



Classical understanding of role of *Ksheer Basti* in the management of *Vaatarakta*

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Abstract – Failure in treating number of patients of joint disorders with diagnoses of *Vaatarakta* made to think in depth about the concept of *Vaatarakta*. Objective of the article is to understand role and preciseness of indications and contraindications of *ksheer basti*, concept of *ksheer basti*, type of *ksheer basti* in the management of *Vaatarakta*. An importance of classical diagnosis of *Vaatarakta* so as to be specific about following the classical line of treatment to use *Ksheer basti* for the breakdown of pathophysiology need to be understood in depth is highlighted in this article. Understanding a concept of *Ksheer Basti* and its methodology becomes an important aspect while making use of it in certain disease conditions where it has been mentioned classically as a part of *chikitsa sootra*. Understanding of any treatment mentioned in ancient classical texts of *Ayurveda (samhitas)* without making alterations 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 essentials factors to reach absolute diagnosis upto *vyakta* and *bhed* level of *kriya kaal* of the disease which is the first and foremost important step of classical approach. Charts of *hetu*, *lakshan* and *sadhyasadyata* makes it easy to chalk out *samprapti* and hence *samprapti vighatan* becomes relatively easier. Line of Treatment, its principles to be followed and cautions mentioned while considering line of treatment is second essential part to decide classical way of treatment as mentioned in *Samhitas*. Treatment (*Chikitsa*) of *vaatarakta* is mentioned stepwise to counter *samprapti* systematically which seems to be easier task

if diagnosis is precise and error free. This approach helps a lot to hit the goal in an appropriate time by using *ksheer basti* as an important tool of treatment ultimately leading to the best output and *apuanrbhav chikitsa*.

Most of the times diagnosis *Vaatarakta* is confused with *Aamavaata* (a stage of a disease). *Aamavaata* hasn't been given any importance in *Bruhatrayee* as a separate entity or diseases. It seems to be a condition of several diseases and not a separate disease.

Importance of classical approach towards *Vaatarakta* and use of *ksheer basti* at an appropriate stage and condition of pathophysiology assures its successful treatment to achieve *Dhatu Samya and Apunarabhava*.

Keywords – *Vaatarakta, Aamavaat, classical approach, Nidan, Chikitsa, samprapti, hetu, lakshan, sadhyasadhyata, apunarbhava.*

Introduction – *Shastra* (Principles of Ayurveda) has been narrated mainly by *Acharya Charak, Acharya Sushrut, Acharya Kashayap* and in some extent *Acharya Vagbhata*. Other *Acharyas* who published their *Samhitas* later to these 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 *Acharaya Charak, Sushrut, Vagbhat, Kashayp* has almost written every possible disease condition, *samprapti* of 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* and *Chhardi* and explained in detail as an independent chapter. Its 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 because *samprapti* has not taken place completely. Such conditions have been explained most of the times in *sootra, indriya, vimaan, siddhi, kalp* like various *sthaan* as and when required.

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 of these can be broadly considered under *vaatvadhi* and another is *Vaatarakta*. Apart from these two conditions *sandhi shool* has been mentioned several times in *bruhatrayee*, as a *lakshan* of various *vyadhis* but those can't considered as a disease of joints.

TYPES OF JOINT DISORDERS -

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

VAATVYADHI – Diseases 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 vicious cycle of *dhatukshaya* leading to weakness of *Dhatu*. This further leads to improper functioning of the system causing various kinds of *ruja* (painful conditions).

VAATRAKTA –

Aetiologies¹ -

Etiological factors vitiating Rakta Dhatu ↓	
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	who have not underwent

animals	detoxification by Panchakarma
Pinyak	Who had traumatic injuries)
Eating excess radish	Etiological factors vitiating Vaata dosha) ↓
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 is an experience based observation, mentioned here for the information so that other researchers should start observing the same. Such clinical observations suggest entrance of *Vaata dosha* from *Garbhashaya* or *yonis* (female genital system) in either *rakta* or *Asthi, majja Dhatu. Raktapradoshaj poornavvyadhi* 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 i.e. *abhighat* and not performing timely detoxification i.e. *Ashuddhi*² 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 injury or may be by surgical interventions, causes *vaata prakop* and *raktadushti*

simultaneously. After emergency care, trauma always need *vaat shamak and raktaprasadak* treatment so as to avoid its long term effects 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”³

“*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.”⁴

Dosha – vaat

Dushya – rakta

Guna – sukshma, sara, drava

Prassaar – Sarva Shareer

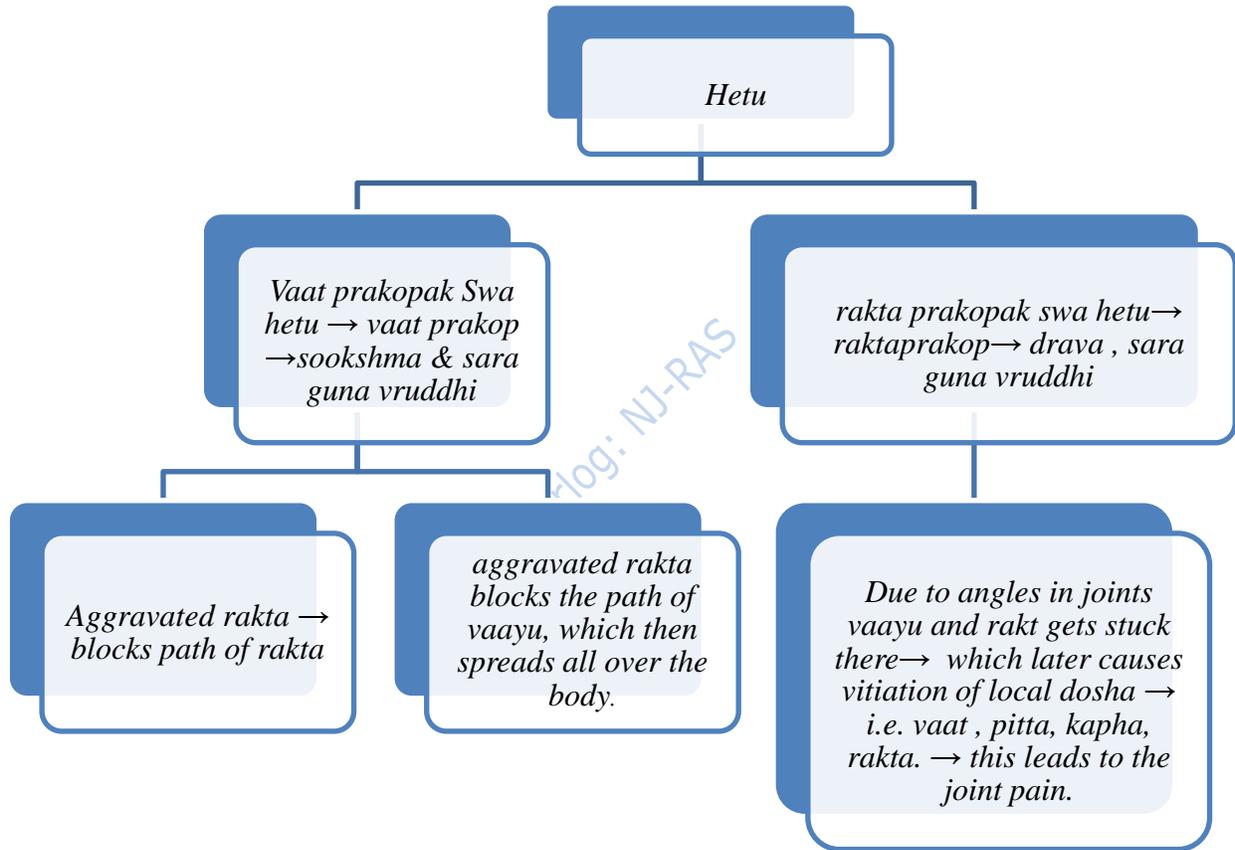
Sthaan Sanshray – Sandhi Sroto

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 *Sandhisthan*. Actual culprits are *Rakta and Vaayu*. These important facts are highlighted while explaining *samprapti of Vaatarakta*. *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 as well and *dhatumool chikitsa* should be rendered to make it a complete treatment up to the level of the root of the disease and its channel.



Poorvaroop (Pro dormal features / pre disease features)⁵ –

Excess perspiration	Tingling sensation
No Perspiration	Cutting pain
Black discolouration of skin	Heaviness
Lack of touch sensation	Numbness

Severe pain on trauma	Itching
Looseness of joints	Pain occurs and relieves on its own
Laziness	Discolouration
Weakness	Eruptions on skin
Boils on skin	

It is easier to reverse the *samprapti* if the disease is diagnosed in *poorvaroopavastha*. So understanding *poorvaropa* help treat patient in early stage and can help in taking precautions.

One should note that in *poorvaroopa* there are many features related to skin, on the other hand it is important to note that it has been mentioned that *poorvaroopa* of *kushtha* and *Vaatarakta* are one and the same. So from this condition of *poorvaroopa* patient may either lead towards some skin disease or to *vaatrakta*.

Signs and symptoms⁶ –

This chart of *lakshan* help reach absolute diagnosis upto its *Bhed* level, which is very much important in terms of *vaatrakta chikitsa*. *Lakshan* can be well categorised as Nature of Pain, Local examination and observations of joint and general features.

Vaatarakta has been classified in broadly two categories –

1. *Utthaan Vaatarakta, Gambhir Vaatarakta, Ubhayashrit Vaatarakta*
2. *Vataj , Pittaj, kaphaj, raktaj Vaatarakta.*

It is important to note that even if *Vaatarakta* is a disease with the predominance of *rakta dushti* *acharyas* have mentioned ‘*Raktaj Vaatarakta*’ this understanding help while choosing course of treatment.

<i>Utthan Vaatrakta</i>	<i>Gambhir Vaatarakta</i>
Itching	Oedema at joints
Burning sensation	Stiffness of joints

Joint Pain	Hard oedema
Strexting of skin	Restlessness
Twitching (<i>Sphuran</i>)	Gray, copper brown discolouration of skin on joints
Flexion of joint	Burning sensation
Gray, red, copper brown discolouration of skin of joints	Pricking pain
	Twitching sensation
	Oedema gets ripened
<i>Ubhayashrit Vaatrakta</i>	
Pain	
Burning sensation	
Cutting pain	
Bending of joints	
Unable to use upper limbs	
Limping	
All the clinical features occurs	
<i>Vaataj Vaatarakta</i>	<i>Kaphaj Vaatarakta</i>
Elevation / stretching of veins (like vericose veins)	Feeling like cold cloth covered on body part
Pain	Heaviness
Twitching sensation (<i>Sphuran</i>)	Oily skin
Pricking pain	Numbness
Oedema	Mild Pain
Blackish discolouration of	

skin	
Dryness of skin	
Grayish discolouration of skin	
Aggravation and relief of features on its own	
Constriction of vessels	
Flexion (Sankoch) of phalangeal joints	
Flexion (Sankoch) of joints	
Stiffness of body	
Severe bodyache	
Flexion / constriction of body parts and joints(Akunchann of ang/sandhi/pratyaanga)	
Stiffness	
Hatred for cold	
Raktaj Vaatarakta	Pittaj Vaatarakta
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	Giddiness

dry (Ruksha) treatment	
Itching	Redness of skin
Muddy discharge	Gets ripened
Muscle wasting (shosha)	Stabbing pain (Bhed) / Cracks on skin

Complications⁷ -

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.

Prognosis⁸ -

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

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 Principle⁹ -

- 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 aushadhi* in *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* / Poulitice (*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 which also treats *Asthimajjagata vaat dosha* by providing nourishment (*Brumhan*) to these *dhatu* as they are badly affected 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*)

Tikta Ksheer Basti –

Indications in *Vaatarakta*:

-*Vataj Vaatarakta, pittaj vaatarakta, vaatapittaj vaatarakta*

- After complete *aamapachan* and *raktagata dosha shodhan* i.e. *raktamokshan, Anuloman and shaman*.

Contraindications : *Kaphaj vaatarakta, aamavastha*, without doing *raktashodhan*.

One should go for this *basti* only after completing earlier steps of treatments i.e. *aamapachan, raktamokshan, Anuloman*. Without performing these initial treatments one should not go for *tikta ksheer basti chikitsa*. *Basti* Containing *ghrita* and *ksheer* are *brumhaniya and vaata shamak*. If there is even a minimal *aama* exists this kind of *basti* may lead to *aamavruddhi* and aggravate disease condition.

Apart from *Vatarakta*, *Acharya Charak* has indicated *Tikta Ksheer Basti* even in few *pitta pradhan* conditions like *pittaj gulma, pittaj grahani, pittaj yonivyapat*. In all these conditions a common condition is *pakwashayagata vaata pitta*. In *Vaatarakta Rakta dosha* is involved. *Rakta and pitta* has *ashrayashrayee bhaav*. Hence *Pitta dosha* has also been taken into account.

Methodology -

All types of *Ksheera basti* has been explained to be performed in the method of *Niruha basti*. Hence *tikta ksheer basti* in *vaatarakta* should also be performed in the method of *niruha basti*. To understand method of *ksheer basti* administration one should refer *Charak samhita siddhistan* 12th chapter where *Yapan basti* has been explained.

In *gambheer vaatarakta* initially *Patoladi ksheerabasti of jwar chikitsa* (*Charak Samhita*) should be administered. Later *panchatikta siddha ksheerabasti or*

guduchi siddha ksheer basti can be administered.

Basti Dravya –

Like *niruha basti makshik, lavan, sneha (goghrita), kalka (asthapanopaga dravya like madanphal), ksheerapaak* should be mixed one after another to make a homogenous mixture. Even if *ksheerabasti is mrudu basti*, it is advisable to be administered in combination with *Anuvasan basti*. *Anuvasan basti* in *vaatarakta* can be administered by *madhuyashtyadi taila* or *tiktak ghrita or mahatiktak ghrita or Yamak* of these *taila* and *ghrita*.

Mode of Action –

Basti karma pacifies *vaata dosha*. *Ksheera* and *ghrita* medicated with *tikta ras* acts as *asthidhatu* and does help *brumhan* of *asthi* and *majja dhatu*. *Ksheera, ghrita* and *tikta ras* all are *pittashamak*, helps in *raktaprasadan*.

Once *rakta gata dosha* are treated well and *margavarodha* is removed one has to treat *vaata dosha* from its root i.e. *pakwashaya*. *Tikta ksheera basti* is almost last part of *shodhan chikitsa* of *vaatarakta* and plays an important role to breakdown the important step of pathophysiology.

IMPORTANT PRINCIPLES -

Caution 1 – “.. *Prayo Avidahinah l vaatarakte Prashasyante*”¹⁰

Aushadhi or *kriya* to be done in *Vaatarakta* should not cause *vidaah* i.e.it should not do *ushna guna vruddhi* of *rakta*. It should

always be *Avidaahi* so as to avoid *rakta vruddhi* and disease progress.

Caution – 2 -

“ *Kupite marga savrodhanmedaso va kaphasya va l*”¹¹

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 avarodh* is 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)*¹²

↓

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 l*¹³

Paschat vaate kriya Kuryat vaatrakte prasadanim ll

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 *vaatarakt chikitsa* has to be done.

Caution 4 –

Raktapittativrudhya tu pakam Aashu Niyachhati l

Bhinnam Sravati va raktam vidagdham puya meva va ll

Tayo kriya Vidhatavya Bhedan Shodhan Ropanai l

Kuryat Upadravanam cha Kriyam swam swam chikitsat ll¹⁴

In case of *Rakta pitta ativrudhi 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 – *Medasavrutt vaat or urustambh* is also a kind of *vaatvyadhi*, *Vaatarakta* is also a kind of *vaatvyadhi*, still *Acharyas* 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, Vaatvydhi, 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 *medasavrutt 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 arishta 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*, *gambhir* or *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 *dhatugataavstha* 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 jwar* one 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 lakshan* 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 *aamavaat* is 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 phant*), *Shad dharan churna* (*kushtha*),

visuchika, alask 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 vaatarakta* 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 *aamavata*, 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*

various *vata*pittaj / *vaat raktaj* conditions of body.

- If one follows this kind of classical approach especially as per *bruhatrayee*, gives an assurance of positive outcome.

CONCLUSION –

To diagnose a disease precisely and treat it successfully classical approach is necessity of the time. Scholars / practitioners should carefully take efforts to do diagnosis and treatment on the basis of classical reference and principles so as to lead the patient towards *apunarbhava chikitsa*. *Vaatarakta* is most of the times is confused with other similar abnormal conditions / disease entities as it is not approached as per classical references especially of *Bruhatrayees*. Classical approach as per *Bruhatrayees* assures success in treating any disease including *Vaatarakta*.

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