

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.