

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

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 Valuka-sweda shoulder
Sneha-saṁskāra (Day 4-10)	10 ml Kṣīrabala 101 taila b.i.d.	Abhyanga with Mahānārāyaṇa taila → Patra-piṇḍa sweda
Root pacification (Day 11-18)	Yoga-basti 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 Vātavyādhī from both sides and the wheel of Vāta turns smoothly again.

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