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## Basic Concepts of Vatvyadhi Chikitsa- An Overview

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### Abstract

Human beings are inviting many diseases because of fast running life with change in diet and sleeping habits. Due to daily routine, travelling and increased activities many people are suffering from multiple types of musculo-skeletal diseases (MSDs). According to Ayurveda these diseases are described as Vatvyadhi. Thorough Rogi (patient) and Rog (disease) Parikshana (examination) and applying basic concepts of Vatvyadhichikitsa, patients get more relief.

**Keywords:** Vatvyadhi, Dincharya, Ritucharya, Chikitsa, Rogiparikshana, Rogparikshana.

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### Introduction

Many people around us are suffering from multiple diseases due to daily travelling, change in dietary and sleeping habits. According to Ayurveda, Vyadhi (disease) means imbalance of Tridosha (Vata, Pitta, Kapha) (Kunte2005a). Among Tridosha, Vata is responsible for almost all vyadhi (Tripathi2017). Sandhigatvat (O.A.), Pakshaghat (Hemiplegia), Gridhrasi (Sciatica),

Manyasthambha (Cervical spondylosis) etc. are mentioned as Vatavyadhi in Ayurved texts (Kushavaha 2012a). Modern science diagnosed them as Musculo-skeletal disorders. Musculoskeletal disorders (MSDs) are conditions that can affect muscles, bones and joints. They can cause pain and discomfort that interferes with daily activities. Early diagnosis and treatment may help early recovery without any deformity. Causes of MSDs are age,

occupation, activity level, life style, family history. (Kristeen C, 2018).

The patients of MSDs are taking treatment from different pathies like Modern science, Homeopathy, Ayurveda, Naturopathy, Unani etc. But in Ayurveda many preventive measures are also described eg. guidelines for Dincharya (daily chores) Ritucharya (monthly chores) and Sadvritta. In Ayurveda the diagnosis of disease is based on Rogipariksha (examination of patient) and Rogpariksha (examination of disease). When patients of Vatavyadhi are diagnosed and treated with Ayurvedic management, it is observed that maximum patients get complete cure without any complications..

### Methods of Diagnosis of Vatvyadhi

Proportionately so many outpatients are suffering from vatvyadhi. While diagnosing these patients if following pariksha is considered, patients get good relief with Ayurved chikitsa (treatment).

Rogi (Rugna) pariksha (Kushvah 2012b)

Rogpariksha (Kunte 2005b)

In daily practice Ayurvedacharya (Ayurved-practitioner) consider following points for Rogi and Rogpariksha.

#### A. Rogipariksha- should consist of

1. Vaya (age) (Kushavaha 2012c)- Balyavastha (childage)/ Tarunyavastha (young age)/ Vriddhavastha (old age)

It is helpful to decide the dosha, hetu (causes), drugs and dose of drugs. Eg. Balyavastha, due to excessive intake of milk kaphaj and krumijanya vyadhi (parasitic diseases) are more common.

In Tarunyavastha, due to irregular diet, more travelling, excessive intake of any rasa (taste eg. pungent, salty etc),spicy food and habits like smoking, alcohol consumption pittajvyadhi (Gastritis, ulcers etc) are more common.

In Vriddhavastha, dhatukshaya due to chronic diseases, agnimandya (loss of appetite) weight loss, sleep disturbances, stress etc. Vatvyadhi are more common.

2. Prakriti (Kushvaha 2012d) (vataj/ pittaj/ kaphaj / vatkaphaj/ vatpittaj/ kaphapittaj / tridoshaja etc)-

One can select drugs, dosage and duration of the drugs according to Prakriti. For example - Longterm use of Sneha (oil) chikitsa in kaphprakriti, Ushna (hot) chikitsa in pittaprakriti and Ruksha (dry) chikitsa in Vataprakriti may lead to bad progress in vyadhiavastha.

e.g. A 27 years old female patient of pittaprakriti married 3 yrs ago. She was suffering with Gridhrasi (Sciatica) and was treated with Rasnasaptakkwatha. She was unable to conceive. Also suffering from burning micturation and leucorrhoea. For that

she was treated with shaman chikitsa ghrhitpana (snehpana) and mruduvirechana(mildlaxative) with avipattikar churna. Then she got conceived and Gridhrasi was also relieved. Here the result was seen due to ushna and sheet vyattysat chikitsa (hot and cold alternate treatment). One can give Rasana saptak kwatha for long duration in vat kaphprakriti than pittaparakriti.

We need to inform in the beginning itself a patient of vatprakriti desiring weight gain that it is difficult for him to gain weight because of his prakriti.

3. Aahar (diet) (Kunte 2005c)- Many types of diet such as vegetarian, non-vegetarian, chinese, Punjabi snacks, refrigerated items, milkshakes, cold-drinks, milk products, bakery products, having milk with meals, irregular intake of madhur (sweet) amla (sour) and lavan (salty) katu (pungent) rasa. Non proportionate intake of water, Drinking more tea and coffee ,all these work as viruddhaahara i.e. vyadhihetu. This type of diet is not proper diet. Proper diet (aaharvidhividhan) is quoted in Charaksamhita (kushvaha 2012e.). Improper diet causes vitiation of dosha. All these with Vyasana are more important in amanirmiti leading to vyadhisamprapti (pathophysiology). Example, a family consuming milk with khichdi for dinner daily is prone to kushtha (skin disease).

4. Vihara- Daily travelling in all age groups, more use of AC, Cooler, working near heat in factories and more exposure to sunlight in farmers and street vendors, night duties, shifting duties working in damp/wet conditions etc are the causes of diseases due to vihara. For example one young male patient of Mandal Kushtha (Psoriasis) working as Gondhali (night singer) the hetu observed was daily divaswap (sleeping at daytime) and jagaran. In computer users and tailors, neck and back pain is observed more.

5. Bala (strength) (Kunte 2005d)- Alpa (minimum)/ Madhyam (medium)/ Uttam (optimum) bala. Alpabala with mridukoshtha the matra of virechanadravya is alpa.

e.g. a female patient 24years old without any snehapaan had 20 malapravruttivega(loose motions)with 5gm avipattikarchurna (Shatri p922) Same dose having no result in others. For Uttambala aushadhimatra is also uttam.

Upchaya- Krisha (thin), madhyamand sthula (obeys).

Krisha patient – mostly shaman chikitsa is advised.

Madhyam- can give shaman with shodhan.

Sthula- can give shodhan in some conditions with shaman chikitsa.

6. Agniparikshan (Kunte 2005e)- (Manda/ Vishama/ Tikshna Agni.)

Doshdushti can be recognized depending on which guna (quality) has caused Agnidushti. Many times in menopausal age group agni is tikshna. The symptoms seen are hastapaddaah (burning) netradaah, Atyartav (menorrhgia) etc. In mandagni shoth (oedema) and Pandutva (pallor) are main symptoms. In agniparikshana some patients describe good appetite but on examination samata (improper digestion) is seen. Many times patients take food only to follow regular timings without having good appetite leading to aamnirmiti. Due to samata mukhashosha (dryness of mouth) occurs and patients take more intake of water. Here agnidushti is due to ruksh guna of vata and ushna guna of pitta.

Along with above priksana Krimi Itihas (History of worm) is also important in vyadhinidana (diagnosis) and chikitsa (treatment).

A thin diabetic Female patient of 30 yrs in IPD taking Injection Mixtard insulin daily complaining loose motions. Suspecting krimi mala parikshana was done, multiple pieces of Tape worm were found. After that, krimighnabasti, abhyantar krimighna chikitsa of Acharya Charaka was given. Then paralyzed thread like Tape worm was removed manually. She was suffering from Apatarpanjanya (deficiency) Prameha (DM). Here Krimichikitsa is more useful in vyadhichikitsa.

Ashatavidhpariksha (Nadi, Mala, Mutra, Jivha, Shabda, Sparsha, Drik, Aakriti) described by 'Aacharya Yogratanakar' is one among the methods of Rogi-pariksha.

Basic vyadhichikitsa depends on sam and niramavastha of dosha. Nadi (pulse) pariksha is used to determine doshavastha and cardiac activities. Mala (stool), Mutra (urine), Jivha (tongue), Shabda (voice), Sparsh (touch) and Aakriti give knowledge of sam and niramavastha of dosha..

### **B. Rogpariksha-**

Rog- Nava (acute), Jirna (chronic) vyadhiavastha.

Sadhyasadhyata (prognosis) of vydhi is considered according to vyadhiavastha.

Charak Acharya mentioned Shwitra is asadhya after one year (Kunte 2005f).

For jirna awastha shodhana is required.

Kulvritta (family history) is essential to know vyadhibala and sadhyasadhyata.

'Aacharya Sushruta' (Dalhana2006) mentioned Shatkriyakaal is also important in Rog and Rogiparikshan and for management of dosha. One can decide dushta strotasa (systems) with the help of Shatakriyakala. For dushtadosha sthanivat upacharet (chikitsa). According to lakshana (symptoms), doshawastha is diagnosed eg. Chayakaranvidweshha, chikitsa is Nidanparivarjan. In Bheda awasthadoshaja vyadhilakshana are present and it can be

asadhyaavastha. Chaya, prakopaavastha - sadhya, Prasara, vyaktiavastha-krichrasadhya. Nidanpanchak (Vyadhihetu, purvarup, rupa, upshayanupashay, samprapti), vyadhimarga, doshagati are mentioned in Samhita for Rogpariksha and management of vyadhi.

According to Upashaya/ Anupshaya chikitsa, one can predict dosha and vyadhi awastha. eg vataj-upashaya with sneha, samkaph anupshaya. Parikshana of Santarpan/ Apatarpanjanyavyadhi is also needful in chikitsa. In Santarpanjanyavyadhi Apatarpanjanyachikita. In Apatarpanjanyavyadi Santarpanjanya chikitsa is useful. Arishtalakshana parikshan is for prognosis of disease.

### **The following investigations for diagnosis of Vatvyadhi.**

Dhatukshayajanya Vatajprakar/ sandhigat vat-Haemogram,

Samavastha of dosha- ESR, R.A. Factor, Uric acid, ASO Titre, C- reactive protein, Urine routine microscopic, serum calcium, BSL, Joint X -RAY, MRI

Pakshaghat –CT scanning

Koshtashritvyadhi-- Scopy, USG etc related to the patient.

### **Ayurvedic management of Vatvyadhi-**

Guidelines of management of vatvyadhi mentioned by Aachararya in Samhita.

According to Charakacharya (pp7,8) Mandagni due to mithyaaaharvihara is the main cause of Samprapti (pathophysiology) of Vatvyadhi. According to other pathies more intake of water, proteins, vitamins are useful for healthy body. But Ayurveda Samhitakara mentioned Dincharya, Ritucharyaand Prakritiwiseaahar and vihara for healthy body. Pathyapathya according to vyadhi is also mentioned by Ayurveda.

In Samavastha due to jatharagni and dhatwagnimandhya Langhan i.e. Apatarpan is useful for aampachana and agnideepana. Laghu, Bharjit (fried) aahareg Laja, Peya, Manda, Vilepi, Yusha (Charaksutrasthana 22, 23, 27) can be used. Aaharsevankala, Aushadhasevankala mentioned by Ashtang Hridaya sutrasthana 12 with Anupana also inform to the patient. We need to inform take food only after diagestion of first food, when kshudhavega arises.

Malanulomana (complete evacuation of bowel and urine etc) - Due to anulomana, vatadoes proper functions. Shoola lakshana aggravates due to vatavrodha (obstruction), relieved with vatanulomana.

e.g. Katiprushtashoola (lumbar, backache), Sandhigata (joint pain), aamashayagat (stomachache), pakwashayagat (colicy pain) aadivata also causes supti (numbness), sthambha (straightening), dah, chimchimayana

(tingling), etc. Aftermalanulomana with Gandhrvaharitaki/ dugdha with goghrot/ erandasneha (Castor oil)/ drakshasidhaghrita according to awastha help to relieve that lakshana.

Kashayakalpana- Fresh kashaya made by bharada like Guduchi, Punarnava, Rasna, Devdaru with Sunthi churn(powder) prakshep or with sunthisidha erandatail prakshepa according to patient is given with proper dose and kala. It plays important role in samawastha for upashama. Rasnapanchak (Shastri A)/ RASNASAPTAK, (Bhaishajya Ratnavali 26/69) Punarnavadikashaya etc are also useful. For Niramavastha Ashwagandha, Shatavari, Yashti, Gokshur, Bala can be used with above dravya. Rasayanchurna with Goghrot and Madhu is very useful in dhatukshayajanyaavastha. In Raktapittanubhandhivata Triphala, Mustha, Nimbbaadidravya for pachana are useful.

Vatvyadhi can be treated with chikitsasutra of aamdosha, aavruttavata and Gulma mentioned in Charaksamhita.

Essential guggulakalpa can be given according to doshavastha.

In Vatajshool- Yogarajguggulu (Bhaishajya Ratnavali), Trayodashangaguggulu

Pittajshool- Triphalaguggulu, Kaishorguggulu etc.

samavastha- Simhanadguggulu, Rasnadiguggulu aadi drugs are useful. The dependence on steroids and painkillers becomes negligible.

In Bahu (excess) dosha, niramavastha of dosha with uttam rugnabala and shodhaniyaavastha of vyadhi, Shodhana was given. Recurrence of vyadhi occurs due to giving only Shamana chikitsa in Shodhaniyavyadhi. Bastichikitsa, Bahyaabhyantarsnehana, Murdhnitaila were used. Mostly matrabasti with Narayantaila, Balaguduchyaditaila, Balataila, Sahacharadi taila etc are given according to awastha. Nasyachikitsa in Ardita (facial palsy), Avabahuk (frozen shoulder), Manyasthambha (cervical spondylosis) etc gives best result. Rugnaparikshana doing thoroughly gives line of treatment up to apunarodbhava (complete cure) of vyadhi.

### Conclusion

Rogipariksha and Rogpariksha doing thoroughly, give line of treatment up to apunarodbhava of vatvyadhi. Vatvyadhi (MSDs) can be cured with Ayurvedic management without any other bad effects on body.

### Table1-The Properties of the Drugs according to Ayurveda and Chemical Composition

Dravya Name	Latin name	Part Used	Rasa	Guna	Virya	Vipaka	Doshagnata/rogghnata/karmukta	Chemical Composition
Guduchi	<i>Tinospora cardifolia</i>	Stem, leaf, arial roots	Tikta Kashay	Guru, snigdha	Ushna	Madhur	Tridoshahara, medhya, rasayan, deepaniya	Diterpenoid, tinosporide, betasitosterol, glycosider
Ashwagan dha	<i>Withania somnifera</i>	root, leaf	Katu, tikta, Kashay	Laghu, snigdha	ushna	Katu	Kaphavathara, balya, shukravardhak, rasayan, vataghna, deepan, bruhaniya, nidrakar	Alkaloids, isopilletierine, anferine, bitter alkaloids with some hypnotic activity
Sunthi	<i>Zinzipber officinale</i>	Rhizome	Katu	,laghu snigdha	Ushna	Madhur	Vatakaphaharade epan, aadhamana, shulahara, pandu	12% yellowvolatileoil,gingerol,gingesin,carbohydrates,
Musta	<i>Cyperus rotundus</i>	Tubers	Tiktkatu, kashaya	Laghu, ruksha	Sheeta	Katu	Kaphapittahara, dipan, pachan	Cineol, copadienecyperen1&2
Punarnava	<i>Boerha diffusa</i>	Whole plant, leaves, roots	Madhur, itkta, kashaya	Laghu, ruksha	Ushna	Katu	Kaphavathara, sothahara, dipan	Hentriacontane, betaitosterol, oxalikacid, dglucosepunarnavoside
Rasna	<i>Plushea lanceolata</i>	Leaves	Tikta	Guru	Ushna	Katu	Kaphavathara	Protein,pluchine,flavonoids,quercetin and isorrhamentin,
Devdaru	<i>Cadres deodara</i>	Bark, heart wood oil, leaves, resin	Tikta, katu, kashay	Ruksha,laghu	Ushna	Katu	Kaphavathara, dipana, kasahara, mehaghna, antiinflammatory	Dark colouroil, resinmethylacetophenone, atlantone, deodarin, toxifoline
Erand	<i>Ricinus communis</i>	Root leaf seed oil	Madhura katu kashaya	Snigdha tikshna, sukshma	Ushna	Madhur	Vatahara, rechana, vrushya, angamardaprashama	Ricininelupeol, lipids, phosphatides
Gokshur	<i>Tribulus terrestrics,</i>	Fruit, root	Madhur	Guru, snigdha	Shita	Madhur	Vatpittahara, mutrala, rasayana,balya, deepan, vrushya, keshavardhana	chlorogenin, diogeningitogenincamp esterol, astragalin, dioscin
Guggul	<i>Commifera mukul</i>	Oleo resin/gum	Tikta katu	Laghu, ruksha, sukshma	Ushna	Katu	Tridoshahara, rasayana, vrushya, lekhan, bhagnasandhankrita, balya, deepan	Oleoresin, z-gugguisterane, e-guggulsteron, guggulighans 1,2 guggulu mukulo
Yashti-madhu	<i>Glyserrhiza glabra</i>	Root	Madhur	Guru, snigdha	Shit	Madhur	Tridoshahara, rasayana, vrusha, medhya, vedanahara	Glyserrhizin, glycerhizenicacid, isoliquiritin

Haritaki	<i>Terminalia chebula</i>	fruit	Tikta Madhur Amla katu, kashay	Laghu, ruksha	Ushna	Madhur	Rasayan, treatment of allergic conditions, powerful eye tonic, helpful in treatment of uti, reduces inflammation, anuloman, deepan	20 to 40% of tannin, betasitosterol, anthraquinones.
Bibhitak	<i>Terminalia bellirica</i>	Fruit	Kashay	Ruksha, laghu	Ushna	Madhur	Kaphapittashama k, kasnashak, bhedan, kruminashan	Tannins, ellagicacid, glucose, fructose
Amalaki	<i>Emblica officinalis</i>	Fruit	Madhur, amla, katu, tikta, kashay	Laghu, ruksha	Sheet	Madhur	Tridoshar, vrushya, rasayan, vayasthapan, chakshushya.	Tannins, phyllemblicacid, phenolic compounds

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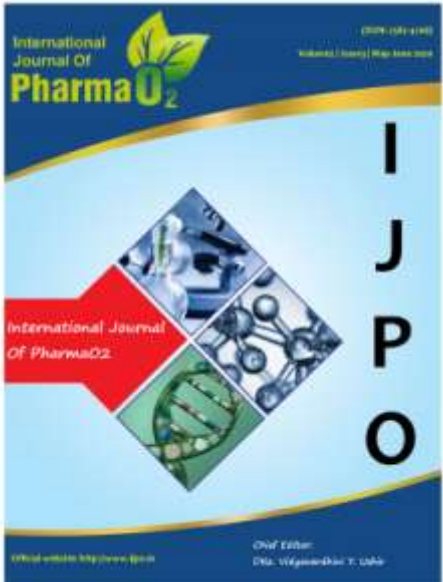
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