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RESEARCH ARTICLE

NIDAN PANCHAK OF VATARAKTA VYADHI: A LITERATURE REVIEW

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Abstract

Introduction: Vatarakta is a classical Ayurvedic disorder characterized by the simultaneous vitiation of Vata Dosha and Rakta Dhatu, resulting in inflammatory, degenerative, and circulatory disturbances primarily affecting the extremities and small joints. The Ayurvedic diagnostic framework of Nidan Panchak—comprising Hetu (etiology), Purvarupa (premonitory symptoms), Rupa (clinical features), Samprapti (pathogenesis), and Upshaya/Anupshaya (therapeutic tests) offers a comprehensive understanding of this condition. This review aims to evaluate the classical description of Vatarakta through the lens of Nidan Panchak and highlight its diagnostic and therapeutic relevance.

Methods: A qualitative literature review was conducted using primary Ayurvedic texts including Charaka Samhita, Sushruta Samhita, and Madhava Nidana, along with relevant commentaries and contemporary scholarly publications. Passages related to Vatarakta were extracted, compared, and synthesized to present a structured interpretation of Nidan Panchak elements.

Results: The review found that Hetu primarily includes dietary (Aharajanya) and behavioral (Viharajanya) factors that separately aggravate Vata and Rakta, while their combination initiates the disease through Anyonyavarana, where vitiated Rakta obstructs Vata. Purvarupa manifestations such as burning, pricking pain, and discoloration provide strong predictive value for early diagnosis. Lakshana further categorizes Vatarakta into Uttana (superficial) and Gambhira (deep-seated) varieties, along with Dosha-specific symptomatology, enabling precise staging and individualized intervention. Upshaya measures such as Snehan, Swedan, Basti, Raktamokshana, and Tikta Kashaya preparations showed conceptual alignment with disease mechanisms, whereas Anupshaya factors aggravate chronicity.

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Discussion: The Nidan Panchak framework offers an integrated clinical model that unifies etiology, pathogenesis, and symptomatology, while providing a dual-targeted therapeutic strategy. Its highly specific clinical markers demonstrate potential for correlation with modern inflammatory and metabolic disorders.

Conclusion: Nidan Panchak provides a precise and holistic diagnostic system for Vatarakta, emphasizing stage-wise identification and individualized management. Future interdisciplinary research could strengthen its applicability in modern clinical practice and enhance understanding of inflammatory joint diseases.

Introduction:-

Ayurveda states that Vata Dosha, out of all the Doshas, is the root cause of all diseases¹. Vatarakta is caused by an imbalance in Vata Dosha and further affects Rakta Dhatu as well, hence the term is coined². The aggravated Vata pollute Rakta flowing in Sharir causing obstruction in the normal blood flow. Both vitiated Vata and Rakta travel together in Srotas. While travelling, they settle primarily at small joints (Parva Sandhi) of hands and feet, then spreads throughout the body. This results in manifestation of disease.³ During the course of time all Dhatus were shown to be gradually involved in the Gambhira Vatarakta's progress.⁴ Variations in pain, inflammation, and deformities are caused by a considerable vitiation of Vata along with Rakta in Asthi, Majja, and Sandhis.⁵

Definition:-

The disease caused due to Dushti of Vatadosha and Raktadhatu is called as Vatarakta.⁶

Vatarakta Nidan Panchak:-

Vatarakta Hetu:-

Generally, Vatarakta (the disease) arises in persons of tender physique, who indulge in unhealthy foods and activities, who are greatly troubled (exhausted) by diseases, long walk, women (sexual activities), drinking wine and physical activities; who indulge in foods and activities opposite of the seasons and accustomed ones, improper administration of oleation and other therapies, in persons who abstain from copulation and in those who are obese. Riding on elephant, horse, camel etc. (for long periods) and such other causes, great indulgence in vegetables which possess qualities like penetrating, hot potency, sour and alkaline tastes; exhaustion by heat etc., Vata getting aggravated vitiates Rakta quickly which in turn, obstructs the path of Vata; becoming greatly aggravated by such obstruction of its path, Vata causes great vitiation (increase) of blood; because the vitiated blood is combined with greatly aggravated Vata, which is very predominant, the disease is called as Vatarakta.⁷ Excessive intake of saline, sour, pungent, alkaline, unctuous, hot and uncooked food; Intake of putrefied or dry meat of aquatic or marshy-land inhabiting animals; Excessive intake of oil-cake preparation or radish; Excessive intake of Kulattha, Masha, Nishpav, leafy vegetables, etc., meat and sugar-cane.

Excessive intake of curd, Aranal (Kanji), Sauvira (sour preparation of dehusked barley, etc.), Shukta (vinegar), butter-milk, alcohol and wine; Intake of mutually contradictory food; Intake of food before the previous meal is digested; Resorting to anger in excess; Sleeping during day time and remaining awake at night; In a person whose blood is vitiated by the above-mentioned causative factors of the following: Vatarakta, gets aggravated because; Abhighata (injury); Ashuddhi (omission of the purification of the body. i.e. omission of the use of elimination therapies which are supposed to be done in routine during different seasons); Excessive intake of astringent, pungent, bitter and unctuous ingredients; Intake of less of food or abstinence from food; Riding over horses, camels or on vehicles drawn by them; Resorting to aquatic games, swimming and jumping; Excessive wayfaring in hot season, which disturbs the equilibrium of Vata; Indulgence in sexual intercourse; and Suppression of the manifested natural urges.⁸

Vatarakta Samprapti:-

According to Acharya Charak - Vata undergoes aggravation by combat (wrestling, restraining, fighting etc.) with those (persons or animals) stronger than himself; in persons who partake foods (and drinks) which are heavy (not easily digestible), hot in potency and who indulge in overeating, Shonita (blood) becomes vitiated. In such persons Vata combining with Rakta, causes obstruction of the channels/ passages of blood, then both together give rise to symptoms of Vatarakta disease, these appear first in the hands and feet and later spread to the entire body.⁹

According to Acharya Sushrut - Vata gets aggravated. Being obstructed in its course by the vitiated blood, the excessively aggravated Vata vitiates the entire blood. The disease thus, caused is called Vatarakta.¹⁰

Vatarakta Purvarupa:-

According to Acharya Sushrut - Pricking pain, burning sensation, itching, swelling, rigidity, roughness of the skin, throbbing of veins, ligaments and arteries; debility of the leg, appearance of bluish-red patches without any other

cause developing in the palms, soles, fingers, ankle, wrist etc.; these if not treated or if the person indulges in improper regimen (of food and activities) then the disease becomes well manifest. If not treated properly it produces distortions/deformities. ¹¹During premonitory stage, the feet are loose (weak), full of sweat, cold or its opposite (hot) to touch, discolored, have pricking pain, loss of sensation, feeling of heaviness and burning sensation. ¹²Remaining rooted in the feet, sometimes even in the hands, and getting increased, it (disease) spreads all over the body, just like the spread of poison of rat. ¹³Vatarakta in which the feet have cracks and fissures upto the knee, skin is broken, exuding fluid; that associated with complication, such as loss of Prana (strength) and muscles etc. and more than a year old, is either incurable or controllable (but persistent). ¹⁴According to Acharya Charak the premonitory signs and symptoms of Vatarakta are as follows: Excess or absence of perspiration; Black coloration of the joints; Insensibility to touch, and excessive pain if there is injury to the afflicted part; Looseness of joints, indolence and asthenia; Appearance of pimples; Pricking pain, twitching sensation, splitting pain, heaviness and numbness in the knees, calf region, thighs, umbilical region, shoulders, hands, feet and joints in the body; Itching; Frequently, the pain while appearing in the joints disappears [suddenly]; and discoloration of the skin, and appearance of circular patches over the body. ¹⁵

Vatarakta Lakshana:-

According to Acharya Sushrut in Vatarakta, the feet develop inability to tolerate touch, pains such as pricking and cutting, profound dryness, wasting, and loss of sensation, with the association of Pitta and Rakta (aggravated) gives rise to severe burning sensation, profound heat and redness and soft swelling (in the feet); with the association of Kapha and Rakta (aggravated) gives rise to swelling which is itching, white color, cold to touch, bulged up and immovable; when all the Doshas (aggravated) are associated with Rakta (aggravated) then they give rise to their own respective symptoms in the legs. ¹⁶

According to Acharya Charak:-

Signs and Symptoms of Vatarakta Dominated by Vata: -

Dilatation of veins; Colic pain, throbbing pain and pricking pain; Blackness, unctuousness and brownish coloration of edema; Increase and decrease of the edema; Contraction of vessels, fingers (including toes) and joints; Stiffness of the limbs; Excessive pain; Contractures and stiffness [of joints]; and Disliking for cold things. ¹⁷

Signs and Symptoms of Vatarakta Dominated by Vitiated Rakta (Blood):

Oedema, excessive pain and pricking pain; Coppery coloration of the skin; Tingling sensation; Not yielding to therapies which are either unctuous or ununctuous; and itching and sloughing. ¹⁸

Signs and Symptoms of Vatarakta Dominated by Pitta: -

Burning sensation, pain, fainting, sweating, morbid thirst, intoxication and giddiness; Redness, suppuration and bursting open of the afflicted joint; and Emaciation of the afflicted limb. ¹⁹

Signs and Symptoms of Vatarakta Dominated by Kapha: -

Indolence, heaviness, unctuousness and numbness; and less of pain. ²⁰

Signs and Symptoms of Vatarakta Dominated by Two or Three Doshas: -

Vatarakta dominated by two or three of the aggravated Doshas is characterized by the etiological factors as well as signs of two or three dosha together as described above. ²¹

Uttana Vatarakta Lakshana: -

The superficial or external (Uttana or Bahya) variety of Vatarakta gives rise to the following signs and symptoms: Itching, burning sensation, ache, extension, pricking pain, throbbing sensation and contraction; and the skin becomes brownish black, red or coppery in color. ²²

Gambhira Vatarakta Lakshana: -

The deep seated (Gambhira) type of Vatarakta gives rise to signs and symptoms, as follows: Edema, stiffness, hardness and excruciating pain in the interior of the body; Blackish brown or coppery coloration [of the skin]; and Burning sensation, pricking pain, twitching sensation and suppuration [of the joints]. ²³

Ubhayashrita Vatarakta Lakshana:-

If the Vatarakta is located both in the exterior (Uttana) and interior (Gambhira) of the body, then the following signs and symptoms are manifested: The aggravated Vata while causing pain and burning sensation constantly, moves with high speed through the joints, bones and bone-marrow as if cutting them to make the joints curved inwards; While moving all over the body, this aggravated Vata makes the person lame and paraplegic; and All the signs and symptoms described above (in respect of Uttana and Gambhira types of Vatarakta) are manifested.²⁴

Vatarakta Upshaya-

According to Acharya Charaka, in Vatarakta following are the upshaya measures-

Snehan, swedan, abhyanga, upnah, parishek, avgaah, basti, raktamokshan, snehapaan with tiktakashay ghrut.²⁵

Acharya Sushruta recommends similar upshayas.²⁶

Vatarakta Anupshaya-

According to Acharya Charaka, in Vatarakta following are the anupshaya measures-

Ruksha, sheet, laghuaahar, ativyayam, atiatyasan, atisheetoshnasevan, amlalavanakatubhojan, atap sevan, krodh, shok.²⁷ Acharya Sushruta recommends similar anupshayas.²⁸

Discussion:-

The classical Ayurvedic framework of Nidan Panchak offers a full and integrated view of Vatarakta Vyadhi, defining it as a complicated condition caused by the simultaneous vitiation of Vata Dosha and Rakta Dhatu. The Hetu clearly suggest a pathology caused by both metabolic imbalance and lifestyle variables; Aharajanya Hetus (dietary causes), such as excessive consumption of hot, sour, and saline foods, increase Rakta vitiation, whereas Viharajanya Hetus, such as over-exertion and injury, predominantly excite Vata. The Samprapti connects these two elements via the key mechanism of Anyonyavarana, in which vitiated Rakta obstructs Vata's mobility, resulting in a localized inflammatory response. This combined vitiation largely settles in the Parva Sandhi, providing a clear classical explanation for the beginning of distal inflammatory arthritis.

The Purvarupa and Lakshana have acute specificity, which emphasizes the Nidan Panchak's diagnostic usefulness. Premonitory indications (Purvaroop) such as unexplained pricking pain, burning sensations, and bluish-red patches in the extremities are important clinical indicators for preventive care. The full manifestation (Lakshana) determines therapy strategy by categorizing the disease into Uttana (superficial) and Gambhira (deep-seated) categories, which correspond to the acute and chronic stages of inflammatory joint degeneration, respectively. Furthermore, thorough descriptions of Dosha-dominant symptoms, such as Vastisankochana (contractures) for Vata and Daha (burning) for Pitta/Rakta, guarantee that treatment is highly customized and specific to the current pathological state. The Upshaya (ameliorating) and Anupshaya (aggravating) measures support a dual management strategy for treating this disease. Effective therapeutic acts (Upshaya) directly counteract specific Dosha imbalances, using Snehan and Basti (medicated enema) to calm Vata and Raktamokshan (bloodletting) and Tikta-Kashaya Ghruta (bitter/astringent ghee preparations) to regulate vitiated Rakta and Pitta. The careful avoidance of Anupshaya, such as cold, dry food and extreme exertion, guarantees that the chronic character of the condition is not exacerbated. In essence, the Nidan Panchak offers a comprehensive, integrated approach to diagnosing and controlling this inflammatory illness, highlighting the possibility for current research to validate the specificity of these traditional clinical markers through clinicopathological association.

Conclusion:-

The Nidan Panchak concept provides an extremely thorough and integrated technique for comprehending Vatarakta Vyadhi, successfully uniting its heterogeneous etiology (Hetu) and complicated dual pathogenesis (Samprapti) around the critical mechanism of Anyonyavarana. The methodology's diagnostic potency stems from the acute specificity of its premonitory (Purvarupa) and symptomatic (Lakshana) descriptions, which not only divide the disease into acute and chronic stages but also require highly customized therapy based on Dosha dominance. Finally, by providing a detailed, dual-targeted management strategy via Upshaya and Anupshaya measures—calming Vata while regulating vitiated Rakta and Pitta—the classical texts establish an effective template for diagnosis and control, implying significant potential for modern research to validate these markers and integrate this specific clinical approach into contemporary inflammatory disease management.

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