

11.22. Cases of Vatavyadhi

Below is a two-part response you can copy straight into a case-sheet.

Part A is a **blank, reusable record template** for any Vātavyādhi.

Part B shows the **template filled-in** for a real-world presentation of **Gridhrasī (lumbo-sciatic pain)**—chosen because it is common and illustrates every step of the Vāta workflow.

□ UNIVERSAL VATAVYĀDHI CASE-RECORD TEMPLATE

Section	What to capture
1. Identification	Name / Age / Sex / Occupation / MRN / Date of first visit
2. Chief complaint	Patient's own words with duration
3. History of present illness	Onset, aggravating / relieving factors, radiation, gait changes, bladder/bowel effects, previous therapy
4. Past & personal history	Metabolic disorders, trauma, surgeries, addictions, sleep, work-posture
5. Contemporary examination	• Vitals • Spine & limb inspection • Palpation tender points • Neurologic screen (power, tone, reflex, sensory) • Special tests (SLR, Spurling, etc.)
6. Ayurveda examination	A. Daśavidha parikṣā: prakṛti, vikṛti, sara, samhanana, etc. B. Aṣṭavidha parikṣā: nāḍī, mālā, mūtra, jihvā, śabda, sparśa, dr̥k, ākṛti C. Sāmagni / āma, vyañjana of doṣa
7. Provisional diagnosis	Contemporary label + Classical label (e.g. "Right L5-S1 radiculopathy / Vāta-Kapha Gridhrasī")
8. Samprāpti chart	Hetu → Doṣa → Dūṣya → Srotas → Āvaraṇa / Kṣaya → Lakṣaṇa
9. Treatment objectives	(a) Remove āvaraṇa (b) Anulomana of Vāta (c) Bṛ̥mhaṇa / Rasāyana (d) Rehab
10. Chikitsā-yojanā	Day-wise or phase-wise internal + external measures; dosage & route; planned duration
11. Ancillary care	Physiotherapy protocol, counselling, foot/hand care, pressure-sore prevention
12. Pathyā-apathyā sheet	Diet, daily routine, do's & don'ts
13. Monitoring & review	Parameters to check each visit (pain VAS, gait, bowel habit, muscle girth, blood sugar if diabetic)

□ FILLED-IN EXAMPLE - Gridhrasī (Left-sided sciatica)

1-4. Patient facts

55 y male, long-distance lorry driver. Chief complaint: "stinging pain from left hip down to outer ankle" × 3 weeks. History of lifting tyre, takes NSAID daily, habitual night-driving coffee + fried snacks, suppresses flatus.*

5. Contemporary exam

SLR left 42°, right 80°; power L4-S1 = 4/5; ankle reflex ↓; no bladder deficit.

6. Ayurveda exam

Rūkṣa, śīta sparśa over left uru; **Nāḍī:** vātaghana; **jihvā:** thin white coat (mild āma); **prakṛti** Vāta-pitta.

| **7. Diagnosis** | Left L5/S1 radiculopathy ≡ Vāta-Kapha **Gridhrasī** (Kapha-āvaraṇa of Vyāna & Apāna Vāta). |

8. Samprāpti

Nidāna: rūkṣa-uṣṇa snacking + lift strain → Kapha-āma + mūtra-pūrita colon → āvaraṇa of Apāna → Vāta climbs **sciatic nāḍī** → Tōda, rūja, stambha.*

| **9. Goals** | ① Liquefy Kapha-āma ② Anulomana (down-bearing) ③ Sneha-swedana once clear ④ Basti root therapy ⑤ Nerve Rasāyana ⑥ Ergonomic rehab. |

□ Chikitsā-yojanā (45 days)

Phase & Days	Internal (Antaḥ-parimarjana)	External / Procedure (Bahir)	Expected change
Phase 1 Āvaraṇa-bheda Days 1-4 Night 4	2 g Hiṅgvaṣṭaka cūrṇa t.i.d.; hot water 30 ml Eranda-taila purge	Valuka-sweda to hip/hamstring 15 min —	Heaviness ↓ 5 soft oily stools
Phase 2 Sneha-saṁskāra Days 5-12	10 ml Kṣīrabala 101 taila b.i.d.	Abhyanga with Mahānārāyaṇa → Patra-piṇḍa sweda	Pain ↓ 50 %
Phase 3 Basti-mūla Days 13-20	Yoga-basti 8-cycle • Day odd – Daśamūla-Eranda Nirūha 500 ml • Day even – Kṣīrabala Anuvāsana 60 ml	Hip PIR stretching daily	Full SLR 65°
Phase 4 Local tonic Days 21-28	Continue taila p.o. 5 ml	Kati-basti (Kṣīrabala) 30 min × 3	Night pain nil
Phase 5 Rasāyana + Rehab Days 29-45	Aśvagandhā-lehya 10 g h.s.; Gudūci-satva 500 mg b.i.d.; Triphala-ghṛita 1 tsp h.s.	Core-strength physio; walking 2 km/d	Gait normal, pain VAS < 1

□ Pathyā / Apathyā hand-out (given on Day 1)

Pathyā □	Apathyā □
Warm barley/mudga soup with ghee	Fried roadside snacks, cheese
Hot water sip every hour	Cold aerated drinks
Early dinner, bowels regular	Skipping meals, night-driving
Daily sesame-oil self-massage legs	Sleeping under AC draft
Lumbar roll while driving	Heavy tyre-lifting without brace

□ Monitoring sheet (excerpt)

Visit	Pain VAS	Bowel freq	SLR°	Girth mid-thigh	Notes
D1	8	alt-day	42	55 cm	starting
D8	5	daily	55	54 cm	stool soft
D18	2	daily	65	53 cm	no night pain
D45	0-1	daily	80	53 cm	driving 4 h ok

□ Take-away pearls

- **Recording both angles**—CT/MRI + Nāḍī/jihvā—lets you justify every step to both communities.
- **Āvaraṇa → Sneha order** is life-saving; never pour oil on a blocked colon.
- **Basti = half the cure**: even one well-timed 8-cycle dramatically caps relapse.
- **Rasāyana plus pathyā** keep the colon slick and the nerve calm—long after procedures stop.

Use the blank template for any Vātavyādhi; just swap the examination findings and the chikitsā details to fit Pakṣāghāta, Snāyugata-vāta, Sandhigata-vāta, etc.