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THE ROLE OF PANCHAKARMA THERAPIES IN THE MANAGEMENT OF TRAUMATIC QUADRIPARESIS – A CASE STUDY

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ABSTRACT

A 40year old male patient was diagnosed with T2 hyperintensity in Spinalcord at C4-C5 level suggestive of cord contusion showing the symptoms of sarvangavata. With this presentation patient was admitted in our institute and ayurvedic treatment of sarvanga abhyanga and nadisweda, matravasti and internal medication was given. The recovery in the patient case was noticeable, showed substantial improvement in subjective and objective parameters. Aim of the study was to evaluate the effect of ayurvedic treatment in case of sarvangavata with special reference to traumatic quadriparesis.

KEYWORDS: Sarvangavata, Quadriplegia, Abyanga, Nadi sweda, Matravasti.

INTRODUCTION

In Ayurveda quadriplegia can be correlated with sarvanga vata which is a Vatavyadhi.[1] If the aggravated vata pervades the entire body, then this ailment is called sarvanga vata.[2] *Sira* and *snayu* gets effected (सिराः स्नायूर्विशोष्य) in *Sarvanga vata*. *Snayugatavata* has features contracture deformity (बाह्याभ्यन्तरमायामं).[3] *Siradusti* can cause pain (रुजं) and loss of sensation (सुप्तता).[4]

Quadriplegia is one of the most frequent presentations of a stroke. The primary cause of quadriplegia is a spinal cord injury, but other conditions such as cerebral palsy and strokes can cause a similar appearing paralysis. The amount of impairment resulting from a spinal cord injury depends on the part of the spinal cord injured and the amount of damage done. Traumatic spinal cord injury[5] (SCI) can cause significant motor, sensory, and autonomic dysfunction caudally to the level of injury. The main cause of sarvangavata is vitiated vata and in Ayurvedic text one of the best treatment of vata dosha is Vasti[6] in this presented case the effect of matravasti has been shown.

AIMS AND OBJECTIVE

A case study of sarvangavata with ayurvedic management.

MATERIAL AND METHODS

Basic information of patient

Name- ABC

Age- 40 yrs

Sex- male

Occupation- Driver

Socio economic status- Middle class.

Chief complaints

- Loss of power in bilateral upper and lower limbs
- Contracture of both upper limbs
- Difficulty in movements
- Difficulty in walking

History of present illness

Patient was asymptomatic before 7 months, one day he suddenly felldown from bike accidentally while driving, immediately he developed weakness of upper limbs and lower limbs along with sensory loss, bowel and bladder control. Patient was admitted in allopathic hospital with in 2 hrs and advised MRI brain which showed T2 hyperintensity in Spinalcord at C4-C5 level suggestive of cord contusion and done surgery after 16 days of accident. Later after 1 month he started regaining his senses and movements in his lower limbs.After 2 months he developed control over his bowel and bladder. For betterment he was brought to our hospital SVAYH for further treatment.

History of past illness

H/o Hypertension since 2years

H/o Diabetes mellitus since 2years

Family history

No.

Habitual history

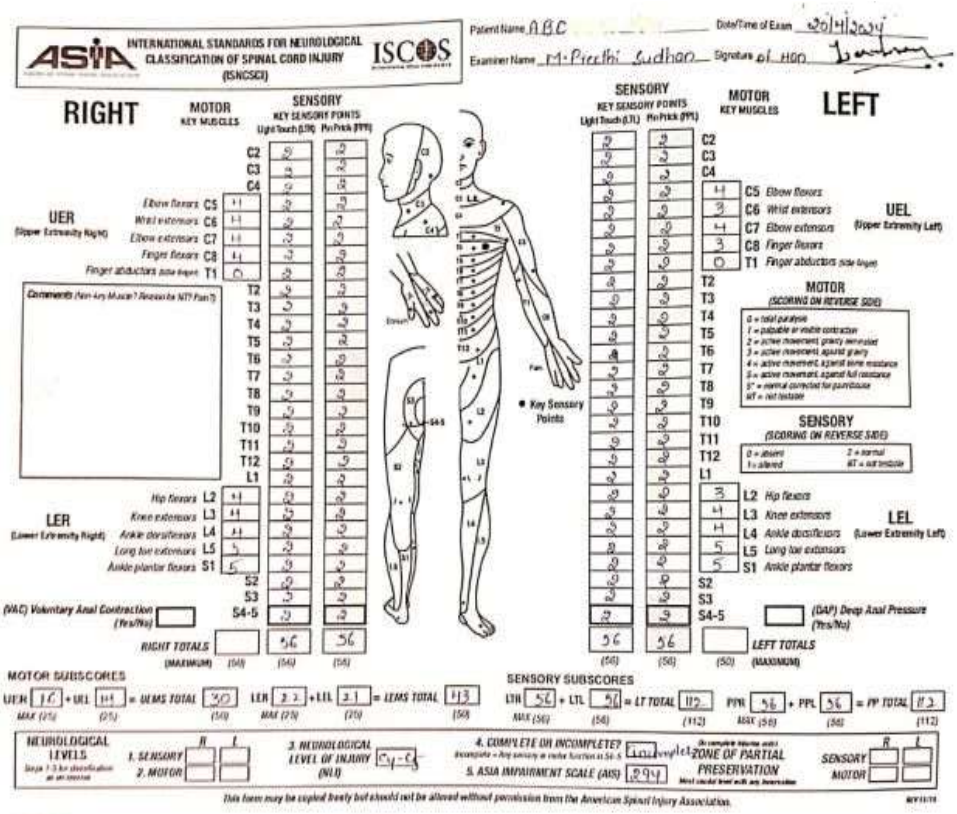
Tobacco chewing since 3years.

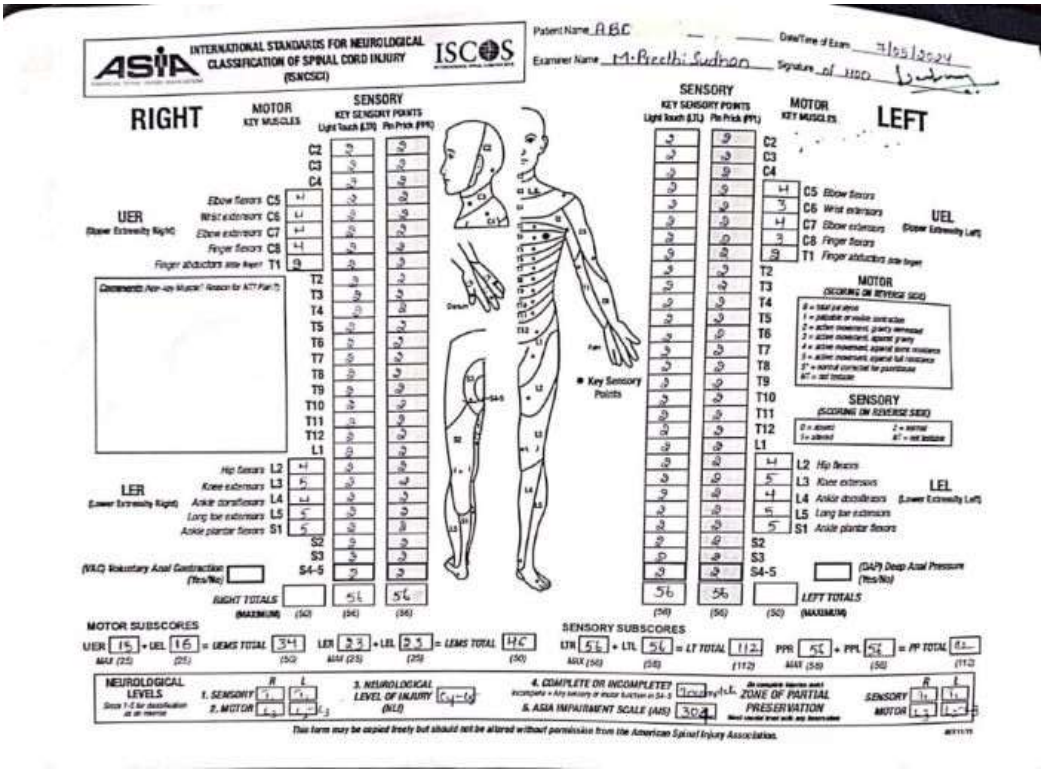
Examination

General examination- unable to move all limbs.

R.R.- 18

P/A- vague tenderness all over





MUSCLE POWER

	Right (BT)	Right(AT)	Left (BT)	Left (AT)
Upper Limb	1/5	3/5	1/5	3/5
Lower Limb	2/5	4/5	2/5	3/5

Reflexes grade before and after treatment

	Right (BT)	Right (AT)	Left(BT)	Left (AT)
Biceps	3	2	2	2
Triceps	3	2	3	2
Supinator	3	2	3	2
Knee jerk	3	2	2	2
Ankle jerk	3	2	3	2
Babinskis sign	-ve	-ve	-ve	-ve

GAIT- unable to walk

Investigations

MRI BRAIN

C4-C5 Posterior disc bulge with osteophyte complex seen on both sides compressing cord and bilateral foramen narrowing compressing both existing nerve roots.

There is T2 hyperintensity in spinalcord at C4-C5 level – suggestive of cord contusion.

CT BRAIN WITH BONE WINDOW

Suspicious fracture in posterolateral wall of right maxillary sinus.

Laboratory investigation

Hb- 14.3 gm%

Tc – 7100 cells/cumm

Dc – p64%, L30%, E4%, M2%

Esr – 22mm/hr

Urine

Albumin – nil

Sugar – nil

M/E – 1-2 puscells/hpf

1-2 epicells/hpf.

Differential diagnosis

Ekangvaata	Pakshaghata	Ardita
Symptoms seen in localized region	symptoms seen in either half side of body	Symptoms seen in facial muscles

TREATMENT

Details of treatment given to patient

Date	Treatment	Internal medicines	Shamanoushadhi
20-4-2024 to 23-04-2024	sarvang abhyanga with Nirgundi tailam and nadisweda	Dasamoolarista 10ml - 10ml Rasnasaptaka kashayam 10ml - 10ml Avipattikara churnam half teaspoon BD	Mahayogaraja guggulu 1-1-1 Vata vidhvamsini ras 1-1-1 Agnitundi Vati 1-1-1 Sarpagandha 1- Nirgundi Tailam e/a
23-04-2024 to 7-04-2024	Matravasti with Mahamasha Tailam 60ml	Dasamoolarista 10ml - 10ml Rasnasaptaka kashayam 10ml - 10ml Avipattikara churnam half teaspoon BD	Mahayogaraja guggulu 1-1-1 Vata vidhvamsini ras 1-1-1 Agnitundi Vati 1-1-1 Sarpagandha 1- Nirgundi Tailam e/a

DISCUSSION

Sarvangavata can be correlated with quadriplegia it is a nanatmaja vata vyadhi according to Charaka. Due to the intake of various diet and regimen, vata dosha gets vitiated and occupies

rikta strotas in the body then ultimately it causes vata vyadhi like sarvangavata increase the ruksha guna of vata causes rukshata and parushta in the strotas which is the key point in the samprapti of sarvangavata. So to compensate ruksha guna of vata we use snehana in the form of Vasti, this procedure found to be beneficial in the management of sarvangavata according to charaka. Vasti is the one of the best treatment of vatavyadhi. It is the most important constituent of panchkarma due to its multiple effect of Vasti.

CONCLUSION

As told by Acharya Charaka, Sushruta, Vagbhata, Vatvyadhi is a Mahagada or Maharoga. In the present study it was noted that sarvangavata was associated with hypertension and diabetes mellitus. The main cause of sarvangavata is vitiated vata and in Ayurvedic text one of the best treatment of vata dosha is Vasti in this presented case the effect of matravasti has been shown and the improvement was noted in terms of ASIA SCALE (American Spinal Injury Association Scale).

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