

EFFECT OF SHODHANA AND SHAMANA CHIKITSA IN THE MANAGEMENT OF EKANGA VATA ASSOCIATED WITH DEGENERATIVE DISC DISEASE: A CASE REPORT

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ABSTRACT

Vata Vyadhi is a disorder caused by vitiation of Vata Dosha and is characterized by pain, stiffness, numbness, and restriction of movement. A 29-year-old female patient presented with severe cervical and lumbar pain associated with restricted movements following prolonged sitting. MRI findings revealed early degenerative disc disease with posterior disc herniation at the C4–C5 and C5–C6 levels, mild disc bulge at the L5–S1 level, and posteroventral disc protrusion at the L4–L5 level. The patient was managed with Shodhana and Shamana Chikitsa along with physiotherapy for a duration of three months. Assessment was conducted using the Visual Analogue Scale (VAS) and Straight Leg Raise (SLR) test. Significant symptomatic improvement was observed after treatment, and during four months of follow-up, the patient remained symptom-free. This case report suggests that

Ayurvedic management comprising Shodhana and Shamana Chikitsa may provide effective symptomatic relief in Vata Vyadhi associated with degenerative spinal disorders.

KEYWORDS: Ayurveda, Vata Vyadhi, Ekanga Vata, Shodhana Chikitsa, Shamana Chikitsa, Degenerative Disc Disease.

INTRODUCTION

The vertebral column, also known as the backbone, is composed of vertebrae, intervertebral discs, spinal cord, and nerve roots.^[1] The intervertebral disc is located between adjacent vertebrae and acts as a shock absorber for the vertebral column. It consists of two parts: the outer fibrous ring called annulus fibrosus and the inner gel-like centre called nucleus pulposus.^[2]

In disc herniation, a portion of the nucleus pulposus protrudes through a tear in the annulus fibrosus. There are three major types of disc herniation: posterolateral disc herniation, central (posterior) disc herniation, and lateral disc herniation.^[3] In posterolateral disc herniation, the protruded disc compresses the adjacent nerve root. In central disc herniation, compression of the spinal cord may occur and can lead to cauda equina syndrome. In lateral disc herniation, the nerve root above the level of herniation is usually affected.^[4]

Disc herniation is more common in the lumbar region than in the cervical region. The clinical presentation depends upon the anatomical level at which the nerve roots are compressed. Degenerative spinal changes are commonly observed in middle-aged and elderly individuals, although symptomatic disc prolapse is frequently seen in individuals between 30 and 50 years of age. In the 25–55-year age group, approximately 95% of disc herniations occur at the L4–L5 and L5–S1 levels.^[5]

When a disc prolapses laterally, sudden compression of a nerve root may occur. Osteophytes may also encroach upon the intervertebral foramina, causing gradual onset of symptoms. Trauma, particularly lifting heavy weights with the spine in flexion, is considered a major cause of acute lumbar disc herniation, although genetic predisposition may also contribute.^[6] The common clinical manifestations include low back pain radiating to the thigh, buttocks, calf, or foot. Pain is often aggravated by coughing or straining and relieved by rest. Modern management includes conservative treatment with analgesics, physiotherapy, and early mobilization. Surgical intervention may be considered in cases of progressive neurological deficit or failure of conservative management.^[7]

This condition may be correlated with Vata Vyadhi in Ayurveda. According to Ayurvedic principles, aggravated Vata Dosha affects Asthi and Majja Dhatu, leading to pain, stiffness, numbness, and restricted movements. Ayurvedic management focuses on balancing Vata Dosha and strengthening Asthi Dhatu through Panchakarma procedures such as Snehana,

Swedana, Basti Chikitsa, Greeva Basti, Kati Basti, and internal medications. Vata Dosha governs all movements (Gati) and neurological activities in the body.^[8] When vitiated Vata affects susceptible Srotas, it produces various neuromuscular disorders including Ekanga Vata.

CASE REPORT

A 29-year-old female patient presented to the outpatient department with complaints of low back pain associated with tingling sensation radiating to both lower limbs. She also had trouble standing for prolonged periods. In addition, she complained of pain in the cervical region radiating to the left shoulder and elbow.

The patient had a similar history in 2019. The pain had a sudden onset, and she initially obtained temporary relief from analgesics and physiotherapy. However, the symptoms recurred in January 2026, following prolonged sitting for 10–12 hours daily due to occupational work.

The pain severity was assessed as 9/10 on the Visual Analogue Scale (VAS). The pain was severe and stabbing in nature and was relieved in the supine position. No bowel or bladder involvement was observed. There was no history of trauma, addiction, or significant family history. The patient followed a vegetarian diet and reported frequent episodes of indigestion and disturbed sleep secondary to pain.

CLINICAL FINDINGS

MRI findings obtained in 2026 suggested early degenerative disc disease with posterior disc herniation at the C4–C5 and C5–C6 levels, mild disc bulge at the L5–S1 level, and mild posteroventral disc protrusion at the L4–L5 level.

Pain intensity was assessed using the Visual Analogue Scale (VAS), and range of motion was assessed using the Straight Leg Raise (SLR) test with the help of a standard goniometer.

- Chief complaints - low back pain associated with tingling sensation radiating to both lower limbs.
- History of present illness - similar history in 2019
- History - No significant past medical or surgical history was noted.
- Personal history - NA
- Drug history - There was no history of long-term medication use.

- Occupational history - The patient had prolonged sitting hours due to occupational work.

TIMELINE

The patient had been suffering from recurrent symptoms since 2019. Initially, she underwent allopathic treatment including analgesics and nutritional supplements, which provided temporary relief. Following recurrence of symptoms in 2026, she underwent Ayurvedic Shamana and Shodhana Chikitsa for four months, followed by regular follow-up.

DIAGNOSTIC ASSESSMENT

Table 1: Dashavidha Pareeksha.

S. No.	Factor	Observation
1	Prakriti	Pitta-Kaphaja
2	Vikriti	Vata-Kaphaja
3	Sara	Twak
4	Samhanana	Madhyama
5	Satmya	Madhyama
6	Satva	Madhyama
7	Ahara Shakti	Avara
8	Vyayama Shakti	Avara
9	Vaya	Madhyama
10	Bala	Madhyama

THERAPEUTIC INTERVENTION

Table 2: Plan of Treatment.

S. No.	Procedure	Drug Used	Dose/Quantity	Duration
1	Virechana	Trivrit Leha	As prescribed	20 days
2	Anuvasana and Asthapana Basti (Kala Basti)	Dhanwantaram Taila and Dashamoola Kwatha	As prescribed	15 days
3	Greeva and Kati Basti	Bala Taila	As prescribed	15 days
4	Shamana Chikitsa	Cap. Guggulu Tikta Ghrita	2 tablets twice daily with lukewarm water	4 months
5	Ama Pachaka Vati	2 tablets twice daily after food with lukewarm water	4 months	
6	Trayodashanga Guggulu	2 tablets three times daily	4 months	
7	Mahayogaraja Guggulu	2 tablets twice daily after food with Rasnasaptaka Kwatha/Kakolyadi Kwatha (10 ml)	4 months	

8	Prasaranyadi Kashaya	10 ml twice daily	4 months	
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Procedure	Duration
Deepana-Pachana	3–5 days
Sneha Pana	5–7 days
Virechana Karma	1 day
Samsarjana Krama	3–5 days

FOLLOW-UPS AND OUTCOMES

Table 3: Pain Assessment by VAS Score.

Duration	VAS Score
Before Treatment	9
15 Days	9
30 Days	9
45 Days	6
60 Days	5
90 Days	3
4 Months	2

Table 4: Straight Leg Raise (SLR) Test.

Before Treatment	After Treatment
Right Leg: 45°	Right Leg: 60°
Left Leg: 30°	Left Leg: 45°

OBSERVATION AND RESULTS

Shodhana Chikitsa was administered for three months, and Shamana Chikitsa was continued during and after Panchakarma therapy. Virechana was administered using Trivrit Leha for therapeutic purgation, followed by Anuvasana Basti with Dhanwantaram Taila and Asthapana Basti with Dashamoola Kwatha alternately for 15 days. Greeva and Kati Basti with Bala Taila was subsequently administered.

Shamana Chikitsa was continued for four months and included Guggulu Tikta Ghrita, Ama Pachaka Vati, Trayodashanga Guggulu, Mahayogaraja Guggulu, and Rasnasaptaka Kwatha as Anupana. Later, Kakolyadi Kashaya was prescribed to manage mild aggravation of Pitta Dosha.

Parameter	Before Treatment	After Treatment
VAS Score	9	2
SLR Test	Positive	Negative
Walking Ability	Restricted	Improved

DISCUSSION

The present case demonstrated significant clinical improvement following a comprehensive Ayurvedic treatment protocol consisting of both Shodhana and Shamana Chikitsa. Gradual reduction in pain, stiffness, numbness, and restricted movements was observed after each therapeutic intervention. Improvement in appetite, digestion, mobility, and overall physical as well as psychological well-being was also noted during the treatment period. Considerable symptomatic relief was achieved within one and a half months, while sustained improvement was observed by the completion of three months of therapy.

According to Ayurvedic principles, Ekanga Vata is predominantly caused by aggravation of Vata Dosha, which affects Asthi and Majja Dhatu, leading to symptoms such as pain (Shoola), stiffness (Stambha), numbness (Suptata), restricted movements, and functional disability. Vata aggravation may occur due to improper dietary habits, excessive physical exertion, stress, irregular lifestyle, and degeneration of Dhatus.^[9] Therefore, the line of treatment mainly focuses on pacifying aggravated Vata Dosha, nourishing Dhatus, relieving pain, and restoring normal neuromuscular function.

Shodhana Chikitsa played a major role in the management of the condition. Virechana Karma helped eliminate aggravated Pitta Dosha and remove accumulated metabolic toxins, thereby improving Agni and facilitating better tissue metabolism. It also aids in reducing inflammation and maintaining Doshic balance. Among all Panchakarma procedures, Basti Chikitsa is considered the most effective treatment for Vata disorders because of its direct action on Pakwashaya, the principal seat of Vata Dosha.^[10] Anuvasana Basti administered with Dhanwantaram Taila provided oleation, nourishment, and strengthening effects to Asthi, Majja, and Snayu structures, thereby improving stability and reducing degeneration. Asthapana Basti with Dashamoola Kwatha helped eliminate vitiated Doshas, reduced inflammation, and relieved pain and stiffness.^[11]

External therapies such as Greeva Basti and Kati Basti with Bala Taila produced localized therapeutic effects through Snehana and Swedana. These therapies improve local circulation, relieve muscular spasm, reduce stiffness, and enhance flexibility and range of movement. Bala Taila possesses Vata shamaka, Brimhana, and Balya properties, which support neuromuscular strength and tissue nourishment. Swedana therapy further helps in relieving Stambha and Gaurava by promoting vasodilatation and improving tissue perfusion.^[12]

The internal administration of Guggulu-based formulations also contributed significantly to the therapeutic outcome. Guggulu possesses anti-inflammatory, analgesic, and Vata-Kapha pacifying properties, which help reduce pain, inflammation, and nerve root irritation.^[13] Certain Ayurvedic formulations and medicated oils used in the management may additionally exhibit neuroprotective and antioxidant actions, thereby supporting nerve conduction, improving neuromuscular coordination, and reducing radiating pain.

Dashamoola possesses anti-inflammatory and analgesic properties that may help reduce nerve root irritation and muscular inflammation.^[14] Bala Taila provides muscle relaxant and strengthening effects, while Guggulu formulations exhibit anti-inflammatory activity through modulation of inflammatory mediators. Snehana and Swedana therapies improve local circulation, reduce muscular spasm, and enhance tissue flexibility, thereby improving functional mobility.

The overall improvement observed in Visual Analogue Scale (VAS) score, Straight Leg Raising (SLR) test, walking ability, and daily functional activities indicates the effectiveness of Ayurvedic management in Ekanga Vata.^[15] The combined approach of Shodhana and Shamana therapies not only provided symptomatic relief but also improved the patient's quality of life and functional capacity. This case highlights the potential role of Ayurveda as a safe and holistic approach in the management of Vata Vyadhi associated with musculoskeletal and neuromuscular disorders.

CONCLUSION

This case report demonstrates that Ayurvedic management comprising Shodhana and Shamana Chikitsa may provide significant symptomatic relief and functional improvement in patients with Vata Vyadhi associated with degenerative spinal disorders. However, larger clinical studies are required to validate these findings scientifically.

LIMITATIONS

Since this is a single case report, the findings cannot be generalized. Larger controlled clinical studies with longer follow-up are required to validate the effectiveness of these Ayurvedic interventions.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this case report.

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