Efficacy of Laghusutashekhara Rasa Inamashayagata Vata: A Case Report

Patil Arati S, Dnyaneshwar K Jadhav

Kaychikitsa Department, S.G.R. Ayurveda Mahavidyalaya, Solapur-413002, Maharashtra, India.

Corresponding Author: Dnyaneshwar K Jadhav

ABSTRACT

Ayurveda is defined as the ‘science of life’ and is said to be as old as the consciousness of man. Ayurveda not only treat a disease but goes much beyond. It tells how one has to lead his life and take precautionary measures to prevent diseases. Ayurveda prefer samagni, samadosha while describing Swastha.

Agni is important factor in our body. Agni is said to be the mool (base) of life. If the Agni of a person is vitiated, the whole metabolism in his body would be disturbed; resulting in ill health and disease. Agnimandya is the root cause in production of ama, ajirna, vitiation of dosha and thus related disease.

In the same way person is assured of good health, if one can take care to maintain the balance among the bio regulating factors of the body i.e. Vata, Pitta and Kapha.

Vata gets vitiated due to various hetu. This vitiated Vata moves and localizes in a specific sthana leading to depletion in the normal functioning of that sthana. This is understood as gata vata.

Amashayagata Vata is a condition in which the vitiated Vata gets lodge into the amashaya and produces a set of symptoms.

Here is one of successful case of 40 year old Female patient suffering from Amashayagata vata which gets relief after administration of Laghusutshekhara rasa with Shunthi decoction within 3 days. And there is no any recurrence till today.

Key words: Amashayagata vata, Laghusutshekhara rasa, Shunthi decoction.

INTRODUCTION

The very basic tridosha theory of Ayurveda, explains about the physiological factors Vata, Pitta and Kapha. The normal functions of the body are carried out by these three principles co-operating each other to maintain the positive health.

Ayurveda prefer samagni (balanced), samadosha while describing swastha.

The Ayu (life span), Varna (complexion), Bala (vitality), Swasthya (good health), Utsaha (enthusiasm), Sharira Vridhi, Prabha (glow), Oja (vital essence), Teja (lusture), Agni and the Prana (life energy) are derived from the Samagni (balanced) in the body. The food is considered the nourishing factor of the Sharira, Dhatu, Ojas, Bala, Varna and other things.

The sharira dhatu cannot be formed from undigested food. Agni converts these gross food particles into smaller particles which are then able to be absorbed. Thus Agni is responsible for digestion, absorption, assimilation and metabolism. It converts food in the form of energy, which is responsible for all the vital functions.

When the Agni is extinguished man dies. When agni is sama (balanced) man lives long in good health, when it is de-arranged, he begins to ail. Therefore the function of Agni is said to be the gatekeeper of life.

Agnimandya is the root cause in production of all disease. It is caused by vitiation of dosha, which is the main cause in formation of Ama, results in ajirna and vitiation of dosha.

Vata Dosha is the gatyatmak dravya within the sharira. If in a person Vata moves unimpaired, if Vata is located in its own site, and it is in its natural state, then the person lives for more than 100 years free from any disease.
Vata gets vitiated due to various hetu and localizes in such a specific sthana where khavaigunya already present and leading to depletion in the normal functioning of that sthana. This is understood as gata vata. This can be understood under two headings i.e. Ashayagata vata and Dhatugata vata. One of the ashayagata vata is Amashayagata vata. Amashayagatavata \[4\] is included and explained in the Vatavyadhichikitsita.

Present case study is of Amashayagata vata in which vitiated vata localized in Amashaya where khavaigunya was already present, produced a set of symptoms related to stomach and chest. The patient gets relief after administration of laghusutshekhara rasa with shunthi decoction within 3 days.

A case report as follow

A 40 year old Female patient came to us with chief compliant of –

1. Udgara prachiti \[5\]
2. Malabaddhata
4. Ubhya janu sandhi shool

Patient had above complaints since 6 months.

History of personal illness

Patient was suffering from above symptoms since 6 months. Patient was on modern medicine for some days, but there was no any relief in symptoms. That’s why patient approached towards Ayurveda, in Kayachikitsa opd of our hospital. For better management we admitted patient in Ipdp.

Past history

H/O - Renal calculi since 4 yrs ago.
No H/o - DM /HTN/Asthma/Any major illness

Personal History

Occupation: Bidikamgar (worker)
Prakritti : Kaphapradhana pittanubandhi

O/E

<table>
<thead>
<tr>
<th>Nadi (pulse)</th>
<th>74/min.</th>
<th>Raktadaaba (B.P)</th>
<th>110/70 mm/Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mala (stool)</td>
<td>Vibandiha</td>
<td>Mutra (urine)</td>
<td>Normal</td>
</tr>
<tr>
<td>Ayru</td>
<td>Kshudhamandya</td>
<td>Jeelwya (tongue)</td>
<td>Saam</td>
</tr>
<tr>
<td>Shabda (speech)</td>
<td>Normal</td>
<td>Sparsha (skin)</td>
<td>Normal</td>
</tr>
<tr>
<td>Druka (eyes)</td>
<td>Normal</td>
<td>Druka (eyes)</td>
<td>Normal</td>
</tr>
<tr>
<td>Aknuti</td>
<td>Madhyama</td>
<td>Bala</td>
<td>Madhyama</td>
</tr>
</tbody>
</table>

MATERIAL AND METHOD

Method

- Centre of study:
  
  S.S.N.J. Ayurved Rughnalaya,
  Solapur.

- Simple random single case study.

Material with Daily treatment & prognosis

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Treatment</th>
<th>Matra</th>
<th>Anupana</th>
<th>Bhesaja sevana kala</th>
<th>Upashanapashaya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1st</td>
<td>1. Amapachaka yoga (Ativisha, shunthi, musta, haritaki)</td>
<td>1gm</td>
<td>Koshnjala</td>
<td>Vyanodana</td>
<td>Udgara +++ Malabaddhata +++ Katishootu +++ Ubhya janu snadhi shool +++</td>
</tr>
<tr>
<td></td>
<td>2. Gandharva haritaki</td>
<td>2 gms</td>
<td>Koshnjala</td>
<td>Nisha</td>
<td>Katishootu +++ Ubhya janu snadhi shool +++</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ubhya janu snadhi shool +++</td>
</tr>
<tr>
<td>Day 2nd</td>
<td>1, 2 &amp; 3. hingavashtaka churna</td>
<td>1.5 gms</td>
<td>Pragbhakta</td>
<td>Ghruta</td>
<td>Udghara +++ Malabaddhata +++ Katishootu +++ Ubhya janu snadhi shool +++</td>
</tr>
<tr>
<td>Day 7th</td>
<td>1.2.3. &amp; 4. Shadadharana choorna</td>
<td>1gm</td>
<td>Vyanodana</td>
<td>Koshnjala</td>
<td>Udgara +++ Malabaddhata ++ Katishoot ++ Ubhya janu snadhi shool ++</td>
</tr>
<tr>
<td>Day 11th</td>
<td>Laghusutshekhara rasa</td>
<td>1 gm</td>
<td>Tid</td>
<td>Shunthi decoction</td>
<td>Udgara +++ Malabaddhata ++ Kati-shool ++ Ubhya janu snadhi shool ++</td>
</tr>
<tr>
<td>Day 12th</td>
<td>Laghusutshekhara rasa</td>
<td>1 gm</td>
<td>Tid</td>
<td>Shunthi decoction</td>
<td>Udgara + Malabaddhita- absent Kati-shool - absent Ubhya janu snadhi shool- absent</td>
</tr>
<tr>
<td>Day 13th</td>
<td>Laghusutshekhara rasa</td>
<td>1 gm</td>
<td>Tid</td>
<td>Shunthi decoction</td>
<td>Upashayunagami</td>
</tr>
</tbody>
</table>
DISCUSSION
Hetu \(^{[6]}\) of Aamashayagata vata as -
1) Ahar :
- Improper and irregular diet (vishamashana)
- Paryushita ahara
- Dadhi
- Shenga chatani
2) Vihar :
- diwaswapa
3) Manasikāniṇāda:
- Chinta

DISCUSSION ON DISEASE
Paryushita ahara, Dadhi, Shenga chatani, vishamashana was responsible for vitiation of Kapha by guru, snigdha guna. At the same time kapha and pitta (by drava guna) was vitiated due to diwaswapa. Vitiated Kapha and pitta due to above hetu results into agnimandya, Ajirna and vata prakopa (partantra) with symptoms of ama as kshudhamandya, mala vibhandha, srotorodha, sama jivha. This vitiated vata localized in Amashaya where khavaigunya was already present due to ama and ajirna and give rise to Udgara symptom of Amashayagata vata with Katishool and Ubhaya janu sandhi shool symptoms of vata prakopa.

SAMPRAPTI GHATAK
- Dosha : Tridosha
- Udbhavashtana : Amashaya
- Vyaktishtana : Udara, Uaro, Kantha, kati, ubhaya janu sandhi

SAMPRAPTI BHANG
According to classics, line of treatment of udgara is as that of hikka. Since both are Amashaya udbhavjanya. Vata prokopa was due to ama and ajirna. Laghusutshekhararasa \(^{[7]}\) was drug of choice for pachana, dipan and thus vatanuloman.

Laghusutshekhararasa is a herbomineral drug containing Gairika & Shunthi with bhavana of Tambul patra. It acts on Annavaha srotas. Shunthi \(^{[8]}\) is of katu rasa with laghu guna act as pachaka, dipak and Kaphapittagtha. Thus it decreases sama condition and regression in associated symptoms of ama. Ushnavirya of shunthi act as Kaphavataghna while madhuravipaka is srushta vinamutrakaraka. Thus it pacifies vata and responsible of Vatanulomana. Tambul \(^{[9]}\) tikta, katu rasatmaka; laghu, tikshna, sara, vishada gunayukt; ushna viryayukt pacifies Shleshma, ama, mala, vata and acts as vatanulomaka.

At the same time Gairika which is of parthiva guna exactly opposite to that of chala guna prevents excess prakopa of vata. And thus there was miraculous relief in Udgara within 3 days.

RESULT
Patient came with the above symptoms. There was no relief in Udgara upto 11 days even an administration of medicaments.

But there was regression of Udgara within 3 days after use of Laghusutshekhararasa in 1gm quantity tid with Shunthi decoction. As partantra vata prakopa due to ama and ajirna decreased; there was relief in other symptoms of vata prakopa too like katishool and ubhaya janu sandhi shool.

Thus Ayurvedic treatment gave significant result in udgara and Amashayagata vata after use of specific medicine with no recurrence till today.

CONCLUSION
This case study confirms diagnosis of vyadhi or atleast framework of samprapti is very important according to dosha, dushya, anala etc. Numbers of patients are required to rich up to any conclusion but with this case we get a new line of thinking.

REFERENCE


8. Dr. G.S. Pandey, (1st Ed.). Bhavaprakas Nighantu, of Sri Bhavamishra, commentary by Dr. K.C. Chunekar; Varanasi: Chukhambha bharati academy, 2006; page no. 13.

9. Dr. G.S. Pandey, (1st Ed.). Bhavaprakas Nighantu, of Sri Bhavamishra, commentary by Dr. K.C. Chunekar; Varanasi: Chukhambha bharati academy, 2006; page no. 271.