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Research Article

ETIOLOGICAL STUDY OF VATAVYADHI IN PERSPECTIVE OF MODERN ERA: AN EPIODEMOLOGICAL STUDY

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ABSTRACT

Vatavyadhi get the prime importance in Ayurvedic classic, though it was prevalent in ancient time but these days this is increasing with rising of technology. People used to go towards urbanization, utilized technology which instead of making life comfortable develops a busy life and people are away from maintaining the Dinacharya Rituchary, Sadvrita etc. which increases the rate of Vatavyadhi. The causes of Vatavyadi which are described in Ayurvedic text are different according to modern era due changing life style though sign and symptoms of different diseases are same, so an analysis is important to make correlation between the causes of ancient era and modern era. A survey study was done on 500 patients of Vatavyadhi, in National institute of Ayurveda, Jaipur, India, in some yoga Kendra in Jaipur, India on the base of duly formed proforma. The causes of Vatavyadhi which were given in different texts of Ayurveda were compiled; make questionnaire as per this modern era and proforma was made on the basis of this. Though there are different causes but the commonest causes of this era which develops Vatavyadhi was more highlighted in this survey.

Keywords: Vatavyadhi, Lifestyle, Technology, Wrong posture.

INTRODUCTION

Ayurveda emphasizes more upon normal maintenance of health, prevention and curing of diseases through systematic follow up of regimens. Ayurveda has given due importance to Vatavyadhis since the era of Vedas and later on in Samhita Kala the study of Vatavyadhi have been done more elaborately. Almost all Acharyas describe the Vata vyadhi. Vata is one of three dosha, but the diseases of Vatavyadhi is more in number than Pitta and Kapha and separate chapters of it is described. From this point it can be seen that the Vatavyadhi is really an important Vyadhi. There are 80 types of Vatavyadhi[1], but it may be many according to its location.[2] The causes of Vatavyadhi, the pathogenesis of different Vatavyadhi is different for different diseases according to its site. The sign and symptoms are same in this era also which were described at that period. But the Nidana (cause) are different in this period. So there is a need to analysis the Nidana of that period with this modern era, by analyzing this Nidana it is important to make the exact pathogenesis of different Vatavyadhi. Due to rising technology the human society is leading with mechanical life, unable to follow the Dinacharya and Ritucharya are explained in our science, due to frequent changing lifestyle, environmental factors, climate, etc. the critical busy schedule, restless routine, stress, anxiety or running after comfortable life. The major disorder involves constant work in improper sitting posture in front of computer, in watching T.V., continuous and over mental exertion to earn more money, prolonged travelling by riding bike, four wheeler, less sport activities, exercises etc. which give an abnormal posture for body, hamper free movement of it which leads to an increased prevalence of pain, difficulty in movement, stiffness etc. To get ride from this Vatavyadhi people should know the causes and try to avoid these because prevention is better than cure. This study is done to assess the commonest cause of Vatavyadhi among the patients of Vatavyadhi.

Aim and Objective:

To study the etiological factor of Vatavyadhi in perspective to modern era

MATERIAL AND METHOD

A survey study was conducted at I.P.D. and O.P.D. of N.I.A. Jaipur, India in a time period from Nov'13 to Dec'14 in 500 patients in a duly formed proforma in age group 20-70, satisfying the inclusion criteria.

Inclusion criteria

- Patients having classical sign and symptom of Vatavyadhi
- Not suffering from any systemic disease
- Age between 20 years-70 years
- Patients were taken irrespective of sex, religion, occupation.

Exclusion criteria

- Suffering from any systemic disease
- Age less than 20 years and more than 70 years

RESULT AND DISCUSSION

The study was done on 500 patients, among them in the following way diseases were found. Disease out of 500 patients surveyd, 20.2 % were found Sandhivata, 18.6 % were found Avabahuka, 11.4 % were found Katigraha, 9.2 % Gridhasi, 8.4 % Pakshaghata, 6.8 % Vatakantaka, 5.6 % Grivastambha, 4.4 % Ardita, 4.4 % Koustakshirsha, 3.8 % Ardhangavata, 3.2 % Viswaci, 2 % Kampavat, 2 % Sarvangavata (Figure 1).

Regarding age out of 500 cases maximum no. of cases i.e. 65.5 % were found in the age group of 51-70. The next common age group is 35-50 years (30 %), followed by 4.5 % cases in age group of 21-35 years (Figure 2).

65.5 % were found in the age group of 51-70 years this may be because of Vata dominancy in this particular age group.[3] Distribution of sex in 500 cases reveals that 49 % of cases were female followed by 51 % were male (Figure 3).

No conclusion can be put forward from this data because almost equal prevalence. Out of 500 patients 89.2 % were from urban habitat and 10.8 % from rural habitat (Figure 4).

Due to rising technology, changing of profession, using technology Vatavyadhi is more in urban area. out of 500 surveyed patients different type of occupation was found among which maximum (34.4 %) were housewife, 8.6 % were serviceman, 7.8 % businessman, 6.8 % Shopkeeper, 5.8 % computer worker, 4.8 % driver, 4 % framers, 3.4 % teacher 3 % retired employee, 2.8 % ferry worker, 2 % retired army, 2 % chowkidar, 1.8 % Student, 1.4 % MR, 1.2 % Painter, 1.2 % engineer, 1.2 % electrician, 1.2 % cook, 0.8 % cooli, 0.8 % clerk, 0.8 % call centre worker 0.6 % Tailor, 0.6 % postman, 0.4 % labor, 0.4 % thelawala, 0.4 % accountant, 0.2 % swimmer, 0.2 % social worker, 0.2 % pujari, 0.2 % professional swimmer, 0.2 % professional bikerider, 0.2 % MBA, 0.2 % gynecologist (surgeon), 0.2 % distributor, 0.2 % Blacksmith (Figure 5).

The disease is maximum in house wife because spending time in front of T. V., lack of physical activity leads to obesity (sthoulya)[3] and due to sthuolya other Dhatu do not get nutrition and asthi is the next dhatu of meda (which is the main Dhatu involved in sthoulya) so causes diseases like Sandhivata (osteoarthritis), it also leads to Prameha (~Diabetes mellitus) which lead disease like Avabahuka (~frozen shoulder). In other occupation there was excessive sitting, driving, cooking, standing, walking which give improper movement of the body and leads different type of Vatavyadhi, because in these cases Vayu does not get the proper movement and located in different site according to the posture and make Samprapti of different Vatavyadhi according to location. Out of 500 patients 30.2 % were Vatapitta Prakriti, 47 % were Vatakapha Prakriti, 22.8 % were Pittakapha Prakriti (Figure 6).

It can be said that patients were more in Vatakapha dominancy (47 %) and Vatapitta dominancy (30.2 %) and as a whole Vata Prakriti patients was suffering from this Vatavyadhi more. Out of 500 patients 87.4 % were Rajasik Prakriti and 22.6 % were Tamashik Prakriti (Figure 7).

Vatavyadhi was more prevalent in Rajashik Prakriti because this Prakriti is Vata dominant.[4] In this modern era people become more Rajashik Prakriti, because they forget about the rules of Sadvritta, which is also a cause of Vata Vyadhi. Out of 500 patients exposed to cold 4 %, taking cold substance regularly 9.8 %, taking cold substance sometime 32 % and never used cold substance 54.2 % (Figure 8).

These days' patients used to take cold drink, ice-cream etc. and the call centre worker, night chowkidar, night duty nurses etc. exposed to cold and developed Ardita (facial paralysis) like Vatavyadhi. Out of 500 patients 79.8 % has taken food regularly and 20.2 % has not taken food regularly (Figure 9).

Means 20.2 % was on Visamasan, this also due to lack of time to maintain daily routine in this era, and it helps to occur Vatavyadhi. Out of 500 patients 1.6 % has done exercise in gym, and 98.6 % has not done (Figure 10).

These days there are many gym centre and people used to go there but excessive exercise (Vyama) increase Vata and leads to Vatavyadhi. Out of 500 patients 20 % had history of injury and 80 % hadn't (Figure 11).

Though in ancient era there was injury from chariot, elephant, horse riding etc. but in these modern era there is increase of accident due increasing no. of vehicle, which leads to Vatavyadhi like Pakshghata (paralysis), Gridhasi (sciatica), Kampavata (parkinsonism), Ardhangavata, Koustakshirsha etc. Out of 500 patients 18.4 % had disturbed sleep, and 82.6 % had proper sleep (Figure 12).

These days some occupation is there where night duty and people get disturbed in sleep which increases Vata and leads to Vatavyadhi. Though this type of profession was in ancient era but these days these are increases. Out of 500 patients 24 % patients had taken day sleep and 76 % had not taken day sleep (Figure 13).

Day sleep is found these days in those women who used to keep maid and get enough time to sleep in day time, there is less digestion and for that Ama is formed which gradually lead to constipation and Vata is increase, which turn to Vatavyadhi. Out of 500 patients maximum 28.6 % suppress bowel, next hunger (17.2 %), then micturation 11.4 %, then thirst 5.6 %, sleep 2.8 %, tiredness 0.6 % and patients found not suppress natural urges 33.8 % (Figure 14).

This type of suppression of natural urges is increases day by day because technology though rising almost half of population had no time to maintain Dinacharya Ritucharya for which they have to suppress their natural urges, because people are running after money, which increases Vata and ultimately lead to Vata vyadhi like Sarvangavata etc. Out of 500 patients maximum 56.4 % Vegdharana regularly, 27.8 % never Vegdharana followed by 15.8 % sometime (Figure 15).

It is seen that maximum no. of patients suppress natural urges regularly. Out of 500 patients 264 using abnormal posture (Vichesta) maximum 15 % patients was driver, then walker 13.2 %, then who used to stand 7.6 %, working in computer 6.4 %, then who used to sit for long period 2.2 %, cycling 1.8 %, journey 1.6 %, cooking 1.2 %, then walking on uneven road 0.8 %, stitching, sewing, painting 0.6 % followed by swimming, operating, dancing, during household work 0.2 % (Figure 16).

Here in this era driving (car, bike, truck etc.) is the most commonest among people which lead to various Vatavyadhi, it not only occur due to continuous sitting but also driving in uneven road which may lead diseases like Avabahuka (frozen shoulder), Gridhrasi (sciatica), Katigraha (lumbar spondylosis) etc. then who walk more like farmer, militaryman etc leads Vatavyadhi like Sandhivata, then the people who used to stand in some profession like chowkidar, watchman in some mall, some shopkeeper who stand in the whole day, bus conductor etc. increases Vata and leads to Vatavyadhi. Working in front of computer in some service like in bank, computer shopkeeper etc. leads to Vatavyadhi like Grivastambha (cervical spondylosis),[5] Avabahuka (frozen shoulder), sitting also leads to Vatavyadhi like Avabahuka (frozen shoulder) which is found in some businessman which only used to sit whole day which give improper movement of shoulder. Cycling also found the cause of some Vatavyadhi like Sandhivata (osteoarthritis), Katigraha (lumbar spondylosis), frequent journey in bus, train which lead the disease like Grivastambha (cervical spondylosis), Katigraha (lumbar spondylosis), Gridhasi (sciatica) etc. which are found in engineer, some MBA, some serviceman which have to travel in bus/train up to office etc. cooking profession is rising in this modern era due to rising bhojanalay, restaurant etc. again which lead to Vatavyadhi like Grivastamba (cervical spondylosis), Avabahuka (frozen shoulder) etc. then walking on uneven road means not only walking on uneven road but also the lady who used to wear high heel also suffer from Vatavyadhi like Vatakantaka, Katigraha (lumbar spondylosis) etc. then stitching, sewing in sewing machine, professional painter also develop Vatavyadhi like Grivastambh (cervical spondylosis), Katigraha (lumbar spondylosis), Gridhasi (sciatica) etc. now-a-days some professional swimmer, dancer, some surgeon during their life developed Vatavyadhi like Grivastambh (cervical spondylosis), Katigraha (lumbar spondylosis), Avabahuka (frozen shoulder) etc. Out of the 500 patients 264 patients who used wrong posture, maximum no. 12 % used wrong posture for 5-6 h, 8.6 % for 3-4 h, 8.2 % for 6-7 h, 6.8 % for 2 h, 5.2 % for 8-9 h, 3.4 % for 4-5 h, 3 % for 2-3 h, 2 % for 1-2 h, 1.6 % for 7-8 h, 0.4 % for 1 h and 4 h, followed by 0.2 % for 1-1.5 h (Figure 17).

Here all the patients who had used wrong posture maximum was 5-6 h, then 3-4 h followed by 6-7 h means average 3-4 h is sufficient to develop Vatavyadhi in a continuous posture. Out of 500 patients' maximum no. of (92 %) did not walk with load followed by 8 % walked with load (Figure 18).

Means Vatavyadhi found in 8 % people walk with load which is found in patients working in loading and unloading industry, labor work in train and bus station which is increase day by day with increasing people in urban area due to rising technology. Out of 500 patients maximum no. of patients (54.6 %) had grief (Soka) followed by 45.4 % didn't had (Figure 19).

These days people are suffered from frustration, people forget about Sadvritta so metal factor like grief (Soka) increases Vata and leads to Vatavyadhi. Out of 500 patients maximum (95.4 %) patients hadn't fear (bhay) followed by 4.6 % had (Figure 20).

This cannot conclude anything. Out of 500 patients 53.6 % had no anger (Krodh) and 46.4 % had anger (Figure 21).

Due to no knowledge about Dharaniya veg and Adharniya vega people cannot control their anger (Krodh) which increases Vata and leads to Vatavyadhi. Out of 500 patients 57.6 % had not tension (Chinta) and 42.4 % had (Figure 22).

This shows that this era due to growing technology in every level the competition become increase which leads to tension and increase Vata, ultimately leads to Vatavyadhi like Paksahghata.

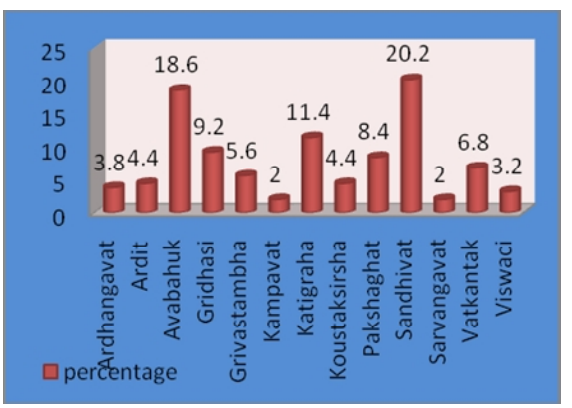

Figure 1: Disease wise % prevalence of 500 patients

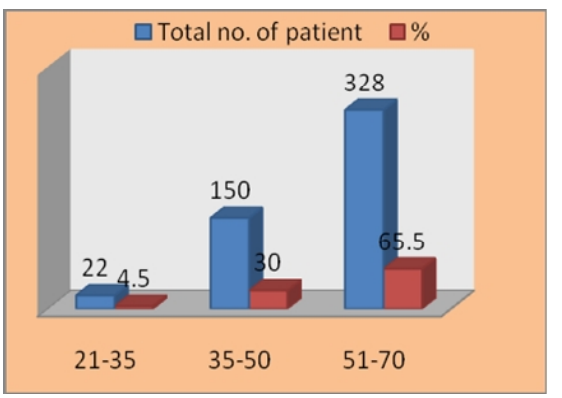

Figure 2: Age wise % prevalence of 500 patients

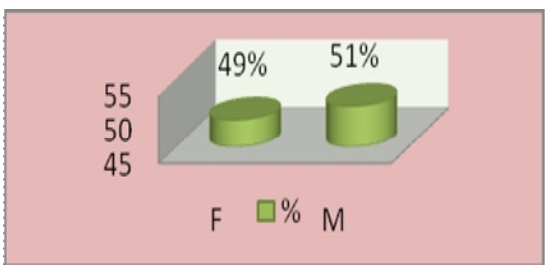

Figure 3: Sex wise % prevalence of 500 patients

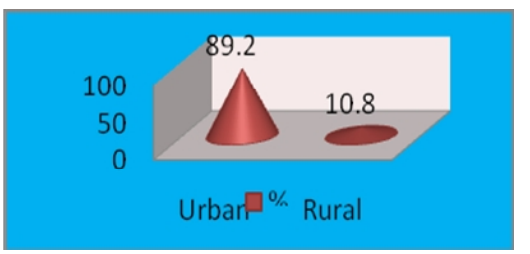

Figure 4: Habitat wise % prevalence of 500 patients

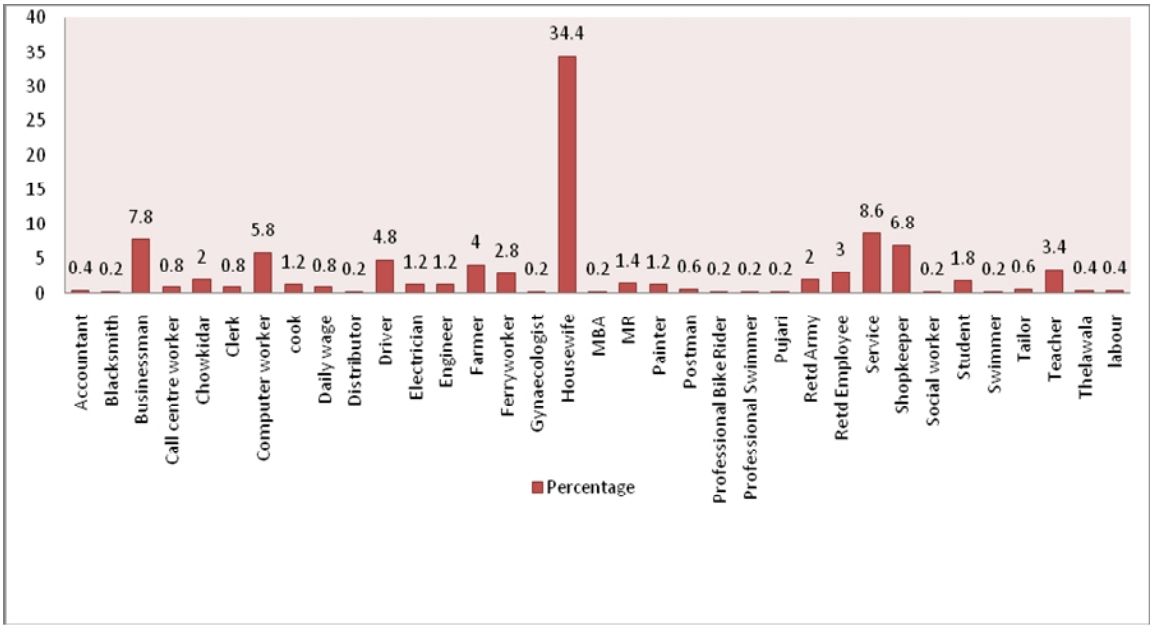

Figure 5: Occupation wise % prevalence of 500 patients

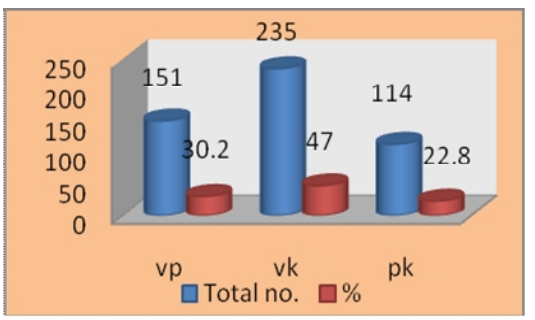

Figure 6: Deha prakriti wise % prevalence of 500 patients

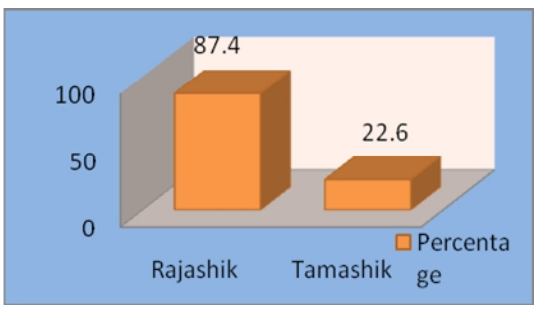

Figure 7: Manashik prakriti wise % prevalence of 500 patients

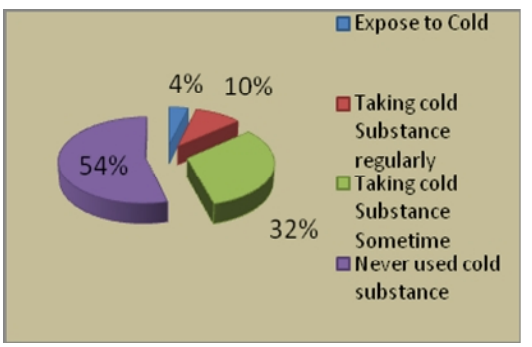

Figure 8: In taking of cold wise % prevalence of 500 patients

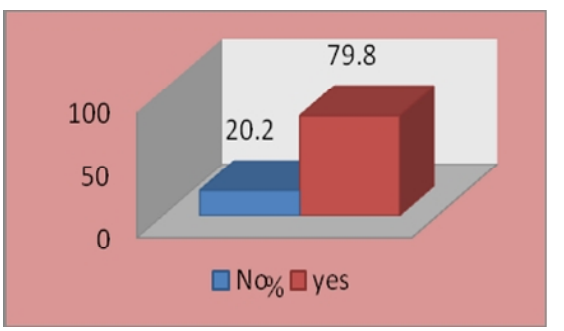

Figure 9: Regular food habit wise % prevalence of 500 patients

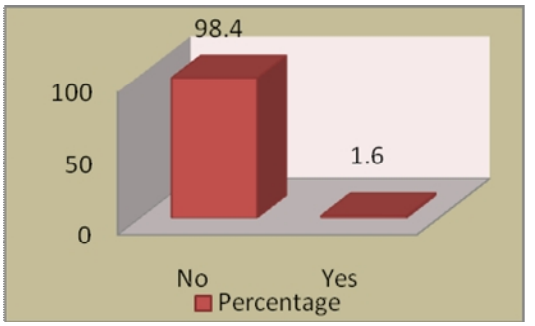

Figure 10: Exercise wise % prevalence of 500 patients

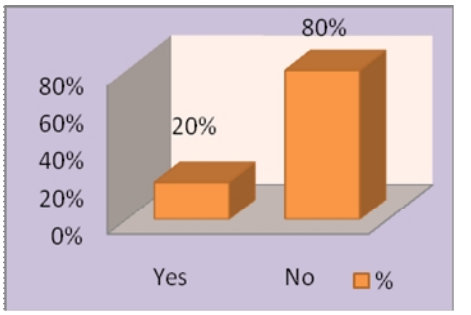

Figure 11: Injury wise % prevalence of 500 patients

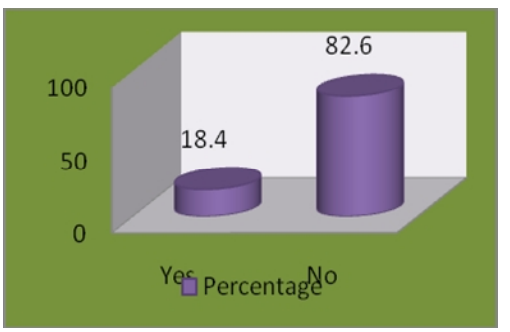

Figure 12: Disturbed sleep wise % prevalence of 500 patients

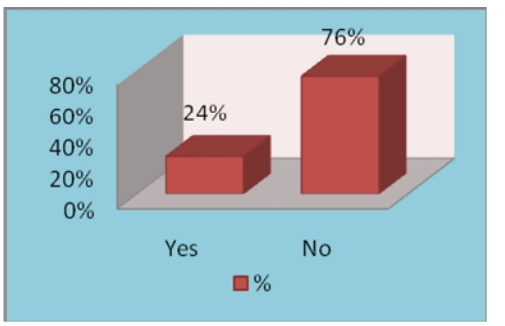

Figure 13: Day sleep wise % prevalence of 500 patients

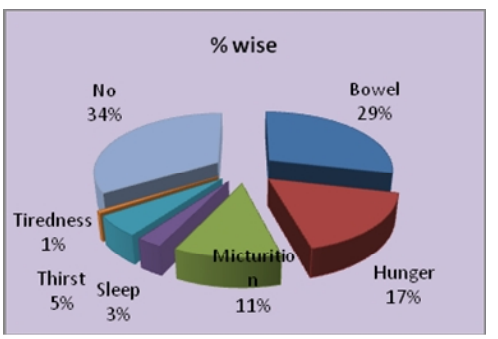

Figure 14: Suppression of natural urges wise % prevalence of 500 patients

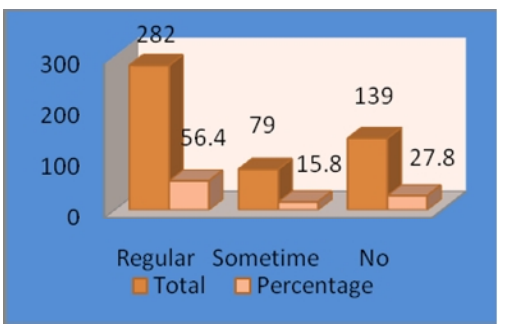

Figure 15: Habit of suppression wise % prevalence of 500 patients

Figure 16: Wrong posture wise % prevalence of 276 no. of patients out of 500 patients

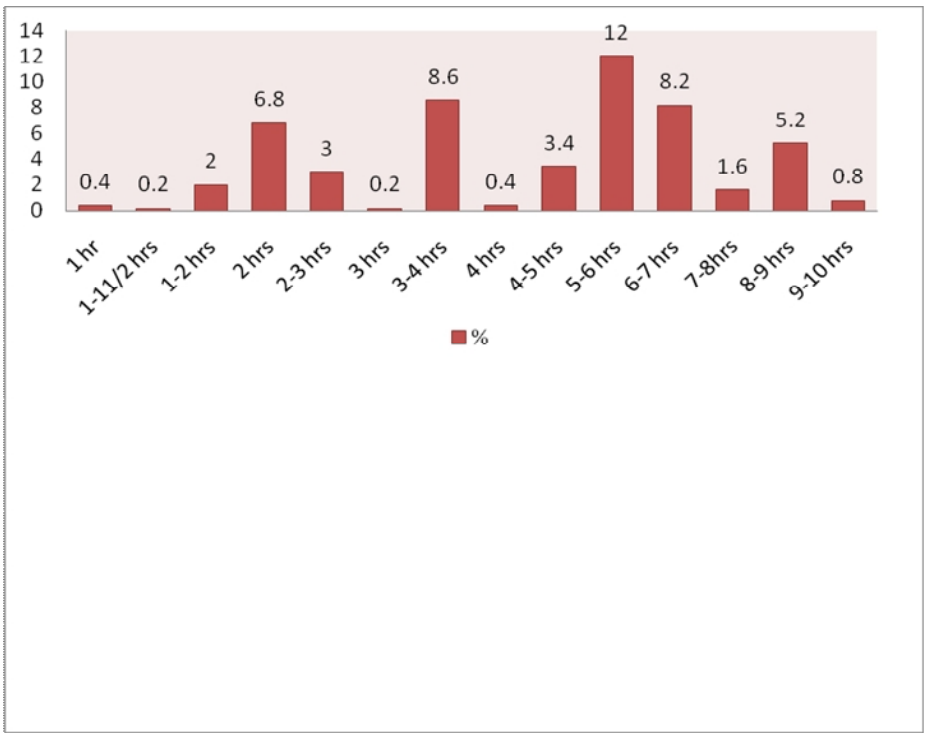

Figure 17: Duration of wrong posture wise % prevalence of 276 patients out of 500 patients

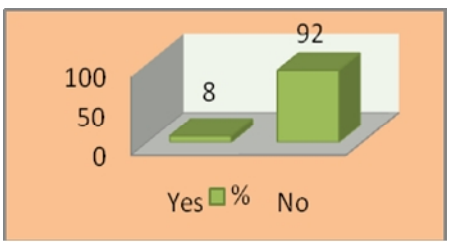

Figure 18: Loading wise % prevalence of 500 patients

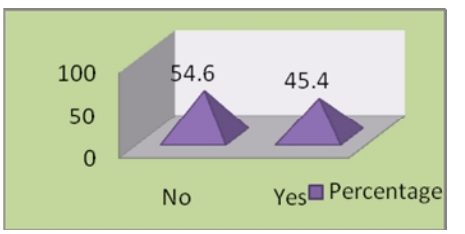

Figure 19: Grief wise % prevalence of 500 patients

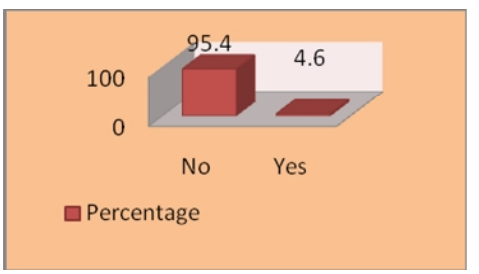

Figure 20: Fear wise % prevalence of 500 patients

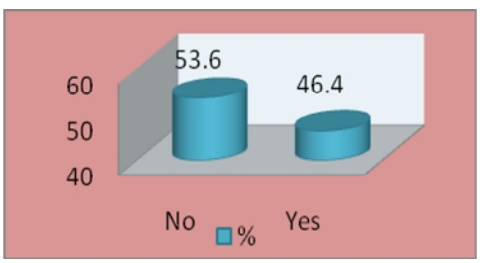

Figure 21: Anger wise % prevalence of 500 patients

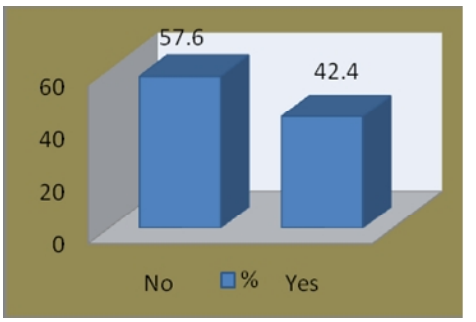

Figure 22: Tension wise % prevalence of 500 patients

CONCLUSION

This study revealed that Vatavyadhi also increases in urban area due to rising technology, though people thought that life become comfortable, but this is not true because the rate of increasing on population and technology however remain same, different type of occupation arises, competition in every level increases which give mental stress to people, people are running after money, they forget to follow Dinacharya, Ritucharya, life style become changed, different type of continuous wrong posture develop which ultimately lead to different Vatavyadhi. We can say it as non communicable disease like obesity, diabetes mellitus. There are so many causes mentioned above along with mental causes, some of these causes act as predisposing factor, precipitating factor, perpetuating factor, and develop Vatavyadhi.

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