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Case Study

A CLINICAL INSIGHT INTO AYURVEDIC MANAGEMENT OF POLYMYOSITIS THROUGH *PANCHAKARMA* THERAPIES

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ABSTRACT
Polymyositis is an idiopathic inflammatory myopathy characterized by symmetrical proximal muscle weakness. Though not explicitly described in Ayurvedic texts, similar clinical features are observed in conditions like *Apabahuka*, classified under *Vatavyadhi*. This case highlights the role of Ayurvedic interventions in managing such neuromuscular disorders. **Methods:** A 63-year-old male presented with progressive upper limb weakness and cervical pain. Based on Ayurvedic clinical examination and *Samprapti*, treatment was initiated with *Sthanika Abhyanga* and *Churna Pinda Sweda*, followed by *Sarvanga Abhyanga* with *Ksheerabala Taila* and *Shashtika Shali Pinda Sweda*. *Nasya* was administered using *Shadbindu Taila* and *Mahamasha Taila*. Upon discharge, *Uttarabhaktika Snehapana* with *Panchatikta Ghrita* was advised. **Results:** The patient showed significant reduction in pain and stiffness, with marked improvement in muscle strength and daily functioning. Follow-up evaluations indicated sustained benefits and improved quality of life. **Discussion:** This case demonstrates the potential of *Panchakarma* therapies, particularly *Vatahara* and *Brimhana* modalities, in the management of polymyositis. Ayurvedic intervention provided functional recovery and symptomatic relief, validating its role in chronic neuromuscular conditions.

INTRODUCTION

Polymyositis is a chronic, non-suppurative inflammatory myopathy characterized by progressive muscle weakness, primarily affecting the proximal musculature. It is classified within the spectrum of collagen vascular diseases and is believed to arise from autoimmune dysfunction. The earliest clinical description of polymyositis is attributed to Wagner.

The cardinal manifestation of polymyositis is symmetrical proximal muscle weakness. Involvement of the shoulder girdle muscles typically leads to difficulty in performing overhead activities, such as combing the hair or reaching for objects on high shelves. Similarly, weakness in the pelvic girdle manifests as difficulty in climbing stairs, rising from a seated position, or getting out of a bathtub.

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Cervical muscle involvement may cause difficulty in lifting the head from a flexed position or elevating it from a pillow. In cases where bulbar muscles are affected, patients may experience dysphagia (difficulty swallowing) and dysphonia, often characterized by a nasal speech quality. In advanced stages, patients may become wheelchair-bound or bedridden, with respiratory muscle involvement posing a significant risk of respiratory failure and even death.[1]

While polymyositis is not explicitly described in classical Ayurvedic texts, similar symptomatology is observed in conditions discussed in the *Vatavyadhi Chikitsa Adhyaya*. Notably, *Apabahuka* is characterized by symptoms such as *Bahu praspandanahara* and *Shoola*[2] suggesting a potential understanding of neuromuscular disorders within the Ayurvedic framework.

Case report

C/O pain in nape of neck and weakness in bilateral upper limb since 10 days.

Chief complaint

A male patient aged 63 years was apparently healthy 2 months back. Then one day he suddenly developed fever with chills associated with myalgia. he took treatment from nearby hospital and the symptoms subsided. But after few days, he developed pain in nape of neck which was insidious in onset. The intensity of pain was moderate. He also developed gradual weakness initially in right upper limb and later left upper limb. Patient gradually found difficulty in performing day to day activities like holding glass, combing hair, buttoning shirt etc. So, the patient approached our hospital for further management.

History of past illness

Patient is known case of diabetes mellitus (recently diagnosed) on medication.

Family history

No H/O consanguinous parentage

Table 1: Personal History of patient

Name	XYZ
Age	63 Years
Marital status	Married
Occupation	Fruit vendor
Ahara	Mixed
Rasa	*Katu rasa pradhana sarva rasa*
Agni	*Samagni*
Kosta	*Madhyama*
Nidra	Disturbed
Emotional status	None
Vyasana	Alcohol intake (180ml/day) Smoking (beedi- 1 packet /day)

Table 2: General examination

Height	5.6 ft
Weight	67 kg
BMI	23.8 kg/m^2
Pallor	Absent
Icterus	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Cyanosis	Absent

Table 3: *Asthasthana pareeksha*

Nadi	*Vatapittaja*
Mala	*Abaddha*
Mutra	*Prakruta*
Jihwa	*Alipta*
Shabda	*Prakruta*
Sparsha	*Anushna sheeta*
Drik	*Prakruta*
Akruti	*Vikruta*

Table 4: *Samprapti ghataka*

Dosha	*Vata Kapha*
Dushya	*Rasa, Rakta mamsa*
Srotas	*Rasa, Rakta, Mamsa*
Srotodusti	*Sanga*
Udbhava sthana	*Ama-pakwashaya*
Sanchara sthana	*Sarvashareera*
Vyaktha sthana	*Amsa and bahu*
Rogamarga	*Madhyama*
Sadhyasadhyata	*Yapya*
Swabhava	*Ashukari*

Systemic Examination

Respiratory system: Normal vesicular breath sounds heard.

Gastro intestinal system: No abnormalities detected.

Cardiovascular system: S_1 S_2 heard, no added sounds.

Central nervous system: Higher mental function intact.

Musculoskeletal system

Inspection

- Gait: Normal
- Attitude: Upper limbs- Normal
  Lower limbs – Normal

Cervical spine examination

- Curvature: Loss of cervical lordosis
- Deformity: Present
- Scar mark- Absent
- Range of movement of cervical spine

Neck flexion	Painful and not restricted
Neck extension	Painful and not restricted
Neck lateral flexion	Painful and not restricted
Neck lateral Rotation	Painful and not restricted

Shoulder joint examination

Inspection:

- Posture: Bilateral drooping of shoulder
  Winging of scapula – Positive on right side
- Swelling: Absent
- Deformity: Absent
- Muscle wasting: Present (b/l deltoid muscle)
- Scar mark/ Discolourtion: Absent

Palpation

- Temperature: Not raised
- Tenderness: Absent

Range of movement

	Active	Passive
Flexion	Severely restricted	Restricted and painful
Extension	Severely restricted	Restricted and painful
Abduction	Severely restricted	Restricted and painful
Internal rotation	Severely restricted	Restricted and painful
External rotation	Severely restricted	

Special tests

✓ Empty Can test – Couldn't be elicited

✓ Spurling Test – Positive

✓ Apleys Scratch Test – Couldn't be elicited

Table 5: *Nidana panchaka*

Nidana	*Bhara, Roga ati karshanat*
Purvaroopa	*Shula*
Roopa	*Stambha, Shula* and *Bahu praspandana hara*
Upashaya-Anupashaya	*Aushadha, Vyayama*

Investigations

X-Ray - loss of cervical lordosis, osteophytic changes.

Table 6: Treatment protocol adopted

	Treatment	Duration	Observation
1	*Sthanika abhyanga* with *Ksheerabala taila* followed by *Churna pinda sweda*	3 days	Slight reduction in stiffness
2	*Sarvanga Abhyanga* with *Ksheerabala taila* followed by *Shastika Shali pinda sweda*	7 days	No changes observed
3	*Mukha abhyanga* with *Ksheerabala taila* followed by *Pata sweda* followed by *Nasya* with *Shadbindu taila* (first 3 days) and *Mahamasha taila* (next 4 days).	7 days	Pain reduced by 50% and stiffness reduced by 45%.

Table 7: Improvement in range of movement of Shoulder joint after treatment

	Flexion		Extension		abduction		Internal rotation		External rotation	
	Rt	Lt	Rt	Lt	Rt	Lt	Rt	Lt	Rt	Lt
Before treatment	60^0	30^0	10^0	10^0	40^0	20^0	50^0	50^0	50^0	50^0
After treatment	170^0	170^0	50^0	50^0	180^0	180^0	60^0	60^0	70^0	70^0

DISCUSSION

Polymyositis is an inflammatory autoimmune disorder primarily marked by progressive weakness of the proximal muscles, especially those surrounding the shoulder and pelvic girdles. From an Ayurvedic perspective, such autoimmune conditions are often understood as *Ama*-dominant disorders, where the accumulation of metabolic toxins disrupts normal physiological functions.

According to Acharya *Vagbhata*, the root cause of all diseases is *Mandagni*[3]. *Mandagni*, leads to improper digestion of *Annarasa*, resulting in the formation of *Ama*[4]. When *Ama* combines with the aggravated *Tridoshas*, it circulates throughout the body and settles in vulnerable tissues, disrupting their normal function and initiating pathological changes that may manifest as neuromuscular or autoimmune disorders.

In the context of shoulder muscle weakness seen in polymyositis, the condition can be correlated with *Avabahuka* in Ayurveda. *Apabahuka* is classified as an *Urdhwajatrugata Vata Vikara* caused by vitiated *Vata dosha* localized around the *Amsa Pradesha*. This leads to *Shoshana* of the *Amsa Bandhana*, causing *Akunchana* of the local *Siras*, which in turn results in *Bahupraspandanhara* and *Shoola*.

Acharya Sushruta has included *Vatavyadhi* among the *Ashta Mahagada*[5]. He also describes the *Amsa* as a *Snayu Marma* and a *Vaikalya Kara Marma*, injury to which may cause *Stabdhata* and dysfunction[6].

In this case, treatment was initiated with *Churna Pinda Sweda* as a *Lakshanika Chikitsa* to alleviate pain. Since the disease manifests with *Shosha*, *Shashtika Shali Pinda Sweda* was employed to combat

the *Ruksha Guna* of aggravated *Vata* and to nourish the *Mamsa Dhatu*, acting as a *Brihmana*.

Subsequently, for *Samprapti Vighatana*, *Nasya* therapy was administered using *Shadbindu Taila* and *Maha Masha Taila*, aimed at pacifying *Vata* and rejuvenating the nervous and muscular systems.

Sarvanga Abhyanga

Acharya Dalhana provides a comprehensive account of the mechanism of oil absorption during *Abhyanga*. He explains that when the procedure is performed for an appropriate duration, the oil permeates the skin and reaches the deeper tissues, facilitating the effective assimilation of its therapeutic constituents.

Ksheerabala Taila, frequently employed in *Abhyanga*, is composed of *Bala* and *Ksheera*, both renowned for their nourishing effects. The application of this medicated oil aids in the pacification of *Vata dosha*, enhances the strength and function of muscles and nerves, and contributes to the overall nourishment and revitalization of body tissues

Shashtika Shali Pinda Sweda

This treatment falls under *Sankara Sweda*[7] and is widely regarded for its nourishing and restorative effects. It possesses *Snigdha*, *Guru*, *Sheeta*, and *Sthira* qualities, making it *Tridoshaghna*.

The therapy involves the application of a warm bolus prepared from *Shashtika Shali* cooked in *Balamoola Siddha Ksheera*. The heat from the bolus induces sweating, which opens skin pores, increases the permeability of skin appendages, and dilates superficial blood vessels. These actions collectively enhance the absorption of medicinal substances.

Although many compounds are not inherently skin-permeable, the amphipathic nature of *Ksheera* assists in transporting active ingredients across the skin barrier. *Shashtika Shali* rice, with its high protein content (16.5%), provides essential amino acids that help rebuild and repair muscle tissues. Furthermore, its richness in Vitamin B12 may support the regeneration of the myelin sheath, contributing to improved nerve function.

Given these properties, *Shashtika Shali Pinda Sweda* is considered one of the most effective forms of *Swedana*, particularly beneficial in managing conditions involving muscle wasting, tissue depletion (*Mamsa Kshaya*), and *Vata*-dominant disorders.

Avabahuka is classified as an *Urdhwajatrugata Vikara* and is predominantly caused by *Vata Dosha*. In the management of such conditions, *Acharya Vagbhata* recommends *Nasya* and *Uttarabhaktika Snehapana*.

To pacify aggravated *Vata*, *Brahmana Nasya* is particularly effective, wherein *Sneha Dravya* is administered through the nasal route. As per *Acharya Vagbhata*, *"Nasa hi Shiraso Dwaram"*[8] meaning, the nose is the gateway to the head, indicating that *Nasya* is the most direct and efficient method for delivering therapeutic substances to the cranial region.

Acharya Charaka further elaborates that *Nasya* drugs act primarily through the *Shringataka Marma*, a vital point responsible for the coordination of important sensory and motor functions of the head. Upon absorption, the medicine influences the regions of the *Skanda*, *Amsa* and *Greeva Pradesha* The vitiated *Doshas* are then expelled from the *Uttamanga* through the principle of *"Munjadishikhavat"* a metaphor signifying the upward movement and expulsion of *Doshas*, much like the pulling of grass from its roots[9].

Brahmana Nasya not only nourishes the *Shiroindriyas* but also strengthens and rejuvenates the associated structures. It helps in calming the vitiated *Vata Dosha* and supports the healing process in conditions like *Avabahuka* by restoring neuromuscular function in the affected areas.

CONCLUSION

This case study demonstrates the efficacy of a comprehensive Ayurvedic treatment protocol in managing symptoms of polymyositis, a challenging autoimmune neuromuscular disorder characterized by progressive proximal muscle weakness. Though polymyositis is not explicitly defined in classical Ayurvedic literature, the symptom complex closely parallels conditions described under *Vatavyadhi*, particularly *Apabahuka*, which involves *Vata*-induced dysfunction and wasting in the shoulder region.

The multimodal *Panchakarma* approach comprising *Sthanika Abhyanga*, *Churna Pinda Sweda*, *Sarvanga Abhyanga* with *Ksheerabala Taila*, *Shashtika Shali Pinda Sweda*, and *Nasya* with *Shadbindu Taila* followed by *Mahamasha Taila* was administered in a staged manner to alleviate acute symptoms, pacify vitiated Vata, and nourish the affected *Dhatus*. The selected interventions are well-documented for their *Brimhana*, *Vatahara*, and *Balya* properties, which collectively contributed to reductions in pain and stiffness, improvement in the range of motion, and enhanced muscular strength.

During the course of treatment, significant symptomatic relief was observed, especially in cervical and shoulder mobility. The patient's ability to perform daily tasks improved considerably, which is indicative of functional restoration at both neuromuscular and systemic levels. At the time of discharge, *Uttarabhaktika Snehapana* with *Panchatikta Ghrita* was prescribed.

On subsequent follow-up evaluations, the patient reported sustained improvements, including

better shoulder function, reduced fatigue, and an enhanced sense of well-being. These outcomes underscore the relevance of classical Ayurvedic principles in the management of contemporary autoimmune conditions, and suggest that with appropriately tailored therapies, even chronic and degenerative conditions like polymyositis can be managed effectively within the Ayurvedic framework.

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