**ASTHI-MAJJAGAT VATA- A CASE STUDY**

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**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*¹. The main seat or site or location of *Vatadosha* is *Pakvashaya*². 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 (³). 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 *doshas* called *vata, pitta, kapha*. Its disturbance causes diseases. (⁴) *Vata* is mainly located in colon but bone tissue (*Asthidhatu*) is also a site for *vata*⁵. *Asthidhatu* is blessed with the function of *sharirdharan*. It gives shape to the body and protects the vital organs. According to the principles of *Aashrayaashrayeeyabhava*, *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*⁶. The mucus membrane of colon is related to the outer covering of the bones (periosteam), 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 fraction⁷.

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 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. Bastidravyas 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, Jivh aparikshan 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 Asthimajjagavata.

Panchakarma: Sthani snehana katipada NT4 Oil (Karpur, Nirgundi, thymol, Menthol)
- Sthanikswedana(Bhashp Sweda)
- Anuvaasana basti Shampakaditaila 60 ml Vyayasat
- Saghruta Guduchikshirbasti 120 ml

After 5 days she gets 10 % relief in her symptoms. Same treatment was continued for 8 days. On 9th day she complained about pain in lumbar region, both knee joint pain. On 4th July Kattibasti 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 4th 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) Vata gajendrasinha 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 oestomyelitis. 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 Charakka, Ksheera prepared with Tikta rasa dravya are used in Basti for the treatment of AssthigataRogas 8). 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.

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