

## Ayurvedic Management of *Vasti Vyapat* – A Rare Case Study

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### ABSTRACT

*Vasti*, one among *Panchakarma* entitled *Chikitsardha* can produce multifocal therapeutic effect. As per physiology of Ayurveda, *vata* is the primary factor, whereas *pitta* and *kapha* depends on that. So *vasti* alleviate morbid *vata* along with other two *dosha* and also nourishes the body. Great care and attention are needed in each stage of *vasti*, from drug choosing to administration. Otherwise serious outcome may occur. This is a case report of 65-year-old female patient with *sandhigatavata* (Osteoarthritis) of knee joint. Internal medications and *panchakarma* procedure provide very good relief in *sandhigatavata*. But during third day of treatment of *yogavasti*, suddenly patient developed *aadhma* (flatulence), *shirasoola* (headache), *angasoola* (bodyache), and a drop-in blood pressure and pulse and finally became unconscious (*moorcha*). The internal medications like *gandharvahastadhi kashayam*, *drakshadi kashayam* and *sidhamakaradwajam* were given. *Nasya* and *anjana* with *vilvadi gulika* and *Talam* with *kachooradi choornam* and *ksheerabala* were also given. The patients regain consciousness with these medications and got back to normal stage within two hours.

**Keywords:** *Ayurveda, Moorcha, Vasti, Vastivyapat, Yogavasti*

Received: 12.06.2020

Revised: 26.06.2020

Accepted: 30.06.2020

#### Quick Response code



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### Introduction:

*Panchakarma* presents a unique approach of Ayurveda with specially designed five *sodhana karma*. *Vasti* is one among these and indicated for majority of *rogas* mentioned in *chikitsa sthana*. *Vasti vyapat* are the complication due to improper administration of *vasti*. *Vasti vyapat* are 42 by *Caraka*, 76 by *Susruta* and 44 by *Vagbhata*<sup>1</sup>. *Caraka*<sup>2</sup> and *Susruta*<sup>3</sup> have mentioned 12 and 9 *Nirooha Vasti Vyapat* respectively. *Vasti vyapat* are common but very few are aware of it and most of the cases are unidentified. Studies related to *vasti vyapat* are comparatively very limited.

In clinical practise, we usually handle the *nirooha vasti yapat*. In this case after *nirooha*, the patient developed *adhma* (flatulence) at first. Later *klama* (mental fatigue), *shiroarti* (headache), *angarti* (bodyache) were occurred. However, *nirooha dravya* was not evacuated within the estimated time. Thus, the patient developed *moorcha* (fainting) and exhibited low blood pressure and pulse rate. All these *lakshanas* exhibited by the patient can be included under the *Caraka*'s '*Nirooha vasti vyapat*'. *Acharya* in detail explained various treatment modalities for each symptom. But for this case study we managed the symptoms with common classical formulations available in our inpatient division. After the treatment

patient became better and returned to his normal state from the current symptoms.

### Case Summary:

A 65-year-old woman admitted in *Panchakarma* hospital, Govt Ayurveda College Thiruvananthapuram with pain, swelling of knee joint and walking difficulty. From the symptoms and X-ray case was finally diagnosed as *Sandhigataavata* (OA) of knee joint. Internal medicines and external procedures were initiated as mentioned in table 1.

Patients got very good relief through these treatments in pain. Therefore, it was planned to start *Erandamooladi yoga vasti* and *sandhanakizhi*. First two days *anuvasana vasti* with *dhanwantharam mezhukupakam thailam* were given. On third day after the administration of *niroohavasti* patient suddenly developed *adhamana* (flatulence), *shirorti* (headache), *angarti* (bodyache), *moorcha* (fainting) On examination there was drop-in blood pressure (90/6 - 70/40mmHg) and pulse rate (40 - 70/Min). So it was considered as one of the *vasti vyapat* and following treatment was initiated [table-2]

**Table-1: Medications:**

Internal medicines	External medicines
<i>Rasnapanchakam Kashaya</i> 90 ml bd	<i>Rooksha sweda</i> with <i>kolakulathadi choorna</i> (5 days)
<i>Punarnavadi kashayam</i> 90ml bd	<i>Rooksha vasti</i> with <i>amrithotharam kashayam</i> + <i>vaiswanaram choorna</i> (5 days)
<i>Yogaraja guggulu</i> 2 bd	<i>Upanahasweda</i> on knee with <i>nagaradhi choornam</i> (5 days)
<i>Shaddharanam</i> tablet 2 bd for 5 days	

**Table-2: Methodology for vyapat management:**

For the management above mentioned *lakshans* as following treatments were prescribed immediately.

Treatment	Rationale
Seethajala sprinkling	Moorchaharam to regain consciousness
Gandharvahastadi Kashaya 90ml orally	Vata anulomana, Amapachana
Pradhamana Theekshnanasya with powered vilwadi gulika <sup>[2]</sup> i	Samjnaprabhodhanam,
Anjana with vilwadi gulika + honey	Samjnaprabhodhanam, Moorchaharam
Drakshadi kashaya 90ml for oral	To normalize blood pressure and pulse Moorchaharam
Sidhamakaradwajam 50 mg only once	Sarvadoshaharam, Neurostimulator
Talam with kachooradi choornam (10 gm) and ksheerabala (10 ml) for 1 hr only once	Direct absorption of medicine through bregma

### Result and Discussion:

After emergency management, patient became conscious and was able to converse with treating Vaidya. Later she passed her bowel including *nirooha dravya* and there by completely removing the *aadhmana* (flatulence) within one hour. *Siroarathi* (headache) and *angarathi* (bodyache) reduced to 20% within the next one hour. The vitals were monitored regularly and there was marked improvement in BP and pulse rate. BP improved i.e. BP after half hour: 100/60mmHg, BP after 1 hour: 110/68, BP after 2 hours: 120/82. Pulse after half hour: 54/min, Pulse after 1 hour: 74/min, Pulse after 2 hours: 86/min.

After 2 hours the BP and pulse became normal and patient returned to normal condition. Overall treatments together made these changes. By that day evening patient was able to walk inside hospital without any assistance. Here the clinical presentation of the patient is similar to *Nirooha vasti vyapat*. The presence of *apana vayu vaigunya* in this case triggered *Adhmana* (flatulence), *Siroarathi* (headache), *Angarathi* (bodyache), *Moorcha* (fainting/mental fatigue) in the patient. The treatment procedures adopted here are *anulomana chikitsa* and *samjna prabodhana chikitsa*. The treatment first given was *seethajala* sprinkling. Continuous water sprinkling over face is an

effective treatment for reducing stress and improving one's consciousness. It has calming and cooling effect to regain consciousness and *klama* (menal fatigue)

*Gandharvahastadi kashaya* is very potent in many different clinical conditions. <sup>[4]</sup> It has been given more importance and it is used as *pathikashayam* by many physicians in Kerala. <sup>[5]</sup> *Pathikashayam* means it is used while the course of treatment in order to remove *doshas*, which reached *koshtas*, and to produce male *sodhanam*. This has been mentioned in *Sahasrayogam* under *vatahara kashaya prakaranam*. Drug used in this *kashaya* are *gandharva*, *ciruvilwa*, *chitraka*, *viswa*, *haritaki*, *punarnava*, *yavashaka* and *bhoomitala*. This *kashaya* has *Vatasamana*, *agnivardhana*, *ruchyam* and *malasodhanam*. It also has a *mriduvirechana* property.

*Vilwadi gulika* was the drug used for *nasyakarma*, <sup>[6]</sup> the drug is predominantly of *katu*, *tiktha rasa*, *katu vipaka*, *ushna virya*, *laghu ruksha guna* and *kaphavatasamana* in action. By virtue of *theeshna guna* and *ushna virya*, *vilwadi gulika* become capable of traversing through the *srotas*. *Vilwadi gulika* pacifies *kapha* and *vata* and clean the *manovaha srotas* and reduce the *samprapti* of *moorcha*. Classical texts explain different types of use of *vilvadi* in the form of *nasya*, *anjana* and *pana*. Here we practised

*pradhamana* nasya and *anjana* with *vilvadi gulika* to regain the consciousness.

*Drakshadi kashaya* and *Sidhamakaradwaja* used internally to regain the variations in blood pressure and pulse rate. <sup>[7-8]</sup> Here the *drakshadi kashaya* that we used has a special indication on *moorcha*, *brama*. It also helped to control the *vata* and *pitta* in order to regulate the blood pressure and pulse. *Sidhamakaradwaja*, a miraculous medicine, has a property of *samasthagadha haram*. It also acts as a nerve and cardiac stimulant. *Tala* applied over bregma or *seemantha* gets easily absorbed into the skin and reaches the *rasa* and *rakthavahini strotas* which accelerates the recuperation of the patient. <sup>[9]</sup>

### Conclusion:

This case study illustrates the wide possibility of Ayurveda in the management of *vasti vyapat* and other emergency condition management. Timely identification of *vasti vyapat* is the most important thing. Observe patient after *vasti* for any *vasti vyapat*. Always maintain an emergency Ayurveda kit in each hospital. This treatment helps to generate a protocol that could be followed during emergency cases.

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**Conflict of interest:** Author declares that there is no conflict of interest.

**Source of support:** None

### How to cite this article:

Lakshmi S, Simi Ravindran, TK Sujana. Ayurvedic Management of *Vasti Vyapat* - A Rare Case Study. Int. J. AYUSH CaRe. 2020; 4(2):75-78.

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