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Assessment of Various Stages of *Vatarakta* in the Purview of *Doshagati*

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Abstract

Introduction:

Ayurveda is a time tested system of medicine established on number of doctrines, called as *siddhanta*. It believes in the principle of triology like *hetu*, *linga* and *oushadha* which are in inseparable relation. The internal factors responsible for pathogenesis, dosha, traverse different paths in the body depending on the nature of etiology and extent of susceptibility. This movement or phase of *dosha* in the body is termed as *doshagati*. *Doshagati* is seen in both physiological and pathological state.

Materials and Methodology:

Information on *doshagati* is collected from classical *samhita* through various references. Physiological as well as pathological application of *doshagati* is discussed by taking *vatarakta* as an example.

Result:

Prospective and retrospective assessment of *doshagati* in various stages of *vatarakta* are analyzed.

Discussion and Conclusion:

In this work, *vikrita doshagati* is considered in *vatarakta*. *Vatarakta*, being a *raktapradoshajavyadhi*, has a wide clinical spectrum. It is a *vatapradhana tridoshaja vyadhi* with *rakta* being *pradhana dushya*. Altered food habits and lifestyle has increased the patients suffering from *vatarakta*. This work aims at application of basic *siddhanta* from the clinical angle by taking *vatarakta* as the reference.

Keywords: Doctrine, *Siddhanta*, *Doshagati*, *Vatarakta*, Pathogenesis, *Samprapti*

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Introduction

Ayurveda is a system of healing with time-honored doctrines. It explains various physiological phenomena which form the base for understanding the normal functioning of the body. Altered physiology leads to pathogenesis. Thus, *Ayurveda* explains the pathological aspects in terms of deviation in the normal functional pathway. For the production of any disease, *dosha* are the primary internal factor [1]. They are constantly circulating all over the body. If there is any susceptible *dushya* (*dhatu* and *mala*), they conglomerate with them to evoke pathogenesis [2]. *Doshagati* is all about the internal movement of *dosha* according to situation. They form the tool to assess factual situation of the disease and probable future course.

Doshagati – Prakrita And Vaikrita

Dosha are the primary governing principles of the body. They are in constant movement all over the body. Normal functioning of the body is dependent on the status of *dosha* while deviation from the same can lead to disease [3]. Technical terminology used for the movement or status of *dosha* is *doshagati*. The commentators have interpreted the term ‘*gati*’ to ‘*avastha*’

or ‘*prakara*’ [4]. It has a role both in physiological as well as pathological state of the body.

The equilibrium of *dosha*, *dhatu* and *mala* is necessary in maintaining health [5]. Equilibrium may be considered in relative sense because the status of *dosha* vary in any person at a given time based on *vaya*, *ahoratri kaala*, *bhuktavastha* [6]. Therefore, health should be considered as a band of dynamic balance of *dosha*. This phase of *dosha* is considered under *prakrita gati*. The equilibrium will be disturbed whenever a person is involved in regular *nidana sevana*. Subsequently, the normal onward propagation of *dosha* is altered and the state is known as *vikrita gati of dosha* [7].

A disease can be assessed in two different ways based on the stage of *doshagati*. If prodromal symptoms of the disease are already manifested, then etiology and pathogenesis can be analyzed retrospectively while the clinical features and complications can be analyzed prospectively.

Acarya Caraka has described three variants of *doshagati* [8] namely,

- 1) *Kshaya*, *vridhhi* and *sthana*
- 2) *Urdhva*, *adhah* and *tiryak gati*

3) *Rogamarga* i.e., *bahya*, *abhyantara* and *marmasthisandi*

to be normalized by the principle of *samanya-vishesha*.

Vatarakta In The Purview Of Doshagati– Retrospective Analysis

1) *Kshaya*, *vridhhi* and *sthana*

‘*Sthana*’ refers to the physiological state of *dosha* [9]. The primary aim of a physician is to achieve *dhatu-samyak* [10]. This necessitates the assessment of status of *vikrita dosha* as they can be in either *vridhhi* or *kshaya* state. Further, *vridhhi-kshaya* of *dosha* can be of either *gunatah*, *karmatah* or *pramanatah*. Then, imbalanced *dosha* needs

Vatarakta involves various *nidana* in terms of food and regimen. Each *nidana* has its own ability to vitiate specific *dosha* and increase the susceptibility of specific *dushya*. If the interaction of etiological factors, *dosha* and *dushya* are weak, then the disease process may delay or does not manifest and vice versa [11]. Thus, hereby, the relation of each *nidana* and their affinity to vitiate *dosha* and cause *khavaigunya* are considered.

Table No. I Showing the relation between *nidana*, *doshaprakopa* and *srotodushti*

<i>Nidana</i> [12]	<i>Dosha Prakopa</i>	<i>Khavaigunya</i> [13]
<i>Kashaya, katu, tikta bhojana</i>	<i>Vata</i>	<i>Asthivaha srotas</i>
<i>Ruksha ahara</i>	<i>Vata</i>	<i>Udakavaha srotas, Rasavaha srotas</i>
<i>Alpa ahara, Abhojana, Langhana</i>	<i>Vata</i>	<i>Annavaha srotas</i>
<i>Hayoshtra yaana, ambukreeda, plavana</i>	<i>Vata</i>	<i>Asthivaha srotas, Majjavaha srotas</i>
<i>Ushnakaale atyadhvagamana vaishamya</i>	<i>Vata</i>	<i>Udakavaha srotas Raktavaha srotas</i>
<i>Veganigraha</i>	<i>Vata</i>	<i>Asthivaha srotas</i>
<i>Lavana, amla, katu, kshara bhojana</i>	<i>Pitta</i>	<i>Raktavaha srotas Asthivaha srotas</i>
<i>Snigdha, ushna ahara</i>	<i>Pitta</i>	<i>Raktavaha srotas</i>
<i>Ajirna bhojana</i>	<i>Pitta</i>	<i>Annavaha srotas</i>
<i>Krodha</i>	<i>Pitta</i>	<i>Raktavaha srotas Svedavaha srotas</i>

<i>Divasvapna</i>	<i>Kapha</i>	<i>Mamsavaha srotas</i> <i>Medovaha srotas</i>
<i>Ratrijaagarana</i>	<i>Vata</i>	<i>Rasavaha srotas</i>
<i>Abhighata</i>	<i>Vata</i>	<i>Majjavaha srotas</i>
<i>Acankramanasheelanata</i>	<i>Kapha</i>	<i>Mamsavaha srotas</i> <i>Medovaha srotas</i>
<i>Adhyashana</i>	<i>Kapha</i>	<i>Annavaha srotas</i>
<i>Avyayama</i>	<i>Vata</i>	<i>Mamsavaha srotas</i> <i>Medovaha srotas</i>
<i>Snehadi vibhrama</i>	<i>Sannipata</i>	<i>Annavaha srotas</i> <i>Rasavaha srotas</i>
<i>Virudha ahara</i>	<i>Sannipata</i>	<i>Majjavaha srotas</i>

Thus, by analyzing *nidana* in each patient by *prashna pareeksha*, probable clinical symptomatology based on *dosha-dushya* involved maybe traced.

2) *Urdhva, adhah and tiryak gati.*

Vata dosha has the property of motion while other *dosha-dhatu-mala* are lame [14]. They are dependent on *vata dosha* to move all over the body. Movement in the body can be in any direction like upwards (*urdhva*), downwards (*adha*) and lateral (*tiryak*). Based on the functions, respective subtype of *dosha* have *gati*.

- By physiological considerations, *vata dosha* *gati* can be taken as follows:

- ✓ *Prana vata* – *Urdhva, adho*
- ✓ *Udana vata* - *Urdhva*
- ✓ *Vyana vata* – *Urdhva, adho, tiryak*

✓ *Apana vata – Adho*

The above *gati* may get altered during the pathological state. Thus, treatment should be aimed at *anulomana*. If *dushta dosha* have taken *tiryak gati*, Pre-requisites like *pacana, deepana, snehana, svedana* should be administered before *shodhana* [15].

In case of *vatarakta*, aggravated *vata dosha*, particularly *vyana vata*, undergoes *pratiloma gati*. Due to *pratiloma gati* of *vata* and *margavarana* by *dushita rakta*, it gets lodged in susceptible areas like joints. Thus, manifesting musculo-skeletal symptoms like arthralgia and joint deformities. Skin manifestations such as *vaivarnya, kandu* are seen as a result of *raktadushti*.

3) **Rogamarga i.e, bahya, abhyantara and marmasthisandhi**

Depending on the severity of etiology and vitiation of *dosha*, the pathway of pathogenesis varies. These pathways are termed as *rogamarga*. Knowledge of *rogamarga* involved in a disease helps in assessing the severity of the disease as well as in planning treatment. They are categorized into three, namely *bahya rogamarga (shakha)*, *Abhyantara rogamarga (koshtha)* and *Madhyama rogamarga*.

In case of *vatarakta*, all the three *rogamarga* can get involved presenting with respective features. If *dosha gati* is directed towards *abhyantara rogamarga*, then clinical features of altered functions of *koshtha* are seen like *aruci, agnimandya*. If *doshagati* involves *bahya rogamarga*, it manifests in two stages, namely *uthana* and *gambhira vatarakta*. *Uthana avastha* involves *Rasa, Rakta* and *Mamsa dhatu* characterized by *Kandu, Daha, Ruk, Ayama, Toda, Sphurana, Kuncana, Tvak shyavata*

5) **Doshagati based on different stages of the disease**

Dosha maintain their normal state as long as there is no triggering factors called etiology. Once a person indulges in *nidana*, they lead to *dosha vaishamyas*. Initially,

and *Tvak tamrata. Gambhira avastha* involves *meda, asthi, majja* producing symptoms like *shvayathu, sthabdha, kathina, antarbhrisharti, toda, sphurana, daha, shyavata, tamrata, paaka*. In the chronic stages of *gambhira vatarakta, doshagati* may involve structures like *asthi, sandhi, snayu, sira* producing features like *khanja, pangu, angulivakrata* [16].

Acarya Cakrapani considered *gati* as *prakara* or *avastha*. Thus, *avastha* of *dosha* can be considered in terms of presence of *ama*, based on *kaala* and *avarana*.

4) **Dosha gati based on the presence of ama**

Dosha can be either in *sama* or *nirama avastha*. *Amapacana* and *agnideepana* are the initial measures to be taken before starting *vyadhi pratyaneeka cikitsa*. Features such as *gauravata, anilamoodhata, agnisada, vedana, shotha and toda* indicate the *sama doshagati* in a case of *vatarakta*. Once the *dosha* are brought to the state of *nirama*, *vyadhi pratyaneeka cikitsa* should be planned.

dushta dosha accumulates in their own places, known as *sancaya avastha*. If they move out of their own abode, then they are said to be in *prakopa* and *prasara avastha*, where they circulate all over the body [17]. In these three phases namely *sancaya,*

prakopa and *prasara*, only specific *dosha* features can be seen and categorical disease features are absent. Features of *dosha* involved depends on the etiology of each individual.

In the fourth stage of *doshagati*, known as *sthanasamshraya*, aggravated *dosha* become localized in the susceptible *dushya*. Premonitory signs and symptoms of the diseases, *poorvaroopa*, are seen [18]. Thus, *poorvaroopa* of *vatarakta* are as follows: *Svedo atyartam na va, Karshnya, Sprashajnana, Kshate atiruk, Sandhishaitilya, Alasya, Sadana, Pidakodgama*, Appearance of *toda* (pain) in the joints, *Vaivarnya Mandalotpatti* and Feeling of *gurutva* (heaviness), *supti* (numbness) and *kandu* (itching) in knee, thigh, waist, shoulder, hands, legs and other joints of the body [19].

In the fifth stage of *doshagati*, known as *vyakta*, signs and symptoms of the disease manifest¹. Features correspond to the dominant *dosha* involved in the pathogenesis.

- If *vata* dosha has predominant *gati*, clinical features manifested are, *Sirayama, shoola, sphurana, toda, shothasya karshnya, roukshya, Shyavata vriddhi-hani, Sankoca*

of *dhamani* of fingers, *Angagraha, Atiruk, Kuncana, Sthambhana, Sheetapradvesha*.

- If *pitta* has predominant *gati*, features manifested are *Vidaha, Moorcha, Sveda, Trishna, Mada, Bhrama, Raga, Bheda, Paka, Shosha*.
- If *kapha* dosha has predominant *gati*, features manifested are *staimitya, gourava, sneha, supti and mandaruk*. When there is predominance of two *dosha* or all three *dosha* there will be combination of symptoms and etiological factors as well [20].

In the sixth stage of *doshagati*, known as *bheda avastha*, *doshagati* can alter by traversing in all directions and affecting multiple structures causing *upadrava*.

Upadrava of *vatarakta* as a result of *bheda avastha* are *asvapna, arocaka, shvasa, mamsakothe, shirograha, moorcha, mada, ruk, toda, trishna, jvara, moha, pravepaka, hikka, pangulya, visarpa, paka, bhrama, klama, angulivakrata, sphota, daha, marmagraha and arbuda* [21].

Avarana as a doshagati of vata

Vata dosha is unique among *tridosha* as it has *cala guna* and thus, it has tendency to get obstructed, commonly known as *avarana*. *Samprapti* of *vatarakta* involves *avarana*. Here, *vata dosha*, being in *vriddha*

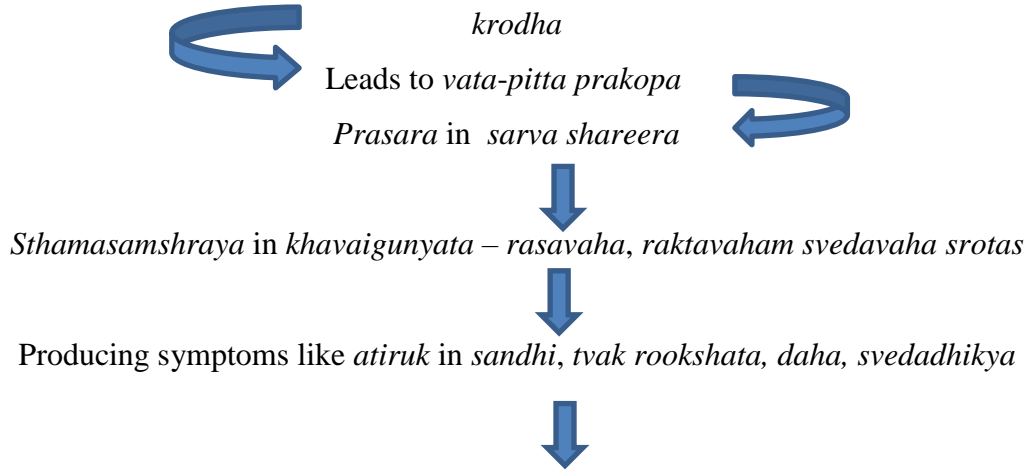
avastha, gets obstructed due to *rakta vridhhi* [22].

Diagnosis of *avarana*, especially by *kapha* or *meda* is important for planning treatment as *snehana* is contraindicated.

Instead *kapha* and *meda* subjugate with physical exercises, *shodhana*, *virecana*, intake of *arishta* and butter milk with *abhaya* should be planned [23].

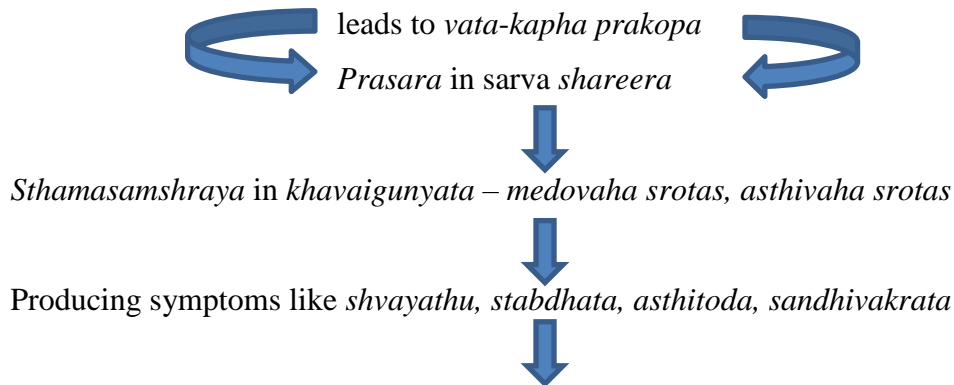
Examples of doshagati in vatarakta: - prospective analysis:

I) *Nidana* such as excessive intake of *virudha ahara*, excess *amla-lavana rasa*, , *ajirna bhojana*,



In this case, *doshagati* can be seen in the form of *bahya rogamarga* and *tiryak gati*

II) *Nidana* such as *abhighata, divasvapna, plavana, acankramanasheelatam adhyashana*



In this case, *doshagati* can be seen in *bahya* and *madhyama rogamarga, tiryak gati, saama doshavastha*.

Discussion

Ayurveda considers multiple factors for planning line of treatment. A physician having many tools to examine a patient, aims at *dhatu-samyak* by planning the treatment. *Avastha* of the disease depends on the status of *dosha* in the disease process. Thus, assessment of *dosha gati* helps in determining the phase wise treatment plan required. Further pathogenesis also gets stopped preventing the complications. *Vatarakta* is considered in this work as it has multiple clinical symptomatology due to different *dosha gati*. Thus, based on various permutations and combinations of etiology, *dosha* traverses in different pathway

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producing *lakshana*.

Conclusion

Examination of a disease involves five methods such as *nidana*, *pragroopa*, *roopa*, *upashaya* and *samprapti*[24]. This methodology is adopted while explaining any disease for easier understanding of the readers. Thus, it is the skill of the physician to apply the basic doctrines, such as *doshagati*, to understand pathogenesis and treatment. In this work, various stages of *vatarakta* are assessed in the purview of *doshagati*. Similarly, other diseases can be analyzed from both prospective and retrospective eye.

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