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A multimodal intervention of *mansagatavaat* with special reference to myositis – a case study.

Punamkumari R. Thakur¹, V. J. Tiwari²

1. P.G 2nd Year Panchkarma department, Yerla Ayurvedic Medical College and Hospital, P.G. Institute, Kharghar, Navi Mumbai.
2. Professor, Yerla Ayurvedic Medical College and Hospital, P.G. Institute, Kharghar, navi Mumbai.

*Corresponding author: vd.poonamthakur@gmail.com, Phone No. 9967818030

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Abstract:

Myositis is a disease of group called idiopathic inflammatory *myopathies* associated with cpk level elevation. Myasthenia, pain, swelling, fatigue are the most common symptoms and in Ayurveda same can be understood as *Mansagatavaat vyadhi lakshanas*.

The main stream treatment such as immunosuppressive and corticosteroids are not upto mark for the desired relief and also leading to permanent disability.

Different upakrama were used such as *langhan*, *Patrapottali sweda*, *Maasha pinda sweda*, *Baladi Yaapana Basti* and *Jaloukavcharan*.

A remarkable relief was seen in the symptoms and cpk levels were alleviated upto 539 U/L, which was 1609 U/L before the *panchakarma* treatment.

Therefore myositis can be cured with Ayurveda and prevent the patients from landing into further complications.

Keywords:

mansagatavaat, *myositis*, *panchakarma*, *yaapana basti*, *maashapinda*, *sweda*.

INTRODUCTION:

Myositis is an inflammatory muscle disease. Myositis refers to any condition causing inflammation of muscles that we use to move our body. An injury, infection, or autoimmune disease can cause it. Two specific kind of *myositis* are *polymyositis* and *dermatomyositis*. *Polymyositis* causes muscles weakness, usually in muscles closest to the trunk of body. *Dermatomyositis* causes muscle weakness, plus a skin rash¹. The exact cause of *polymyositis* is unknown but the disease shares many characteristics with autoimmune disorders, in which your immune system mistakenly attacks your own body tissue². Viral infections are the most common infection causing myositis. Vigorous exercise can lead to injury resulting in inflammation, technically making this a form of myositis, but it always resolves completely with rest and recovery.³ Muscle weakness, pain, swelling, fatigue, sometimes associated with fever are the symptoms of myositis and is associated with modest degree of *creatinine phospho kinase* elevation. According to modern medicine there is no cure for these diseases, other than treating symptoms. Modern treatment of myositis includes corticosteroids and immune suppressants.

Myositis is not mentioned in Ayurveda literature but same can be understood as *Mansagata vaatvyadhi* showing *lakshanas* of *tudyateatyartha* (excessive pain), *dandahat vedana* (pain like beaten with staff), *mushtiahata vedana* (excessive pain like beaten with fist-cuffs), *sarukaatishrama* (fatigue with severe pain), *gaurav* (heaviness), *stabdhata* (stiffness) *mansabala kshaya* (muscle weakness)⁴.

A 43 year old female patient earlier diagnosed as *myositis* approached panchkarma opd, having symptoms of muscular weakness, pain in limbs, unable to walk, fatigue and cervical pain. The different treatment modalities were such as *langhana*, *abhyanga*, *patrapottali swedana*, *maashapinda swedana*, *baladi yaapana basti* and *jalaaukavcharan*. About 75% of relief was observed in the symptoms. CPK level was 539 u/L after hospitalization of 16 days. Therefore by using different Ayurveda treatment modalities such as *langhana*, *abhyanga*, *swedana*, *basti*, myositis can be cured. This would prevent the patients getting into further complications such as chronic weakness and disabilities.

AIMS:

- To successfully treat the case of *mansagata vaat vyadhi* (myositis) by using different Ayurveda upakramas.

OBJECTIVES:

- Study in detail about *mansagata vaatvyadhi* i.e. myositis covering both in modern and Ayurveda texts.
- To establish a standard Ayurveda treatment for myositis.

MATERIALS AND METHOD:

A case of acute myositis was taken from opd of college hospital. Detailed history of the patient was taken. Complete examination was done and relevant investigations were advised. Both *panchkarma* and *shaman chikitsa* was given to the patient. Patient was assessed on subjective and objective parameters before and after treatment.

Follow up was on every 15 days for 3 months.

CASE REPORT:

PATIENT HISTORY:

A 43 years old female patient on wheelchair was brought to *panchkarma* OPD by the relatives in December 2017. The patients had complaints of, *chakramankashtata* (difficulty in walking), *asanakashtata* (difficulty in sitting), *ubhay hastpaada kriyakashtata* (difficulty in movement of limbs), *sarvanga vedana* (bodyache), *daurbalya* (severe weakness) since 2 months. Blood investigation were performed; CBC, ESR, LFT, Sr. electrolyte were normal except CPK (*creatinine phosphokinase*) the total of which was 1609 u/L (normal value is 25-192 u/L). Anti-nuclear antibody was

positive. Patient had history of Typhoid fever in August 2016, Dengue fever in December 2016 and Swine flu in June 2017. She was known case of bronchial asthma since 14 yrs. Had surgical history of two LSCS in 2004 and 2011. On examination patient was afebrile, pulse 78/min, RR 16/min, BP 130/80 mm of hg and tenderness was present in the affected part. All other systemic examination was done which were found normal. No any specific family history was given. She had the same episode 3 months ago, at that time she was admitted in private hospital, antibiotic and analgesic treatment was given. No significant improvement was noted, so the patient got admitted in our hospital. On the basis of sign and symptoms and cpk reports, patient was diagnosed as a case of *mansagatavaat vyadhi* i.e. *myositis*.

TREATMENT GIVEN:



Upkrama (procedure)	Dravya (Medicine)	Kaal (duration)	Matra (dose)
<i>langhan</i>	<i>Mudga yush</i>	4 days	2-2.5 liters per day.
<i>Abhyanga</i>	<i>Maasha tailam</i>	16 days (throughout)	100 ml /day
<i>Patrapottali swedana</i>	<i>Eranda, shigru, nirgundi, arka patra.</i>	For first 8 days	Till <i>swedapravrutti</i> .
<i>Shashtishali pinda swedana</i>	<i>Maasha</i> (black gram)+ <i>shashtishali</i> rice	For next 8 days	Till <i>swedapravrutti</i>
<i>Matra basti</i>	<i>Bala tailam</i>	on 1 st day.	60 ml
<i>Yapana basti</i>	<i>Baladi yaapan basti</i> with <i>dugdha</i> and <i>mansa rasa</i>	From 2 nd – 16 th day.	120 ml
<i>jalaaukavcharan</i>		On every 4 th day. (To alleviate the local pain)	
<i>Shaman chikitsa</i>	<i>balarishta</i>	Throughout the treatment.	15 ml twice a day with equal amount of water.

The above all treatment was given for continues 16 days and *balarishta* was the only medicine to be continued thereafter.

Subjective criteria:

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
1. <i>Shool</i> (pain)	No pain	Mild pain only on Exertion	Moderate pain with difficulty in walking	Severe pain with disability in walking
2. <i>Stambha</i> (stiffness)	No stiffness	Relived after movement	Persist for 30 mins.	continuous
3. <i>Sparsha sahatva</i> (tenderness)	No tenderness	Subjective experience of tenderness	Wincing of face on pressure	Resist to touch
4. <i>Aasan gaman kashtata</i> (movement restriction)	Normal movement without pain	Mild pain with slight restriction of movement	Moderate degree of pain with considerable restriction of movement	Absolute restriction of movement

OBSERVATION AND RESULT:

After 5th day the stiffness was reduced and there was no tenderness from 8th day of the *panchkarma*. The patient was able to get up and walk with help from 7th day. On 16th day patient was walking freely with limping gait.

Symptoms	Before treatment	After treatment
Pain	3	1
Stiffness	3	0
Tenderness	2	0
Restricted movements	3	1
Cpk level	1609 u/L	539 u/L

It is observed that *langhan*, *Patrapottali sweda*, *Maasha pinda sweda*, *Baladi* *Yaapana* *Basti* and

ASSESSMENT CRITERIA:

Objective criteria: *Creatinine phospho kinase* level 25- 192 u/L.

Jaloukavcharan was very much beneficial to reduce the intensity of *shool*, *stambha*, *sparshasahatva*, *kriyakashtata*. The effect was also long lasting as noticed after the regular follow ups.

DISCUSSION:

Nidan panchaka :

*Hetu – roga atikarshana , kshaya, chinta, aniyamit aaharsevan, guru, abhishyandi aahar*⁵.

Poorvarupa – daurbalya, aruchi, aalasya.

Roop – sarvang vedana, staimitya, sparshaasahatva, kriyahani, shrama.

Upshay- none

Anupshay- *aticheshta*

<p>SAMPRAPTI <i>Hetu sevan</i> ↓ <i>Aama rasa utpatti</i> ↓ <i>Stroto rodh due to aama</i> ↓ <i>Vaayu vruddhi</i> ↓ <i>Rikta strotas paripurnata</i> ↓ <i>Vayu sanchiti in mansavaha strotas</i> ↓ <i>Vedana, kriyahani, shrama, stambha.</i> ↓ Mansagatavaata.</p>	<p><i>Dosha : vyaan vaayu</i> <i>Dushya : mansadhatu, asthidhatu</i> <i>Strotas : mansavaha, asthivaha</i> <i>Stroto dushti: sanga, vimargagaman</i> <i>Agni: jatharagani, dhatvaagani</i> <i>Udbhavsthana : aamaashaya</i> <i>Adhishtana : sarva sharira</i> <i>Vyakta sthana : mansa, asthi, sandhi</i> <i>Rogamarga: abhyantara, madhyam, baahya.</i> <i>Vyaadhi swabhaav: chirkaari</i> <i>Saadhy-asadhyatva: kricchasadhya</i> <i>Updrava : pangu</i> <i>Vyadhi vyavachheda : urustambha</i> <i>Vyadhivinishchaya: mansagata vaat</i></p>
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Myositis is a general term for inflammation or swelling of the muscles. Injury, medicines, infection, or an immune disorder can lead to myositis. All form of myositis involve chronic or persistent muscle inflammation, almost always result in weakness and less often in swelling and pain of the muscles. Considering the symptoms of *mansagatavaat* we can see similar symptoms such as *tudyateatyartha* (excessive pain), *dandahat vedana* (pain like beaten with staff), *mushtiahata vedana* (excessive pain like beaten with fist-cuffs), *saruka-atishrama* (fatigue with severe pain), *gaurav* (heaviness), *stabdhata* (stiffness) *mansabala kshaya* (muscle weakness) *ati stimitah* (body feels like drenched in water). *Mansagata vaata vyadhi* has been said in *vaatavyadhi* chapter of *charaka*, *sushruta*, and *yogaratnakara samhita*⁶. *Mansagatavaat chikitsa* which has been said are *sneha, abhyanga, upnaha, mardana,*

*lepa, raktamokshan, virechana, niruha basti, dosha shaman*⁷.

After examination of the patient, the doshas were in *sama awastha* so *langhana* was given for *pachana* of dosha, and thereafter *mudga yavagu* was continued further. *Abhyanga* with *maasha tailam* was given so as to provide strength to the muscles. Along with *baashpa swedan*, *patrapottali sweda* was given for *sthanik aama pachana* and to reduce the stiffness. *baladi yaapana basti* was started from 2nd day. In *baladi yaapan basti mansa rasa* was used as per text. The indication of *baladi yaapan basti* are *parshvagrah, prushthagrah, katigraha* and *balshaya*⁸. The *ajaa mansa rasa* was added as it has properties of *vaatahara, deepan, balvardhan, bhruhan*⁹. The above treatment was done for 8 days till the *nirama awastha* was achieved, for next 8 days treatment was same except *patrapottali sweda*. *Maasha pindasweda* was started after the *nirama awastha* was

achieved. Along with *shashthishali* rice, *maasha* (black gram) was used for *pinada sweda*. *Maasha* (black gram) have been said to be *vaatahara*, *santarpan dravya*, *balya*, *guru*, *snigdha*¹⁰. Therefore this *pinda sweda* is a *snigdha sweda* type also having additional *balya* properties of *maasha*. *Jalaukavcharan* was done for the pain management, but it has also been said *raktamokshana* as one of the *chikitsa* of *mansagata vaata*. *Balarishta* was given internally as *dosha shaman chikitsa*.

CONCLUSION:

On understanding proper *nidana*, *lakshanas* and *samprapti* of myositis one can very well keep it under heading of *maansagata vaat vyadhi* and treat it successfully with *panchakarma*. With proper understanding of *dosha*, *dushya* and *vyadhi awastha* we can manage the myositis with greater extent. Patient got 80% relief in symptoms, also the laboratory findings of *cpk* level lowered evidently. Patient has been now independently doing all her daily routines. Therefore the given *panchakarma* treatment was helpful in case of myositis and thus preventing from landing into more complications.

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