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Case Study

A HOLISTIC APPROACH THROUGH *PANCHAKARMA* IN MANAGEMENT OF *SARVANGA VATA*

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ABSTRACT

Sarvangavata is a type of *Vatavyadhi* which may be caused due to *Kevala vata* or *Samsrushta vata* and is characterized by *Cheshtanivrutti* (motor deficit /weakness), *Vak stambha* (dysarthria), *Sira snayu shoshana* (degeneration of nerve cells/axons/muscle wasting/flaccidity), *Pada sankocha*. **Case report:** of A 25-year-old female patient presented with a 4-year history of progressive weakness and wasting in all four limbs, resulting in difficulty walking without support, imbalance, generalized heaviness and weakness altered gait, slurred speech is explained here. **Methodology:** Treatment modalities like *Sarvanga Agnichikitsa lepa, Koshta shodhana* with *Nimbamritadi eranda taila f/b Sarvanga Abhyanga, Shashtikashali pinda sweda, Sahacharadi ksheera basti* and *Shamana chikitsa* were given. **Conclusion:** Patient showed significant improvement in the symptoms through the combined effects of *Panchakarma* and *Shamanoushadhis*.

INTRODUCTION

Most of the neurological and neuromuscular disorders can be understood under the broad spectrum of *Vatavyadhi*. The cause for the manifestation of *Vyadhi* may be *Avaranajanya* or *Dhatukshayajanya*. This present case can be considered under *Beeja* and *Beeja bhaga avayava dushti* wherein the *Mamsa* and *Snayu* will be mainly affected by *Vata dosha* exhibiting *Sarvanga vata lakshanas* viz., *Cheshtanivrutti* (motor deficit due to weakness), *Vak stambha* (dysarthria), *Sira snayu shoshana* (Degeneration of motor neurons/muscle wasting/ flaccidity), *Pada sankocha* (claw foot)[1]. Based on Ayurvedic principles the patient was initially subjected to *Avaranahara Chikitsa* followed by *Snigdha Brimhana* line of management.

MATERIALS AND METHODS

Case Report

A 25 years old female patient came with the complaints of weakness and wasting in bilateral lower and upper limb, inability to walk without support, imbalance while walking, altered gait, slurred speech, claw foot, heaviness of body and generalized weakness. Patient was unable to walk, sit and do her regular activities without support. These symptoms were present since birth in milder form and were progressive in nature but she was able to walk without support till 2020. Since 4 years the weakness and other symptoms got aggravated.

Past History: Nothing contributory

Surgical history: Nil

Family History: No similar complaints seen in the family.

Personal History

Appetite: Reduced since 1 year.

Bowel: Regular

Micturition: 4-5times/day, 2-3 times at night.

Sleep: Sound

Habits: Tea-coffee 2-3 times/day

General Examination

On the day of examination patient was found to be moderately nourished, moderately built, afebrile, weight- 48kg, height- 5 ft. BP- 120/70 mm of hg pulse- 78/min, respiratory rate – 16/min. Other parameters like pallor was present, icterus, clubbing, cyanosis, lymphdenopathy, edema was absent.

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CVS	S1 S2 heard, no murmur
GIT	P/A Soft, non-tender, no organomegaly
RS	NVBS heard, no added sounds
CNS • **HMF**	➢ Consciousness - Conscious ➢ Orientation to time - Intact ➢ Orientation to place - Intact ➢ Orientation to person - Intact ➢ Memory immediate - Intact ➢ Memory recent - Intact ➢ Memory remote - Intact ➢ Intelligence - Moderate ➢ Hallucination - Absent ➢ Delusion - Absent ➢ Emotional disturbance - Absent ➢ Speech - Slurred speech ➢ Handedness - Right ➢ **Cranial Nerves** - All the cranial nerves are intact
Reflexes	➢ Corneal reflex – Within normal limit ➢ Abdominal reflex- Within normal limit ➢ Plantar reflex - Within normal limit ➢ Biceps jerk – Diminished Bilaterally ➢ Triceps jerk - Diminished Bilaterally ➢ Supinator jerk- Diminished Bilaterally ➢ Knee jerk- Diminished Bilaterally ➢ Ankle jerk- Diminished Bilaterally
Sensory System Examination	➢ Superficial touch, temperature and pain - Intact ➢ Deep touch, temperature and pain - Intact ➢ Tactile localization – Present ➢ Tactile Discrimination – Present ➢ Graphesthesia - Present
Power	➢ B/L Upper limb – 4/5 ➢ B/L Lower limb – Knee flexors (hamstrings) - 2/5 Knee extensors (quadriceps) – 2/5 Ankle dorsiflexors (tibialis anterior) – 3/5 Ankle plantarflexors (gastrocnemius) – 3/5
Tone	➢ Hypotonic ➢ Flaccidity in both upper limb and lower limb
Co ordination	➢ Romberg Sign - Positive ➢ **Upper limb** • Finger to nose test - Not possible • Finger to finger test - Not possible • Rapid alternate movements - B/L upper limb - Possible ➢ **Lower limb** • Heel shin test - Possible • Tandem walking - Not possible ➢ Involuntary movements - Absent ➢ Gait - Broad based Ataxic gait

Ashta sthana pareeksha

- *Nadi - Pitta kaphaja*
- *Mutra - Prakrita*
- *Mala - Prakrita*
- *Jihwa - Alipta*
- *Shabda - Prakrita*
- *Sparsha - Anushna sheeta*
- *Drik - Prakrita*
- *Akriti - Madhyama*

Dashavidha pariksha

Prakriti	*Pitta kaphaja*
Vikriti	*Vata, Pitta, Kapha, Rasa, Mamsa, Majja*
Sara	*Madhyama*
Samhanana	*Avara*
Sattva	*Madhyama*
Satmya	*Madhyama*
Aharashakti	*Madhyama*
Vyayama shakti	*Avara*
Pramana	*Madhyama*
Vaya	*Madhyama*

Roga Pareeksha

Samprapti ghataka

Dosha	*Vata pradhana tridosha*
Dushya	*Rasa, mamsa, majja*
Agni	*Jatharagni* and *Dhatwagni*
Aama	*Jatharagni* and *Dhatwagni mandyajanya aama*
Srotas	*Rasa, Mamsa, Majja*
Srotodushti	*Sanga, Vimargagamana*
Udbhava sthana	*Pakwashaya*
Sanchara sthana	*Sarvashareera*
Roga marga	*Madhyama*
Vyakta sthana	*Sarvashareera*
Vyadhi swabhava	*Chirakari*
Sadhyasadhyata	*Krishrasadhya*

Diagnosis: *Sarvanga vata*

Intervention

Table: Therapeutic intervention (*Panchakarma* and *Shamanaushadhis*)

Date	Treatment given	Observation
7/6/24 to 13/6/24 (7 days)	*Sarvanga agnichikitsa lepa - 30 min* ➨ *Maricha* ➨ *Lavanga* ➨ *Sarshapa* ➨ *Lashuna* ➨ *Haridra* ➨ *Tulasi* ➨ *Agnimantha* ➨ *Nirgundi*	❖ *Shareera Gaurava* reduced ❖ *Shareera laghuta* attained
On 14/6/2024	*Koshtashodhana* with *Nimbmritadi eranda taila* – 40ml with warm water at 7:30 AM	Had 8 *Vegas*
15/6/2024 to 22/6/2024	➢ *Sarvanga Abhyanga* with *Ksheerabala taila* f/b *Shashtika shali pinda sweda* ➢ *Sahacharaadi ksheera basti– Yoga basti*	• Was able to walk without support for about 20 steps • Was able to stand without support for 5 minutes • Gait and balance improved • Weakness of upper and lower limb reduced • Power of knee flexors (hamstrings) increased

		from 2/5 to 4/5 • Power of knee extensors (quadriceps) improved from 2/5 to 3/5 • Power of ankle dorsiflexors (tibialis anterior) improved from 3/5 to 4/5

	***Shamanoushadhis* given**	
1	*Balasaireyakadi kashaya*	15ml BD with equal water AF
2	*Brihatvata chintamanai rasa*	1 BD AF
3	*Ashwagandha choorna*	1tsp BD after food with milk

Anuvasana basti - Ashwagandha ghrita - 80ml
Niruha basti - Following ingredients were added

- *Madhu - 50ml*
- *Saindhava lavana - 6gm*
- *Ashwagandha ghrita - 80 ml*
- *Ashwagandha kalka - 30gm*
- *Sahacharadi ksheerapaka - 400ml*
- *Masha kashaya - 100 ml*

Total Duration of Treatment - 16 days

RESULTS AND DISCUSSION

- Was able to walk without support for about 20 steps
- Was able to stand without support for 5 minutes
- Gait and balance improved
- Weakness of upper and lower limb reduced
- Power of knee flexors (hamstrings) increased from 2/5 to 4/5
- Power of knee extensors (quadriceps) improved from 2/5 to 3/5
- Power of ankle dorsiflexors (tibialis anterior) improved from 3/5 to 4/5

Outcome and follow-up

Discussion on treatment

As there was *Avarana samprapti* in this case, initially *Avaranaharana chikitsa* was done followed by *Shuddha vata chikitsa.*

Agnichikitsa lepa [2]

Dravya	**Scientific name**	**Family**	**Parts used**	**Qty**	**Therapeutic uses**
Maricha	*Piper nigrum*	*Piperaceae*	Fruit	8	*Deepana, Pachana, Vedanasthapana, Srotoshodhana, Shothahara*
Lasuna	*Allium sativum*	*Liliaceae*	Bulb	8	*Shothahara, Amapachana, Vedanasthapana, Srotoshodhana, Svedajanana*
Sarshapa	*Brassica campestris*	*Cruciferae*	Seed	5 gm	*Deepana, Vedanasthapana*
Haridra	*Curcuma longa*	*Zingiberaceae*	Root	5 gm	*Shothahara, Vedanasthapana, Amapachana*
Lavanga	*Syzygium aromaticum*	*Myrtaceae*	Flower	8	*Shoolaprasamana, Deepana, Amapachana*
Agnimantha	*Premna integrifolia*	*Verbenaceae*	Leaves, Bark, Root	1 part	*Shothahara, Vedanasthapana, Deepana*
Nirgundi	*Vitex negundo*	*Verbenaceae*	Leaves	1 part	*Shothahara, Vedanasthapana, Amapachana, Deepana*
Tulasi	*Occimum sanctum*	*Lamiaceae*	Leaves	1 part	*Vedanasthapana, Shothahara, Amapachana, Deepana*

Acharya Vagbhata mentions *"Brimhyanstu mridu langhayeth"* which means *Mridu langhana* has to be done before doing *Brimhana*. Here *Pachana roopi langhana* is adopted. *Agnichikitsa lepa* which is widely practiced in south Karnataka has basically evolved from a folklore practice which involves the usage of 5 dry and 5 wet drugs. The *Lepa* is prepared out of it 5gm is given orally and the rest is applied all over the body in *Pratiloma gati* preferably in empty stomach or *Ahara jeerna avastha* and is wiped off once it gets died. It has *Vata shleshma prashamana* property. The *Panchabhouktika* composition and *Gunas* of *Kapha* and *Rasa dhatu* have similarity in the same way *Rasa dhatu* and *Twak* are inter-related. Thus *Lepa* which is one among the *Bahirparimarjana chikitsa* was selected. There is an explanation of *Tiryakgata siras* in the *Susruta Shareera Sthana.* One end of these *Siras* is in the *Romakupa*, through which the *Sveda abhivahana* and *Rasa abhitarpana* occurs. These *Siras* transport the *Virya* of the drugs used for *Lepa* after undergoing *Paka* by *Bhrajaka Pitta* in *Tvak* and then enters the *rasa* and *Raktavaha dhamanis*. This indicates the entering of the drugs applied over the skin into the capillaries and thereby entering into the Systemic circulation. The drugs of *Agnichikitsa lepa* are having *Usna, Ruksha, Laghu, Tikshna* properties, exhibits specific actions like *Kaphaharana, Amapachana, Deepana, Srotoshodhana*. Because of which patient experienced *shareera laghava* after 7 days of *Agnichikitsa lepa*.

Koshtashodhana

Koshtashodhana with *Nimbamritadi eranda taila* was done as a *Poorva karma* to *Basti* as *Eranda taila* is indicated in *Avarana samprapti* and also helps in *Anulomana* of the *Mala* which gets accumulated in the *Srotas* resulting in occlusion of *Vata*.

Snehana* and *Swedana

After *Amapachana* as a main line of *Chikitsa* of *Vata vyadhi snehana, Snigdha swedana* and *Brimhana basti* were given in this case. *Acharya Sushruta* mentions that *Sparsharendriya* is predominantly the *Vata Sthaana* which is located in *Twak*. Hence *Sarvanga abhyanga* helps in pacifying the *Vata* and imparts *Pushti dardhyata* etc. Here *Ksheerabala taila* was used for *Abhyanga* as it is *Brimhana, Vatahara.* As there was *Shlathangata* (flaccidity) to impart *Dardhyata* and to pacify *Vata abhyanga* was done and as there was *Sira snayu shoshashana Shashtika shali pinda sweda* which is one among the *Snigdha sweda* was selected in this case. *Shashtika Pinda Sweda* is performed as *Sarvanga sweda*. Owing to its *Snigdha sheeta guru* and *Sthira gunas Shastika Shali pinda sweda* acts as a *Brimhana sweda.* In this procedure moist heat used and Moist heat is more effective than dry heat because it deeply penetrates the skin, so increases the effect on muscles, joints, and soft tissue. By using the *Shastika Shali Pinda Sweda* skin blood flow increases. If *Shastika Shali Pinda Sweda* applied over the effected part, muscle temperature remains elevated for a longer period. *Swedana*, a therapeutic procedure, not only enhances flexibility in the affected area but also increases skin permeability. By inducing sweating and dilating blood vessels, *Swedana* facilitates the absorption of medications. Furthermore, the amphipathic properties of milk enable it to act as a transdermal carrier, allowing other medications to penetrate the skin more effectively. *Bala mula Kwatha* is also helpful for the muscular tissue nourishment and prevents the muscle weakness. This procedure provides nutrition to muscular tissue thereby preventing from atrophy and harmful changes. [3]

Basti: *Acharya Sushrutha* has indicated *Brimhana basti* as the main line of *Chikitsa* in *Vatavyadhi*. *Basti* corrects the *Gati* and *Karma* of *Panchavata.* The *Veerya* of *Basti dravya* is carried all over the body by *Pancha vata*. Initially *Apanavata* normalizes the *Samana vata* and corrects the ailments caused by it. The *Samana vata* corrects the *Vyana vata* by which the *Gati* (gait) will be improved following this the *Veerya* of the *Basti dravya* spreads sideways by *Vyana*, downwards by *Apana*, upwards by *Pranavata* just as canals transport water to a field. Likewise the *Sarvadaihika vata* is corrected and helps in *Samprapti vighatana* of *Sarvanga vata.*

Hence *Sahacharadi ksheera basti* was given in this case. It mainly contains *Sahachara, Devadaru* and *Shunthi*. *Sahachara* is having *Madhura tikta rasa, Snigdha guna ushna veerya katu vipaka* and is *Kaphavatahara* in nature. *Devadaru* is having *Tikta rasa, Laghu snigdha guna, Ushna veerya* and *Katu vipaka* where as *Shunthi* has *Katu rasa, Laghu snigdha guna, Madhura vipaka ushna veerya* and *Kaphavata hara*. Mainly *Sahacharadi kwatha* is beneficial when the *Gati* is hampered. As this was the main presenting complaint, in the present case *Sahacharadi ksheera basti* was selected. The three ingredients, *Sahachara* (*Barleria prionitis/Strobilanthes heynianus*), *Suradaru* (*Devadaru*) (*Cedrus deodara*) and *Sunthi* (*Zingiber offcinale*) of *Sahacharadi Kashayam* have been reported to have antioxidant potentials. The most promising molecules were eugenol, abietic acid, sesquiterpenes, n-hexadecanoic acid, hexadcanoic acid, pimaric acid and 3-decanone.[4] *Ashwagandha ghrita* was selected as *Sneha dravya* with *Ashwagandha kalka* as *Kalka dravya*. *Ashwagandha ghrita* is *Balya, Pushtivardhana*. *Ashwagandha* is composed of a variety of withanolides with possible functions ranging from the modulation of mitochondrial function to anti-

inflammatory, antioxidant, anti-apoptotic and neuro-protective properties.[5]

The *Withania Somnifera*-treated SOD1G93A mice exhibited a significantly better motor performance. WS extracts reduce oxidative stress in neuronal and non-neuronal cells, demonstrating antioxidant effects. (Anwer et al., 2012; Durg et al., 2015; Khan et al., 2015). Apart from direct neuroprotective effects, WS can modulate inflammation in the spinal cord to minimize neuronal damage.[6] Instead of *Mamsa rasa masha kashaya* was added as *Avapa dravya* which is *Brimhana* and *Vatahara* in nature.

Shamanoushadi

Balasaireyakadi kashaya vatahara, Agni deepana, Avaranavata hara, Anulomaka, and is indicated in mainly in *Vakstambha. Brihat vata chintamani rasa* (plain) is composed of *Rajata Bhasma, Abhraka Bhasma, Loha Bhasma, Mukta bhasma, Suta bhasma* and *Kumari swarasa* and is mainly indicated in *Vatavyadhi* acts as *Balya brimhana* and *Rasayana*. Also slows down the degeneration of motor neurons and acts as nervine tonic. *Ashwagandha churna* as discussed above has anti-inflammatory, antioxidant, anti-apoptotic and neuro-protective properties. The same was given at the time of discharge.

CONCLUSION

"Nahi sarvavikaranam namatosthi dhruva sthithihi"- naming a disease is not always important but understanding the *Samprapthi* and *Avastha* of a *Vyadhi* and treating it accordingly is crucial. The present case can be understood in terms of *Mamsa gata vata*, *Kaphavrita prana* and *Kaphavruta udana vata*, *Sarvanga vata, Snayu gata vata,* etc based on clinical presentation. *Avasthanusara chikitsa* was adopted in this case. Though it cannot be completely cured a holistic approach in improving the quality of living has been achieved through this approach.

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