Ayurvedic Treatment of Mansagatavata - A Case Study

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ABSTRACT
Idiopathic inflammatory myopathies (IIM) or myositis is an immune disorder characterized by proximal weakness, myalgia, and muscle atrophy. Corticosteroids and immunosuppressive drugs remain the main stay of treatment, but the response to these agents is often disappointing, so chronic weakness and disability may persist despite treatment. A 13 years old male patient, already diagnosed as Chronic Myositis was selected for the study. For Pachana Karma, Agnitundi Vati, Mansamedopachaka Kadha and Yogaraj Guggul were given. Balapindasweda was done locally for 3 days. Tiktakaghrit was given for Snehana Karma (Oleation), Virechana (therapeutic purgation) was given by Abhayadi Modaka. Patient got 100% relief in symptoms after Virechana, CPK (Creatine phosphokinase) total was 57U/L. Ayurvedic treatment is helpful in the patient of Myositis for curing and preventing them from landing into more complications.

KEYWORDS
Myositis, Inflammation, Ashwagandha, Bala, Virechana, Shodhana, Shamana
INTRODUCTION

Idiopathic inflammatory myopathies (IIM) or myositis, is an immune disorder characterized by immune activation, autoantibody production and tissue destruction involving multiple organs\(^1\). Clinical features of myositis include proximal weakness, myalgia, and muscle atrophy. Patients with myositis generally have elevated serum creatine kinase (CK) levels, proximal muscle inflammation by MRI, and abnormal muscle biopsies\(^2\). Myositis is characterized clinically by skeletal muscle weakness and histopathologically by the presence of inflammatory cells in muscle tissue. There are several major subclasses of myositis, including dermatomyositis (DM), polymyositis (PM), inclusion body myositis (IBM), and immune mediated necrotizing myopathy (NM). The leukocyte infiltration present in myositis muscle is believed to contribute to disease pathogenesis\(^3\). The most common myositis-specific autoantibodies are the anti-histidyl-tRNA synthetase(anti-Jo-1) autoantibodies, which are present in approximately 10% to 30% of patients with PM and DM. Another subset of autoantibodies is composed of the so called myositis-associated autoantibodies, of which the anti-Ro52 autoantibodies are the most frequent, being present in 12% to 30% of patients with myositis\(^4\). In chronic, end-stage myositis, in which muscle wasting may be radiologically and even clinically obvious, weakness, may be explained by loss of muscle mass which, once established, often appears irreversible. Corticosteroids and immunosuppressive drugs remain the mainstay of treatment, but the response to these agents is often disappointing, so chronic weakness and disability may persist despite treatment\(^5\). Myositis is not mentioned in Ayurvedic literature but same symptoms are mentioned in Mansagata Vatavyadhi(disease) in Vatavyadhichikitsa Adhyaya like Tudyateatyartha (excessive pain), Dandahatavedana (pain like beaten with staff), Mushtihatavedana (excessive pain like beaten with fist-cuffs), Sarukaatishrama (excessive fatigue with pain)\(^6\). As the treatment result after allopathic medicines was disappointing so this case has been taken for Ayurvedic treatment.

MATERIALS AND METHODS

A case of Chronic 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 Shodhana
(purification) & Shamana chikitsa (curative treatment) was given to the patient. Patient was assessed on Subjective and Objective parameters before treatment and after treatment.

PATIENT HISTORY-
A 13 years old male patient came with complaints of Shitapurvakajwarapraavritti (fever with chills), Ubhayapadapindikodveshtana (pain in calf muscle), Chakramanakashtata (difficulty in walking), Asanakashtata (difficulty in sitting), Shushkakasa (dry cough) since last 15 days. Blood investigations were performed; CBC, ESR, LFT, Sr. electrolyte were normal except CPK (Creatine phosphokinase) the total of which was 1540 U/L (Normal Value 25-192 U/L). On examination temperature was 101°F, pulse 90/min., RR 20/min, tenderness was present in the affected part. All other systemic examination was done which were found normal. Hetu (causes) was Ruksha (dry), Atishitatpadardha (cold food), Fast food, Alpashana (eating less food), Aticheshta (excessive work), Ativyayama (excessive exercise), Vegavidharana (to stop the natural urges). In family history both parents were normal. Patient was diagnosed as MansagataVata.

He had the same episodes before 3 years, at that time he was admitted in private hospital and after investigations he was diagnosed as Acute Myositis, CPK total was found 655 U/L. After 1 year he had the same episode and admitted to private hospital where he was diagnosed as Post Viral Myositis, at that time CPK total was 16975 U/L which come to 6652U/L after treatment. Patient didn’t get so much relief from previous treatment that’s why he came to Ayurvedic hospital for further treatment.

TREATMENT GIVEN-
As the patient was febrile some allopathic treatment was given as Inj.Zone 1gm i.v. twice a day and i.v. fluid 1.5 litres for 3 days. Then he was shifted to Ayurvedic treatment. First, for Pachana he was given, AgnitundiVati2 BD, MansamedopachakaKadha 15 ml BD and YogarajGuggul 2 BD. Balapindasweda was started locally for 3 days. Nidanaparivarjana (avoiding causative factor) and Virechana (therapeutic purgation) was advised. After 3 days, Snehana (oleation) was given with Tiktakaghrit, started in increasing dose. After Samyaka (proper) Snehana, Abhyanga (massage with oil) and swedana (steam) was done and on 7th day Virechana was given followed, by Abhyanga and Swedana, with AbhayadiModaka 1 tab. with
Anupana (vehicle) of cold water. Patient was advised Sansarjanakrama (dietary regimen) for 3 days after Virechana.

RESULTS
After Pachanachikitsa and Balapindasweda patient got 30% relief in Pindokodweshatana and in blood investigations the values of CPK were 318 U/L. But patient didn’t get any relief in Chakramanakashtata and Vamajanusandhisshoola (pain in left knee joint). After Virechana following symptoms was found in patient as Vaigiki (urges)- 11 vega, Antaki- Alpakaphantika (end with Kapha), Laingaki (symptoms)- Laghavata (lightness) and Daurbalya (weakness). Patient got 100% relief in symptoms after Virechana and CPK was found to be 57 U/L.

DISCUSSION-
Myositis is the inflammation of muscle. Inflammation leads to muscle fibre damage, causes muscle weakness. Symptoms of Myositis are muscle ache, tenderness, weakness. Acute myositis goes after few week but chronic myositis lead to muscle atrophy. In the patient, myositis was chonic but muscle atrophy was yet not developed. Myositis is not mentioned in Ayurveda but if we correlate it, same symptoms are found in Mansagatavata as Tudyateatyartharth (intense pain), Dandahatakavedana, Mushthatavedana. Hetu found in patient was Ruksha, SheetAhara, Alpashana, Fast food, Atichesta, Ativyayama, Vegavidharana which leads to the vitiation of Vata. This vitiated Vata goes to Mansadhatu and produce the disease. So we can set Samprapti (etiopathogenesis) as Hetu Sevan (Ruksha, Sheet Ahara, Alpashana, Fast food, Atichesta, Ativyayama, Vegavidharana)

\[ \text{Vataprakopa} \]

\[ \text{Sthananashraya in Mansa dhatu} \]

\[ \text{MansagataVata} \]

Chraka has mentioned the MansagataVata in Vatavyadhi. The given line of treatment of MansagataVata is Virechana, Niruhabasti (medicated enema with decoction) and Shamana (medicine). Hence to treat the patient first of all Balapindasweda was started for MansagataVata and Mansadaurbalya (muscle weakness). Ashwagandha (Withania somnifera) and Bala (Sidacordifolia) was used for Balapindasweda. Ashwagandha has anti-inflammatory activity. Ashwagandha is Balya (strength promoter) and Rasayana.
(Rejuvanator) which gives _Bala_ (strength) to _Mansadhatu_ (muscle) to increase its power\(^9\). _Bala_ is also anti-inflammatory\(^{10}\), _Balya_ and _Rasayana\(^{11}\), acts in the same way as that of _Ashwagandha_. Both having _Madhura_ (sweet) _Rasa_ (taste), _Madhuravipaka_ (post digestive change), _Snigdha_ (unctuous) _guna_ (property) which pacifies _Vata\(^{12}\). Hence inflammation of muscle in Myositis has been reduced, power of muscle increased and CPK total reduced. Hence _Pindikodweshatana_ reduced by 30%.

_AgnitundiVati\(^{13}\), Mansamedopachak kadha_ and _YogarajGuggulu\(^{14}\) was given for _Deepan_ and _Pachana_ (improves appetite and digestion) which was necessary pre step for _Snehana_ in _Virechana karma_. _Virechana_ was given, which causes _Vatamulomana_. The toxins produced by muscle inflammation was also removed from the body by _Virechana_ and patient got 100% relief in all symptoms. After _Virechana_, in blood investigation CPK Total comes to 57U/L. This proves that this treatment had worked not only symptomatically but also on laboratory findings.

**CONCLUSION**

The case of Myositis was diagnosed in _Ayurvedic_ terms as _MansagataVata_ & treated as per line of treatment given by Acharya Charak. Patient got complete relief in symptoms, also laboratory findings came to normal level of CPK total. Therefore, the above treatment was helpful in patients of Myositis in curing and preventing them from landing into more complications. This is a single case study which shows that Ayurvedic treatment is helpful in Myositis. But large clinical trial is necessary to established it as a standard treatment for Myositis.
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