A CONCEPTUAL STUDY ON THE ROLE OF BALADI YAPAN BASTI IN MANAGEMENT OF UDAVARTA JANYA HRIDROG—A LIFESTYLE DISORDER

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Abstract: In present world of sedentary lifestyle, when people willingly control natural urges, a pathological situation develops which causes hindrance in normal path of Vata making it reverse and results in situation like Udavarta, which manifests as Basti, Hridaya and Kakshi Shool, Adhmana, Hrillas, Toda, Avipaka etc. This state can increase the risk of both acute and chronic cardiac diseases. Hridaya is a Sadhya Pranahara Marma, which is an important Ashray (site) of Vata (Prana, Udan, Vyan). Hridroga can originate after 1. Ashray (in Hridaya) dushti, 2. Vata Vilomatva or Vaigunya. As a part of preventive cardiology emphasis should be given on the second pathological state in which Hridroga (Cardiovascular disorders) is originated as an effect of Vata Vilomatwa, which can also lead to Ashray Dushti. Regarding the importance of Marma Raksha, Charak has mentioned that Marma are the sites of Prana and body is dependent on the Prana so if there is any kind of Aghat (trauma) either Agantuj (external) or Doshaj (internal), it can be fatal. Pratiloma Vata can produce Doshabhigat that can be correlated with heart attack or conditions like angina. So Marma Sthan should be protected from Vata as it is the Vata which is responsible for vitiation of Pitta and Kapha and Basti Karma is best therapeutic measure for controlling vitiated Vata and ultimately performing Marma Paripalan. Baladi Yapan Basti (BYB) (Ch.S. Si 12/6) is one of the formulations of Acharya Charak which can be used in such syndromes. The ingredients of BYB are mainly Vata Hara and Tridoshashamak, Amla Rasa is used which is responsible for Anuloman of Vata, strengthen Indriyas and it does Tarpan of Hriday. Yapan Karma is related with Dharan, Poshan and Rogshaman.

Keywords: Hridroga (Cardiovascular disorders), Marma, Basti, Yapan

Introduction: Heart diseases have been a leading killer in the West and have now brutally made its way to India emerging as major cause of death in urban as well as rural areas. In India only the coronary heart disease have risen from 4 percent to 11 percent in the past five decades. The threat of heart disease has been glaring at us for years, making us question every detail of our complicated lifestyle choices, diet and level of physical activity. Recent trends indicate that the disease has escalated to younger age groups also. It has a significant presence in males and females in both urban and rural population [1]. The government data shows the prevalence of heart diseases in India with an annual incidence of 491,600 to 1.8 million. Proclamation is that 2.4 million Indians die due to heart disease every year [2]. “India has the dubious distinction of being known as the coronary and diabetes capital of the world.”

The survey suggests that India's economic growth and urbanization is the foremost cause of this condition. A large section of the population is leading an unhealthy lifestyle combined with decreasing physical activity, increasing stress levels and a higher intake of saturated fats, alcohol and tobacco. The increase in mortality rate is directly proportional to the increasing risk factors. It has been found that over 80% of deaths and 85% of disability from CVDs occur in low and middle income countries [3,4]. The current scenario demands an immediate emphasis on preventive healthcare. This involves raising awareness about the disease and its risk factors as well as some alternative treatment schedule which decreases the possibility of
CVDs.

Ayurveda describes a number of medicine formulations and Panchakarma procedures for CVDs. Emphasizing on the relation between faulty lifestyle and CVDs, intake of excessive pungent bitter foods, cessation of natural urges, performing least physical activity, excessive dieting may lead to reverse movement of Apan Vayu and results in a clinical condition called Udavarta. This condition, in association with many diseases may lead to CVDs. The main pathology lies in reversal of Apan Vayu which ultimately provokes all other Dosha and may result in CVDs. Tentatively in such type of disorders the formulation of Baladi Yapan Basti may act as an innovative preparation in the therapeutic as well as preventive cardiology.

Hridaya (heart) is one of the Trimarma (three vital parts) of the body and also a Sadya Pranahara Marma i.e. any injury at its site can immediately lead to death. It originates in fourth month of gestational period as a Prasad Bhag (extract) of Rakta and Kapha. It is site of Prana, Udana, Vyan Vayu, Sadhak Pitta, Avalambak Kapha, Pranavaha Dhamani and Oaj.

It is the Moolasthan (origin) of Rasavaha and Pranavaha Srotas. The function of Hriday is circulation of Rasa Rakta in the body and preservation of Prana throughout the life. So it is very important to preserve this organ system. Baladi Yapan Basti can be used as preventive measure as well as therapeutic measure in maintaining cardio vascular health after the development of pathology.

Etiological Factors of Hridrog (CVDs):
Hridrog can be originated as Swatantra Samprapti where direct Hridgat Dushti is present, or Paratantra or passive pathogenesis where it is present as a symptom of any other disease. Jataj Hridrog is originated either by Beej Dushti (deficient sperm or ovum) or Garbhini Apacharya (improper pregnancy regimen).

So all the etiological factors which vitiate Rakta or Kapha, if consumed, or done in pregnancy, they directly cause Hriday Dushti and the probability of child having congenital heart disease increases. Jannottar (acquired) CVDs can be originated as a result of Nij (self) or Agantuj (non self) etiological factors.
In Anaha, there is irregularity in Apana which again leads to accumulation of Mala and Aam and aggravation of Pathology and symptoms like Hritstambha is seen. Here Chala Guna of Vata should be increased so that Vibandha and Stambha both can be removed.

In case of Samanavritta Apan, when Apan Vayu lays Avaran on Saman Vayu, then due to its unnatural inverted direction of movement, it causes Grahni, Parshwa and Hridrog. Here Deepan Karma (ignition of abdominal Agni) along with Vatanuloman is expected. So we can use Deepan Ghrit like Indukant Ghrit in place of Goghrit in this combination.

**Gulma**

कफ च पित्त च सदुपास गुल्मास चिकित्साः विनिवेशण तामायम हृद्यादिपक्षीपिंदावेत्रिकां एवं त्यादिरोगार्थो याति न बद्ध भाष्यं।

ये स्थानानुसार श्वेताभिषेके विवेशणां गलमवतरी स्वाभाविके श्वेताभिषेकः त्यादिरोगार्थो साधकोर्तजं

Hriday is a site of Gulma, so in this condition it can directly lead to Hridrog while at other places it will lead to Paratantra Samptapti (secondary pathogenesis), eg in Vataj Gulma.

The pathology of Udavarta Janya Hridrogran can be compiled as:

**Management:** Based on all above discussion, the major pathological conditions that provoke the pathology of Udavarta Janya Hridrog can be compiled as:

- Shukra Sanga
- Mootra Sanga
- Anuloman and Marma Paripalan
- Mala Sanga
- Vata Sanga
- Gulma
- Adhmana
- Bradhna
- Parshwa – Kati Graha
- Sangyanash
- Balakshaya

Here, the main focus of therapy is about Sanga or obstruction. So Anuloman (maintaining proper direction of Vata) and Marma Paripalan are the major therapeutic requirement of these conditions.

**Materials and Methods**

Baladi Yapan Basti will be prepared according to the classical method of preparation and the emulsion should be used as enema. As Yapan Basti is a type of Niruha Basti, so the quantity of emulsion may vary up to 960 ml as per requirement of person.

**Proposed Mode of Action:** Any type of Hridrog is originated as an effect of Sanshrist Dosha. These Dosha along with inverted course of Vata causes a Sangatmak Vikriti (obstructive pathology) resulting in CVDs. So in such condition first it is necessary to treat vitiated Vata at its own territory at the same time Marma Paripalan (protection) is also necessary to avoid Marmaghata (eg. Miocardial infarction). Hriday is site of Prana so any injury at the site of Heart will lead to Prana Hani. Here we can see that all six Rasa are present in this combination along with Mansrasa, Ghrita, Taila, Guda and Madhu to show a cumulative effect of whole formulation as Prana Dharan, Prana Poshan, Rogashaman and Marma Paripalana. The Sanga or obstruction is removed because of Katu Tikta Rasas, but excessive use of these Rasa would cause Vata
Prakop and hence Madhur, Amla, lavan will balance these negative effect and causes Snigdhatwa and also controls Vata. The Phalashruti (abstract) of this combination reveals its indication in obstructive pathology and the pharmaco- kinetics certifies its mode of action. **Conclusion:** Baladi Yapan Basti may be used in a condition where sedentary lifestyle, wrong food habits, cessation of natural urges results in symptoms like obstruction in urine, motion, flatus and situations like flatulence, herniation, lower backache, pain in flanks with sign and symptoms of CVDs are present. Baladi Yapan Bastiis specifically indicated in this condition for performing Anuloman and Marma Paripalan that are responsible for reverse pathogenesis of Udavarta janya Hridrog.

Clinical research should be done on this topic.

**References**