Classical approach of Ayurveda towards inflammatory joint disorders (*Vaatarakta*)

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**ABSTRACT:** Degenerative joint disorders like osteoarthritis can be classically diagnosed as *Sandhi gata vaata* which is one of the *vaatavyadhi*. All other joint disorders like reactive arthritis, gouty arthritis, rheumatoid arthritis and many more inflammatory joint disorders can be considered as *Vaatarakta*. Failure in treating number of patients of joint disorders with diagnoses other than *Vaatarakta* made to think in depth about the concept of *Vaatraka*. Objective of this article is to understand a disease *Vaatarakta* as mentioned in ancient classical texts of *Ayurveda*, (samhitas) i.e. Charak Samhita, Sushrut Samhita, Ashtang Hrudaya, which 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 (*sadhyasadhyata*) 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 part of classical approach. Charts of *hetu*, *lakshan* and *sadhyasadhyata* mentioned makes it easy to chalk out *samprapti* and hence the *samprapti vighatan* (i.e. breakdown of pathophysiology) becomes relatively easier. Treatment principles to be followed and cautions are mentioned while explaining treatment in detail. Treatment (*Chikitsa*) of *vaatarakta* as mentioned stepwise to counter *samprapti* systematically which seems to be an easier task if diagnosis is precise and error free. This approach is very effective which can prevent reoccurrence of the disease i.e. *apuanrbhav chikitsa*.

Most of the times diagnosis *Vaatraka* is confused with *Aamavaat samprapti* (a stage of a disease) which haven’t been given any importance in *Bruhatrayee* (i.e. Charak Samhita, Sushrut Samhita, Ashtang Hrudaya) as it seem to be an condition of several diseases and not a separate disease entity.

Importance of classical approach towards *vaatraka* ensures its successful treatment to achieve *Dhatu Samya* (equilibrium of Dhatu) and *Apunarabhava* (Non reoccurrence).

**KEYWORD:** Vaatraka, Aamavaat, classical approach, Nidan, Chikitsa, samprapti, hetu, lakshan, apunarabhava.
INTRODUCTION:

Sootra (Basic principles of Ayurveda) has been narrated mainly by Acharya Charak, Acharya Sushrut, Acharya Kashyap and in some extent Acharya Vagbhata. Other Acharyas who published their Samhitas later to these Acharyas 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 acharya charak, sushrut, vagbhat, kashyap has almost written every possible disease condition sampraptiof 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 (Excess thirst) and Chhardi (Vomiting) and explained in detail in an independent chapter. It is 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 as pathophysiology has not taken place, has been explained in sootra.

Aetiologies:

<table>
<thead>
<tr>
<th>Etiological factors vitiating Rakta Dhatu</th>
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</thead>
<tbody>
<tr>
<td>Excess Sour/ acidic food</td>
<td>eating when not hungry and vice versa</td>
</tr>
<tr>
<td>Excess pungent spicy food</td>
<td>Always angry mood</td>
</tr>
<tr>
<td>Excess alkaline food</td>
<td>Nap</td>
</tr>
<tr>
<td>Excess fatty food</td>
<td></td>
</tr>
<tr>
<td>excess hot potency food</td>
<td>Sleeping late at night</td>
</tr>
<tr>
<td>Eating on indigestion</td>
<td>By birth weaker personality</td>
</tr>
<tr>
<td>eating spoiled food</td>
<td>Who always eat sweat and fatty food</td>
</tr>
</tbody>
</table>

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 type can be broadly considered under vaatvadhi and another is Vaatarakta. Apart from these two conditions sandhi shoal as a lakshan of other vyadhi has been mentioned several times in brhuratrayee, but that can not be considered as a disease as it is a clinical feature of underlying disease.

TYPES OF JOINT DISORDERS -

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

VAATVYADHI – Disease 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 vrudhi causing enough chance for vaayu to aggravate and thus causing a vicious cycle of dhatukshaya and which leads to weakness in Dhatu further leading to improper functioning of the system causing various kinds of ruja (painful conditions).

VAATRAKTA -
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 animals who have not underwent detoxification by Panchakarma
Pinyak Who had traumatic injuries

Eating excess radish
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 an experience based observation, mentioned here just for the information, so that other researchers should start observing the same. Such clinical observations suggest entrance of Vaata dosha from Garbhashaya or yoni (female genital system) in either rakta or Asthi, majja Dhatu. Raktapradoshaj pooravyayadhi like kamala(jaundice), visarpa (Herpis 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 precisetreatment.

Trauma(abhighata) and not performing timely detoxification (Ashuddhi). When dosha gets vitiated 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 factors or may be by surgical interventions causes vaata prakop and raktadushti simultaneously.

After emergency care, trauma always need vaatshamak and
raktaprasadak treatment so as to avoid its long term effect 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”

“Soukshmyat sarva saratwat cha pavanasya asruja statha,
tad dravatwat saratwat cha deham gachhan sirayanai.
Parvasu abhihatam kshubdham vakratwat avatisthate,
shhitam pittadi sansrushtamosta rujjat vedana.
karoti dukham teshvev tasmaat prayen sandhisnu,
bhavanti vedanaosta atyarth dusaha nrunaam.”

**Dosha** –vaat **Dushya** – rakta
Guna – suksma, sara, drava Prassaar – Sarva Shareer
Sthaaan 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 ignoreconsidering importance to rakta dushti. Pathophysiology clearly mentions that this is not a disease of Sandhi, it just appears at Sandhi. Actual culprits are Rakta and Vaayu. These important facts are highlighted while explaining samprapti.Samprapti also explains guna vrudhdi and systematic occurrence of pathogenesiswhich help understand how the breakdown of pathophysiology can be achieved while thinking about its treatment. With the involvement of raktadhatu, raktadhatu mool,Yakrit and Pleeha should be considered well and dhatumool chikitsa should be rendered,to make it a complete treatment upto the level of the root of the disease and its channel.

<table>
<thead>
<tr>
<th>Poorvaroop (Pro dormal features / pre disease features)</th>
<th></th>
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<tbody>
<tr>
<td>Excess perspiration</td>
<td>Tingling</td>
</tr>
<tr>
<td>No Perspiration</td>
<td>Cutting pain</td>
</tr>
<tr>
<td>Black discolouration of skin</td>
<td>Heaviness</td>
</tr>
<tr>
<td>Lack of touch sensation</td>
<td>Numbness</td>
</tr>
<tr>
<td>Severe pain on trauma</td>
<td>Itching</td>
</tr>
<tr>
<td>Looseness of joints</td>
<td>Pain occ</td>
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</tbody>
</table>

Hetu

- Vaat prakopak
  - Swa hetu → vaat prakop
  - sookshma & sara guna vrudhdi

Aggravated rakta → blocks path of rakta

aggravated rakta blocks the path of vaayu, which then spreads all over the body.
Laziness  | Eruptions This chart of lakshan help reach absolute diagnosis upto its Bhed level, which is very much important in terms of vaatракta chikitsa. Lakshan can be well categorised as Nature of Pain, Local examination and observations of joint and general features.
---|---
Weakness | If disease is diagnosed in poorvaroopavastha it easier to reverse the samprapti which is still in process and has not taken a complete shape of a disease condition. So understanding poorvaropa help treat patient in early stage and can help in taking precautions.
Boils on skin | Vaatракta has been classified in broadly two categories –

1. Utthaan Vaatarakta, Gambhir Vaatarakta, Ubbhayashrit 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.

<table>
<thead>
<tr>
<th>Utthan Vaatarakta</th>
<th>Gambhir Vaatarakta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itching</td>
<td>Oedema at joints</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>Stiffness of joints</td>
</tr>
<tr>
<td>Joint Pain</td>
<td>Hard oedema</td>
</tr>
<tr>
<td>Strecting of skin</td>
<td>Restlessness</td>
</tr>
<tr>
<td>Twitching(Sphuran)</td>
<td>Gray, copper brown discolouration of skin on joints</td>
</tr>
<tr>
<td>Flexion of joint</td>
<td>Burning sensation</td>
</tr>
<tr>
<td>Gray, red, copper brown discolouration of skin of joints</td>
<td>Pricking pain</td>
</tr>
<tr>
<td>Pricking sensation</td>
<td>Oedema gets ripened</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ubbhayashrit Vaatarakta</th>
<th>Kaphaj Vaatarakta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>Feeling like cold cloth covered on body part</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>Pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaataj Vaatarakta</th>
<th>Oily skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevation / stretching of veins (like vericouse veins)</td>
<td>Pricking pain</td>
</tr>
<tr>
<td>Twitching sensation (Sphuran)</td>
<td>Numbness</td>
</tr>
<tr>
<td>Pricking pain</td>
<td>Oedema</td>
</tr>
<tr>
<td>Oedema</td>
<td>Mild Pain</td>
</tr>
</tbody>
</table>

- Gray, red, copper brown discolouration of skin of joints
- Flexion of joint
- Gray, red, copper brown discolouration of skin of joints
- Twitching sensation
- Oedema gets ripened
- 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 body ache
Flexion / constriction of body parts and joints (Akunchann of ang/sandhi/pratyanga)
Stiffness
Hatred for cold

<table>
<thead>
<tr>
<th>Raktaj Vaatarakta</th>
<th>Pittaj Vaatarakta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oedema</td>
<td>Burning sensation</td>
</tr>
<tr>
<td>Severe Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Pricking pain</td>
<td>Unconsciousness</td>
</tr>
<tr>
<td>Copper brown discolouration of skin</td>
<td>Excess perspiration</td>
</tr>
<tr>
<td>Tingling sensation</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>No relief from oily (Snigdha) or dry (Ruksha) treatment</td>
<td>Giddiness</td>
</tr>
<tr>
<td>Itching</td>
<td>Redness of skin</td>
</tr>
<tr>
<td>Muddy discharge</td>
<td>Gets ripened</td>
</tr>
<tr>
<td>Muscle wasting (shosha)</td>
<td>Stabbing pain (Bhed) / Cracks on skin</td>
</tr>
</tbody>
</table>

Complications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Sensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertigo,</td>
<td>Stiffness of Marma (Vital Points)</td>
</tr>
<tr>
<td>Tremors</td>
<td>Tumours</td>
</tr>
</tbody>
</table>

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.

Prognosis

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

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 Pricniple

- Treatment (Chikitsa) = Breakdown of pathology (Samprapti Vighatan) → Eliminating Dosha (Dosha Shaman) + equilibrium of Dhatu (Dhatu Samyata) → Non
reoccurrence treatment  
**(Apunarbhave)** – Rejuvenation  
**(Rasayan Chikitsa)**

<table>
<thead>
<tr>
<th>Reversal of pathology</th>
</tr>
</thead>
<tbody>
<tr>
<td>↓</td>
</tr>
<tr>
<td><strong>Obstruction of aggravated Rakta to vaatamarga (Rakten avaritah pathi)</strong></td>
</tr>
<tr>
<td>↓</td>
</tr>
<tr>
<td><strong>Removal of Obstruction</strong> → <strong>Best treatment for aggravation of Rakta</strong> = Blood Letting (<strong>Raktamokshan</strong>)</td>
</tr>
<tr>
<td>Mode of blood letting – Horn (<strong>Shrung</strong>) for Vaataj l Leech application (<strong>Jalouka</strong>) – for Pittaj l Gourd (<strong>Alaabu</strong>) for Kaphaj</td>
</tr>
<tr>
<td>↓</td>
</tr>
<tr>
<td><strong>Elimination of Vaayu</strong> after removal obstruction of Rakta → i.e., <strong>Vatanuloman</strong> → by Mrudu Virechan by using <strong>Snigdha aushadhiin ruksha rugna and ruksha aushadhi in snigdha rugna.</strong> – Followed by best treatment of Vaata dosha i.e. <strong>Basti.</strong></td>
</tr>
<tr>
<td>↓</td>
</tr>
<tr>
<td><strong>Local Treatment of joint</strong> → <strong>Application of medicinal powders</strong> (<strong>Lepa</strong>), <strong>Massage</strong> (<strong>Abhyanga</strong>), <strong>Bathing joints with medicinal decoctions/ milks/ ghee/ oils/ Dhanyamla etc</strong> (<strong>parishek</strong>)</td>
</tr>
</tbody>
</table>

**Vaataj Vaatarakta** – **Mahasneha**  
**(Mixture of Ghrita, Thaila, Vasa, Majja)** – For internal consumption / **Massage/ Basti /Poultice(**Upanaha**)**

**Pittaj &RaktajVaatarakta** – **Virechan**, **Drinking Ghee**, **Drinking** medicated milk , **Bathing** (**parishek**), **Basti**, **Cold Aplications** (**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 + **Raktashrit Pitta Chikitsa** (i.e. pitta situated in rakta dhatu)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)** |

**IMPORTANT PRINCIPLES**

**Caution 1** – “**Prayo Avidahinahl vaatarakte Prashasyante**”

Aushadhi or kriya to be done in Vaatarakta should not cause **vidaah** i.e. it should not do **usaha guna vruddhi of rakta.** It should always be Avidaahi so as to avoid rakta vrudddhi and disease progress.
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 avarodhis 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) Kashaya + madhu, Puran Yava, Godhuma, Sidhu, Arishta, Sura, Asava, Shilajatu, Guggulu, Makshik (Madhu)↓

After completing kaphamedasavrutta chikitsa one should follow vaatarakta chikitsa mentioned as earlier, especially kaphaj vaatrakt chikitsa.

Caution –3 Gambhire Raktam Akrantam Syat chet tat Vaata vat jayeti↓

Paschat vaate kriya Kuryat vaatrakte prasadaminill

In case of gambhir vaata 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 vaatvyadhi chikitsa has to be done.

Caution 4-Raktapittativrudhya tu pakam Aashu Niyachhatil

Bhinnam Sravati varaktam vidagdham puya meva va ll

TayokriyaVidhatavyaBhedanShodhanRopanai l

Kuryat Upadrayanam cha Kriyam swam swam chikitsat ll↓

In case of Raka pitta ativruddhi paak, bhed, puya yuktaraa v 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 Medasavrutta vaat – Medasavrutta 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, Vaatvyadhi, Vaatarakta and Yonivyapat are explained in detail in the given order. Concepts of medasavrutta vaat and Vaatarakta has been explained separately so that one should never make mistakes while doing clinical diagnoses. The order of treating medasavrutta 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, gambhiror vataj, pittaj, kaphaj, dwandwaj, tridoshaj etc. It is important to note that in doshik bhed there is Rakta 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 Aamvata.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. Anyabnormal condition is described as a disease when it has got a samprapti(pathology) and when things go beyond dosha dushya sammorchana. Till dosha dushya sammorchana 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 inlakshan of vaataj jwarone 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 laskhanmentioned 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 *aamavaatis* 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 phhant*), *Shad dharan churna* (*kushtha*), *visuchika*, *alasak* 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 vaat rakta* if the disease condition is treated as *Aamavata* one can clearly understand that *ushna chikitsa* like *ruksha Valuka sweda*, *vaitaran basti* like *ushna teeksha 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*, *teeksha*, *aamapachak aushadhi*. *Vaitaran* like *kshhaar basti* has been mentioned using *gomutra*. By the line of treatment of *aamavata*, *rasa dhaturaga aama* and *vayu* can be treated but *rakta* and *uttarottar dhatu* remains untreated. If seen keenly *aamavata 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 *aamavata* *Vaitaran kshhar 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 kshhaar basti* can cause *vidaaha* if its already a *pittaj or raktaj Vaatarakta*. In vaat* Vaatarakta* it may cause *dhatukshaya* and can vitiate *rakta* too.
Sandhigat vyadhi should be broadly classified in two main disease conditions –

1. Sandhigata vaata  
2. Vaatarakta

Diagnosis of aamavata for sandhi shool janya vyadhi may not serve purpose of apunarbhav and sampoorna chikitsa.

Aamavaat chikitsa worsens the health status of a patient if the patient is actually of vataj / pittaj / raktaj Vaatarakta.

Ifmedasavrutt vat or kaphavrutta or kaphamedasavrutta vaat avastha of vatarakta is treated by aamavata chikitsa it may help treating avrutta vaat avastha but if the patient is not diagnosed as Vaatarakta he/she will be left untreated by further classical treatment of Vaatarakta like Rakta prasad, raktastrambhan, bremhan, snehan, bhyya chikitsa, types of basti, virechan, balya chikitsa , avrutta vaat chikitsa, vaataprakopak hetu, raktaسعد stikar hetu like multiple factors can be understood from the context ofVaatarakta which provides a multifaceted views of chikitsa to a vaidya.

Vaatarakta has to be diagnosed as per its types, as treatment of every type varies.In kaphaj and raktaj pittaj types its even completely opposite to each other. If pittaj / raktaj Vaatarakta is treated like kaphaj Vaataraktaoar vice versa all the efforts taken will go in vein and patient may face complications instead of getting relief.

Diagnostic criteria of Vaatarakta is very clear and easy to understand and can be applied practically as mentioned in classics in patients to reach absolute diagnosis.

Treatment of Vaatarakta has been mentioned stepwise to break samprapti which is very logical to understand and easy to follow a patient and changes can be observed in terms of patients clinical features.

Cautions to be taken while treating cases of Vaatarakta has been mentioned clearly which prevents vaaidya to commit mistakes.

Sadhyasadadhyyata halp explain duration and prognosis of disease to patients.

Vaatashaman, raktagat aamapaachan, Rakta prasad, raktastrambhan, bremhan, snehan, bhyya chikitsa, types of basti, virechan, balya chikitsa , avrutta vaat chikitsa, vaataprakopak hetu, raktaسعد stikar hetu like multiple factors can be understood from the context ofVaatarakta which provides a multifaceted views of chikitsa to a vaidya.

Gandhak + amalaki swaras like rasayan aushadhi,takra + abhaya,ashwattha kashaya + madhu,madhuasyatiyadi taila, sukumarak taila,shat / sahasra avarti ksheerabala taila, Pindataila like lot many medicines has been a great contribution of this chapter to treat various vatapittaj / vaat raktaj conditions of body.

If one follows this kind of classical approach especially as perbrhuhatrayee, 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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