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## 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*



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## INTRODUCTION

Idiopathic inflammatory myopathies (IIM) or myositis, is an immune disorder characterized by immune activation, autoantibody production and tissue destruction involving multiple organs<sup>1</sup>. 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<sup>2</sup>. 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<sup>3</sup>. 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<sup>4</sup>. 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<sup>5</sup>. Myositis is not mentioned in *Ayurvedic* literature but some 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)<sup>6</sup>. 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 *Shitapurvakajwarapravritti* (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), *Atishitapadardha* (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 came to 6652 U/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 *Pachanahe* was given, *AgnitundiVati* 2 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 7<sup>th</sup> 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 3days 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 *Chakramanakashata* and *Vamajanusandhishoola* (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 57U/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 chronic 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

*Tudyateatyartha*(intense pain), *Dandahatavedana*, *Mushtihatavedana*. *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*)



*Vataprakopa*



*Sihanasanshraya* in *Mansa dhatu*



*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)<sup>7</sup>. Hence to treat the patient first of all *Balapindasweda* was started for *MansagataVata* and *Mansadaurbalya*(muscle weakness). *Ashwagandha*(*Withaniasomnifera*) and *Bala* (*Sidacordifolia*) was used for *Balapindasweda*. *Ashwagandha* has anti-inflammatory activity<sup>8</sup>. *Ashwagandha* is *Balya*(strength promoter) and *Rasayana*



(Rejuvenator) which gives *Bala* (strength) to *Mansadhātu*(muscle) to increase its power<sup>9</sup>. *Bala* is also anti-inflammatory<sup>10</sup>, *Balya* and *Rasayana*<sup>11</sup>, 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*<sup>12</sup>. Hence inflammation of muscle in Myositis has been reduced, power of muscle increased and CPK total reduced. Hence *Pindikodweshatana* reduced by 30%. *AgnitundiVati*<sup>13</sup>, *Mansamedopachak kadha* and *YogarajGuggulu*<sup>14</sup> 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 *Vatanulomana* . 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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