

**A CASE STUDY ON AYURVEDIC MANAGEMENT OF KAPHAVRITA  
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Pune.**ABSTRACT**

Avarana is one of the most difficult to understand concept in Ayurveda. Avarana is one of the mechanisms mentioned in the science of Ayurveda to explain the pathogenesis of disease particularly due to vitiation of vata. In kaphavrita vata as per Ayurvedic text mentioned symptoms can be seen in patient. According to Upashaya-Anupashaya of treatment one can decide the protocol of treatment. The various stages of disease get better explained by the different types of Avarana. As the principles of management are different for various Avarana, the protocol varies as per the stage of condition. So diagnosis of Avaran is important.

**INTRODUCTION**

All the function in the body is controlled by three fundamental factors called Tridoshas. As per Ayurveda they are pillars of the body. They all in equilibrium and located in their places perform their normal functions by which body is sustained free from disorders. any disturbance to their equipoise state leads to disease. Among these three doshas Vata has very much significance.

**आवरण- वेग प्रतिबन्धम्॥****च.चि. 28/59 चक्र टिका****आवृत्य अवरुन्धयेत्यर्थः॥****सु. नि 1/85**

When increased Pitta, Kapha, Dhātu or Mala obstructs the pathway of Vata leading to its Prakopa then this condition is termed as Avarana of Vata.

It is the process of obstruction or inhibitions of movements, or entrapment of Vata.

शैत्यगौरवशूलानि कट्वाद्युपशयोऽधिकम्॥६२॥

लङ्घनायासरूक्षोष्णकामिता च कफावृते।

च.चि 28/62

In Kaphavrita Vata –Vata is obstructed by Kapha and produces symptoms like coldness, heaviness in body and pain. These symptoms reduce on consumption of Katu, Amla, Lavana Rasa, Ushna Aahara. There is inclination to eat such food. There is desire to starve, exercise. Here the excessively increased strong Avaraka suppresses the normal action of Avrita.

Therefore, when the obstruction is severe it may lead to the Prakopa of Vata resulting in presentation of Vata vitiated symptoms as well its disorders. Diagnosis of Avarana is made with the help of Nidana, Lakshana, Upashaya-Anupashaya method.

## AIM

Ayurvedic management of Kaphavrita Vata.

## OBJECTIVES

1. To study ayurvedic line of treatment of Kaphavrita Vata.
2. To study nidanapanchaka of Kaphavrita Vata.

## PRESENT COMPLAINTS

B/L Lower limbs edema

Restricted movements of left hand and left leg Weakness in left hand and left leg

Slurred speech

Tingling sensations in left leg

H/O- Self fall at home (more than 10 times)

## HISTORY OF PRESENT ILLNESS

A 52year male patient came to opd on 29/03/2022 having above mentioned complaints. Patient had a history of stroke (left MCA infarct) in feb 2022 for that he admitted in Seth Tarachand Ramanath Charitable Ayurvedic Hospital, Pune but due to his personal reasons he discontinued the treatment. After that on 27/3/2022 he again starts suffering from above mentioned complaints so he admitted in S.R.T.H for further treatment.

**K/C/O**

- HTN since 10 years

Tab Metoprolol- 1 O.D

Tab Osarten 20- 1 B.D

Tab Preva AS 150- H.S

- DM since 14 years

Inj Actrapid 20 units T.D.S.

Inj Glargine 30 units H.S.

Tab. Glycomate GP2 B.D

Tab.Vobet R T.D.S

Tab Vilda M O.D

- Left MCA infarct in 12/2/2022

**S/H/O-** CABG- in 2021

**FAMILY HISTORY-**

Father- DM

**INVESTIGATIONS**

On 29/3/2022

Hb-10.8

RBC-4.07

WBC-8400

PLATELETES-1.63

N-65, L-32, E-02, M-01, B-00

BSL (R)- 130 mg/dl

BUL- 34

Sr. Creatinine- 1.3

Sr. Electrolytes- Na<sup>+</sup> - 129, K<sup>+</sup> - 2.27, Cl<sup>-</sup> 98

**MRI BRAIN**

Multifocal acute infarcts involving right capsuloganglionic region, left fronto parietal and parieto occipital lesions.

Chronic lacunar infarcts in left fronto parietal and parieto occipital regions.

Diffuse age related cerebral atrophy with bilateral minimal periventricular small vessels ischemic changes.

Complete occlusion of left extracranial and intracranial ICA, left MCA and its branches.

#### COLOUR DOPPLER STUDY OF BOTH CAROTID ARTERIAL SYSTEM WITH DYES

Eccentric atherosclerotic fibrous plaque in left carotid bulb extending into proximal ICA causing approximately 57-60% luminal narrowing (moderate stenosis).

There is increased in PSV with aliasing in this segment of proximal ICA. No significant stenosis on right ICA and CCA.

#### PHYSICAL EXAMINATION AND CLINICAL FINDINGS

1. Prakruti- Kapha pradhana Vatanubandhi.
2. Sharira bala-Uttama
3. Akruti- Madhyama
4. Doshabala-Leenadoshavstha
5. Agni- Agnimandya
6. Koshtha- Madhyama
7. Jivha- Eshata sama
8. Mutra- 4-5 vega per day, 2-3 vega nakta(per night)
9. Mala- Malavashtambha, once a day, styana, unsatisfactory
10. B.P. -140/80 mm of hg
11. Pulse-87 per min.

#### HETU

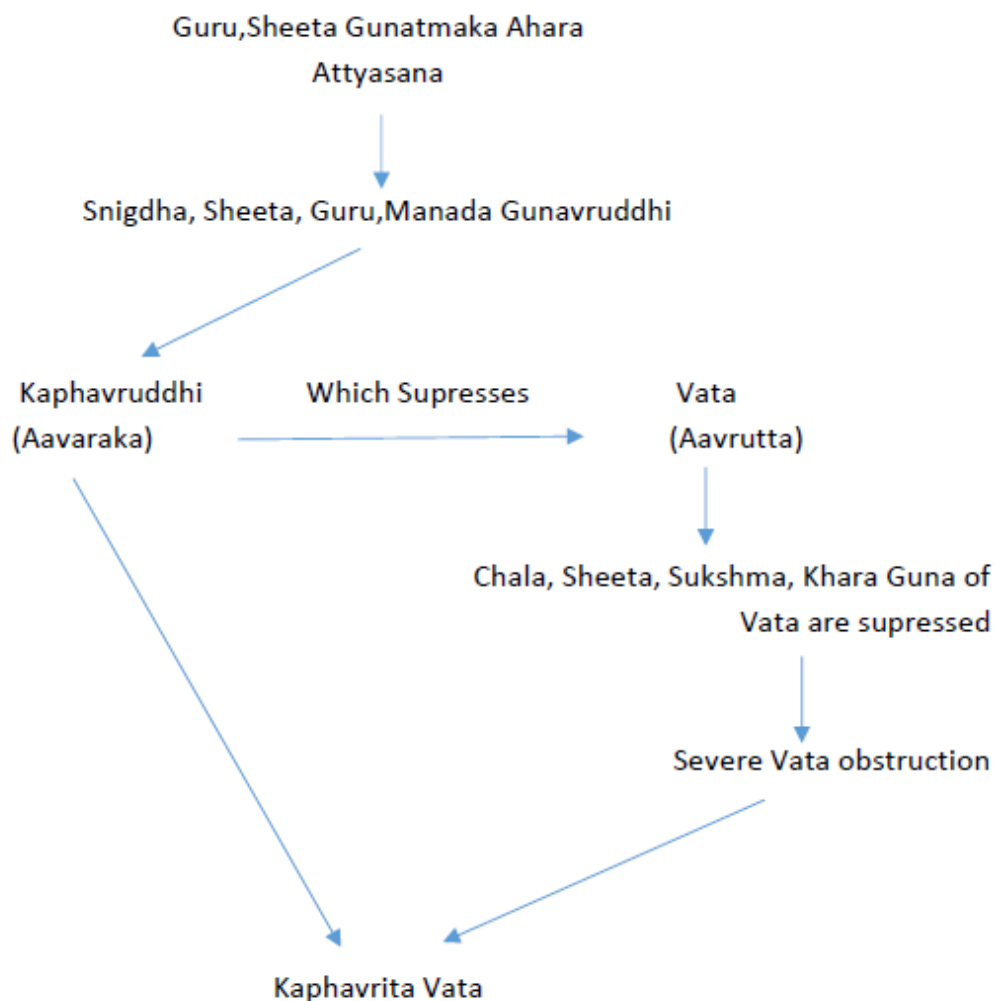
- Aharaj- Katu rasa dominant, guru ahara(chicken), bakery products, fermented food, stale food, cold water intake daily.
- Viharaj- sedentary lifestyle, sitting in A.C., no exercise or walking
- Manasik- stress, over thinking.

#### SAMPRAPTI GHATAKA

- Dosha- Kapha and Vata.
- Dushya- Rasa, Rakta, mansa, Asthi, Sandhi, Purisha.
- Strotasa- Rasavaha, Annavaha, Asthivaha, Majjavaha, Purishavaha.
- Rogamarga- Madhyam.
- Udbhavasthana- Pakwashaya.
- Vyaktasthana- Hasta, Pada, Sandhi.

- Roga swabhava- Chirakari.

## SAMPRAPTI



## FOLLOW UP AND TREATMENT

FOLLOW UP	TREATMENT	SIGNIFICANCE AND RELIEF
1/04/2022 (Initiation of treatment)	1. Yogendra Rasa- 1 tab twice a day after meal. 2. Maharasnadi Kadha 20ml - twice a day after meal.	Yogendra Rasa- Kapha –Vataghna, Balya, Yogavahi. Useful in Pakshaghata, Hatendriya, Prameha. Maharasnadi Kadha- Used for Pachana, Vataroga, Sandhi-Majjagatavata.
4/04/2022 First follow-up After 4 days	Treatment changed to- 1. Vata Gajankusha Rasa -2 tab twice a day after meal with warm water. 2. Ashwagandha Churna- 2 gm twice a day after meal with warm water.	Patient came up with, Right leg frigidness (shaitya) reduced Right hand frigidness reduced Frigidness reduced upto 60% Anagalaghava Udaralaghava Utsahavruddhi Kaphaavarana from nadi felt reduced. Nadi bala is heena.

	<p>3. Chousashta Pippali - 250 mg twice a day after meal with warm water.</p> <p>Along with Karma Chikitsa-</p> <ul style="list-style-type: none"> <li>· Sarvanga Abhyanga- Sahacharadi Taila.</li> <li>· Purva Paschat Nadi Sweda- Dashamula +Nirgundi.</li> <li>Patrapottali- Nirgundi+ Sahachara+ Erandapatra.</li> </ul>	<p>Vata Gajankusha Rasa- Vata- Kaphahara. Used in Ghrudhrasi, Pakshaghata, Manyastambha.</p> <p>Ashwagandha Churna- It is Kapha – Vataghna Balya, Rasayana. Chousashta Pippali- Vata- Kaphahara</p> <p>Sahacharadi Taila- It is Vata-Kaphaghna. Used in Vatavyadhi, Kampa, Shosha.</p> <p>Dashamula- Tridoshaghna, Shothahara.</p> <p>Nirgundi- Vata-Kaphaghna, Shoolahara, Aamahara, Shothaghna.</p> <p>Sahachara- Vata-Kaphaghna. Erandapatra- Vata-Kaphaghna, Shothahara, Shoolahara, Katigata Vata.</p>
7/4/2022 Second follow-up	<p>Above treatment continued. As Pachana in Sandhi sthanawas occurred due to Patrapottali we cease it and</p> <p>Pinda Sweda initiated with-</p>	<p>as patient came up with Right leg and right hand frigidness(shaitya) reduced upto 90%.</p> <p>Right leg movement not improved</p> <p>Nadi bala vrudhi</p>
	<p>Devdara +Ashwagandha siddha dugdha odana pottali.</p>	<p>Kshudhavrudhi</p> <p>Samyaka malapravartana</p> <p>Balavrudhi</p> <p>Angalaghava</p> <p>Jivha -Nirama</p> <p>Devdara- Ushna Viryatmaka, Shakhagata</p> <p>Dosha Pachaka, Vatanulomaka, Strotoshodhaka.</p> <p>As stated by Acharya charaka, स्नेहोअनिलं हन्ति मृदूकरोति देहं मलानां विनिहन्ति सङ्गम् ॥<sup>(6)</sup> च.सि.१/७</p> <p>Snehana- Swedana helps in pacifying Vata dosha and lubricates the Strotasa.</p>
11/4/2022 Third follow-up	<p>Above treatment continued along with</p> <p>Gandharva Hastyadi Eranda sneha 20 ml twice a day with warm water.</p>	<p>Patient came up with- Right hand and right leg movements recorded. (fine movements not present).</p> <p>Varnaprasadana</p> <p>Vakaspashtata</p> <p>Utsahavrudhi</p> <p>Padalaghava</p> <p>Angalaghava</p> <p>Difficulty while walking is decreased.</p> <p>Rasaprasadana, mansadhatuvrudhi</p> <p>Gandharva Hastyadi Eranda sneha- It is very useful in Kapavrutta Vata, Anulomaka.</p>

## DISCUSSION

Kaphavrutta-Vata is Chirakari Vyadhi, so as per treatment is concern it requires long term treatment. In case like this where we have Uttama vyadhibala and Balavana Ragnabala patient responded remarkable for given Chikitsa. One should be very specific for diagnosis and treatment of Avaranjanya vatavyadhi. As patient came up with the Samavastha we choose the line of treatment as follow-

स्थानान्यवेक्ष्य वातानां वृद्धिं हानिं च कर्मणाम् || २१७ ||

द्वादशावरणान्यन्यान्यभिलक्ष्य भिषग्विजितम् |

कुर्यादभ्यञ्जनस्नेहपानबस्त्यादि [१] सर्वशः || २१८ ||

क्रममुष्णमनुष्णं वा व्यत्यासादवचारयेत् || २१९ ||

च.चि. 28/217-219

1. **DEEPANA AND PACHANA**- It promotes Jatharagni along with Dhatvagni and Bhutagni which helps in resolving Samata, Strotoshodhana and proper digestion of food that need to be taken during treatment. Maharasnadi Kwatha is very useful in Deepana and Pachana as stated in Bhaishajyaratnavali,
2. **Snehana and Swedana**- After resolving Samata and reduction in Kaphavarana we started Bahaya Snehana and Swedana as Stated by Acharya Charaka,

स्वेदसाध्याः प्रशाम्यन्ति गदा वातकफात्मकाः || ३ ||

स्नेहपूर्वं प्रयुक्तेन स्वेदेनावजितेऽनिले |

च. सू. 14/4

Sahacharadi Taila is Vata-Kaphaghna and it reduces sheeta, Chala guna of Vata. Swedana is Sheetaghna, Shoolaghna and helps in Vatanulomana.

Patrapottali swedana – It is sudation using bolus made of herbal leaves

Patrapottali sweda is a Pindasweda, which is a variety of Ushma Sweda.

With the use of Erandapatra, Sahacharapatra and Nirgundipatra in Patrapottali there is Pachana and reduction in Kapha-Avrana in Sandhithana. Clinically it shows decrease in Frigidity and stiffness at the affected site.

After that we shifted to Pinda Sweda with Devadara and Ashwagandha siddha Odanapottali which help in strengthening the muscles.

कफावृत्ते यवान्नानि जाङ्गला मृगपक्षिणः |

स्वेदास्तीक्ष्णा निरुहाश्च वमनं सविरेचनम् || १८७ ||

च.चि. 28/187

3. **Shamana Chikitsa-** Yogendra Rasa, Vatagajankusha Rasa, Chausath Pimpali are Kapha-Vatahara Rasa. They have significant relief in Sandhigata Vata. They are also useful in Gridhrasi, Pakshaghata, Manyastambha.

Gandharvahastyadi Eranda Sneha is Anulomaka. Due to Snehana and Swedana Shakha Koshtha Gati occurs and Doshas accumulates in Koshtha, to eliminate Doshas From Koshtha we give Gandharvahastyadi Eranda Sneha.

#### EXAMINATION BEFORE AND AFTER TREATMENT-

EXAMINATION BEFORE TREATMENT				EXAMINATION AFTER TREATMENT			
Kshudhamandya				Kshudhavriddhi			
Malavashtambha				Samyaka Mala Pravartana			
Avarana of Kapha in Nadi				Nadi Bala Vriddhi			
Frigidness in left hand and left leg				Reduction in Frigidness (come to normal body temperature)			
Jivha –Sama				Jivha- Nirama			
Anagagaurava				Anagalaghava			
Udaragaurava				Udaralaghava			
Utsahahani				Utsahavriddhi			
Slurred Speech				Vakaspashtata			
Twaka- Shaitya, Raukshya, Krushnavaivarnya				Twaka- Anushna, Snigdha, Varnaprasadana.			
Left hand and left leg movements not present				Left hand and Left leg movement present (Fine movements not present)			
Low muscle Power in Left hand and left leg				Increased muscle power in Left hand and left leg			
SLRT-Left leg- 10 <sup>0</sup> Right leg- -ve				SLRT-Left leg- 50 <sup>0</sup> Right leg- -ve			
Left Shoulder joint stiffness				Left Shoulder joint normal movement			
Muscle power-				Muscle power-			
	Left	Right			Left	Right	
UpperLimb	2/5	5/5		UpperLimb	4/5	5/5	
LowerLimb	2/5	5/5		LowerLimb	4/5	5/5	

#### CONCLUSION

Knowledge of Avarana reflects pathogenesis of manifested disease. Correct diagnosis of disease can be made by the knowledge of aavaran concept.

This case study can be documented evidence for effective and proven management in KaphavritaVata with the help of Panchakarma and Shamana Chikitsa. Repetitive use of



above-mentioned form of treatment can help in management of disease effectively. Ayurveda has Fruitful resources to counteract this nature of the disease.

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