

EFFECT OF LEPA CHIKITSA IN AVARANAJANYA VATA VYADHI - CASE REPORT**Dr. Shashikiran¹ and Dr. Kavitha Prasad*²**¹Reader, Department of Panchakarma, JSSAMC, MYSURU.²P.G Scholar, Department of Panchakarma, JSSAMC, MYSURU.***Corresponding Author: Dr. Kavitha Prasad**

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ABSTRACT

In Ayurveda Ruk/ Ruja is symptom always associated with Vata dosha. Vata prakopa is generally caused by two specific reasons Dhatukshaya and Avarana. Here we report a case of 65 year old female patient who was suffering from pain in low back and lower limbs for the past 10 years. The case was diagnosed as Kaphavruta Vata and treated according to line of avarana where Agnichikitsa lepa and Dashamoola niruha basti were given along with oral medications. The patient showed significant improvement in her symptoms in short span of time with limited treatment.

KEYWORDS: Dhatukshaya, Avaranajanya ruk, Agnichikitsa lepa, Upashaya.**INTRODUCTION**

In Ayurveda, there are specific time period explained, when specific doshas will be more active during specific periods of lifetime. For eg Kapha dosha will be active in balya avasta, & Pitta in madhyama vayas. These active periods of doshas also indicate more susceptibility of diseases arising out of these active doshas. Similarly vata dosha is more active in vrudha avasta and thus it is commonly seen that the diseases predominant of vata dosha arise in patients of this age group. There are two basic reason explained for causation of vata vyadhi i.e. Dosha Avarana and Dhatukshaya. Dhatukshaya janya Vata prakopa is treated with Snehana, Shamana and Brimhana line of treatment. In Avarajanya Vata prakopa, avaraka dosha is first assessed and avarana is removed through appropriate chikitsa like lepa, swedas, shodana chikitsa etc. Though comparatively Avaranajanya Vata vyadhi is found less in vrudha avasta, however an old aged patient having vata vyadhi arising out of Avarana was treated using lepa and basti chikitsa and significant improvement in patient condition was observed.

CASE REPORT

A 65 years old female patient came to the OPD with complaints of gradually developed pain in low back and lower limbs since 10 years. Nature of pain was pulling type, continuous in nature and varying in intensity with no specific aggravating or relieving factors. Patient also complained of generalised weakness and disturbed sleep. The patient was also hypertensive and was under medication.

Patient was consuming mixed diet but appetite had reduced since last 6 months. Bowel and bladder function was found to be normal. Vital signs i.e. Pulse, BP, respiration rate was found to be normal. All systemic examination including Neurology & Musculo-skeletal system was found to be normal. Laboratory investigations values were also found to be under normal limits.

Considering the presenting symptoms and age of the patient, she was initially treated on the lines of kevala vata prakopa. She was advised Sarvanga Abhyanga with Ksheera bala taila, Sarvanga Dashamoola kashaya seka, Eranda mooladi kashaya basti and Anuvasana basti - 70ml Ksheerabala taila planned to be given in yoga basti pattern. However on 3rd day of treatment, after anuvasana basti, patient developed slight raise in temperature (99.6F) and increase in pain. All the treatments were stopped for 2 days and reassessment of patient condition was done. It was then concluded that patient was suffering from kapha avaruta vata and treatment for the same was started. Initially Agni chikitsa lepa was done for 4 days. Lepa application was done in morning hours in empty stomach, locally to low back and both lower limbs. It was removed after 2 hours and later patient was advised to take hot water bath. By evening of first day of treatment, patient informed 50% reduction in pain, and later that night, patient could even sleep comfortably without the usual pain that disturbed her sleep.

After 4 days of lepa chikitsa, patient was given only one Erandamoola Kshara Niruha basti and Anuvasana basti

with Brihat saindavadi taila (40ml) given before and after niruha basti. After above treatment, patient improved markedly as there was further reduction in body pain specifically at lower back and legs. Patient also found reduction in her generalised weakness. Internally patient was given the following medicines:

- 1) Maha Yogaraja Guggulu 2-0-2
- 2) Rasnaerandadi Kashaya 15ml-0-15ml
- 3) T Spynovin- 1-1-1

Preparation of lepa for Ekanga

Fresh leaves	Dry drug
Nirgundi -250gm	Maricha- 9 fruits
Agnimantha -250gm	Lavanga – 9 buds
Tulasi -250gm	Lashuna 9 cloves
	Sarshapa 1 tsp
	Haridra choorna-20gm

DISCUSSION

In Kaphavruta Vata, shoola is one of the primary presentations. Its upashaya is done by Ushna, Teekshna, rooksha chikitsa^[1] in the form of Udvarthana, Lepa, Teekshna shodana^[2] etc. Agni chikitsa lepa contains dravyas that are Katu, Ushna, Teekshna, Deepana, Pachana and Vatakaphara^[3] The patient in this case responded very well to application of Ushna -teekshna lepa as well as one teekshna basti in the form of Erandamoola kshara Niruha basti and Anuvasana basti with Brihat saindavadi taila -40ml anuvasana basti, given before and after Niruha basti.

CONCLUSION

In avaranajanya vata vyadhi, there is sanga to the marga of Vayu causing its vrudhhi. It is necessary to remove avarana as first line of treatment. In present case Kaphavruta vata was removed by ushna, teekshna & pachana gunas of Agni chikitsa lepa. This Lepa is simple and cost effective and this treatment approach has tremendous outcome possibilities, if the selection of patient and disease condition is appropriate. Furthermore, the next line of treatment was also not extensive and to cleanse the systemic presence of sanga by kapha one teekshna niruha basti was given. Only with limited treatment approach by using simple treatment modalities, a very good result was observed in patient and is thus being shared with Ayurveda community.

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