa -*Charaka* describes *Shwasa* as a life-threatening disease if not treated promptly.

(*Charaka Samhita, Chikitsa Sthana 17/56*)

This highlights its acute and rapidly progressive nature.

Atisara- *Atisara* is described as quickly depleting strength and causing death:

(*Charaka Samhita, Chikitsa Sthana 19*) -

Clinically, this correlates with dehydration and hypovolemic shock.

Chardi- *Ashtanga Hridaya* describes *Chardi* as severe and fatal: (*Ashtanga Hridaya, Nidana Sthana 6*)

Raktapitta- *Charaka* warns of the fatal nature of *Raktapitta*: (*Charaka Samhita, Chikitsa Sthana 4/7*)- This correlates with massive hemorrhage emergencies.

Jwara- Jwara is described as the most serious disease: (*Charaka Samhita, Nidana Sthana 1*) Indicating its systemic and potentially fatal nature.

Mutraghata- Sushruta describes *Mutraghata* as fatal if untreated. (*Sushruta Samhita, Uttara Tantra 58/3*) *Jalamagna*(drowning)- As we know Drowning is a medical emergency, *Sushruta* also mentioned this condition with its management (*Sushruta Samhita, sutra sthana 27*)

Kanthpidana- also mentioned by *Sushruta* as an *atyayik* condition. (*Sushruta Samhita, sutra sthana 27*)

3. Causes of *Atyayik Vyadhi* [5]

Marmaghat, Ati-Rakta Sraava, Pranavaha Sroto Dushti, Pranoparadha, Atyartha Udaka Kshaya, Ojo-kshaya.

4. Main characteristics features [6]-

Darun Marma Ruja, Atyanta Rakta Sraava, Kashta Shwasa, Indriya Nasha, Murcha, Hetu sambaddha anya lakshana samucchaya.

5. Principles of *Atyayika Chikitsa* [7,8,9]-

The principles guiding emergency management in Ayurveda include:

-*Prana rakshan* (Preservation of life)

-Preference for *Shamana Chikitsa*

-Avoidance of *Shodhana* in weak patients: (*Charaka Samhita, Sutra Sthana 13*)

-Use of quick-acting medicines

-Consideration of *Rogi Bala and Avastha*

- Ayurveda suggests few routes of drug administration that bypass digestion and give early action of drugs in Emergency – sublingual, *Nasya, Basti, Lepa, Raktamokshan.*

Sublingual- SL mode is selected as it has profuse network of blood vessels and enters directly into systemic circulation. *Pottali kalpa yogas* are the popular dosage forms that are commonly used through this route. It can be used in unconscious patients also comfortably.

Hemagarbha Pottali Ras	Trailokya Chintamani Ras	Suvarna Sutasekhara Ras
<ul style="list-style-type: none"> Tamogunavruta Lupta pranvaya chetana jagruti Buddhi, Mana, Tama Avarana chedana Indriya karya samprerana Kapha chedana Margavarodha janya Vataprakopa Shamana Vatagati avasada nashana Hridaya, Nadai, Shwasagati avasada nashana Agni Deepan <p>Highly indicated in: Slaishmika sannipata, Shwasanaka sannipata, Tamaka shwasa, Urdhwa shwasa, Maha shwasa and Sanyasa:</p>	<ul style="list-style-type: none"> Vikruta kapha avarana chedana Vatagati avasada nashana Agni, Dhatwagni deepana Hridaya, Indriya rakshaka Twarita Ojo vardhaka Sendriya visha nashana Slaishmika sannipata Shwasanaka sannipata Kapha, Ama sroto avarodhajanya Hridroga Hridaya, Puppasa karya niyantrana Ojo Kshaya Twarita Hricchula nivarana Manasika ahaata janya Hridroga Indriya avasada nashana Highly useful in: Pakshaghata, Vata vyadhi, atyanta Kshinavastha: 	<ul style="list-style-type: none"> Utkrushta Tridosha shamaka Panchavidha Vata gati niyamana Pranagati niyamana Indriya, Mano, Buddhi karya niyantrana Shwasa Niyantrana Agni, Dhatwagni deepana Pitta srava niyamana Anna purassarana kriya niyantrana Sara – kitta vibhajana Shoshana kriya niyantrana Swedotpatti niyantrana Ras samvahana niyantrana Mala pravartna niyantrana Peshi and anya sharira bhavakriya niyantrana Saama, Amla, Drava, Visru ganayukta pitta niyantrana Kapha shaman Visha nashana

Nasya – drugs given by this route skips first pass metabolism. This route provides rapid delivery of drug. Drug is delivered directly to the site of action and systemic effects are minimized. This route used for *Urdhva jatrugat vyadhi*, respiratory disorders, fainting like conditions.

Basti- drugs administered through rectum are absorbed from intestinal mucosa by osmosis and gives its action due to enteric nervous system. Hence *Basti* was given a prime place in Ayurveda for its broad-spectrum activity and efficacy in controlling *Vata Dosha* which is considered to be the chief causative factor in most of the emergencies in one way or another.

Lepa- This route is mostly used for sustained delivery of drug. First pass metabolism is avoided and the gastric factors.

Raktamokshan- Bloodletting for acute inflammatory conditions. It gives instant relief on pain.

6. Scope and Limitations-

Ayurveda recognizes its limitations and advocates ethical practice:

8. Selected Acute Conditions and Drugs of Choice^[11]

S.No.	CONDITION	DRUGS OF CHOICE
1.	Unconsciousness	Hemagarbha Pottali Ras; Trailokyachintamani; Suvarna Sutasekhara ras; Brihat-kasturibharava ras; Trinakantamani; Siddha Makaradhwaja; Sahasraputi Abhraka Bhasma.
2.	Cardiac Vascular	Trailokyachintamani Ras; Hemagarbha Pottali Ras; Suvarna Sutasekhara ras; Lakshmi vilasa ras; Mahalakshmi Vilasa ras; Siddha Makaradhwaja; Prabhakara vati; Hridayarnav ras; Sahasraputi Abhraka: Jaharmohar pishti; Akeeka; Karpura; Hingkarpura; Ajamodadi vati; Agnitundi vati; Navajiavana ras; Shringa bhasma; Pushkaramula.
3.	Cerebro-vascular	Brihadvata Chintamani; Rasaraja Ras; Rasa Sindura; Yogendra ras; Ksheerabala avartita; Vata Vidhwamsini; Trailokya chintamani; Suvarna Sutasekhara: Kasturibhairav ras; Dhanwantaram avartita.

(*Charaka Samhita, Sutra Sthana 9*)- while the text emphasizes the 4 pillars of treatment to make treatment successful, it also implicitly advises against pursuing treatment where it cannot provide relief, advising a more detached or in broader contexts of Ayurveda, a referral or specialized care approach. This supports timely referral and integrative management in modern emergency settings.

7. Drugs for emergencies according to Ayurveda^[10]-

When we go through rich literature of ayurvedic treatments and drugs, we can observe that 3 drugs that is *Hemagarbha Pottali Ras*, *Trailokya Chintamani Ras*, *Suvarna Sutshekhara Ras* have been praised to be the drug of choice in ayurvedic critical care. *Hemagarbha pottali ras* is traditionally indicated in conditions involving sudden loss of consciousness and impaired functions, suggesting its role in acute neuro-cardiac collapse states. Their spectrum of activity with the indications has been given below.

4.	Respiratory	M alla; M alla sindura; S amirapannaga ras; S hwasakuthara; S warna Sindur; S ahasraputi Abhrraka; L akshmivilas ras; H emagarbha Pottali; K anakasava; S omasava; H ingukarpura; S iddha Makaradhwaj; T railokyachintamani.
5.	Acute Fevers	M rityumjaya ras; M ita Sanjivani Sura; G odanti; G orochan vati.
6.	Acute Abdomen	S hankha Dravaka.
7.	Diarrhoeas	K arpooora Rasa; P iccha basti.
8.	Acute inflammatory	M arma guti; V edanantak ras; V ata Vidhwamsini; K anchanara Guggulu; S aptavimshati Guggulu; M aha Vataraja ras; S ameera Gajakesari ras.
9.	Status Epilepticus	D hanadanayanadi kashayam, K asturyadi gulika, M ahakalyanaka kashayam, M ahapanchagavya ghrita, S mrutisagara rasa, V atakulantaka Rasa, r asaraja rasa, S araswatharishta, M ahakalyanaka ghrita, A shwagandharishta.
10.	Poisoning	A rishta/Venikabandhana, U tkartana, N ishpeedanam, C hushana, A gnikarma, P arisheka, A vagahana, R aktamokshana, V amana, V irechana, U padhana, A njana, P rativisha.

Discussion:

The concept of emergency management is deeply rooted in Ayurvedic literature, though expressed differently from modern medicine. Ayurveda prioritizes stabilization and preservation of life over definitive cure during acute phases. *Atyayika Chikitsa* emphasizes rapid decision-making, minimal therapeutic burden, and avoidance of aggressive procedures in critically ill patients.

In present-day practice, Ayurveda can contribute significantly in early-stage management, supportive care, and prevention of complications, especially within an integrative healthcare framework.

Conclusion:

Atyayika chikitsa is not new to Ayurveda. Ayurveda possesses a clear and systematic approach to emergency management through the concept of *Atyayika Chikitsa*. Ayurveda covers both treatments and prevention. Classical texts describe

multiple acute conditions as life-threatening and mandate immediate intervention. Understanding and applying these principles enhances the relevance of Ayurveda in integrative emergency care while maintaining ethical boundaries and patient safety.

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