

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Case Report ISSN: 2320-5091 Impact Factor: 6.719

MANAGEMENT OF UDAVARTA THROUGH YOGA BASTI KARMA COURSE – A CASE REPORT

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https://doi.org/10.46607/iamj2312122024

(Published Online: December 2024)

Open Access

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Article Received: 24/12/2024 - Peer Reviewed: 26/12/2024 - Accepted for Publication: 27/12/2024.



ABSTRACT

Background: The *Udavarta* word itself clears the direction of the apana vata, which is deranged, i.e., in an upward direction. The disease *Udavarta* is essential because it can be identified separately as a *Nidana, Samprapti* and *Lakshana*. Also, it has been mentioned in *Trimarmiya Chikitsa Adhyaya* by *Charaka* as its impact is on all three *Marmas*. Due to the sedentary lifestyle, excessive consumption of junk foods and lack of exercise are common causative factors of *Udavarta*. The symptoms of *Udavarta* can be identified broadly under indigestion in modern sciences. The symptoms of indigestion are treated symptomatically, where root cause removal is missing. Hence, the patient has hopes from *Ayurveda* to remove the disease from the root cause. In *Ayurveda*, as the verse goes by, "Swasthasya Swasthya Rakshanam, Aturasya Vikar Prashamanam", Nirooha Basti covers it all, and it can correct the *Udavarta*. Aims & Objective: This study aimed to assess the efficacy of *Yogabasti* in the management of *Udavarta*. Material & Method: It is a single case study. A 46-year-old female patient suffering from *Udavarta* disease was planned for a *Yogabasti* treatment course. Results: After the completion of *Yogabasti*, there was significant improvement observed in all the symptoms & there was no adverse effect seen. Conclusion: *Yogabasti* treatment was found effective in *Udavarta*.

Keywords: Udavarta, Yogabasti, Apana vata.

INTRODUCTION

In the modern era, due to the rapid use of technologies, the nature and duration of work, the inadequate time spent on exercise, and the stress factors due to different competitions, all these things have become a leading cause of many diseases. Eating habits such as overeating, excess dependence on processed foods rather than healthy foods, energy drinks along with fast foods, irregular eating times, consumption of alcohol, inadequate sleep habits and suppression of urges are all factors attributed to indigestion and its dependent disorders. The disease *Udavarta* is essential because it can be identified separately as a Nidana, Samprapti and Lakshana. In classics, the Udavarta disease has been broadly classified under two headings: The first is due to suppression of natural urges 13 types of *Udavarta*, i.e. Vegavarodha janya, and the second one is *Apathyanimittaja*¹, i.e. due to suppression of natural habits. Multiple symptoms are mentioned in classics like Koshta and Prishta Ruja, Parshwa Ruja, Adhmana, Hrillasa, Avipaka, Varcha apravrutti etc.² Treatment like Vatahara Sarvakriya is mentioned, again further specified Snehan, Swedana, Varti, Niruha Basti, Sneha Virechana and Anulomana.^{3,4} In the present case, the Yoga Basti course, along with Dipan and Pachan drugs, were administered.

CASE REPORT

This is a single case study where informed consent was taken in the patient's language.

A female patient aged about 46 years old, OPD registration number xx65, residing in Pragati colony sangli, visited *Panchakarma* OPD of Vasantdada Patil *Ayurvedic* Medical College, Sangli, presented with chief complaints of *Vit-maruta Sanga*, *Varcha Apravrutti*, *Adhmana*, *Agnimandya* on and off for 15 years, associated complaints both knee joints pain for 4 years. The patient consulted for the above complaints to the allopathic and homeopathic doctors, but she didn't get significant relief from the symptoms. **Past History** – K/C/O – DM & Hypothyroidism since 2021 on medicines Tab Glycomet 250 mg BD and Tab Thyroxine 75 mcg OD. No H/O – HTN & Covid 19. **Surgical History** – LSCS – 1ST 22 years &

2nd 15 years back. **Family History** – All family members are said to be healthy. **Menstrual History** – Menarche – at the age of 14 years, Menstruation - Regular 2-3 days / 28, Menopause – March 2024 **EXAMINATIONS** - **Vitals** – BP – 120/70 mm of Hg in the supine position, Pulse – 76 / min Regular, RR – 19/min, Temp – 98.6° F, **Ashtavidha Parikshan** – Nadi – Kaphavataja, Mala – once in two days, Mutra – 5-6 times /day, Jivha – Sama, Shabda –

Spashta, Sparsha - Anushna, Druk - Shwetabha,

Aakruti – Madhyam. **Dashavidha Parikshan**

- 1. Prakruti
- 2. Vikruti Kapha Vata Dosha –Vata, Kapha, Dhatu Rasa, Rakta, Asthi, Updhatu Raj, Agni Jatharagni, Dhatwagni Ras, Rakta, Asthi, Mala Purish, Mutra, Sroto Dushti Sanga, Vimargagamana
- 3. Sara Madhyam
- 4. Samhanana Madhyam
- 5. Pramana Height 5.3 feet, Weight 73 kg
- 6. Satmya Katu Rasa
- 7. *Satwa Madhyam*
- 8. Aahar Abhyavarana Shakti Madhyama Jaranashakti Shakti – Awara
- 9. Vyayam Madhyama
- 10. Vaya Madhyama

Srotas Parikshan

Annavaha - Avipaka, Adhmana

Rasavaha - Agnimandya, Gauravata

Asthivaha – Asthi shoola

Purishvaha - Gratitha, Aanaha

Systemic Examinations –

CNS – Conscious oriented, **CVS** – S_1S_2 Normal, no added sound, **RS** – AEBE, **P/A** – Shape of the abdomen – Normal, Skin – dry, no organomegaly, no distension, no tenderness, no – Ascites, no – Surgical marks, Umbilical – inverted, Abdomen - soft

Investigations:

Hematological - WNL except Hb% - 10.3 gm%, HIV - Non-Reactive, HbsAg - Negative

Fasting Blood Sugar - 98 mg/dl, Thyroid function test - T3 - 0.60 ng/ml, T4 - 1.40ug/dL, TSH -5.1 $\mu IU/ml.$

${\bf Diagnosis}-{\it Udavarta}$

Treatment Protocol

As the disease *Udavarta* needs *Vatahara Chikitsa* and correction in *Agnivaishamya*, hence *Sarvanga Snehana*, *Bashpa Sweda*, *Dashmoola Niruha*, *Yoga Basti Karma* along with *Dipan* and *Pachan* medicines were planned.

Grading of Assessment criteria

Varcha Apravrutti	Grade
Varcha pravrutti, smooth and normal shape stools	0
Passes stools once a day with difficulty / dry and hard stools	1
Passes stools every alternative day with difficulty /uneven like	2
Won't pass stools for more than 2 days and above/ separate hard lumps	3
Adhmana	Grade
No Adhmana	0
Adhmana is present if no stools are passed	1
Adhmana is present even after passing stools	2
Severe Adhmana, irrespective of passing stools	3
Agnimandya	Grade
No Agnimandya	0
Agnimandya occurs occasionally 2 to 3 times per week	1
Agnimandya occurs daily	2
Severe <i>Agnimandya</i> which doesn't relieve without medicine and disturbs the routine of patients.	3
Knee Joint Pain	Grade
No Pain	0
Mild Pain	1
Moderate Pain	2
Severe Pain	3

Table No. 01 Interventions

Basti	Poorva Karma	Pradhana Karma	Pashchat Karma	
Matra	Sarvanga Snehana with	Administration of lukewarm Matra	Observation of Samyak Matra Basti	
	Dhanwantara oil and Bashpa	Basti (50 ml) of Sahacharadi Taila	Lakshanas and informed to patient	
	Sweda with Dashmoola Kwa-	in the left lateral position after a	avoid Ashtavarjya Mahadoshakara	
	tha.	meal.	Bhava.	
Niruha	Sarvanga Snehana with	Administration of prepared	Observation of Samyak Niruha Basti	
	Dhanwantara oil and Bashpa	Dashmoola Niruha Basti (450 ml)	Lakshanas and informed to patient	
	Sweda with Dashmoola Kwa-	Matra Basti of Sahacharadi Taila in	avoid Ashtavarjya Mahadoshakara	
	tha.	the left lateral position after meal.	Bhava.	

Table No. 02 Dashmoola Niruha Basti Drugs

<u> </u>	
Makshika	80 ml
Saindhava Lavana	05 gm
Sneha - Murchita Tila Taila	120 ml
Kalka - Ashwagandha Churna	40 gm
Kwatha – Dashmoola	400 ml

Matra Basti Drug – Sahacharadi oil 50 ml

Table No. 03 Yoga Basti Course

Date	10.06.24	11.06.24	12.06.24	13.06.24	14.06.24	15.06.24	16.06.24	17.06.24
Day	01	02	03	04	05	06	07	08
Basti	Matra	Niruha	Matra	Niruha	Matra	Niruha	Matra	Matra

Matra Basti with Sahacharadi oil in the afternoon post meals.

Niruha Basti with Dashmoola Kwatha empty stomach in the morning.

Table No 04 Dipan Pachan Medicines

Sr No	Medicine	Dose	Anupana	Days
01	Shankha Vati	01 BD Before Food	Koshna Jala	15
02	Agnitundi Vati	01 BD Before Food	Koshna Jala	15
03	Chitrakadi Vati	01 BD After Food	Koshna Jal	15

Table No 05 Observations of Assessment Criteria in Grading

Symptoms	Before Yoga Basti	After Yoga Basti	After 15 days		
Varcha Apravrutti	02	01	00		
Adhmana	03	01	01		
Agnimandya	03	01	01		
Knee Joint Pain	02	01	01		

DISCUSSION

In the present case, patient was sales person by profession. Her schedule was hectic: hence, she was not able to take proper food at the proper time. She was avoiding going to the washroom even though she had urges. Whatever food is available, she consumes. The patient could not exercise due to a busy work schedule. Due to this, the patient had an indigestion problem, which led to symptom Agnimandya. Also, because of the above factors, there was an aggravation of Apana Vata in Pakwashaya. This vitiated Apana Vata obstructs Adhovahini Srotas, mainly Purishavaha Srotas, causing the alteration of movements of Purisha, Mutra and flatus. This leads to Varcha apravrutti and Adhmana symptoms, and because of this, Apana Vata moves in the opposite direction, which is upward and causes *Udavarta* disease. The common line of treatment is Snehana, Swedana, Niruha Basti, Sneha Virechana, Varti and Anulomana. Considering the patient's busy schedule and inadequate time, the Yoga Basti course and Dipan Pachana medicines were selected for the treatment. Acharya Charaka has mentioned the Dashamoola drugs for Asthapana Basti Karma, specifically in

Udavarta disease.⁵ All ten drugs mentioned in Dashamoola are Ushna Veerya and Tridoshagna due to its Rasa. Sahacharadi oil was used for the Matra Basti Karma, which contains the Sahachara, Suradaru and Nagara⁶ having the VataKaphahara properties, which helps reduce vitiated Vata along with the removal of Avarana of Kapha. Dipan Pachan medicines were selected to alleviate the symptoms of Vata Dosha and Aama condition and to increase the Jatharagni and Dhatwagni accordingly. Due to Snehan, Swedan, and Yoga Basti Karma, the joint pain symptoms were also reduced. After the Yoga Basti course, a significant reduction was seen in the grades of symptoms, and follow-up after the seven days of the Basti course showed no increase in symptoms.

CONCLUSION

Udavarta is considered an independent disease as well as Vata Nanatmaja Vyadhi; the Yoga Basti course showed significant results in restoring the deranged Vata to its normal direction, along with its associated symptoms and correction in Jatharagni and Dhatwagni, without any adverse effects. Furthermore, a large-sample-size study with a kaal basti course is needed to get better results.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Paresh R Chougule: Management of udavarta through yoga basti karma course – a case report. International Ayurvedic Medical Journal {online} 2024 {cited December 2024} Available from: http://www.iamj.in/posts/images/upload/2281_2285.pdf