

**CRITICAL ANALYSIS OF AVASTHIKI CHIKITSA IN VATARAKTA****Pradnya Patil^{*1}, Namrata Bhagaje², Prasad Kadam³**

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Email- pskadam9@rediffmail.com Contact No- 9823540979***Corresponding Author:** Email- pradnya5941@rediffmail.com Contact No- 8055935077**ABSTRACT:**

The wide description available about *vatarakta* in all classics itself suggests its prevalence since ancient period. The disease initiated by the vitiated *vata* and *rakta* is *vatarakta*. This literature can be very well correlated with gout, connective tissue disorders, peripheral vascular diseases etc in contemporary science. Every *Ayurvedic* scholar has described *Uttana* and *gambhira vatarakta* as the basic two categories based on its presentation. *Acharya Sharangdhara* enlightens eight types considering its *doshika* predominance.

To understand its pathophysiology there exists two types of *vatarakta* namely *santarpanjanya* and *apatarpanjanya*. *Santarpanjanya vatarakta* manifests by excessive *kaphakara nidana* *sevan* increasing *kapha* and *meda* by obstructing



vata and hampers *rasarakta* circulation. By its own etiological factors *vata* and *rakta* gets vitiated and obstructs the path of each other producing *apatarpanjanya vatarakta*.

Treatment should be planned based on *doshika* dominancy, *sama-niramavastha*, *santarpanjanya* or *apatarpanjanya samprapti* and *avagadha-anavagadha awastha*. In *niramawastha* or *vaatadhikya* or *apatarpana awastha*, the *vaatpradhana vatarakta chikitsa* has to be adopted. In *santarpanjanya* and *avarana* type of pathology main aim is to reduce the *magarvarodha*, to reduce *meda* and to clear obstructed *srotas*.

KEYWORDS: *Awasthiki chikitsa, Vatarakta***INTRODUCTION:**

The broad narration of *vatarakta* in *samhita*'s indicates its significance. On 29th chapter *Chakrapani* opines that “*vaatrakte eva awsthanarprapte vataraktam*” means the succeeding *awastha* of *vatavyadhi* is the *vatarakta*, the disease initiated by the vitiation of *vata* and *rakta dosha* is *vatarakta*. Individual vitiated *dosha*'s obstructs the path of each other causing *vatarakta*¹. This can be compared with contemporary science, connective tissue, peripheral vascular diseases etc.

Vatarakta is basically classified as *Uttan* (*twak mamsasthita dosha*'s) and *Gambhira* (deeper *dhatusthita dosha*) based on its manifestation, 8 types based on *doshika* predominance namely *Vataja*, *Pittaja*, *Raktaja*, *Kaphaja*, *Vatapittaja*, *Vatakaphaja*, *Kaphpittaja*, *Sannipatajvatarakt*². Based on clinical

picture, pathogenesis, prognosis they are classified as *saantarpanajanya* and *apatarpanajanya*, *sama* and *nirama* *vatarakta*, *dahaprdhan*, *rujapradhan* and *shothapradhan*, *avagadha* and *anavagadha*¹.


AIMS AND OBJECTIVES

- To categorize the different *awastha* of *vatarakta* & its clinical correspondence
- Designing the treatment on the basis of *awastha*

MATERIALS AND METHODS

Nidana:¹

If we go through causative factors of disease it shows both *santarpanokta* and *apatarpanoktanidana*'s which can be separated as follows:



	<u>SantarpanoktaNidana</u>	<u>AptarpanoktaNidana</u>
<i>Ahara</i>	<i>Ajirna, Adhyashana, Klinna, Virudhanna, Palala, Ikshuvikara, Mandaka, Dadhi, Pinyaka, Moolaka, Masha, Nishpava, Palala, Kulathya Anupa-udaka Mamsa</i>	<i>Lavana, Amla, Katu, Kshara, Ushna, Shushka, Vidahi, Langhana, Sura, Asava</i>
<i>Vihara</i>	<i>Acankramanashila, Divasvapna, Asyasukhi, Avyavaya, Rutusatmya, Viparyasnata, Snehadhi Cikitsa Vibhramana</i>	<i>Ativyayaya, Plavana, Ratrijagarana, Vegadharana, Rukhsatmya, Riding on elephant, horse and camel</i>
<i>Mansika</i>	<i>Achinta</i>	<i>Krodha</i>

Samprapti:¹

In *vatarakta* two types of pathogenesis coexists *santarpanajanya* and *apatarpanajanya*.

Apatarpanajanya samprapti: Vitiated *Vata* and *rakta* obstructs the path of each other resides in joint's and produces the disease *vatarakta*. E.g Gout, Burning feet syndrome pathology.

Santarpanjanya samprapti: Prakopita kapha and meda obstructs vata and hamper rasa rakta circulation manifests as santarpanoktavatarakta. E.g DVT, Varicose vein etc.

Lakshana:

The classical symptoms of *uttanand gambhiravatarakta* can be *doshanusara* specified as follows.

Table no:1 *Doshanusara lakshana's*¹

<i>Dhatugatawa / Dosha</i>	<i>Uttan</i>	<i>Gambira</i>
<i>Vaatadhikya</i>	<i>Siraayama, Shoola, Toda, Rouksha, Shawata, Sheetapradwesa</i>	<i>Sthoth, Dhamani, Anguli, Sandhisankoch, Atiruka, Karshnya, Angagraha, Stambha</i>
<i>Pittadhikya</i>	<i>Vidaha, Vedana, Sweda, Trushna, Raga</i>	<i>Murcha, Mada, Bhrama, Paka, Bheda, Shosha</i>
<i>Kaphadhikya</i>	<i>Supti, Sthaimitya</i>	<i>Gourava, Mandaruka</i>
<i>Raktadhikya</i>	<i>Ruka, Toda, Tramravaratwak, Chimchimayana, Kandu</i>	<i>Shwayathu, Snigdha Rukshana Shamama, Kledayukta</i>

Chikitsa:

According to *charakacharya*, for *gambhira vatarakta* *Snhehayukata virechana, basti, raktamokshana* are highlighted and for *uttan vatarakta, seka, abhyanga, pradeha* with *avidahi dravyas* is advised¹. In *panigatadosha's* if *kaphapittanubandha* is present then *vamana* and *virechana* followed by *ghritapana* and *vatanubandha anuvasan basti* is mentioned³. In *santarpajanya* or *avaranajanya* pathology *lekshana, shodhana, vyayama*, etc *kapha-medohara chikitsa* is indicated.

DISSCUSION:

Nirama/ Vaatadhikya/ Rujapradhana/Apatarpana:

Treatment of *vaat pradhana vatarakta* suggests use of *sarpi, taila*,



rasa, majja for *panaabhyanga* and *basti* along with *sukhoshnaupanaha*¹ and *puranaghritapana*.⁴

This principle can be followed in *niramawastha, rujapradhana* and *apatarpanajanya vatarakta*. Use *bala taila, Pindataila, Madhuyashtyadi taila* etc for *abhyanga*. *Sukhoshna lepa* and *upanaha* with *Shatavha beeja, Eranda beeja*⁴ and *Shatdouta ghrita*. *Sukhoshna lepa* prevents complications like *daha, shoth, kandu, ruja* and *stambhana* of *doshas*¹. *Mruduswedana* with *dashamoolakwatha parisheka, avagaha in stambha, shoola*¹. *Basti* if associated *udavarta* and *ruja* in *basti, vankshana, parshva, uru, udara, parva*¹. *Niruhabasti* with *tiktaksheer basti, balaguduchyadi niruha basti, dashamooladya niruha basti, mustadi yapana basti* and *anuvasana* with *amrutadya taila, bala taila* can be used.

Pittadhikya /Dahapradhana:

In this *awastha* the treatment principle is *ghritapana*, *ksheerpana*, *seka*, *virechana*, *basti* and *raktamokshana* is indicated¹. *ksheer* can be given *anulomnarth*⁴. For *abhyanga* use *balaguduchyadi taila*, *narayana taila*, *jeevaniya* / *kakolyadi gana siddha ghrita*⁵. *Lepa* with *jeevaniyagana dravya siddha ghrita*, *prapondarikadi lepa*, *tiladi lepa* with *dugdha*, *shatdouta ghrita*¹ to avoid the complications like *dahakledawdarana*¹. *Sheeta parisheka* is preferred with *taila*, *dugdha* of *Go*, *Aja*, *Avi*, *Draksharasa* / *ikshurasa* / *dadhimastu* / *kanji* / *sharkaramishrita jala*¹. *Snehayukta mrudu Virechana* in *pitta* and *sleshmasamsrushta vyadhi*⁶. In *margavrodhajanya* pathogenesis for *anulomanarth* use *Dugdha* with *trivrutta Churna*¹. *Tiktaksheerbasti -asthidhatu* involvement, if *vasculitis-manjishtadi niruha basti* can be practiced, if *rakta-balaguduchyadi basti* can be preferred. *Raktamokshna* is mostly indicated if patient is not responding to any *sheeta-ushna* treatment¹. In *pittapradhana* symptoms use *jalouka*, in *supti*, *kandu shrung* and *tumbi* are indicated and lastly *siravedha* is indicated⁴.

Kaphadhikya / Shothpradhana:

The treatment principal is in case of *uttan* type *koshna lepa* with *Sarshapadi lepa*, *Kapithyadi lepa*, *Grahadhumadi lepa*, *Kolakulathyadi lepa* is preferred^{1,4}. *Ushna*, *kaphahara ghritas* with *Mutra*, *kshara*, *sura* are indicated for *abyanga* purpose e.g *Padmakadighrita*. *Parisheka* with *Kshara/ taila/gomutra*, *Aragvadhadi gana ushna kwath* is advised^{1,3}. *Mruduvamana* if *koshtagata ama* is

present⁴, and *ruksha Virechana* with *Gomutraharitaki yoga*, *trivrutta leha*, *triphala kwath* with *madhu*¹.

Samavastha:

Any condition of *doshika* involvement may present as *samavastha* which can be understood like *dhatugataama*, *koshtagata ama* and *sthanika ama*. The symptoms like *balabhramsha*, *gourava*, *alasya*, *klama* indicates presence of *dhatugata amavastha*, similarly symptoms like *nishitva*, *malasanga*, *aruchi*, *anilmudhata* indicates *koshtagata ama* and *sthanika ama* can be assessed by *sthoth*, warmthness of joint, reduced range of movements of joints, signs of inflammation. *Sadyashodhana* is indicated in *koshtagataama*. Treat the *sthanika ama* with *swedana* in the form of *upanaha* and *parisheka*. *Langhana*, *ampachana* and *deepana* is advised in all *amajaawastha*'s. *Amapachna* is usually done with *katu rasapradhana ushna virya* drugs but in case of *vatarakta*, we can't use *katu rasa pradhana* drugs as it may aggravates *vata* again. So use *tikta rasa*, *ruksha*, *raktaprasadka* drugs for the same.

Avarana /santarpana:

Here *snehana* and *bramhana* are contraindicated. In such type of *Samprapti* main aim is to reduce *meda (virukshana)*, to remove *margavrana*. Hence *kaphamedonashaka chikitsa* like *shodhana*, *arishtapana*, *gomutrapana*, *takraharitaki*, *rasaoushadh* is like *shilajatu*, *guggulu*, *makshika* is preferred. *Raktamokshan* is indicated for *margavrodha nirharana* purpose¹.

UpdaravyuktaAvastha:

The complications of *vatarakta* are *aswapna*, *arochaka*, *shwasa*, *mamsakothe*, *shirograha*, *murcha*, *mada*, *ruka*, *trishna*, *jwara*, *moha*, *hikka*, *pangulya*, *visarpa*, *paka*, *bhrama*, *klama*, *angulivakrata*, *sphota*, *daha*, *arbuda*¹ *Tikshna Virechana* is indicated. Because of *pitta* and *raktaativruddhi* there is always chance of *paka* and different *srava*, so one can adopt *Vrana Chikitsa*. *Panchvalkal Kashaya* is used for *Vrana Prakshalan*. *Lepa*, *Abyanga* are totally contraindicated. *Shamana* medicines like *Guduchi* *Chatwari*¹, *Vataraktamtaka Rasa*⁷, *Vishveswara Rasa*⁷ along with *haritaki guda*, *guduchi chatwari prayoga* can be tried.

Pathyapathya:

Diwaswapna, *santapa*, *vyayama*, *maithuna*, *katuushna*, *abhishyandiahara*, *lavanarasa* is *apathya* and *pathya* is *Puaranayavagodhuma*, *shashtikashala*, *yusha* of *adhakya*, *chanaka*, *mudga*, *masura*, *makushtaka* or *mahishadugdha* etc¹

Shamana:^{7,8}

Kaishor guggulu, *Gokshuradi guggulu*, *Punarnavadi Guggulu*, *Amrutadi guggulu*, *Vasa guduchyadi kashaya*, *Panchatiktaguggulu ghrita*, *Patoladi kwatha*, *Kokilakshadi kwatha*⁷, *Navakarshika kwatha*, *Manjishtadi kwatha*, *Vataraktantaka rasa*, *Vishweshwar rasa* etc

CONCLUSIONS:

As *vatarakta* is the *avasthantara* of *vatavyadhi* and the main culprit in the manifestation of *vatarakta* is *vatadosha* followed by *rakta*, one has to concentrate mainly on subsiding

vatadosha. Whenever there is *ama* involvement one has to adopt the *amachikitsa* followed by the routine *vatarakta* line of management. *Avarana* conditions are better treated with *raktamokshana* followed by the routine line of management of *vatarakta*. *Kaphamedoharachikitsa* principles can be adopted from the context of *aadhyavata*. In any of the above mentioned *kaphapradhanaavasthas*, while treating them one has to take care that *vataprakopashould* not occur.

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