

**Classical approach of Ayurveda towards inflammatory joint disorders (*Vaatarakta*)****Amol Ajit Patil, M.D. (Panchakarma)**Associate Professor, Department of Panchakarma,  
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**ABSTRACT:** Degenerative joint disorders like osteoarthritis can be classically diagnosed as *Sandhi gata vaata* which is one of the *vaatavyadhi*. All other joint disorders like reactive arthritis, gouty arthritis, rheumatoid arthritis and many more inflammatory joint disorders can be considered as *Vaatarakta*. Failure in treating number of patients of joint disorders with diagnoses other than *Vaatarakta* made to think in depth about the concept of *Vaatarakta*. Objective of this article is to understand a disease *Vaatarakta* as mentioned in ancient classical texts of *Ayurveda*, (*samhitas*) i.e. *Charak Samhita*, *Sushrut Samhita*, *Ashtang Hrudaya*, which helps not only in treating cases of joint disorders successfully but also help understand various important principles of *Ayurveda* treatments.

Understanding aetiology (*hetu*), clinical features (*linga*), pathophysiology (*samprapti*), differential diagnosis and prognosis (*sadhyasadyata*) are essential factors to reach absolute diagnosis upto *vyakta* and *bhed* level of *kriya kaal* of the disease which is the first and foremost important part of classical approach. Charts of *hetu*, *lakshan* and *sadhyasadyata* mentioned makes it easy to chalk out *samprapti* and hence the *samprapti vighatan* (i.e. breakdown of pathophysiology) becomes relatively easier. Treatment principles to be followed and cautions are mentioned while explaining treatment in detail. Treatment (*Chikitsa*) of *vaatarakta* is mentioned stepwise to counter *samprapti* systematically which seems to be an easier task if diagnosis is precise and error free. This approach is very effective which can prevent reoccurrence of the disease i.e. *apunarbhav chikitsa*.

Most of the times diagnosis *Vaatarakta* is confused with *Aamavaata samprapti* (a stage of a disease) which hasn't been given any importance in *Bruhatrayee* (i.e. *Charak Samhita*, *Sushrut Samhita*, *Ashtang Hrudaya*) as it seem to be an condition of several diseases and not a separate disease entity.

Importance of classical approach towards *vaatarakta* ensures its successful treatment to achieve *Dhatu Samya* (*equilibrium of Dhatu*) and *Apunarabhava* (*Non reoccurrence*).

**KEYWORD:** *Vaatarakta*, *Aamavaat*, classical approach, *Nidan*, *Chikitsa*, *samprapti*, *hetu*, *lakshan*, *apunarabhava*

## INTRODUCTION:

*Sootra* (Basic principles of Ayurveda) has been narrated mainly by *Acharya Charak, Acharya Sushrut, Acharya Kashayap* and in some extent *Acharya Vagbhata*. Other *Acharya* who published their *Samhitas* later to these *Acharya* has tried to compile and rediscover things based on the same principles. But almost no one could really quote new *sootra* (principles), as probably nothing has been left to be mentioned by these 4 *acharyas*. But contribution of many other *Acharyas* has been considerable and helped a lot to understand and rediscover new facts of *Ayurveda* and simplified many concepts too.

But *acharya Charak, sushrut, vagbhat, kashayap* has almost written every possible disease condition *sampraptiof* which can be explained as a disease. Researchers may wonder why *acharya Charaka* has not given much importance to the disease similar to cancer but has given enough importance to diseases like *Trishna (Excess thirst)* and *Chhardi (Vomiting)* and explained in detail in an independent chapter. It is important to note that *acharyas* has not given much importance to incurable disease conditions. Likewise *Acharyas* have explained *avastha of vikruti* (mal functioning of systems) which are not really called as diseases as *pathophysiology* has not taken place, has been explained in *sootra*,

### Aetiologies<sup>1</sup> -

*indriya, vimaan, siddhi, kalp* like various *sthaan* as and when needed.

With this background if one try to understand diseases of joints (*sandhi*), there are mainly two diseases related to joints i.e. *sandhi gat vyadhi*. One type can be broadly considered under *vaatvadhi* and another is *Vaatarakta*. Apart from these two conditions *sandhi shool* as a *lakshan* of other *vyadhi* has been mentioned several times in *bruhatrayee*, but that can not be considered as a disease as it is a clinical feature of underlying disease.

### TYPES OF JOINT DISORDERS -

1. *Vaat vyadhi - Sandhigat vaat, kroshtuk sheersha, manyastambh, hanustambh, avabahuk, vaatkantak etc vaat vyadhi.*
2. *Vaatarakta.*

**VAATVYADHI** –Disease mentioned under *Vaatvyadhi* occurs due to two important etiologies broadly known as – *Margavarodh* – (*sroto avarodh* causes *vaat prakop* resulting in a *vyadhi*) and *Dhatukshaya* – *Dhatu kshaya* causes *akash mahabhoot vrudhhi* causing enough chance for *vaayu* to aggravate and thus causing a vitious cycle of *dhatukshaya* and which leads to weakness in *Dhatu* further leading to improper functioning of the system causing various kinds of *ruja* (painful conditions).

### VAATRAKTA -

<b>Etiological factors vitiating Rakta Dhatu ↓</b>	
Excess Sour/ acidic food)	eating when not hungry and vice versa
Excess pungent spicy food	Always angry mood
Excess alkaline food	Nap
Excess fatty food	
excess hot potency food	Sleeping late at night
Eating on indigestion	By birth weaker personality
eating spoiled food	Who always eat sweat and fatty food

Eating excess dry food i.e. non fatty	who has sedentary life style
Eating excess food from water sources	Who do not make enough body movements
Eating excess meat of damp, rainy area animals	who have not underwent detoxification by Panchakarma
Pinyak	Who had traumatic injuries)
Eating excess radish	<b>Etiological factors vitiating Vaata dosha)↓</b>
Eating excess Kulattha	Eating excess Pungent food
Eating excess black gram	Eating excess bitter food
Eating excess peanuts	Excess Dry, non fatty food
Eating excess leafy vegetables.	Eating very less in quantity
Eating excess sesame	Not at all eating while feeling hungry
Eating excess sugarcane products.	Excess journey
Eating excess yogurt	Excess swimming
Drinking excess fermented rice water	Excess fasting
Drinking excess wine	Walking excess in hot climatic conditions and on uneven surfaces.
Drinking excess wine	Excess sexual intercourse
Drinking excess buttermilk	Suppressing natural urges
Drinking excess wine	

Above chart of *etiological factors* help find out etiological factors occurred in patients and decide vitiation of *dosha, dhatu, mala*. This also help understand and implement *hetuviparita chikitsa*. In clinical practice of *Ayurveda* history of past illnesses has great importance. Especially in *Vaatrakta* it is observed that many female patients who do not follow treatment, diet and lifestyle regime strictly after delivery of fetus or after abortion, are very much likely to suffer from inflammatory joint disorders (like reactive arthritis) though this an experience based observation, mentioned here just for the information, so that other researchers should start observing the same. Such clinical observations suggest entrance of *Vaata dosha* from *Garbhashaya* or *yoni* (female genital system) in either *rakta* or *Asthi, majja Dhatu*. *Raktapradoshaj poorvavyadhi* like *kamala* (jaundice), *visarpa* (Herpes zoster), *vishamjwar* (viral fevers, chronic fever conditions) has to be considered in the same way. This understanding of *hetu* help find *vyadhi*

*mool* (Root of the disease) and to select precise treatment.

Trauma (*abhighata*) and not performing timely detoxification (*Ashuddhi*).<sup>2</sup> When *dosha* gets vitiated are two important etiological factors of vitiation of *Rakta dhatu*.

If *dosha* are aggravated in excess it has to be expelled out by performing treatments known as *Panchakarma*. While performing *panchakarma* there are chances of getting incomplete detoxification (*heenshuddhi*) can be considered as *ashuddhi* too. Proper *shuddhi* of *garbhashaya* has very high importance after delivery of fetus, for which *sootikacharya* (post natal regime) has been explained in detail, which has to be followed well.

Trauma may it be due to external factors or may be by surgical interventions causes *vaata prakop* and *raktadushti* simultaneously.

After emergency care, trauma always need *vaatshamak* and

*raktaprasadak* treatment so as to avoid its long term effect on body and systems, which is not a common practice and many patients remains untreated.

### **Samprapti –**

“*Vayu vivruddho vruddhen rakten avaritah pathi*

*krutsnam sandooshayet raktam tad dneyam vaat shonitam*”<sup>3</sup>

“*Soukshmyat sarva saratwat cha pavanasya asruja statha, tad dravatwat saratwat cha deham gachhan sirayanai.*

*Parvasu abhihatam kshubdham vakratwat avatisthate, sthitam pittadi sansrushtam tasta srujati vedana.*

*karoti dukham teshvev tasmaat prayen sandhishu, bhavanti vedana tasta atyarth dusaha nrunaam.*”<sup>4</sup>

*Dosha –vaat rakta*

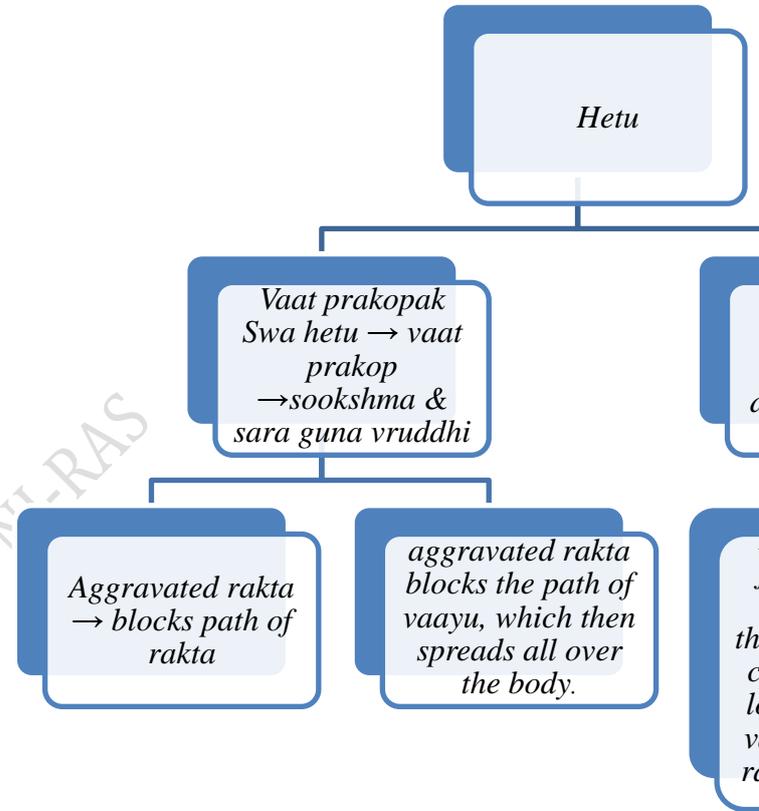
*Dushya –*

*Guna – sukshma, sara, drava Prassaar – Sarva Shareer*

*Sthaan Sanshray – Sandhi Sroto Dushti Prakaar – Sanga*

It is very important to know *samprapti* (Pathophysiology) mentioned in *bruhatrayee*. A disease occurring in *sandhi* may be felt as a disease of *Asthi and majja dhatu* and one may ignore considering importance to *raktadushti*. Pathophysiology clearly mentions that this is not a disease of *Sandhi*, it just appears at *Sandhi*. Actual culprits are *Rakta and Vaayu*. These important facts are highlighted while explaining *samprapti*. *Samprapti* also explains *guna vruddhi* and systematic occurrence of pathogenesis which help understand how the breakdown of pathophysiology can be achieved while thinking about its treatment. With the involvement of

*raktadhatu, raktadhatu mool, Yakrut and Pleeha* should be considered well and *dhatumool chikitsa* should be rendered, to make it a complete treatment upto the level of the root of the disease and its channel.



### **Poorvaroop (Pro dormal features / pre disease features)<sup>5</sup>–**

Excess perspiration	Tingling
No Perspiration	Cutting p
Black discolouration of skin	Heavine
Lack of touch sensation	Numbne
Severe pain on trauma	Itching
Looseness of joints	Pain occ

Laziness		<p><b>Signs and symptoms<sup>6</sup> –</b></p> <p>This chart of <i>lakshan</i> help reach absolute diagnosis upto its <i>Bhed</i> level, which is very much important in terms of <i>vaatarakta chikitsa</i>. <i>Lakshan</i> can be well categorised as Nature of Pain, Local examination and observations of joint and general features.</p> <p><i>Vaatarakta</i> has been classified in broadly two categories –</p> <ol style="list-style-type: none"> <li>1. <i>Utthaan Vaatarakta, Gambhir Vaatarakta, Ubhayashrit Vaatarakta</i></li> <li>2. <i>Vataj , Pittaj, kaphaj, raktaj Vaatarakta.</i></li> </ol> <p>It is important to note that even if <i>Vaatarakta</i> is a disease with the predominance of <i>rakta dushti acharyas</i> have mentioned '<i>Raktaj Vaatarakta</i>' this understanding help while choosing course of treatment.</p>																																																												
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<p>If disease is diagnosed in <i>poorvaroopavastha</i> it easier to reverse the <i>samprapti</i> which is still in process and has not taken a complete shape of a disease condition. So understanding <i>poorvaropa</i> help treat patient in early stage and can help in taking precautions.</p> <p>One should note that in <i>poorvaropathe</i> are many features related to skin, on the other hand it is important to note that it has been mentioned that <i>poorvaropa</i> of <i>kushtha</i> and <i>Vaatarakta</i> are one and the same. So from this condition of <i>poorvaropa</i> patient may either lead towards some skin disease or to <i>vaatrakta</i>.</p>																																																														
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Flexion (Sankoch) of phalangeal joints	
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Stiffness of body	
Severe bodyache	
Flexion / constriction of body parts and joints(Akunchann of ang/ sandhi/pratyaanga)	
Stiffness	
Hatred for cold	
<b>Raktaj Vaatarakta</b>	<b>Pittaj Vaatarakta</b>
Oedema	Burning sensation
Severe Pain	Pain
Pricking pain	Unconsciousness
Copper brown discolouration of skin	Excess perspiration
Tingling sensation	Drowsiness
No relief from oily(Snigdha) or dry(Ruksha) treatment	Giddiness
Itching	Redness of skin
Muddy discharge	Gets ripened
Muscle wasting (shosha)	Stabbing pain (Bhed) / Cracks on skin

#### Complications<sup>7</sup> -

Insomnia	Hiccups
Anorexia	Limping gait
Dyspnoea	Herpis
Spoiling of muscles (Mans Kotha)	Gets ripened (Paak)
Stiffness of head	Pricking pain
Unconsciousness	Giddiness
Drowsiness	Fatigue
Pain	Bending of fingers / toes
Polydipsia	Boils
Fever	Burning

	sensation
Vertigo,	Stiffness of Marma (Vital Points)
Tremors	Tumours

*Arbuda, manskotha, moorcha, kamp, visarp, hikka* are important to note as *upadrava of vaatrakata* and if patients approaches first time with such conditions he/she has to be explored for history of *vaatrakta* features and as a *hetuviparit chikitsa vaatrakta chikitsa* has also to be considered while following its own standard line of treatment.

#### Prognosis<sup>8</sup> -

<i>Sadhya</i> (Easy to treat) -	<i>Eka doshaj</i> (involving one dosha)	<i>New</i> (Less chronic)	
<i>Yapya</i> (Can be maintained)	<i>Dwidoshaj</i> (Involving two Dosha)		
<i>Asadhya</i> (Incurable)	<i>Tridoshaj</i> (Involving all dosha)	<i>With Complications</i>	<i>With Discharge and Tumors</i>

It's important to note that only *ekadoshaj and Nav vaatrakta* is *sadhya (sukhasadhya)* and other are *yapya and asadhya*. It is an important factor to make patient aware about the status of his/her disease and to be assured about treatment outcome accordingly.

#### Treatment Principle<sup>9</sup> -

- Treatment (*Chikitsa*) = Breakdown of pathology (*Samprapti Vighatan*)→Eliminating *Dosha (Dosha Shaman)* + equilibrium of *Dhatu (Dhatu Samyata)*→Non

reoccurrence treatment  
(*Apunarbhava*)—Rejuvenation  
(*Rasayan Chikitsa*)

Reversal of  
pathology



Obstruction of aggravated *Rakta* to  
*vaatamarga* (*Rakten avaritah pathi*)



Removal of Obstruction→Best  
treatment for aggravation of *Rakta*  
= Blood Letting (*Raktamokshan*)

Mode of blood letting – Horn  
(*Shrung*) for *Vaataaj* | Leech  
application (*Jalouka*) – for *Pittaj* |  
Gourd (*Alaabu*) for *Kaphaj*



Elimination of *Vaayu* after removal  
obstruction of *Rakta* →i.e.  
*Vatanuloman*→by *Mrudu Virechan*  
by using *Snigdha aushadhiin*  
*ruksha rugna and ruksha aushadhi*  
*in snigdha rugna*. – Followed by  
best treatment of *Vaata dosha* i.e.  
*Basti*.



Local Treatment of joint  
→Application of medicinal  
powders (*Lepa*), Massage  
(*Abhyanga*), Bathing joints with  
medicinal decoctions/ milks/ ghee/  
oils/ *Dhanyamla* etc (*parishek*)



*Vaataj Vaatarakta* – *Mahasneha*  
(Mixture of *Ghrita, Thaila, Vasa,*  
*Majja*) – For internal consumption  
/Massage/ *Basti*  
/Poultice(*Upanaha*)

*Pittaj & Raktaj Vaatarakta* –  
*Virechan, Drinking Ghee, Drinking*  
medicated milk, Bathing  
(*parishek*), *Basti, Cold Applications*  
(*Lepa*)

*Kaphaj Vaatarakta* – Mild emesis  
(*mrudu vaman*), Emaciation  
(*Langhan*) using less fatty food /  
medicines, bathing (*Parishek*),  
warm applications.



This should be followed by - *Keval*  
*Vaata chikitsa* i.e. only *vaata dosha*  
treatment + *Raktashrit Pitta*  
*Chikitsa* (i.e. *pitta* situated in *rakta*  
*dhatu*) by *saghruta tikta ksheera*  
*basti* (*Basti* made up of milk and  
ghee medicated with bitter  
medicines)



Non reoccurrence treatment –  
*Rasayan Chikitsa* (*Rejuvenation*)  
(*Ksheerabala avarti taila / Suvarna*  
*makshik / Gandhak + Amalaki*  
*Swaras* etc)

### IMPORTANT PRINCIPLES -

**Caution 1** –“..*Prayo Avidahinahl*  
*vaatarakte Prashasyante*”<sup>10</sup>

*Aushadhi* or *kriya* to be done in  
*Vaatarakta* should not cause *vidaah* i.e. it  
should not do *ushna guna vrudhhi* of  
*rakta*. It should always be *Avidaahi* so as  
to avoid *rakta vrudhhi* and disease  
progress.

**Caution –2** -“*Kupite marga savrodhanmedaso va kaphasya val*”<sup>11</sup>

*Atirudhya anile na aadou shastam snehan brumhanm ll*”

If *sampratpi* of *Vaatarakta* takes place in person who already have *kaph* or *medo vruddhi* causing *sroto avarodh*, in such patients *snehan* and *brumhan chikitsa* should be strictly avoided initially till *meda*, *kaph avarodhis* removed. To remove *meda kaph avarodh* i.e. *obstruction of meda and kapha*, the *chikitsa sootra* mentioned is as follows

↓

*Vyayam, Shodhan ( Vaman?), Arishta Paan, Mootra Paan, Virechan, Takra Abhaya prayog, Bodhivruksha ( Ashwattha) Kashaay + madhu, Puraan Yava, Godhuma, Sidhu, Arishta, Sura, Asava, Shilajatu, Guggulu, Makshik (Madhu)* <sup>12</sup>

↓

After completing *kpahamedasavrutta chikitsa* one should follow *vaatarakta chikitsa* mentioned as earlier, especially *kaphaj vaatrakt chikitsa*.

**Caution –3**– *Gambhire Raktam Akrantam Syat chet tat Vaata vat jayet*<sup>13</sup>

*Paschat vaate kriya Kuryat vaatrakte prasadanimll*

In case of *gambhir vaatrakta* if *vaayu* has been dominated by *dushta rakta* even in that case first *vaatvyadhi chikitsa adhyay gat vaat chikitsa* has to be done and later classical *vaatraktchikitsa* has to be done.

**Caution 4**–*Raktapittativrudhya tu pakamAashu Niyachhatil*

*Bhinnam Sravati varaktam vidagdham puya meva va ll*

*Tayokriya Vidhatavya Bhedan Shodh anRopanai l*

*Kuryat Upadravanam cha Kriyam swam swam chikitsat ll*<sup>14</sup>

In case of *Rakta pitta ativruddhi paak, bhed, puya yukta sraav etc lakshan* are seen *shodhan, bhedan, ropan aadi vran chikitsa* has to be done and *upadrav* has to be treated as per their treatment protocol mentioned in their contexts.

## DISCUSSION -

- Why it is necessary to understand *vaatarakta* classical approach? (approach which does implementation of classical references of given context.)
- Why and how different it is from *aamvata* and what may go wrong if it is not diagnosed precisely?
- How does it help if the classical protocol is followed strictly?
- What is the role of cautions mentioned earlier?

**Concept of Medasavrutt vaat** – *Medasavrutta vaat* or *urustambh* is also a kind of *vaatvyadhi*, *Vaatarakta* is also a kind of *vaatvyadhi*, still *Acharya* felt to mention this disease condition in a different chapter instead of including it in *Vaatvyadhi*. This explains importance of understanding these two concepts in depth. The sequence of these chapters has to be well understood. *Urustambh, Vaatvyadhi, Vaatarakta and Yonivyapat* are explained in detail in the given order. Concepts of *medasavrutt vaat and Vaatarakta* has been explained separately so that one should never make mistakes while doing clinical diagnoses. The order of treating *medasvrutt vaat, keval vaat, and Vaatarakta* is very important. If any mistake occurs while following this order due to inappropriate diagnoses, the disease condition may get worsened and may even get *asadhya*.

**Importance of understanding Samprapti** - Understanding pathophysiology of all these diseases gives directions to its treatment. A disease occurring in “*sandhi*” could have been obviously diagnosed as a disease of *asthi, majja and sandhi* and treatment would have been surely focused towards these *dhatu* and *vaayu* like *vaatvyadhi*. One would have easily neglected treating *rakta dhatu* if *samprapti and chikitsa sootra of Vaatarakta* hasn't been mentioned clearly.

There are crystal clear guidelines about each and every aspect of *hetu*(etiology), *lakshan*(Clinical features) and *samprapti*(Pathology) of *Vaatarakta* as well as *ahaar*(Diet), *vihar*(lifestyle) etc. *Acharyas* had given enough time to explain detailed *ahar dravya* (diet regime) which are consumed in day today life unknowingly without following *aharvidhi* rules. E.g. *dadhi* (yogurt), *takra*(buttermilk) has been clearly mentioned in *hetu*(etiology) of *Vaatarakta*. One may focus on *dadhi*(yogurt) but *takra*(buttermilk) having *amrut* like qualities may be missed to consider. *Misthanna bhoji*(sweet and excess diet) as well as *ati langhan*(Excess fasting/emaciation), *achankraman sheelanam*(Sedentary lifestyle)as well as *ati adhwa*(Excess walking)are contrary to each other can be *hetu*(etiology) of *Vaatarakta*. More importantly *Sura,Asav* like *madya kalpana*(wine) have been included in *hetu* (etiology). One can notice that none of the *Bruhatrayee* has explained single *asav arishtha kalpana* in the treatment of *Vaatarakta*, not even in *kaphaj Vaatarakta chikitsa*.

**Importance of precise diagnosis** - Diagnosis of *Vaatarakta* has to be upto its *bhed level*, i.e. whether it is *utthan, gambhiror vataj, pittaj, kaphaj, dwandwaj, tridoshaj* etc. It is important to note that in *doshik bhed* there is *Raktaj Vaatarakta* too. These *doshaj* types have been mentioned as per *sthanik dosh* involvement, which can not be neglected

and has to be taken care while selecting treatment protocol.

Even if it is a *vyadhi of vaayu and rakta*, both these factors can affect deeper *dhatu* gradually and cause *dhatugatavstha* to this *vyadhi*. More deep the disease penetrates, more it gets bad and difficult to treat.

**Differential Diagnosis**—More often *Vaatarakta* is compared or in fact diagnosed as a very famous disease entity known as *Aamavaat*. *Acharya charak* has used the term *aamvata* almost six times in various contexts but never felt to describe it as a disease. *Acharya* had given enough space to describe disease like *trushna* in a separate chapter but not *Aamvata or amlapitta*. Any abnormal condition is described as a disease when it has got a *samprapti*(pathology) and when things go beyond *dosha dushya sammorchana*. Till *dosha dushya samoorchana* it's a state of vitiated *dosha and dushya* known as *avastha* like *sanchay, prakop, prasar*. Even in these three conditions *Lakshan* are reflected in terms of *vruddhi / kshaya*. But it has to be treated as an *avastha*, not as a disease.

In diseases like *aamavata aama* gets along with *vaata* and reflects *lakshan*. *Aamavata* has never been mentioned as a disease of *Sandhi*. *Sandhishool, vrushchik dansh vat shool* are just *lakshan (clinical features)* where *sandhi*(joint)related *lakshan* are seen. But that way in *lakshan of vaataj jwarone* can see pain occurring almost in every part of the body, but even in that case, it has to be treated as *jwar* so that *shool* will be taken care on its own and need not to focus on treating *shool*. The same way, *aamavaat samanya laskhan* mentioned by *madhavnidankar* are *angmarda, aruchi, trushna, alasya, gourav, jwar, avipaak, shotha*. Nowhere it has been mentioned it as a *vyadhi of sandhi*.

Treatment principle of *aamavaatis* straight and clear i.e. *aamapaachan and vatanuloman*.

Once *aama paachan* is done one has to treat *vaat dosha*. What about *dhatu*? Which *dhatu* will be treated after that? *Aamyukta vaat* is *aama vaat* which can happen in many conditions like *jwar*, *pandu*, *kushtha*, *ajeerna* and likewise references are seen *pandu (vishaladi phhant)*, *Shad dharan churna (kushtha)*, *visuchika*, *alasa* etc. Its an *avastha* which can occur in the process of *samprapti* of various diseases and if underlying disease is treated that *avastha* will also be taken care. Apart from that if a disease is in *poorvaroopavastha* and yet to occur, *aam chikitsa*, *vaatasya upakraam* has been separately mentioned too.

All these *samanya lakshan* of *aamavata* can be seen in the *lakshan* of *Vaatarakta* too. To mention the *teevra ruja* (severe pain) authors have given simile of *vruschik dansh vat vedana*. In *Vruschik dansh lakshan* its clearly mentioned that *Angar eeva daah* i.e. severe burning sensation with pain is noted, which is mentioned in *pittaj / raktaj Vaatarakta* as *raag*, *paak*, *bhed*, *atiruk*. So instead of considering it as a *Pittaj/ raktaj vaatrakta* if the disease condition is treated as *Aamavata* one can clearly understand that *ushna chikitsa* like *ruksha Valuka sweda*, *vaitaran basti* like *ushna teekshna chikitsa* will be given in *Pittaj and raktaj samprapti*, whereas *swedan* is contraindicated in *Pittaj vyadhi avastha* which can surely worsen the condition and aggravate disease conditions too.

Most of the *aamavata chikitsa* is of *ushna*, *teekshna*, *aamapachak aushadhi*. *Vaitaran* like *kshaar basti* has been mentioned using *gomutra*. By the line of treatment of *aamavata*, *rasa dhatugata aama and vayu* can be treated but *rakta and uttarottar dhatu* remains untreated. If seen keenly *aamavaata chikitsa* is mainly helpful in *kapha pradhan* conditions,

*medasavrutta vaat* conditions. But after treating *medasavrutta vaata*, *Vaatarakta chikitsa* has to be followed, as mentioned in cautions of *Vaatarakta* earlier, otherwise *sampraptii vighatan* (breakdown of pathology) will not take place and *apunarabhava* will not be achieved.

What will go wrong if *Vaatarakta* case is diagnosed and treated as *aamavaat*? once *aama* is treated *vayu anulomak aushadhi* will be kept on but *rakta mokshan*, *raktaprasadan*, *gambhir dhatu chikitsa* will be missed.

In *aushadhi of vaatarakta*, *guduchi* has been given importance in *pittakapahaj vatarakta* (not in all types) while *yasthimadhu and jeevaniya gan* has given much importance in treating *vaat pittaj* conditions. Things may get partially treated by *aamavata chikitsa sootra* if at all it is followed in *kaphaj Vaatarakta* or *medasavrutta vaat* condition. But if *vaata pittaj vaatarakta* is treated as that of *amavata*, the disease will get completely worsened and patient will keep repeated attacks of pain and restriction of disease progress will be failed. Because *chikitsa* is completely opposite to each other in both these conditions e.g. in *aamvata Vaitaran kshar basti* is advised and in *Vaatarakta tikta ksheer basti* has been advised. *Tikta ksheer basti* has also been mentioned in *pittaj gulma chikitsa*, *asthimajjagata vaata chikitsa* which clearly explains that while treating *vaayu* one should always protect *pitta and rakta*.

*Avidaahi chikitsa* is one more caution mentioned in *Vaatarakta*. Even if *gomutra* is administered in *Vaatarakta* it is mixed with milk. At every instance one should be protecting *pitta and rakta*. But *vaitaran kshhaar basti* can cause *vidaaha* if its already a *pittaj or raktaj Vaatarakta*. In *vaataj Vaatarakta* it may cause *dhatukshaya* and can vitiate *rakta* too.



especially of *Bruhatrayees*. Classical approach as per *Bruhatrayees* assures success in treating any disease including *Vaatarakta*.

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