

THE CONCEPTUAL ANALYSIS OF VATAVYADHI IN MODERN PERSPECTIVE VIEW-A REVIEW

Dr. Sonali Maknikar^{1*}, Dr. Swapnil Padte² and Dr. Ankush Gunjal³

¹PG Scholar, Department of Kayachikitsa Smbt Ayurved College, Dhamangaon, Nashik.

²Guide, Professor, Department of Kayachikitsa, M.D, PHD(Scholar), Smbt Ayurved College Dhamangaon, Nashik.

³Associate Professor, Department of Kayachikitsa, Smbt Ayurved College, Dhamangaon, Nashik.

Article Received on
22 Sept. 2020,

Revised on 12 Oct. 2020,
Accepted on 02 Nov. 2020

DOI: 10.20959/wjpr202015-19219

***Corresponding Author**

Dr. Sonali Maknikar

PG Scholar, Department of
Kayachikitsa Smbt Ayurved
College, Dhamangaon,
Nashik.

ABSTRACT

Vata vadyadhi is one among the three dosha, it is a prime driving force behind all the body activities. When vata gets disturbed all the events in the body and cause many sort of damage and disease. "Vata Vdyadhi is a set of disease caused by vitiated vata. It is dominant in old age but in present time due to fast and busy life, stress, prolonged sitting posture in working place, dietary habits, working late night, improper sleep etc. Vata gets aggravated even in young individual. In Ayurvedic classics, number of references are found where a detailed description of vata is given, Where an attempt has been made to correlate the concepts of vata vyadhi With the disease of modern medicine. This can help to

understand the vatavyadhi more clearly in modern scientific aspects and in turn Help to improve the treatment procedure and preventive aspects.

KEYWORDS: vatavyadhi, vata, Ayurveda, Dosha.

INTRODUCTION

Vata is one among the three doshas. It is a prime driving force behind all the body activities. The activities of pitta, kapha, dhatus (tissue) and malas(excreta) are all dependent on vata. Tridoshas, which are vata, pitta and kapha are called as the Tristhuna by Acharyas.^[1] It is also said that pitta and kapha are pangu (lame) without the involvement of vata.^[2] Sushruta has called it as "Swayambhu bhagwana".^[3] Vata vyadhi gets the prime importance in ayurvedic

classics, through it was prevalent in ancient time but these days this is increasing with rising of technology.

It is dominant in oldage but in present time due to fast and busy life, stress, prolong sitting posture in working place, dietary habits, working late night, improper sleep etc. vata get aggravated in young individuals.

Where an attempt has been made to correlate the concept of vata vyadhi with the disease of modern medicine. This can help to understand the vata vyadhi more clearly in modern scientific aspects and it turn help to improve treatment procedure and preventive aspects

AIM AND OBJECTIVES

AIM: To understand and correlate the vatavyadhi in modern medicine.

OBJECTIVES

To understand vata vyadhi in modern perspective view which in turn help to improve treatment procedure and preventive aspects.

To correlate vata vyadhi with disease of modern medicine.

To understand vata vyadhi more clearly in modern scientific aspects.

MATERIAL AND METHOD

This paper is based on review of Ayurvedic and modern text.

Material related to vata vyadhi and its modern correlations collected to the utmost.

References are taken from Charaka samhita, Sushruta samhita, Asthang hridya and modern medicine books.^[4,5]

NIDANAS OF VATAVYADHI: nidan sevan lead to the viatition of vata.

Viharaj hetu

1. Aiyana (Excessive Exercises)
2. Ativyavaya (Excessive Sexual activities)
3. Atilanghana (fasting)
4. Ratrijagran (awakening late night)
5. Atiadhyaayan (excessive study) etc.

Aharaj hetu

katu, tikta(bitter), kashya(astringent), ruksha(dry), sheeta(cold), sushka(dry vegies), masur(lentil seeds), Anashana, Adhyashana (taking meal before digestion of previous food, vega dharana.

VATA VRIDDHI LAKSHANA

1. Sankocha, stambhana of joints and shoola in joint as well as in bone.
2. Toda vat vedna(pricking pain), bheda vat (breaking pain).
3. Romaharsha, pralap.
4. Pangulya(total paralysis of limbs).
5. Sosha (atrophy) of involved parts.
5. Anidra(insomnia).
6. Gatara suptata(numbness)/ malaavarodha.
6. Bala indriya bhramsa (loss of strength and sensory function).^[6,7]

The lakshanas of kshina vata are- Angsaada(weakness), alpa bhasan (decrease speech), alpa sangya (decrease conscious), moha (delirium)^[8] (A.H/Su/11/15)

ANALYSIS OF GUNA OF VATA^[9]

- 1) **Laghu(light):** predominancy of vayu and agni mahabhoota, possesses tikta (bitter), lavana (salty) and katu (pungent) rasas, produces lightness,decrease of strength, its is responsible for increase pravritti.It is responsible for atrophy disorder. Eg.kampa, spandana.
- 2) **Ruksha (dry):** predominancy of vayu and agni mahabhoota, possesses katu, tikta and kashaya (astringent) rasas .produce rukshata,kathinyata (hard),stambhana.
- 3) **sheeta(cool):** predominancy of vayu and jala mahabhoota, possesses tikta(bitter), madhu it causes stambhakarak(stiffness),agnimandya.
- 4) **sukhma(subtle):** it possesses agni, vayu and akasha mahabhoota, produces it enter into minute channel in the body it causes stiffness etc.
- 5) **chala(movement):**the main function is anuloman.
- 6) **vishada(non slimy):** predominancy of prithvi, vayu, agni and akasha and function are shosshan(absorption), ropan(healing), balakshaya.
- 7) **Khara (rough):** produce rough, dryness, aptarapan(lightness in the body, lehana.

COMPARISON WITH MODERN MEDICINE

1. Disorder of joint and adjacent tissue^[10]

Musculoskeletal disorder^[11]- shoulder, knee, hip pain

Asthi sosha – osteoporosis

Asthibheda- fragility of bone

Avabhahuka- frozen shoulder.

Asthishoola- ostealgia

2. Nerve and muscle disease^[12]

Peripheral neuropathy- muscular dystrophies, muscle weakness, myalgia, cramps, stiffness, restless leg.

3. Neuropathic pain- burning /pricking/tingling sensation.

4. Disorder of bone and mineral metabolism^[13]- osteoporosis/fragility.

5. Nervous system dysfunction^[14]- dizziness /vertigo/weakness/paralysis/numbness.

NEUROLOGICAL DISORDER RELATED TO CRANIAL NERVE IN SHORT^[15]

Olfactory nerve- Anosmia can be correlated with vatavyadhi Ghrananasha.

Optic nerve-optic neuritis, papilloedema can relate with Akshibheda, netrashoola.

Oculomotor- ptosis can relate with Unmesha Nimesha Due to vayu prakop.

Trigeminal- mixed nerve cause vata vyadhi like Hanustamba, manyasthamba, shankhabheda.

Facial nerve- facial palsy with Ardhit.

Auditory-tinnitus(shabdnaad), giddiness(bhrama), deaf(badhirya).

Glossopharyngeal nerve- loss of taste (arasagyata).

Other comparable disease

pakshavadha (hemiplegia), pangulyata(paraplegia), kampavata(parkinson), Gridhasi (sciatica), akshepaka(convulsion), Grivahundana(cervical spondylitis), Apatanaka(tetanus), Apatantraka(hysteria).

CONCLUSION

From above explanation it is said that vatavyadhi can be correlated with disease of nervous system including musculoskeletal and neuromuscular disease.

This understanding can further help a physician to diagnose as well as treat a disease more efficiently.

REFERENCES

1. Kaviraja Ambikadutta Shastri, Sushruta Samhita of Maharshi Sushruta, edited with Ayurveda Tattva Sandipika, (Su:Su:21:3), pg 112.
2. Acharya Sarangadhar, Sarangadhar Samhita, dr. Smt. Shailaja Srivastava, Chaukhambha Orientalia, fourth edition: 2005, Purbakhanda, Dwitiya adhyaya, shloka no.8-2,9-1, pg 16.
3. Kaviraja Ambikadutta Shastri, Sushruta Samhita of Maharshi Sushruta, edited with Ayurveda Tattva Sandipika, (Su:Ni:1:5),pg 215.
4. Vidyotini, Charaka Samhita, Chaukhambha publisher, reprint 2008, (Ca:Chi:28:15-18), pg 779.
5. Kaviraja Ambikadutta Shastri, Sushruta Samhita of Maharshi Sushruta, edited with Ayurveda Tattva Sandipika, (Su:Su:21:19), pg 117.
6. Vidyotini, Charaka Samhita, Chaukhambha publisher, reprint 2008, (Ca:Chi:28:20-23), pg 780.
7. Kaviraja Atrideva Gupta, Aatanga Hridaya of Vagbhata, Chaukhambha prakashana, reprint 2012, (A.H:Su: 12:24-27), pg 123.
8. Kaviraja Ambikadutta Shastri, Sushruta Samhita of Maharshi Sushruta, edited with Ayurveda Tattva Sandipika, (Su:Su:15:18), pg 78.
9. Kaviraja Atrideva Gupta, Aatanga Hridaya of Vagbhata, Chaukhambha prakashana, reprint 2012, (A.H:Su:11:15), pg 116.
10. Dr. Shiv Charan Dhyani, Dravyaguna Siddhanta, dwitiya khanda, pg 69,71, 74,78, 80,81.
11. Harrison's Principles of Internal Medicine, 17th edition, part 14, section 3, chap 325, pg 2149.
12. Harrison's Principles of Internal Medicine, 17th edition, part 16, section 3, chap 8.
13. Harrison's Principles of Internal Medicine, 17th edition, part 15, section 2, chap 348, pg 2397.
14. P.C.Das, P.K.Das, Text Book Of Medicine, chapter 10, pg 373-382.
15. P.C.Das, P.K.Das, Text Book Of Medicine, chapter 10, pg 373-382.