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Case Study

SATURDAY NIGHT PALSY MANAGED WITH CONCEPTUAL AYURVEDIC PRINCIPLES, WITH SPECIAL REFERENCE TO *SHASHTIKA SHALI ANNALEPA*- A TRADITIONAL KERALA MASSAGE

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ABSTRACT

The Radial nerve palsy/Saturday night palsy is a condition in which the radial nerve running from the upper arm to the wrist and fingers is injured, resulting in weakness, numbness, and impaired movements such as extension of the elbow, wrist and inability to control the muscles supplied by the nerve. Damage to the radial nerve leads to loss of effective function of the extensor muscle group. As a result, when the patient tries to raise the arm to a horizontal level, the hand fails to extend and instead droops loosely, remaining flexed at the wrist. In the present case, a 36-year-old male patient reported to our OPD with the chief complaint of inability to extend the right wrist and fingers. After thorough history taking and detailed clinical examination, the condition was diagnosed as Saturday night palsy. Based on the presenting features, the condition was correlated with *Hastasada* and managed accordingly. Conventional management of this condition primarily includes physical rehabilitation, administration of systemic corticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs), and local steroid injections. In instances of significant radial nerve injury, surgical intervention may be considered. With Ayurvedic treatment modalities/based on basic concepts especially *Shashtikashali annalepam* was found to be highly effective in achieving complete recovery within a short duration.

INTRODUCTION

Radial nerve palsy denotes a pathological state resulting from injury to the radial nerve, running from the upper arm to the wrist and fingers is affected, leading to weakness, numbness, and impaired movements such as extension of the elbow, wrist, and fingers, along with loss of control over the muscles supplied by the nerve.[1] Damage to the radial nerve disrupts the normal action of the extensor muscles, resulting in a limp, flexed posture of the hand when the individual attempts to elevate the arm to a horizontal level. The etiology of wrist drop is varied and may include penetrating injuries, prolonged external pressure, or systemic nutritional deficiencies.

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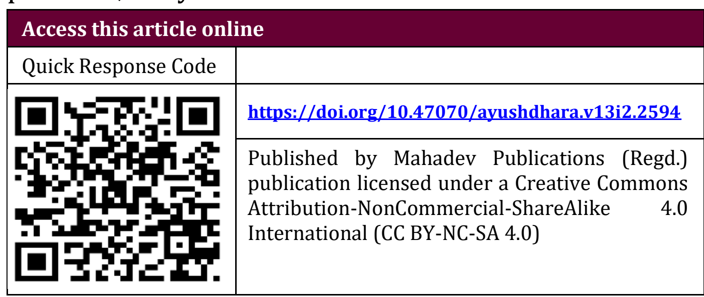
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In contrast to hereditary neuropathies, radial nerve palsy generally lacks a genetic or familial basis, as it most often develops due to acquired mechanical injury or metabolic disturbances.[2] In Saturday night palsy, the condition is generally treatable and carries a favourable prognosis, with most patients recovering well through appropriate conservative or rehabilitative interventions.[3]

Examination of the wrist drop deformity

The patient is instructed to extend the involved arm forward, keeping the forearm parallel to the ground. With the dorsum of the hand oriented upward and the fingers directed downward, the patient is then asked to straighten the wrist and fingers; however, due to the deficit, the hand cannot be actively lifted into extension.

In this case, a 36-year-old male patient presented to our OPD with a one-month history of inability to extend the right wrist and fingers. Following thorough physical and clinical evaluation, the condition was diagnosed as Saturday night palsy.

Management with Ayurvedic therapeutic measures resulted in complete functional recovery, with *Sastikashali Anna Lepana* proving particularly effective when administered after appropriate *Langhana*.

CASE REPORT

A 36-year-old male patient, with no history of systemic illness and employed as a chef for the past 18 years, presented to our OPD with a one-month history of inability to extend the right wrist and fingers at the metacarpophalangeal joint level, accompanied by numbness over the right forearm. The patient reported excessive alcohol intake on the previous night, after which he fell asleep with prolonged pressure on his right forearm in an awkward posture. When he woke up, he was unable to lift his right wrist, associated with numbness in right forearm. The patient tried to do some movements of wrist but it remained flaccid to extension even after few hours. For this he consulted a neurologist and he was advised to undergo radiological investigation, as the patient was not willing, he later reported to our hospital for definitive management.

On examination

1. Right shoulder and elbow - Normal findings
2. Wrist joint examination- Right hand

Inspection

- No muscle wasting
- No swelling and discoloration.

Palpation

- The wrist joint showed no tenderness on physical examination.

Range of movements

- Clinical examination revealed wrist drop with no measurable extension of the wrist and fingers at the metacarpophalangeal level (0%).
- Patient was able to do flexion

3. Gait, speech and cranial nerve examinations- normal.
4. Motor system examination

- Left arm - Normal
- Right arm- Muscle strength of the right upper limb was assessed using the Medical Research Council (MRC) grading system.[4]

5. Examination findings of muscle power.

Muscle (right arm)	Power grade
Deltoid	5
Biceps	5
Triceps	5
Brachioradialis	5
Wrist extension	1
Wrist flexion	2
Thumb extension	1
Thumb flexion	2
Finger extension	1
Finger flexion	2
Supinator	2
Pronator teres	5

- Hand grip- 1
- Reflexes were normal

6. Sensory system examination– Patient complained of numbness, but on examination, the sensory system was found to be intact.

Differential diagnosis

S.No	Disease	Clinical symptoms	Reason for Inclusion/Exclusion.
1	Carpal tunnel syndrome	The patient reported numbness, paraesthesia, and pain involving the thumb, index finger, middle finger, and the radial half of the ring finger. Wrist drop was absent, and symptoms were more pronounced during nighttime.	Numbness extended beyond the localized area, wrist drop was observed on examination, and Phalen's and Tinel's tests did not elicit positive findings.[5]
2	Ulnar nerve	Paraesthesia with sensory loss was noted	Numbness and paraesthesia extended

	palsy	along the ulnar distribution of the hand, affecting the fifth digit and the ulnar aspect of the fourth digit.[6]	beyond the ulnar region.
3	Cervical radiculopathy	The patient experienced radiating pain on the same side of the upper limb, along with reduced muscle strength below the level of the lesion.	Spurling's test was negative.
4	Cervical myelopathy	There was impaired fine motor coordination of the hand, associated with weakness below the level of the lesion.	The patient exhibited clumsiness of the hand, with a normal gait pattern and absence of Lhermitte's sign.
5	Saturday night palsy	The patient presented with wrist drop and difficulty opening the hand or grasping objects due to impaired thumb extension, while flexion was preserved, accompanied by numbness and weakness of the affected hand.[7]	The patient demonstrated wrist drop, loss of extensor function, retained flexion, and associated numbness and weakness of the hand. Based on the clinical presentation and relevant history, the condition was diagnosed as Saturday night palsy.

Diagnosis

Considering the patient's history and examination results, the case was diagnosed as Saturday night palsy/radial nerve palsy and in Ayurveda, it was diagnosed as *Hastasada*.[8]

Management

The treatment plan began with *Langhana* and *Kapha-samana* measures, followed by *Snigdha* and *Vatahara* therapies through *Taila-abhyanga* and *Ushma-sveda*. Progressive *Brimhana* treatments, including *Mahamasha taila abhyanga*, *Muttakizhi, Shashtika annalepa,* and *Shashtika pinda sweda*- were used to strengthen tissues and improve motor function.[9] Care was completed with *Shiro-pichu* and *Nasya* to nourish *Majja dhatu* and enhance neurovascular recovery.

Treatment line up

Date	Internal medicines	External medicines	Explanation
17/4/2024	*Ashtavargam kashayam* [10] *Prabhakara vati* [11] *Aswagandharishtam* [12] *Dasamoola hareetaki lehya* [13] - 10gm HS	Local *Udwarthana* with *Kolakulathadi choorna* 7 days	Removes *Kapha Avarana* and enhances circulation.
22/4/2024	*Ashtavargam kashayam* *Prabhakara vati* *Aswagandharishtam* *Dasamoola hareetaki lehya*- 10gm HS	Local *Abhyanga* with *Satahwadi taila* - 3 days	For pacifying *Vata*, *Snigdha kriya* was adopted.
29/4/2024	*Rasnerandadi Kashaya* [14] *Dhanwantaram* 101 A [15] -10 drops with *Kashaya*	Local *Abhyanga* with *Mahamasha taila* + *Murivenna, Ushmaswedam*	Continued *Snigdha* with more *Brimhana* and *Vatahara thailam.*
8/5/2024	*Partharishtam* [16]*-25ml* *Uthama taila* -10 drops with *Arishta-Bd*	*Muttakizhi*- 7 days *Taila- Mahakukkuta taila* *Talam- Rasnadi choornam + Dhanwantaram* 21 A	*Brimhana* therapy, it Relieves stiffness, improves local absorption.
		Churna pinda sweda with *Kolakulathadi churna*	Continued *Brimhana* therapies may enhance therapeutic action.

31/5/2024	*Prasaranyadi ksheera kashayam* + 10 garlic *Dasamoolarishtam*[17] 20ml BD *Maharaja prasarani taila* [18]10 drops with *Arishta*	Local *Shashtika annalepa* 14 days *Pratimarsa nasya* with *Dhanwantaram* 21A	Area specific *Brimhana* therapy was adopted. Strengthens tissues, restores motor function.
13/6/2024	Same above	*Shashtika Sali pinda sweda* 7 days	Continued *Brimhana* therapy for entire body.
20/6/2024	Same above	*Siropichu* with *Prasaranyadi taila* Self-*Abhyanga* with *Maha kukkuda taila+ Balaswagandha taila*	*Murdhni taila* helps to regulate *Majja dhatu and Vata,* enhancing recovery at both central and peripheral levels.
27/6/2024	Same above	*Marsa nasya* 8 drops 3 days- *Anutaila* 4 days- *Maharaja prasarani taila*	*Nasya* promotes *Vata* regulation in *Shiras,* and enhances neurovascular coordination essential for peripheral nerve recovery.

Intervention tolerability was very good, and the patient did not report any adverse or unanticipated events throughout the treatment period. The local applications (*Annalepa, Sweda*) were well tolerated, with no complaints of irritation, burning, or discomfort. Likewise, the internal medications (*Kashayam, Arishtam*, etc.) and the *Nasya* procedure produced no adverse reactions, indicating excellent overall safety and patient compliance.

RESULT

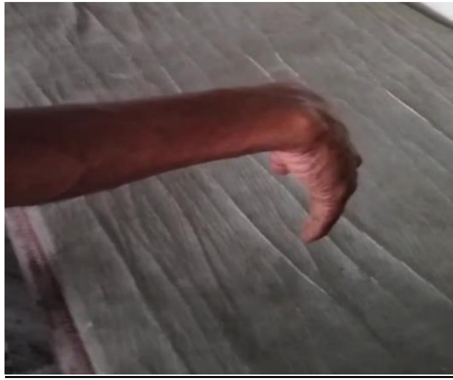
Muscle strength of the right hand was evaluated using the Medical Research Council (MRC) grading system, and hand grip strength was assessed both before and after treatment.

Examination Findings

Muscle (right arm)	**Power grade**	
	BT	**AT**
Deltoid	5	5
Biceps	5	5
Triceps	5	5
Brachioradialis	5	5
Wrist extension	1	5
Wrist flexion	2	5
Thumb extension	1	5
Thumb flexion	2	5
Finger extension	1	5
Finger flexion	2	5
Supinator	2	5
Pronator teres	5	5
Hand grip	1	5

The MRC grading showed that although proximal muscles retained normal strength, the distal muscles of the wrist, thumb, and fingers initially had severe weakness (Grade 1–2). After treatment, all affected muscles improved to Grade 5, with hand-grip strength also improving from Grade 1 to Grade 5, indicating complete functional recovery.

Figure 1



a. **Before treatment**

b. After treatment

Over the course of treatment, *Shashtika Sali annalepa* demonstrated superior efficacy, with marked and observable therapeutic changes noted during its application.

Shashtikashali annalepa

Annalepa is a therapeutic procedure classified under *Pradeha*, in which medicinal substances are externally applied over the body. In *Annalepa* the sudation is carried out by applying cooked *Sali* boiled with *Balamoola kwatha* and *Ksheera*. The difference between *Annalepa* and *Shashtika Shali Pinda Sweda* is that in *Shashtika Sali pindasweda* the cooked rice tied in bolus before applying, while in *Annalepa*, it is applied directly on patient's body and then massage will be given. As a *Balya* therapy, *Annalepa* provides nourishment to depleted and degenerating tissues. It is predominantly indicated in disorders due to aggravated *Vata* and *Rakta*, inflammatory and degenerative conditions, and diseases characterized by *Dhatu kshaya,* weakness, exhaustion, and emaciation, especially those involving impaired mobility of the musculoskeletal and neuromuscular systems.

Shashtikashali pinda swedam

Shashtikashali Pinda Swedam is one of the most important and specialized forms of treatment practiced in Kerala.[19] The term *Piṇḍa* denotes a bolus, and *Pinda Sveda* describes a sudation procedure carried out using a bolus made from medicinal ingredients. In *Shashtika Pinda Sweda*, this procedure can be administered as *Ekanga* or *Sarvanga*, employing a bolus of *Shashtika Shali* rice cooked with *Balamula* decoction and milk. The cooked and filtered rice is then tied into a *Pottali* and used along with the residual *Bala–ksheera–kashayam*. *Shashtika* rice possesses the qualities of being *Snigdha, Guru, Sthira, Sita,* and *Tridoshagna.*[20] Although classified under *Swedana Karma*, this procedure is unique because it also provides strong *Brimhana* (nourishing) action.

Discussion on Mode of action

Annalepa is a type of topical formulation that should be gently applied over the body in an upward or reverse direction while maintaining a constant temperature, in order to ensure faster and more effective action. Fomentation increases skin permeability by inducing sweating, opening skin appendages, dilating blood vessels, and thereby supporting vascular and neuromuscular regeneration.[21]

Follow-up after 7 days

ROM - 95%

He could hold the hand at a horizontal level without difficulty.

Functional capacity improved, allowing performance of day-to-day activities.

Numbness relieved

Muscle strength regained

Functional recovery enabled him to rejoin his profession as a chef.

Examination findings of muscle power

Muscle (right arm)	Power grade
Deltoid	5
Biceps	5
Triceps	5
Brachioradialis	5
Wrist extension	5
Wrist flexion	5

Thumb extension	5
Thumb flexion	5
Finger extension	5
Finger flexion	5
Supinator	5
Pronator teres	5

Hand grip- 5

DISCUSSION

Saturday night palsy, caused by radial nerve compression, presents with motor and sensory deficits corresponding to *Hastasada*, a localized *Vata Vyadhi* in Ayurveda. Here, the initial step of management was focused on removal of *Avarana* through *Rukshana* therapy like *Udwartana*, which allows the free movement of vitiated *Vata*. Then *Snehana* and *Brimhana* therapies were adopted to correct *Vata dusti* as a result of *Dhatu-kshaya*.[22] The sequential use of *Abhyanga*, *Swedana*, *Shashtika Shali Annalepa*, and *Nasya* effectively pacified *Vata*, nourished the affected tissues, and restored nerve conduction. *Nasya*, through its *Siro-virechana*, *Srotoshodhana*, and *Vata-anulomana guna*, helps clear obstructed *Doshas* in the supraclavicular region and supported neuromuscular recovery.[23] Notably, *Shashtika Shali Annalepa* provided targeted nourishment and localized sudation, accelerating nerve function restoration. The multi-modal approach effectively restored muscle power, resolved numbness, and allowed the patient to return to his profession, demonstrating Ayurveda's potential in managing neuropathies like Saturday night palsy. However, the findings are limited by the nature of a single-case observation without blinding or a comparator group, and by the patient's inability or reluctance to undergo imaging, which restricts objective confirmation of nerve recovery.

CONCLUSION

This case highlights the effectiveness of Ayurvedic interventions, particularly *Shashtika Shali Annalepa*, in the successful management of Saturday night palsy (*Hastasada*). The integrative use of *Snehana*, *Swedana*, *Nasya*, and internal medications resulted in complete functional recovery without the need for surgical or steroidal intervention, reinforcing the relevance of classical Ayurvedic therapies in neuromuscular disorders.

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