

## A case study of *sarvangghat* and *snayusankoch* with *ayurvedic* management

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### ABSTRACT-

A 49 year old female patient with diagnosed case of old lacunar infarct with laminectomy of cervical and lumbar vertebrae showing the symptoms of *sarvangghat* with *ubhay hast snayu sankoch*. With this presentation patient was admitted in our institute and ayurvedic treatment of *taildhara*, *sarvang snehan swedan*, *basti*, *nasya* and internal medication with physiotherapy and bracing was given. Patient is in our institute for 4 months showed substantial improvement in subjective parameter. The recovery in the patient case was noticeable. Aim of the study was to evaluate the effect of ayurvedic treatment in case of *sarvangghat* with *snayusankoch* with special reference to quadriplegia and limb contracture.

**KEY WORDS** – *sarvangghat*, Hemiplegia, *Basti*, *Nasya*, *Taildhara*.

### INTRODUCTION –

In Ayurveda quadriplegia can be correlated with *sarvangghat* which is a *Vatavyadhi*. Its types are *Kaphanubandhi*

and *Pittanubandhi* as of *pakshaghat*. Even though *sarvangghat* is a *vatavyadhi* and can be consider as *nanatmaj vatvikar* of *Charak* as *pakshaghat*. It is not a *shudhaj* condition it is clear that *raktadushti* leading to the *vataprakop* is the underlying cause of disease.

Quadriplegia is one of the most frequent presentations of a stroke. A wide variety of vessels and pathological process are involved in cerebro vascular disease based on which the strokes are classified as ischemic and hemorrhagic stroke. Hemorrhagic stroke are the less common than the ischemic stroke it is a more deadly, if person survive there is better recovery of functions. Intracerebral hemorrhage causes about a 10% of acute stroke events but is more common in low income country. *sarvangghat* is a *keval vatavyadhi* and results because of *vatprkope*. It affects *sira's* (vascure structure) and *snayu's* (tendon and ligament) one of the half body and face. The main cause of *sarvangghat* is vitiated *vata* and in Ayurvedic text one of the best treatment of *vata dosha* is

*Basti* in this presented case the effect of combine therapy of *Basti Nasya* and *Tailadhara* has been shown.

## AIMS AND OBJECTIVE

A case study of *sarvangghat* and *snayusankoch* with ayurvedic management.

## MATERIAL AND METHODS

### Basic information of patient-

Name- XYZ

Age- 49 yrs

Sex- male

Occupation- house wife

Socio economic status- middle class

### Chief complains (since 6 months)

- Contracture of both upper limbs.
- Burning sensations all over the body
- Difficulty in movements
- Chronic constipation
- Blurred speech
- Difficulty in walking

### History of present illness

- Lt sided hemiparesis in 2010... symptoms recover in 2 days
- After 2 days.. hemiparesis of Rt side... recover in 2 days
- 2016... fall from staircases.. becomes unconscious.... Admitted in ICU for 2 months..... pneumonia occur... again admitted for 2 months....

Cervical and lumbar laminectomy done....since then above symptoms seen.....

### History of past illness

- h/o HTN..... 1 year... on Amlo AT 1 bd
- h/o DM..... 1 year.... No medication now
- h/o cervical and lumbar laminectomy
- h/o B.T. during ICU admission.
- h/o pneumonia during ICU admission.
- No h/o malaria, jaundice, chikungunia.....
- h/o fall from staircases.
- No h/o insect bite.

### Family history

NO

### Treatment history

- Tab Amlo AT 1tab OD
- Tab Rosuvastat 1 tab OD
- TAB ecosprine 1 tab OD

### Habitual history

Tobacco chewing..... since 14 yrs.

Betal nut chewing.....since 10 years

### Examination

General examination- unable to move all limbs.

Blurred speech.

CHEST – mild crepts present in both lower lobes.

R.R.- 20

P/A- vague tenderness all over

LIVE SPLEEN- non palpable

MUSCLE POWER-

	RT.	LT
UPPER LIMB	1/5	1/5
LOWER LIMB	2/5	2/5

REFLEXES

	RT	LT
BICEP	+++	++
TRICEP	+++	+++
WRIST	+++	+++
KNEE JERK	+++	++
ANKLE	+++	+++
BABINSKI	ABSENT	PRESENT

Clonus- present in both limbs

GAIT- unable to walk

### Investigations

MRI CERVICAL SPINE WITH SPINOGRAM-

- Age related degenerative and loss of hydration changes seen in all cervical four discs. Intervertebral disc appears normal in height and display normal signal intensity. Diffused bulging annulus compressing over cord with focal abnormal signal in the cord at c3-c4 disc level suggest cord edema. postero central disc protrusion with type 1 annular tear seen at

c4-c5 disc level causing mild compression near thecal sac and ipsilateral existing nerve root.

- Small t1t2 prolongation area in the Pons suggests old lacunar infarct.

### SPINOGRAM

- significant posterior disc protrusion causing compression over thecal sac seen at l4 l5 disc level. Mild posterior bulging along with adjacent endplate osteophytosis indenting over cord seen at d5d6 to d9 d10 disc.
- Hb- 8.3 gm% .. low
- PCV- 28.8 % .. low
- MCV- 67.6 fl....low
- MCHC- 28.8 pg..low
- Platelets- 5.16....high
- Urine culture- klebsiella pneumonia grown
- X- ray chest- clear.

### Differential diagnosis

ekangvaat	pakshaghat	ardit
Symptoms seen in localized region	symptoms seen in either half side of body	Symptoms seen in facial muscles.

### Treatment protocol FOR 4 MONTHS

- Whole body *snehan swedan*
- *Taildhara* by *til tail* to both upper limbs
- *Basti- matra basti* by *balaguduchyadi tail* 60 ml....*Niruha basti dashmula kwath* 400ml +*balaguchyadi tail* 40 ml+.*til tail* 40 ml+ *shatpushpa kalk* 40 gm+*saindhav* 10 gm+ *madhu* 80 gm
- *Anuloman* by *haritaki churn* 5gm HS
- *Higvasthak churn* 1gm BD *pratham kavalbhojne*.
- Physiotherapy for upper and lower limbs
- *Vaathar saamanya+ashwagangha+errand+sunth....*1gm tds with water
- *Vaatakulantak raas* 1tab BD
- *Sutshekhhar ras* 2 gm BD
- *Mahavaatvidhvans raas* 1tab BD
- Physiotherapy
- splinting

### diet plan

*Moong dal, shali shashtik, kosha aahar, cows milk,*

### Observation

Muscle power

	LT	RT
UL	3/5	3/5
LL	3/5	4/5

### REFLEXES

	LT	RT
BICEP	+++	++
TRICEP	++	+++
WRIST	+++	+++
KNEE	++	++
ANKLE	+++	++
BABINS KI	NEGATIVE	NEGATIVE

After 4 months patient is now able to get up and sit with support.

**Discussion** – Ischemic stroke results due to blood clot in the blood vessel. In this study reported that also the patient had a history of betel nut chewing and tobacco chewing since 10 yrs and 14 yrs respectively. *sarvangghat* can be correlated with quadriplegia it is a *nanatmaj vata vyadhi* according to *Charak*. 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 *sarvangghat* increase the *ruksha guna* of *vata* causes *rukshata* and *parushta* in the *strotas* which is the key point in the *samprapti* of *sarvangghat*. So compensate *ruksha guna* of *vata* we use *snehan* in the form of *Basti*, *Nasya* and *Taildhara* this procedure were found to be beneficial in the management of *sarvangghat* according to *Charak*. *Basti* is the one of the best treatment of *vata vyadhi*. It is the most important of constituent of *panchkarma* due to its multiple effect of *basti* eradicate vitiated *vata dosha* from root.

**Conclusion** – As told by *Acharya Charak*, *Shushrut*, *Vagbhat*, *Vatvyadhi* is a *Mahagada* or *Maharoga*. It has been

also said that all the *Maharogas* are *dushchikistya* by nature. *sarvanghat* is also one of the *vatavyadhi* but the combine therapy of *Basti*, *Nasya*, *Taildhara* has given noticeable result in case of *sarvangghat* by *Panchakarma* therapy along with internal medicine and physiotherapy relief can be obtained in stroke patient.

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