

## 11.21. Importance of Antahparimarjana and Bahirparimarjana chikitsa in Vata vyadhi

### Antah-parimarjana vs. Bahir-parimarjana

(“internal” and “external” measures) in the management of **Vātavyādhi**

Why both are needed	Antah-parimarjana (internal channel-cleansing & feeding)	Bahir-parimarjana (external applications)
<b>Seat of Vāta</b>	Root of Vāta lies in the <b>pakvāsaya</b> and colon; displaced Vāta must be drawn back and pacified from <b>within</b> .	Vāta also occupies <b>śākhā</b> (joints, tendons, skin, senses). Surface therapies act where oral drugs reach slowly, give rapid comfort, and prepare tissues to accept internal sneha.
<b>Therapeutic reach</b>	Works through digestion, absorption and systemic circulation → influences all doṣa-dūṣya layers.	Acts through <b>sparśa &amp; uṣṇa guna</b> ; softens, unblocks, re-lubricates local structures, modulates peripheral nerves.
<b>Core tools</b>	<ul style="list-style-type: none"> <li>• <i>Laṅghana-pācana</i> (Hiṅgvāṣṭaka, Trikatu)</li> <li>• <i>Mṛdu virecana / Vamana</i> (anulomana)</li> <li>• <b>Sneha-pāna</b> (ghṛita/taila)</li> <li>• <b>Basti</b>—nirūha &amp; anuvasana (half the cure)</li> <li>• Medhya-/Majjā-<b>Rasāyana</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Abhyanga</b> - sesame/Bala taila</li> <li>• <b>Swedana</b> - nāḍī, patra-piṇḍa, śāṣṭika-piṇḍa</li> <li>• <b>Upanāha / Bandhana</b> - warm poultice + bracing</li> <li>• <b>Kati/Janu/Grīvā-basti</b> - local taila pools</li> <li>• <b>Śirodhārā, Śiro-basti, Nasya</b> (technically “inner → through outer”)</li> <li>• <b>Agnikarma</b> for stubborn trigger-points</li> </ul>
<b>Timing / sequence</b>	1 Melt āvaraṇa with rūkṣa sweda + deepana-pācana → 2 purge or basti to clear the channel → 3 start sneha-pāna & rasāyana.	In Kapha/āma stage use <b>rūkṣa/uṣṇa</b> fomentations first; <b>snigdha sweda, abhyanga, basti-pools</b> only after obstruction has opened.
<b>Outcome contribution</b>	<ul style="list-style-type: none"> <li>● Re-establishes <b>anulomana</b> of Apāna-Vāta</li> <li>● Re-lubricates internal srotas, rebuilds dhātu</li> <li>● Prevents recurrence by treating root</li> </ul>	<ul style="list-style-type: none"> <li>● Rapidly relieves <b>ruk, stabdha, śūla</b></li> <li>● Restores joint-play &amp; tendon elasticity → enables physiotherapy</li> <li>● Enhances absorption of internal sneha</li> </ul>

#### How they support each other

1. **Synergy, not duplication** - External oil loosens tissues; internal sneha reaches deeper once micro-channels are open.
2. **Stage-sensitivity** - Bahir-parimarjana gives emergency comfort; Antah-parimarjana secures lasting cure.
3. **Bidirectional action** - Basti (rectal) is classified as *Antah-parimarjana* but directly soothes peripheral Vāta because the colon is its “head-quarters”; Nasya begins at surface yet feeds cranial nerves—an outer gateway for inner action.

#### Practical checklist for a Vātavyādhi case (e.g., Snāyugata Vāta / frozen shoulder)

Phase	Antah-parimarjana	Bahir-parimarjana
Āma / Kapha-āvaraṇa (Day 1-3)	Hiṅgvāṣṭaka, Trikatu-takra, 25 ml castor-oil purge	Dry <b>Valuka-sweda</b> shoulder
Sneha-saṃskāra (Day 4-10)	10 ml Kṣīrabala 101 taila b.i.d.	Abhyanga with Mahānārāyaṇa taila → Patra-piṇḍa sweda
Root pacification (Day 11-18)	<b>Yoga-basti</b> 8-cycle	Upanāha paste + Bandhana splint
Consolidation (Week 4-8)	Aśvagandhā-lehya, Brahmī-ghṛita, Triphala-ghṛita nights	Weekly Śiro-basti; gentle oil massage before physio

#### One-line takeaway



**“Antah-parimarjana sets the bone; Bahir-parimarjana oils the hinge.”**

Treat Vātavyādhi from both sides and the wheel of Vāta turns smoothly again.

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