



Case Study

EMERGENCY MANAGEMENT OF VASTIVYAPATH WITH ORAL ADMINISTRATION OF KAMADUDHARASA

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Article info

Article History:

Received: 29-01-2024

Accepted: 24-02-2024

Published: 05-03-2024

KEYWORDS:

Vastivyapath,
Emergency
management,
sublingual,
Kamadudharasa,
Sameekshya bhava.

ABSTRACT

Vasti is one among the most widely used therapeutic procedures in Ayurveda especially in neurological and degenerative diseases. Proper guidelines for Panchakarma procedures are laid out in the classics for better outcome and minimal complications. Till date, the guidelines hold value and current practices revolve around the same. Though there are plenty of insights into the benefits of Vasti, minimal information is available about the complications and management. This case report is an attempt to understand how the administration of a Kashaya vasti in a known case of lumbar spondylosis resulted in complication and managed with oral administration of Kamadudharasa. A 64 year old male patient with primary complaint of low back ache developed pain and burning sensation per abdomen after giving Erandamooladi niruhavasti. He went to a state of confusion. Initial management was done using Dhanvantaram gutika, which failed to revive the patient. A single dose of Kamadudha rasa was administered sublingually following which he regained consciousness. This was followed by a reduction in the burning sensation and the patient felt better. On detailed analysis, it was found that the patient had a history of gastritis and was on medication for the same. The Teekshna guna of Erandamuladi vasti probably worsened the state of Pitta in his Koshta and lead to the complications such as Sula, Daha and Moha. A detailed understanding of the selection of the right type of Niruha vasti is necessary for better outcomes. This brings our attention to the importance of Sameekshya bhava and how it plays an important role in deciding the outcome of Panchakarma procedures. Failure to do so may result in Vyapath/complications.

INTRODUCTION

Vasti (per-rectal drug administration) is one among the five modalities of bio purification (Panchakarma) used widely in the management of a broad spectrum of diseases. The action of Vasti on multiple systems makes it a perfect choice in the management of acute and chronic diseases.^[1] When aqueous extract of medicinal herbs are used as the main ingredient along with honey, rock salt, medicated oil/ ghee and meat soup, it is considered as Kashayavasti and when medicated oil is used alone it is considered as Sneha vasti.^[2]

Both Kashayavasti and Snehavasti are procedures that require intense preparation of the patient and watchful observation during and after the procedure. The measures to be taken to ensure optimum results during Panchakarma procedures are detailed in the literatures. This includes selection of patient, medicinal formulation, time of procedure etc.^[3] The time duration of the procedure also plays an important role in deciding the outcome. Failure to ensure compliance to any of these guidelines can result in complications that are labelled as Vasti vyapath.^[4] The complications of Vasti are enlisted separately as Niruhavasti vyapath and Anuvasana vasti vyapath.^[5,6] The probable reason for the complications along with the clinical features and treatments are elaborated. The reasons for Vyapath enlisted are Vastiputakadosa, Vastinetradosa, Vastipranidhanadosa, Sayyadosa etc.^[7] With the advancements in manufacturing better instruments, certain issues like Vasti putaka dosa and Vasti netra dosa have become obsolete. Besides the

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v12i2.3153
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above mentioned *Vyapath*, complications due to improper administration of *Vasti* or insufficient or excess bouts of expulsion of *Dosa* gives rise to complications. Though plenty of information regarding the probable complications has been enlisted, there is a need to update them along with its appropriate management. This article is a case report on successful management of abdominal pain, burning sensation of abdomen and loss of consciousness which developed after administering *Erandamuladi niruha vasti* in a case of low back pain.

Case History

Patient had the onset of low back pain for more than 20 years. Gradually, pain and numbness developed in bilateral lower limbs with more on right. He consulted at various centers of different streams like Allopathy, Ayurveda and Homeopathy and temporary relief for complaints felt. He also noticed that pain worsened on sitting or standing for prolonged periods. He had a history of nephrolithiasis six months back. At the same time he complained of gastric eructation especially on consuming sour and spicy food items. There will be sour belching after food intake followed by excess salivation and spitting. There was pedal edema associated with burning sensation at the time of admission. His bowel/bladder functions were regular and sleep was disturbed. He was a manual labour and was a known smoker of cigarettes for 20 years and stopped 10 years ago.

Past Illnesses

He was a known case of coronary artery disease, hypertension and dyslipidemia since three years and was on allopathic medications.

Drug History

The person was on Tab Rosavastatin 10mg HS, Tab Clopidogrel 75mg HS and Tab Telmisartan 4mg 1-0-1/2.

Details of Examination

The local examination showed spinal scoliosis. There was grade one tenderness at L3, L4, L5 and right sacroiliac joint. All lumbar movements were painful. Straight leg raise test was positive on both legs at 50°. Braggard's sign was bilaterally positive. Muscle power was 5/5 on both lower limbs in all groups of muscles. Also, the deep tendon reflexes were normal in both ankle and knee joint. There were no signs of sensory deficit on both lower limbs. The routine laboratory investigations were within the normal range. MRI of lumbosacral spine points out multi level lumbar degenerative disc disease with marked central disc canal stenosis at L3-L4 level (spinal canal 9mm). There was also diffuse disc bulge at L4-L5 level.

Treatment History

The 64 year old male, admitted in the in-patient department of Vaidyaratnam P.S. Varier Ayurveda College, Kottakkal, with chronic low back ache was referred to Department of Panchakarma for *Yogavasti*. The patient underwent *Patrapotalasweda* and *Haridrapindasweda* earlier and then advised *Yogavasti*. The first two *Niruhavasti* were uneventful (Table no. 1). The third *Niruha* was *Erandamuladi* which was prepared in the *Panchakarma* theatre as per the conventional method (Table no. 2). The patient was given clear instructions regarding the procedure and the dietary restriction prior to *Vasti*. On the day, the patient had two chapathis at 6 am. Fitness was checked before the administration of *Vasti*, blood pressure was 130/90mm of Hg and pulse 72/minute. He had passed bowel in the morning and was not feeling hungry. His sleep was disturbed in the last night due to pain in bilateral lower limbs. *Abhyanga* with *Dhanwantaram tailam* was done on the lower abdomen and lower back followed by *Sweda* for 15 minutes. Per rectal examination was done to ensure smooth insertion of *Vasti netra* and to rule out any obstruction due to faeces or haemorrhoids.

The *Vasti* was administered at 10:30 am. The blood pressure at the time of the procedure was 140/90mm of Hg. After the administration, the patient was asked to lie in supine position with legs extended. He was given instruction to evacuate bowels when the urge arises. Immediately after administration of *Vasti*, he experienced one *Vega* which was speedy and painless. After a while he felt dizziness. He started experiencing burning sensation in abdomen associated with pain. He felt darkness in his eyes and bowel evacuation two times in the next ten minutes. Following this he felt tired along with severe abdominal pain. He lost orientation to place and person. He also felt generalised body pain and passed painful bowels in the next 10 minutes. The stool was watery with no other contents. There was no bleeding per rectum. The blood pressure increased to 150/90mm of Hg. The patient was advised to take bath and have food. Unfortunately there was no relief in the complaints. The patient was then given with two *Dhanwantara gulika* and warm water orally. The burning sensation persisted and patient was still feeling confused. Then he was administered a tablet of *Kamadudha rasa* sublingually. Surprisingly the patient felt immediate relief from burning sensation and pain within five minutes and decrease in generalised body pain and tiredness. The patient was observed for 12 hours and his blood pressure and pulse were recorded every one hour. He was relieved of pain and other complaints by night. On the next day, he was advised rest and light diet along with *Laghusutasekhara rasa* and *Dhanwantaram gulika*. By the end of the next day,

he felt better and was fit to undergo further treatments.

Vasti should be administered with utmost care after considering *Sameekshyabhava* in detail. Hence a physician who is well aware of the patient can only decide the treatment and medicines. In Kerala, the referral system for *Panchakarma* is such that the patients will be referred to *Panchakarma* department with pre fixed schedule by the attending physician from each department and the procedure will be done

as per the standard operative procedure by *Panchakarma* specialists or under their supervision. So as a routine practice, the procedure will be conducted after a preliminary assessment of vital signs, without taking the complete history or doing examination of the patient. This case points to the need of knowing the history of the patient before fixing the treatment or selecting the medicine for the procedures and expertise in the management of complication following the basic principles.

Table 1: Schedule of *Panchakarma* and other external treatment modalities

Days	Procedure
Day 1 - Day 7	<i>Patrapotalasveda (Dhanwanataratailam)</i>
Day 8 - Day 9	<i>Vaiswanaravasti</i>
Day 10- Day 11	<i>Matravasti with Sahacharadimezhupaka</i>
Day 10 - Day 17	<i>Manjalkizhi</i>
Day 18	<i>Erandamuladi vasti</i> ^[8]
Day 20- Day 21	<i>Abhyanga (Murivenna) + Ushmasveda</i>

Table 2: Ingredients of *Erandamuladi niruha*

Ingredients	Quantity
<i>Saindhava</i>	15 g
Honey	120 ml
<i>Taila</i>	120 ml
Cow's urine	50 ml
<i>Kalka</i>	30 gm
<i>Kashaya</i>	480 ml

DISCUSSION

Vasti is one of the most widely used *Panchakarma* procedures in the management of various diseases. It is a mode of parenteral drug administration in Ayurveda that prevents first pass metabolism in the liver and allows diffusion of medicinal molecules to systemic circulation.^[9] Due to rapid absorption and resulting action on the body systems, there are equal chances of complications during the procedure. This case report is an attempt to find out the probable reason for complication of *Niruha* and the effect of emergency management with Ayurvedic medicines.

In this case, the patient was a known case of chronic gastritis with regular episodes of sour belching and nausea. Intake of sour and spicy food items trigger these symptoms and the patient took special care to avoid such food items from his regular diet. He was a chronic smoker and used to work continuously as a cook for 8 hours during the earlier part of his adult life. Examination of these factors point towards the diagnosis of *Dushta Pitta* in *Koshta* leading to *Amlapitta*, although the major complaint of back pain was related to *Kapha* and *Vata*. Hence he has been given with *Guluchyadi kashaya* and *Sankha bhasma* in the

early phases of treatment following which *Kapha-vata* alleviating medicines were given. With an assumption that the *Pitha* has been controlled, the treatments were planned and thus two *Vaiswanaravasti* have been administered. Indeed this, along with other internal medications might have again increased *Pitha*. Without due consideration of this status, as a part of the treatment protocol in order to reduce low back ache and numbness due to lumbar disc disease, *Erandamuladi vasti* was administered. It is a medicinal formulation containing *Gomutra*. The therapeutic action is enlisted as *Lekhana* and is effective in diseases of *Kapha* and *Vata*.^[8] *Gomutra* is included in the *Katuvarga* and has the property of increasing *Pitta*.^[9] *Lekhana karma* is usually not indicated in case of *Pitta vridhi* as it will further cause *dusti* of *Pitta* and *Rakta*. Unknowingly *Erandamuladi vasti* was given and symptoms developed. Being a *Tikshna vasti*, if administered in a *Pitta* predominant *Koshta* will leads to *Atiyoga vyapat*. It is a routine to ask to take hot water bath and food after evacuation. But the symptoms persisted in this case. Then *Dhanvantaram gulika* was administered which is conventionally given to reduce *Vatakopa* in *Kosta*. Unfortunately it also

didn't work. Further analysis of symptoms showed similarity to *Murcha*, *Klama*, *Paridaha* explained in the *Vastivyapath* enlisted by Charaka.^[10] These symptoms might have developed due to the spread of *Pitta* from *Koshta* to all parts of the body through the *Sukshmasrotas*. This action might have been augmented because of the *Vivrtasrotas* at the time of *Vasti*. Assuming this *Samprapthi* it has been decided to treat *Pitha* in this case.

Kamadudha rasa is a herbo-mineral formulation mentioned in the context of *Rakta-pitta chikitsa*.^[11] The contents have a specific action in reducing excess *Pitta* and prevent bleeding. The ingredients such as *Sudhavarga*, *Guduchisatwa* are *Sitavirya* and *Pitta samana*.^[12] Studies have proven the antacid property of *Kamadudha rasa* and its effectiveness in the management of hyperacidity.^[13] That is why the symptoms showed regression soon after the administration of *Kamadudha rasa*.

Herbo-mineral formulations have the advantage of quick action and are useful in emergency conditions and hence it is preferable to preserve them in the *Panchakarma* theaters to meet the emergencies. This case report also signifies the assessment of *Sameekshya bhava* well in advance to the plan of treatment and judicial management that ensure *Samyak yoga of Panchakarma*.^[3]

CONCLUSION

Vasti is a mode of *Panchakarma* that is therapeutically indicated when there is *Vatakopa* in *Pakwasaya*. The chances of complications are high due to faulty selection of medicinal formulation or inappropriate administration. The management of immediate complications requires adept selection of medicine and watching over red flags.

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Cite this article as:

Anjana J, Israa Ismail Ahmed, Jigeesh P.P. Emergency Management of Vastivyapath with Oral Administration of Kamadudharasa. International Journal of Ayurveda and Pharma Research. 2024;12(2):82-85.

<https://doi.org/10.47070/ijapr.v12i2.3153>

Source of support: Nil, Conflict of interest: None Declared

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