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### WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

Volume 13, Issue 16, 754-759.

Case Study

ISSN 2277-7105

## MANAGEMENT OF VATARAKTA BY BASTI CHIKITSA- A SINGLE CASE STUDY

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Article Received on 23 June 2024,

Revised on 13 July 2024, Accepted on 03 August 2024

DOI: 10.20959/wjpr202416-33496



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#### **ABSTRACT**

Ayurveda has always emphasized maintaining the health and prevention of diseases by following a proper diet and lifestyle regimen rather than treatment and cure of the diseases. In Chikitsa sthana of Charak Samhita and in other samhitas too the disease Vatarakta is explained. Vatarakta is a disease involving Vata Dosha imbalance and Rakta Dhatu dushti.

KEYWORDS: Vatarakta, Basti, Niruha, Anuvasan.

#### INTRODUCTION

As explained above in Vatarakta Vayu gets aggravated due to long distance rides on animals or vehicles and on the other hand Rakta gets vitiated by the consumption of Lavana, Amla, Katu rasasevan abhighat(trauma), viruddha bhojan etc. The Vata, whose passages are blocked by Rakta further undergoes vitiation and further contaminates the Rakta or blood. This vicious amalgamation of vitiated Vata and Rakta is called Vatarakta.

The nomenclature of the disease is very important for easy identification and understanding of a particular disease. According to Acharya Sushruta, the vitiated blood is combined with greatly aggravated Vata, which is very predominant; the disease is called as Vatarakta. (Su. NI. 1/44) In pathology of Vatarakta both Vata and Rakta are equally responsible. Beside this,

Vata is more predominant because Vata is Dosha and Dosha is independent than that of Dushya so, due to predominance of Vata this disease named as Vatarakta not Raktavata.

#### AIMS AND OBJECTIVES

To reduce the signs and symptoms of Vatarakta.

To treat Vatarakta disease from it's root cause by ayurvedic shaman and shodhan chikitsa.

#### MATERIAL AND METHODS

#### **Materials**

Shodhan chikitsa

Yogbasti chikitsa for 8 days- alternate Anuvasan and niruha basti was administered to patient.

#### Anuvasan Basti- Tiktak Ghrita 60ml

#### Niruha Basti- Matra 700ml

Niruha basti with kwath of following dravyas

Bala, Guduchi, Aragwadh, Palash, Patha, Traymana, Laghupanchamoola.

Basti Samyog

Madhu 50g

Saindhav Lavana 5g

Til Tail 50ml

Kalka- Shatapushpa kalka 10g

Kwath 600ml.

**Methods:** Patient was selected from OPD of panchakarma department of our hospital.

#### CASE PRESENTATION

A 48 year old female having Swelling over left ankle joint reported to Panchakarma OPD with following complaints

- Vam Gulpha Sandhi shoola shotha, sthanik daha prachiti, raktima
- Dakshin hasta Madhyama anguli shotha evam vakrata
- Sarvanga graha
- Daurbalya
- Hasta paad tala daha

#### **Associated Complaints**

• Urodaha, Adhmana.

#### **History of Present Illness**

A female patient aged about 48 years having above complaints for almost 5-6 months. She was asymptomatic 7-8 months ago. But she has got Chikungunya 8 months ago and had complaints like Severe fever, Joint pain, headache and fatigue. After the recovery of chikungunya the symptoms like joint pain and swelling gets worsen day by day. So she took some allopathy medicines for about 3-4 months. But she didn't get relief so she visited for Panchakarma department.

Name- XYZ

Age - 48 years

**Occupation** – Housewife

Marital status - Married

Height – 148 cm

Weight -50 kg

**Appetite-** Kshudhamandya

**Menstrual history** –2-3/32days Regular

**Bala** – Madhyam

**Bowel habit** – Regular

**Sleep** – Sound

Addiction- none.

#### **On Examination**

PR - 80/min

BP - 130/80 mmHg

SpO2 – 98% on Room air

RR - 19/min.

#### **Systemic Examination**

RS – air entry bilaterally equally heard

CVS- S1 and S2 heard, no added sounds

CNS – conscious and oriented to time, place, person

P/A – soft, non-tender.

Table 1: Showing the Ashtavidha Pareeksha.

Bhava	Parikshan
Nadi	80/min vatpradhan
Mala	Samyak
Mutra	Prakrit
Jivha	Alpa Saam
Shabda	Prakrut
Sparsha	Anushna
Druk	Prakrut
Akriti	Madhyam

#### **Local Examination**

After examination of swelling following observations were noted

Non pitting oedema

Local rise in temperature

Slight redness

Restriction in movements.

#### **Investigations**

Sr. Uric acid 9.2mg/dl

RA Test- negative.

#### **Treatment Given**

#### 1) Shodhan Chikitsa

Yogabasti Kram was given as mentioned above.

#### 2) Upakrama

#### A) Sukhoshna Dhara swedan

Sukhoshna kwatha dhara with Laghumanjishthadi Kwath for 4 days followed by Sukhoshna kshirdhara with Laghumanjishthadi siddha kshir for 4 days.

#### B) Lepa

Gruhadhumadi Lepa (Gruhadhuma, Vacha, Shatavha, Kushtha, Haridra, Daruharidra).

#### 3) Shaman Chikitsa

Sr. no.	Aushadhi	Matra	Sevan kala
1	Kaishor Guggul	250mg	Vyanodan
2	Laghumalini vasant	250mg	Vyanodan
3	Rajani yoga	250mg	Vyanodan

4	Kokilaksha kashay	20ml	Vyanodan
5	Avipattikar churna	5g	Nishi kala

#### **OBSERVATIONS**

Sr. no.	Symptoms	Before treatment	After treatment	
1	Vaam Gulpha Sandhi shoola shotha, sthanik daha prachiti, raktima	+++	+	
2	Dakshin hasta Madhyama anguli shotha evam vakrata	+++	+	
3	Sarvanga graha	+++	-	
4	Hasta paad tala daha	+++	ı	
5	Daurbalya	+++	-	
(111) savone presentation of symptoms (11) moderate presentation of				

(+++) severe presentation of symptoms, (++) moderate presentation of symptoms, (+) Mild presentation of symptoms, (-) no symptoms)

#### **RESULTS**

#### **Before Treatments**



#### **After Treatment**



#### **DISCUSSION AND CONCLUSION**

- In Vatarakta vyadhi Vatanulomana and Raktaprasadan are main line of treatment. Also basti is choice of treatment in Vatarakta
- In Anuvasana basti we used Tiktak Ghruta which will be Vatanulomaka and Raktaprasadak in nature. And also by considering her past jwara history it will be helpful to compensate post jwara effects.
- In niruha basti we used drugs like Guduchi, palash, patha. Among them guduchi is best drug of choice for Vatarakta disease and other dravyas are also Raktaprasadak. Along with them aragwadha and Traymana dravya will do anulomana and pitta rechan.
- So this treatment was found to be effective while treating this case.

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