

**The role of *Ayurvedic* formulation in the management of *Sarvangghat*
 w. s. r. to Quadriplegia due to cord compression at
 cervical region -A case study**

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Abstract

A 52 year old male patient with diagnosed case of Quadriplegia showing symptoms of *Sarvangghat* with this presentation patient was admitted in our institute and *ayurvedic* treatment of *snehan, basti, shalishashtik pinda sweda* and internal medication .Patient is admitted in our institute and 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* w.s.r to quadriplegia .

Key words- *Sarvangghat*, Quadriplegia, *basti*

Introduction

In *Ayurveda* quadriplegia can be correlated with *Sarvangghat* which is a *vatvyadhi*. It's types are *kaphanubandhi* and *pittanubandhi* as of *pakshaghata* even though *Sarvangghat* is a *vatvyadhi* and can be consider as *nanatmaj vatvikar* of *charak* as *pakshaghata*. It is not a *shudhaj* condition it is clear that *raktadushti* leading to the *vatprakopa* is the underlying cause of disease

Quadriplegia is one of the most frequent presentation of a stroke: A wide variety of vessels and pathological process and involved in cerebrovascular disease based on which The stroke 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 function Intracerebral hemorrhage causes about a 10% of acute

stroke events but is more common in low income country. *Sarvangghat* is *keval vatvyadhi* and results because of *vatprakopa*. It affects *sira's* (vascure structure) and *snayu's* (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*, *snehan* and *shalishatik pind sweda*.

Aims and objective

A case study of *Sarvangghat* with *ayurvedic* management

Material and methods

- Name: - XYZ
- Age: - 52 year
- Occupation: - farmer.
- Socioeconomic status: - BPL

Chief complaint

- *Dwaya pada karmahani*: -10 years
- *Manyashula*
- *Katishula*
- *Dwaya hasta daurbalya*
- *Sakashta chakramana*

History of past illness

- 2012 ...fall from stairs during colouring of house
- No H/o HTN, DM Thyroid
- No H/o Malaria, Jaundice, chikungunia
- No H/o insect bite

Family History -No.

Treatment History – Taking painkiller

Habitual History-

Alcohol consumer upto 2020. H/o tobacco chewing now left

General examination

- unable to move all limb
- Slurred speech
- Chest-Rt basal crepts
- RR- 20/min
- PIA – Soft.
- Liver spleen- non palpable.

Muscle Power:

Limb	Right	Left
UL	4/5	5/5
LL	3/5	3/5

Reflexes

DTR	Rt	Lt
Bicep	+	+
Tricep	+	+++
Wrist	-	+
Knee jerk	++++ (exaggerated)	+++++(exaggerated)
Ankle jerk	+	+
Planter Extensors	-	+++
Babinski sign	Negative	Positive

Hand grip

Rt	Lt
Decrease	Normal

Gait - festinating gait

Investigations:

- MRI-19/11/2014.

- L2-L3 Diffuse disc bulge causing narrowing of bilateral neural foramina
- L3-L4 circumferential disc bulge causing narrowing of bilateral neural foramina
- L4-L5 – Bilateral lateral disc bulge causing obliteration of bilateral neural foramina
- L5-S1 – circumferential disc bulge causing narrowing bilateral neural foramina.
- Bilateral *facet arthropathy* at L5-S1
- Cervical spondylosis causing compressive myelopathy
- Lumbar Spondylosis
- Annular tear at L4-L5 disc
- There is Elieo straightening of *dorsolumbar* spine
- CBC
- Hb-11 gm%
- WBC-4250 l/mm
- platelet – 145,000/cmm
- ESR – 28 mm/hr

Differential diagnosis

1. *Ekanavata* – Symptoms seen in localised region
2. *Pakshaghta* -symptoms seen in either half side of the body
3. *Ardit*- symptoms seen in facial muscle

Treatment protocol :

- शोधन
- स्नेहन - महामाश तैल
- स्वेदन – शालिषठीक पिंड स्वेद
- कटी बस्ती – सहचरादीतैल
- मात्रा बस्ती – सहचरादी तैल
- शमन

- महायोगराजगुग्गुल 500 mg
- वातविध्वंसरस 250 mg
- एकांगविरस 250 mg
- ब्राम्हीवटी 250 mg
- दशमुल, रास्ना, पूनेनवा, अश्वगंधा
- स्वादिष्ट विरेचन चूर्ण 3 gm अनुलोमन
- दशमुल भरड कवाथ

Tab. Paralyn ccapsule BD

Aarmex syrup TDS

Diet plan - moong dal, shali shashtic, Koshna aahar cow milk

Observation

Muscle power	Rt	Lt
UL	4/5	5/5
LL	4/5	4/5

Reflexes

DTR	Rt	Lt
Bicep	++	++
Tricep	++	+++
Wrist	+	++
Knee jerk	++++	++++
Ankle jerk	+	+
Babinski sign	positive	positive

Discussion:

In this study reported that also the patient had a history of tobacco chewing & taking *ruksha aahar*, *vihar* Sarvangghat can be correlated with quadriplegia it is a *nantmaj vyadhi* according to charak due to the intake of various diet and regimen, *vata dosta* get viated and occupies *rikta strotas* in the body then ultimately it cause *vata vyadhi* like *Sarvangghat* increase, in *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* and *Shalishashtit pindasweda* this procedure were found to be beneficial in the management of *Sarvangghat* according to *charak Basti* is the one of the best treatment of *vatvyadhi*. It is the most important of constituent of *Panchkarma* due to its Multiple effect of *basti* eradicates vitiated *Vata dosha* from root.

Conclusion: -

As told by *acharya charak*, *sushrut*, *vagbhat vatvyadhi mahagad* .It has been also said that all the *maharogas* are *dushchikitiya* by nature. *Sarvangghat* is also one of the *vatvyadhi* but the combine therapy of *basti* and *Shalishatik pindasweda* hay given noticeable result in case of *Sarvangghat* by *panchakarma* therapy along with internal medicine.

References:

1. Ravidutta tripathi editor, *charak samhita chikitssa sthan*, *vata vyadhi chikitsa Adhyaya.. 28/28 ed.* Varanasi chaukhamba sanskrit sanathan 1990
2. Dr. Ambikadatta shashtri editor *Sushrut Samhita. Nidanasthana Vata vyadhi Nidana 1/20* Varanasi chaukhamba sanskrit Sansthan.
3. Murthy MR editor madhav *Nidana vatvyadhi Nidon 22/14 57* Varanasi India, Chaukhamba.
4. Sharangdhar, *sharangdhar samhita, prathamkhand*, *tatvadipikavyadhi hinditika adhyay, 1/47* pandit durgadutt shashri, bejnath prasad bukeselar banarasa 1949
5. Davidson's principles and practice of medicine, pp 325-30
6. Harrison's principle of internal medicine, Brownward, kasper et at, 17th edition. Newyork, me grew hill, 2008.
7. Dravyaguna Vigyan – Acharya priyavat sharma, vol 2 chaukhamba bharti Academy Varanasi Reprint 2015

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