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*Research Article*

# Ayurvedic Management of Vata Vyadhi: A Proposed Clinical Study and Evidence-based Review

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## Abstract

Background: Vata Vyadhi (वातव्याधि) Ayurvedic drishtikon se bahut vishaal varg hai jisme neurological, musculoskeletal, aur functional disorders aate hain. Modern medicine mein symptomatic management hota hai, lekin Ayurvedic chikitsa — nidana parivarjan, dinacharya, panchakarma aur aushadhi — samagra upchar pradan karti hai.

Objective: Is paper ka uddeshya Ayurvedic siddhanton par adharit ek clinical trial protocol prastut karna aur prakritik chikitsa paddhatiyon ka samikshatmak varnan karna hai.

Methods: Proposed study: randomised, assessor-blinded, parallel-group clinical trial. Sample size (preliminary): 80 participants (40 intervention, 40 control). Intervention mein sthanika and samagra Ayurvedic management—samyak panchakarma (snehana, swedana, basti), herbal formulations (e.g., Ashwagandha, Shallaki, Punarnava; classical yogas anusar), diet & lifestyle modifications shamil honge. Control arm: standard conventional symptomatic management. Primary outcomes: symptom score reduction (Vata lakshan), pain (VAS), functional score (depending on disease, e.g., Oswestry for low back pain / modified Rankin for neurological syndromes). Secondary: QoL, sleep, adverse events. Statistical analysis: intention-to-treat, paired/unpaired tests, $p<0.05$ significance.

Conclusion: Proposed trial aims to scientifically evaluate Ayurvedic protocols for Vata Vyadhi; agar safal hua to integrative model clinical practice mein upyogi ho sakta hai.

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**KEYWORDS:** Vata Vyadhi, Ayurveda, Panchakarma, Basti, Randomised Clinical Trial, Rasayana.

## 1. INTRODUCTION

Vata dosha Ayurveda mein gati, sparsha, sankraman adi kriyaon ka pratinidhi hai. Vata vitiation sharir mein vyavasthaheen gati aur sanket (symptoms) paida karti hai; iska prabhav snayu, sandhi, asthi, manovahini tatha other systems par padta hai. Vata Vyadhi varg mein peeth dard (Kati Roga), Ardita (facial palsy), Pakshaghata (stroke), Gridhrasi (sciatica), aadi aate hain. Is paper mein hum Ayurvedic siddhanton ke anusar vyavasthit chikitsa paddhti ka varnan karenge aur ek pragmatic clinical trial protocol propose karte hain jo evidence generation par kendrit hai.

## 2. LITERATURE REVIEW (SANKSHEP)

**Classical Ayurvedic sources:** Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya mein Vata vikaraon ka varnan, nidana, chikitsha siddhant (Sneha, Basti, Swedana, Langhana, Rasayana).

Contemporary drishtikon: Panchakarma ka role neuromuscular disorders mein symptomatic improvement dikhata hai (classical anumana aur kuch clinical reports). Rasayan therapies aur certain herbs (Ashwagandha, Shallaki/Boswellia serrata) par preliminary clinical data supportive hain — lekin standardised RCTs ki kami hai.

## 3. OBJECTIVES

Primary objective: Evaluate efficacy of standardised Ayurvedic management (Panchakarma + oral formulations + lifestyle).

Background: Vata Vyadhi (वातव्याधि) Ayurvedic drishtikon se bahut vishaal varg hai jisme neurological, musculoskeletal, aur functional disorders aate hain. Modern medicine mein symptomatic management hota hai, lekin Ayurvedic chikitsa — nidana parivarjan, dinacharya, panchakarma aur aushadhi — samagra upchar pradan karti hai.

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## 4. CONCLUSION

Proposed trial aims to scientifically evaluate Ayurvedic protocols for Vata Vyadhi; agar safal hua to integrative model clinical practice mein upyogi ho sakta hai.

Vata Vyadhi, Ayurveda, Panchakarma, Basti, Randomised Clinical Trial, Rasayana in reducing symptom severity of selected Vata Vyadhi compared to standard care over 12 weeks.

Secondary objectives: Assess improvement in functional status, quality of life, sleep, and record safety/adverse events.

**Methods**

Study design

Randomised, parallel-group, assessor-blinded clinical trial.

Setting

Tertiary Ayurvedic hospital/outpatient department with Panchakarma facility.

Participants — inclusion criteria

Age 18–70 years.

Clinical diagnosis of a specific Vata Vyadhi subgroup (for feasibility, pick one — e.g., chronic low back pain with predominant Vata or Gridhrasi; NOTE: you may modify to include multiple Vata disorders and stratify).

Symptoms ≥3 months and VAS pain ≥4 (for pain disorders) or equivalent severity scales.

Willing to provide informed consent.

Exclusion criteria

Serious comorbidities (uncontrolled diabetes, severe cardiac/renal disease).

Recent major surgery (past 6 months).

Pregnant/lactating women.

Taking conflicting medications that cannot be stopped.

Randomization & blinding

Computer-generated randomisation (1:1).

Outcomes assessor blinded to allocation. Participants and treating physicians were not blinded due to the nature of the interventions.

**Interventions**

Ayurvedic intervention arm (12 weeks)

Purvakarma & Panchakarma (first 2–3 weeks)

Snehapana (internal oleation) with medicated ghee (e.g., Mahatikta Ghrita/Anu Taila dependent on prakriti) — dose as per classical protocol and patient tolerance.

Abhyanga (full body oil massage) daily with vatahara oils (e.g., Ksheerabala Taila) for 7–14 days.

Swedana (fomentation) following abhyanga — steam/local as required.

Basti therapy (classical anuvasana and niruha basti) tailored — basti is cardinal for Vata disorders; schedule 8–16 bastis per classical regimen depending on severity.

Oral herbal regimen (concurrent and maintenance)

Ashwagandha (Withania somnifera) ext./powder — adapt dose per age/weight (e.g., 3–6 g/day as powder or 300–600 mg standardised extract).

Shallaki/Salai guggul (Boswellia serrata) or Shallaki churna — for anti-inflammatory and analgesic properties.

Guggulu formulations for asthi/sandhi involvement.

Bala (Sida cordifolia), Musta, and other Vata-balancing herbs as per prakriti.

Rasayana therapy (e.g., Brahmi/Medhya as required for neurological involvement).
(Note: exact formulations and doses to be finalised by institutional pharmacopoeia and ethics committee; adjust for drug interactions.)
Diet & Lifestyle (Dinacharya / Ahara-Vihara)
Vata-shamana ahara: warm, unctuous, regular meals; avoid dry, cold, late meals.
Avoidance of excessive travel, exposure to cold/dry winds, and stress management (yoga, pranayama).
Daily oil massage (Abhyanga) at home and adequate sleep.
Control arm
Standard conventional care for the target condition (e.g., analgesics, physiotherapy). Co-interventions recorded.
Outcome measures
Primary outcome: Change in disease-specific symptom score at 12 weeks from baseline (e.g., VAS pain, disability index).
Secondary outcomes:
Functional assessments (Oswestry Disability Index, SF-36 QoL).
Sleep quality (PSQI).
Patient Global Impression of Change (PGIC).
Safety labs (CBC, LFT, RFT) and adverse event recording.
Sample size
Pilot sample: 80 participants (40 per arm) to detect a moderate effect size (Cohen's d ~0.6) with 80% power and α=0.05 (estimate; final sample size to be calculated with statisticians).
Statistical analysis
Intention-to-treat principle.
Continuous variables: t-test / Mann-Whitney as appropriate.
Categorical: chi-square / Fisher's exact.
Repeated measures: mixed-effects model to account for time and group.
Significance at $p<0.05$.
Safety and ethical considerations
Institutional Ethics Committee approval is mandatory.
Informed consent from all participants.
Monitor for herb-drug interactions and adverse events.
Rescue medication policy to be predefined.
A data safety monitoring board (DSMB) is recommended for larger trials.
Expected limitations
Blinding not feasible for participants/providers.
Heterogeneity of Vata Vyadhi spectrum may reduce internal validity; better to focus on a specific condition per trial or stratify.
Standardisation of herbal formulations and Panchakarma protocols required; inter-centre variability possible.

## 5. DISCUSSION

Ayurvedic treatment for Vata Vyadhi centres on removing pathology (Langhana, Snehana, Swedana), rebalancing through Basti (considered prime for Vata), and restoring strength via Rasayana. Classical texts emphasize individualized approach (Prakriti, Vikriti). Scientific evaluation via rigorously designed trials will help integrate efficacy and safety data into mainstream practice and guide rational integrative protocols.
Practical treatment protocol — sample (table format for Word paste)
Phase I (Day 1–14): Snehana (Abhyanga daily) + Swedana (local/systemic)
Phase II (Day 15–28): Niruha Basti (alternate days) + Anuvasana Basti as per classical regimen
Maintenance (Week 5–12): Oral herbal therapy (Ashwagandha 500 mg BD; Boswellia 300 mg TDS) + daily Abhyanga at home + physiotherapy/yoga.
(Adjust based on patient response and institutional formulary.)

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