

**ASTHI-MAJJAGAT VATA- A CASE STUDY****Sunny J. Ambekar<sup>1</sup>, Yogesh T. Kotangale<sup>2</sup>**<sup>1</sup>MD Scholar, <sup>2</sup>Guide and Associate Professor

Kayachikitsa Department, Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune, Maharashtra, India

**ABSTRACT**

*Vata* is the main etiological factor in the manifestation of diseases. It is the motive force behind the elimination and retention of faces, urine, bile and other excreta. *Vata* is the impulse principle necessary to mobilize the function of nervous system. *Vata* governs movement in the body, the activities of the nervous system and the process of elimination of wastes. *Vata* influences the other *doshas*<sup>(1)</sup>. The main seat or site or location of *Vatadosha* is *Pakvashaya*<sup>(2)</sup>. It is the place where normal *Vatadosha* is originated after the completion of digestion. In our day to day life there are many patients of *Asthimajjagatvata*. *Asthimajjagatvata* has become very common in these days. In the present article, a case study of one female patient who was diagnosed as *Asthimajjagatvata* getting quite relief due to *Ayurvedic* treatment. Here is an attempt to treat *Asthimajjagatvata* in *Ayurveda* which has been used regularly in our Hospital.

**Keywords:** *Asthimajjagatvata*, Arthritis, *Panchatiktaghruta guggul*.

**INTRODUCTION**

*Ayurveda* is a holistic science of health, focusing on maintaining a physically and emotionally balanced state<sup>(3)</sup>. The different constituents of body are grouped in three basic principle categories. *Dosha* is one of three bodily humors that's make up one's constitution. The central concept of *Ayurveda* is the theory that health exists when there is balance three fundamental bodily humors or *dosha* called *vata*, *pitta*, *kapha*. Its disturbance causes diseases.<sup>(4)</sup> *Vata* is mainly located in colon but bone tissue (*Asthidhatu*) is also a site for *vata*<sup>(5)</sup>. *Asthidhatu* is blessed with the function of *sharirdharan*. It gives shape to the body and protects the vital organs. According to the principles of *Aashrayaashrayeebhava*, *Asthidhatu* is the seat of *Vatadosha* and *vata* and *asthi* are inversely propotional to each other regarding the increase and decrease. So that factors that increase *Vata*

decreases bone mineral density. Hence medication administered rectally effects *asthidhatu*<sup>(6)</sup>. The mucus membrane of colon is related to the outer covering of the bones (periosteum), which nourishes the bone. Therefore any medication given rectally goes into the deeper tissue like bones and correct *vata* disorders. The *purishdharakala* is the membrane that holds the *asthiagni*. The term is also used to describe the large intestine as in *purishvahasrotas*. *Purishdharakala* extends from the *yakrit* (Liver) to the *antras* (intestines small & large) and other abdominal visera. It differentiates the *sara* (nutrient fraction) of food from the *kitta* (indigestible waste product). The portion of this *kala* present in the *unduka* (caecum) takes over the latter fraction<sup>(7)</sup>.

Here lies an important clue of the relationship between the health of large in-

testine and that of the bones. The close relationship between these two tissues reveals the susceptibility of the bones to the *vata* disorders. When there is the pathology in the large intestine (constipation, gas) the pathology is transferred to the bones which becomes more porous and air filled. One of the most important and powerful methods of eliminating toxins from the body is called *Basti karma*. *Basti* is the half of the treatment or even the complete treatment. It has been listed in *Panchkarma*. *Basti* alone is capable of curing many disorders. *Ayurvedic basti* involves the introduction into the rectum of herbal concoctions of sesame oil and certain herbal preparation in liquid form. *Bastidravayas* when introduced through rectum reach up to the level of *Nabhi, Kati, Parshva* and *Udara Pradesha (Pakwashaya)* and produces cleansing effect. *Basti* is the most effective treatment for the disorder that arising from the abnormal *vata*. Therefore any medication given rectally goes into the deeper tissue like bones and correct *vata* disorders.

No other elimination therapy is equal to *basti* because it expels the vitiated doshas rapidly and easily from body.

**Case report:** A female patient ABC of age 61 yrs. was admitted in Sane Guruji Aarogya Kendra, Malwadi, Hadapsar, Pune on 24 June 2014. On admission she was complaining of low backache, both knee joint pain since last 1 year and tingling sensation in right lower limb since 3 months. The patient was unable to sit in squatting position and unable to walk upto 20 feet's. Previously she taken treatment for above complaints but there was no relief in her complaints. Her MRI LS Spine report On 20/05/2014 was

- Changes of lumbar spondylosis
- Annular protrusion at L4 – L5 and L5 - S1 intervertebral discs causing compression of thecal sac and encroaching on bilateral neural foramina.

- Annular bulge at L3- L4 intervertebral disc causing indentation of the thecal sac.

The physician advised her operative for the disc decompression. So she came in Sane Guruji Hospital, Pune.

On examination her

Pulse was 82/min, BP 110/80 mm of Hg, *Jivhaparikshan* was *sama*, *Kshudha* was normal.

SLR test was positive on both lower limb upto 60°, On 24/06/2014 lab report were Hb% 9.8, WBC 10200, Platelet 327000, BUL 30, Sr.Creatinin1.2, BSL Random 144, She was diagnosed as *Asthimajjagatavata*.

**Panchakarma:** *Sthanik snehana kati-pada NT4* Oil (Karpur, Nirgundi, thymol, Menthol)

- *Sthanikswedana (Bhashp Sweda)*
- *Anuvaasana basti Shampakaditaila 60 ml Vyatyasat*
- *Saghruta Guduchikshirbasti 120 ml*

After 5 days she gets 10 % relief in her symptoms. Same treatment was continued for 8 days. On 9<sup>th</sup> day she complained about pain in lumbar region, both knee joint pain. On 4<sup>th</sup> July *Katibasti* with *Balaguduchyadi taila* was added for complaint of lumbar region pain. She got 20-30 % relief after 15 days of her treatment. After this she gets fast relief. On discharge at 4<sup>th</sup> August she got 80 % relief in her complaints. Following treatment was given in the Hospital and on discharge the treatment will be advised for next 1 month as:

- 1) *Panchatiktaghruta guggul 500 mg TDS*
- 2) *Vatagajendrasinha 500 mg TDS*
- 3) *Asthikalpa 500mg OD with Milk*
- 4) *Dashmoolarishta 20 ml +20 ml water Vyanodaan*
- 5) *Bhallatakasaav 20 ml +40 ml Jala Vyanodaan* advised to her for one month.

## DISCUSSION

When *prakupit vata* occupies *majja* and *asthi* then there is bone breaking pain in

joints, loss of appetite, insomnia, and continuous pain in body. *Asthi* and *majjagat* is sign of *vikrutvata*. In modern science the above signs are also seen in osteomyelitis. In that there is severe pain and insomnia. When there is only swelling then it is called as *ostitis* and when there is *avarna* with *shotha* then it is called as *periostitis*. The above disease can be correlated with *Asthimajjagatvata*. According to *Achar Charaka*, *Ksheera* prepared with *Tikta rasa dravya* are used in *Basti* for the treatment of *Asthigata Rogas*<sup>(8)</sup>. *Tikta Rasa* has tendency to go towards *Asthidhatu* after assimilation in the body due to dominance of *Akasha* and *Vayu Mahabhuta*. Hence medication administered rectally effects *asthidhatu*. Due to *tikta, katu rasa* of all medicated *dravya vata shaman* takes place and it helps in cure of *Asthimajjagatvata*.

### CONCLUSION

Finally we can conclude that, *Ayurvedic* treatment along with *Panchakarma* Treatment has shown better result in the treatment of *Asthimajjagatvata*.

### REFERENCES

1. Charak Samhita, Edited with Vaidya-manorama Hindi commenry, first part by Acharya Vidyadhar Shukla And Prof. Ravi Dutta Tripathi, Reprint edition 2011, Choukhamba Sanskrit Pratishtan Delhi, Sutrasthanaadhyaya 12/7.2, page no.185.
2. Ashtang Hruday, Sartha vaghbhat Marathi, by Dr. Ganesh K. Garde, Reprint edition 2012, profishant publishing house pune, Sutrasthana Adhyay 12/1 page no. 62.
3. Sushrutsamhita, Edited with Ayurveda Tattva Sandipika Hindi commentary, Part 1 By Kaviraja Ambikadutta Shastri, foreword by Dr.Pranajivana Manekchanda Mehta, Reprint edition 2010, Chaukhamba publication New Delhi, Sutrasthanaadhyaya 15/48 page no. 84.
4. Sushrutsamhita, Edited with Ayurveda Tattva Sandipika Hindi commentary, Part 1 By Kaviraja Ambika dutta Shastri, foreword by Dr.Pranajivana Manekchanda Mehta, Reprint edition 2010, Chaukhamba publication New Delhi, Sutrasthanaadhyaya 15/3 page no. 73.
5. Ashtang Hruday, Sartha vaghbhat Marathi, by Dr. Ganesh K. Garde, Reprint edition 2012, profishant publishing house pune, Sutrasthana Adhyay 11/26 page no. 61.
6. Charak Samhita, Edited with Vaidya-manorama Hindi commenry, first part by Acharya Vidyadhar Shukla And Prof. Ravi Dutta Tripathi, Reprint edition 2011, Choukhamba Sanskrit Pratishtan Delhi, Sutrasthan aadhyaya 20/13 Page no.295.
7. Sushrutsamhita, Edited with Ayurveda Tattva Sandipika Hindi commentary, Part 1 By Kaviraja Ambikadutta Shastri, foreword by Dr.Pranajivana Manekchanda Mehta, Reprint edition 2010, Chaukhamba publication New Delhi, Sharirsthanadhyaya 4/16-17 page no. 40.
8. Charak Samhita, Edited with Vaidya-manorama Hindi commenry, first part by Acharya Vidyadhar Shukla And Prof. Ravi Dutta Tripathi, Reprint edition 2011, Choukhamba Sanskrit Pratishtan Delhi, Sutrasthan aadhyaya 28/27 Page no.431.

### CORRESPONDING AUTHOR

**Dr.Sunny J. Ambekar**

MD Scholar, Kayachikitsa Department, Sumatibhai Shah Ayurveda Mahavidyalaya, Malwadi, Hadapsar, Pune, Maharashtra, India

**Email:** ambekar4@gmail.com

*Source of support: Nil*

*Conflict of interest: None Declared*