

Ayurvedic Management of *Sarvangavata* : A Case Report

Vinitha C,¹ Vani C.H.^{2*}

¹ Associate Professor, ² PG Scholar, Dept. of Kayachikitsa Poomulli Neelakandan Namboothirippad Memorial Ayurveda Medical College, Cheruthuruthy, Kerala, India

ABSTRACT:

Sarvangavata, a *Vataja Nanathmaja Vikara*, is a disorder where the vitiated *vata* takes abode in almost all parts of the body and produce various symptoms. Here, we present a case report of a 57-year-old female patient who, diagnosed with Pontine demyelination which is a neurological condition involving damage to the myelin sheath of nerve cells in the pons, presented with symptoms like muscle weakness, difficulty in speaking, balance problems etc which are similar to *vata vyadhi lakshana* and was managed effectively. The patient was treated with a combination of external Ayurvedic therapies for *Amapachana* and *Avaranahara*, *Vatasbamaka*, including *Kadidhara*, *Kadikkizhi*, *Nasya*, *Utsadanam*, *Matravasthi*, *Siropichu*, *Elakkizhi*, *Kashayavasthi*, and internal medications like *Gandharvahasthadi Kashayam*, *Vaiswanara Choornam*, *Punarnavadi Kashayam*, *Maharasnadi Kashayam*, *Suvarnamuktthadi Gulika*, etc. After 30 days of treatment, the patient reported a significant reduction in her symptoms and an improvement in overall health. This case highlights the effectiveness of Ayurvedic treatment for managing complex conditions.

KEY WORDS: Ayurveda treatment, Pontine demyelination, *Sarvangavata*.

Received: 04.08.2025

Revised: 30.08.2025

Accepted: 10.09.2025

Published: 16.09.2025



[Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)

© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

QR Code



DOI 10.70805/ija-care.v9i3.770

***Corresponding Author:**

Dr. Vani C.H

PG Scholar, Dept. of Kayachikitsa

PNNM Ayurveda medical College, Cheruthuruthy, Kerala, India

Email: vcheruvodan@gmail.com

INTRODUCTION:

In Ayurveda, the *doshas* are believed to govern various bodily functions. *Vata dosha* is particularly associated with movement, neurological functions, communication - both motor and sensory.^[1] When it comes to motor functions, *vata dosha* play a significant role. It is responsible for the movement of muscles, nerves and joints,

enabling activities like walking, running and other physical movements. *Vata dosha* can be vitiated due to several factors such as stress, anxiety, poor digestion or life style habits and it can manifest alone or in combination with other *doshas* or *dhathus*. When *vata* is vitiated all over the body the condition manifests in multi system, resulting in a spectrum of symptoms including motor

impairment, speech disturbances and neuropathic pain^[2]. When motor function is compromised in all four limbs, the condition is called as *Sarvangavata*^[3]. We may find the *avarana* of *prana*, *udana*, *vyana vata* and presence of *ama* in this condition^[4]. *Ama* initiates pathogenesis which is followed by *dhatukshaya* and results in *vatanyadhi*. *Majjadhathu kshaya*, caused by *nija* or *aganthuja* factors, leads to *vataprakopa*. The vitiated *vayu* then localizes and causes *khavaigunyatha*, resulting in constriction of vessels and ligaments in all four limbs, leading to immobility and impaired motor functions, ultimately manifesting as *Sarvangavata*^[5]. The treatment approach for *Sarvangavata* involves pacifying *vata dosha* through a combination of *snehana*, *Swedana*, *nasya*, *vasthi* and targeted herbal interventions aimed at enhancing neuromuscular function. *Amapachana* and *avaranaaharata* are the major components of the treatment of *vathavritta* conditions. This case report highlights the successful ayurvedic management of *Sarvangavata* through personalized treatment, emphasizing the importance of tailored approaches in achieving optimal outcomes. The report provides valuable insights into the effective Ayurvedic treatment of *Sarvangavata*, underscoring the need for individualized care to manage the condition effectively.

CASE HISTORY:

On 28/02/2025, a 57-year-old female was admitted to our IPD with main complaints of weakness of all four extremities and slurring of speech since 3 years. The patient was reportedly well until 2021 when she developed vomiting and diarrhea lasting 5 days, leading to hospitalization for severe hyponatremia. She subsequently fell into coma lasting 40 days. Upon regaining consciousness, she was able to walk with assistance. However, overtime she

experienced worsening of symptoms, including slurred speech, difficulty in walking, weakness of extremities, joint stiffness, swelling over both lower limbs and pain. She consulted allopathic physician and done physiotherapy for the same but didn't get any satisfactory relief.

At the time of admission she has a mixed diet and presents with constipation, normal appetite, micturition as per water intake, and reduced sleep. Neurologically, the patient was conscious and oriented to name, place, and date, with impaired short-term memory and intact long-term memory; speech was slurred. Cranial nerve examination showed intact olfactory and optic nerves; oculomotor, trochlear, and abducens nerves are not synchronized; the trigeminal nerve was normal for sensory function but jaw reflex was absent; the facial nerve was impaired with absent corrugation; the vestibulocochlear nerve showed left ear affected on Rinne's test, right ear normal, and Weber's test normal; hypoglossal and glossopharyngeal nerves were impaired with inability to fully protrude the tongue; the accessory nerve was intact. Muscle bulk appears preserved. Motor functions indicated the patient was unable to walk, with muscle power graded at G4, muscle tone was normotonic, and deep tendon reflexes were diminished.

The patient had *kapha pitta prakruthi* with *vata – kapha dosha* vitiation, and the *dhooshyas* were *rasa*, *raktha*, *mamsa*, *meda*, and *majja*. *Pramana*, *Satva*, and *Vyayamasakthi* were *Avara* and *ahara Sakthi* and *vaya* were *Madhyama*. MRI of brain taken on 13/09/24 shows chronic lacunar infarct in pons, few T2 and FLAIR hyperintense foci are noted in bilateral periventricular white matter. Correlating with the presenting features, modern diagnostic investigations, including MRI of the brain, revealed evidence of pontine demyelination, a condition marked

by the loss of myelin in the pons region of the brainstem. The clinical features observed in the patient showed considerable overlap

between the classical descriptions of *Sarvaṅga Vāta* and the neurological manifestations of pontine demyelination.

THERAPEUTIC INTERVENTION:

Internal medications and external treatments are mentioned in Table 1 and Table 2 respectively.

Table 1: Time line of Internal medicines:

Date	Internal medicine	Dose	Time
28/02/25 to 14.03.2025	<i>Gandharvahastadi kashayam</i> + <i>vaiswanara choornam</i>	15 ml <i>kashayam</i> + 60 ml water + 1 tsp <i>choornam</i>	6 am – 6 pm Before food
	<i>Abhayarishtam</i> + <i>Pippalyasavam</i>	30 ml <i>arishtam</i>	9 am – 9 pm After food
	<i>Punarnavadi kashayam</i> + <i>chandraprabha vati</i>	15 ml <i>kashayam</i> + 60 ml water + 1 tab	3 pm
15/03/25to27.03.25...	<i>Maharasnadi kashayam</i> + <i>yogaraja guggulu</i>	15 ml <i>kashayam</i> + 60 ml water + 1 tab	6 am – 6 pm Before food
	<i>Balarishtam</i> + <i>Aswagandharishtam</i>	30 ml <i>arishtam</i>	9 am – 9 pm After food
	<i>Suvarnamukthadi gulika</i>	1 tab	10.30 am -4 pm
	<i>Drakshadi kashayam</i>	15 ml <i>kashayam</i> + 60 ml water	Bed time

Table- 2: Time line of External treatment:

Date	External treatment	Medicine	Duration
28/02/25-02/03/25	<i>Parishbekam</i>	<i>Dhanyamlam</i>	3 days
03/03/25-05/03/25	<i>Choornapinda swedam (Ruksha)</i>	<i>Kolakulathadi choornam</i> + <i>dhanyamlam</i>	3 days
06/03/25-10/03/25	<i>Choornapinda swedam (Snigdha)</i>	<i>Kolakulathadi choornam</i> + <i>dhanyamlam</i> <i>Chinchadi tailam</i>	5 days
06/03/25-10/03/25	<i>Lepanam</i>	<i>Ellum nishadi choornam</i>	5 days
05/03/25-26/03/25	<i>Bandhanam</i>		22 days
09/03/25-23/03/25	<i>Sth. Jambheerapindaswedam</i>	<i>Chinchadi tailam</i>	15 days
09/03/25	<i>Prathimarsha nasyam</i>	<i>Anutailam</i>	17 days

25/03/25		<i>Ksheerabala A</i>	
10/03/25	<i>Vaitharana vasthi</i>	<i>Sabacharadi mezhpakam</i>	1 day
11/03/25- 14/03/25	<i>Utsadhanam</i>	<i>Triphala yavam</i> <i>Kolakulathadi</i>	4 days
12/03/25- 27/03/25	<i>Matravasthi</i>	<i>Sabacharadi mezhpakam</i>	16 days
14/03/25- 25/03/25	<i>Siropichu</i>	<i>Karpasastyadi tailam</i>	12 days
13/03/25- 23/03/25	<i>Patra potali pinda sweda</i>	<i>Sabacharadi tailam</i> + <i>ayavu kuzhamb</i>	11 days
23/03/25- 27/03/25	<i>Kayaseka</i>	<i>Sabacharadi tailam</i> + <i>masha saindhava tailam</i>	5 days
26/03/25	<i>Madbutailika vasthi</i>	<i>Sabacharadi mezhpakam</i>	1 day
27/03/25	<i>Rajayapana vasthi</i>	<i>Mahatikthaka gritham</i>	1 day

Table- 3: Results

Symptom	Before (28/02/25)		Intermediate (15/03/25)		After (28/03/25)	
	Rt	Lt	Rt	Lt	Rt	Lt
ROM						
Shoulder	Not possible	Not possible	Rigidity reduced		Movements improved Can lift up to 70 ⁰	
Elbow	Not possible	Not Possible	Movements possible		Movements possible	
Knee	10 ⁰	5 ⁰	30 ⁰	20 ⁰	35 ⁰	35 ⁰
Ankle	Not possible	Not possible	Active movements slightly possible		Movements improved	
Speech	Slurred speech		Slight improvement		More clear	
Swelling (legs)	Present over both lower limbs		Swelling persist		Bilateral swelling reduced	
Gait	Not able to stand		Can stand with support		Patient can walk with minimum support	

Follow up medications DOD: 28.03.25a)

1. *Maharasnadi kashayam* -15 ml with 60 ml water + *yogaraja guggulu* 1 tablet – 6 am
2. *Amrithabalarasnadi kashayam* -15 ml with 60 ml water + 8 drops Neuronil drops – 6 pm
3. *Suwarnamukthadi Gulika* 1 tablet with *nalikerodaka* – 11.30 am
4. *Rasnadasamoolam gritham* – 10g at bedtime
5. *Balarishtam* + *Aswagandharishtam* – 25 ml twice daily after food
6. *Sabacharadi tailam* + *Vatasini Tailam* – E/A
7. *Ayavukuzhamb* -E/A
8. *Ksheerabala tailam* – Head oil

DISCUSSION:

The condition was taken as *Sarvangavata* based on the symptoms. The Ayurvedic approach aims to enhance the patient's quality of life by analyzing the involved *doshas* and *dhatvus*. The first step focuses on correcting the *dhatvu agnimandhya*. Treatment begins with *agnideepana*, *amapachana*, *sotha hara* and *avarana nashaka*. Medicine such as *Gandharvabasthadi kashaya*^[12], *Vaiswanara choorna*^[13], *Abhayarishhta*^[14], *Pippalyasava*^[15], *Punarnavadi kashaya*^[16] are used initially. In second stage medicines like *Maharasnadi kashaya*^[20], *Yogaraja guggulu*^[21], *Balarishhta*^[19], *Aswagandharishhta*^[18], *Drakshadi kashaya*^[17] are given internally to reduce inflammation, stiffness and pain. Together these formulations support both *samana* and *brahmana*. *Parisheka* with *dhanyamla* was performed initially, which played a significant role in relieving *srothorodha*. *Choorna pinda sweda* with *Kolakulathadi choorna*, followed by *pathra pottali pinda sweda* using same formulation along with *Sabacharadi taila* and *Ayavu kuzhamb* was administered. This therapeutic sequence provided significant pain relief and likely contributed to the strengthening of joints and muscles.^[9] *Prathimarsba nasya* with *Anutaila* and *Ksheerabala Avarthi* was done which helped to better nervous system and sensory perception. *Siropichu* using *karpasathyadi taila* helps in providing *snigdhatva* and maintain a calm and healthy nervous system, which aids in enhancing prana *vata* regulation, improving mental clarity and supporting over all recovery^[8]. *Kayaseka* with *Sabacharadi taila* and *masha saindhava taila* reduced aggravated *vata*, relieve the spasticity and prevented further *dhatvu kshaya*^[10]. The most crucial component of the treatment was *vasthi* which included *matravasthi* with *Sabacharadi mezhpakam*, *vaitharana vasthi*, *madhu tailika vasthi* and *rajayapana vasthi*.^[6] *Vasthi Dranya* provides a medium for drug

absorption in the colon. The Enteric Nervous System and the Central nervous system influence each other. By acting on ENS receptors, *vasthi* may indirectly stimulate CNS, leading to the release of hormones or chemicals. The sequences played a pivotal role in addressing the condition by effectively pacifying the vitiated *tridosha*. In this condition both internal and external medication brought significant improvement in condition of patient.

CONCLUSION:

In conclusion, this case highlights the effectiveness of Ayurvedic management in *sarvangavata*, underscoring the importance of thorough patient assessment and role of *chikitsa* in *samprapthi vighatana*. The treatment protocol comprising *Deepana*, *pachana*, *snehana*, *swedana*, *nasya*, *vasthi* and *shamanoushadi* proved beneficial in the comprehensive management of *Sarvangavata*.

Patient consent:

Patient consent was obtained for IP treatment including consent for each procedure and for writing the article for publishing.

Limitation of the study:

As this is a single case report, the findings cannot be generalized to the broader population. The individual response to Ayurvedic interventions may vary based on factors such as *Prakriti*, disease chronicity, and associated comorbidities. The absence of standardized assessment tools and reliance primarily on clinical signs and subjective patient feedback make it difficult to measure improvements quantitatively. Additionally, modern diagnostic methods such as nerve conduction studies or imaging were not employed to correlate clinical changes with objective parameters.

Acknowledgement:

Author acknowledge to Prof. Dr. Ratheesh P., Dr. Ananthalekshmi R. and Dr. Saranya K. for their guidance and motivation. Also acknowledge the unwavering support and cooperation of the patient's family throughout the course of treatment.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Vinitha C, Vani C.H. Ayurvedic Management of *Sarvangavata*: A Case Report. Int. J. AYUSH CaRe. 2025;9(3): 589-595. DOI 10.70805/ija-care.v9i3.770.

REFERENCES:

1. Yadav Ji Trikamji, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, Suthra Sthana 12/08, Chaukhamba Publications, New delhi, 2016, pg.no- 80
2. Yadav Ji Trikamji, Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, Chitiksa Sthana 28/20-24 Chaukhamba Publications, New Delhi 2016, , pg.no- 625
3. Anna Moreshwar Kunte, Ashtanga Hridaya with Sarvangasundara Commentary by Arunadatta Nidanasthana 15/15, Choukambha Publications, Reprinted 2015, Pg no – 431
4. Anna Moreshwar Kunte, Ashtanga Hridaya with Sarvangasundara Commentary by Arunadatta Nidanasthana 16, Choukambha Publications, Reprinted 2015, Pg no - 535
5. Yadav ji Trikamji Acharya Charaka Samhita with Ayurveda Dipika Commentary by Chakrapanidatta, , Chitiksa Sthana 28/20-24 ,Chaukhamba Publications, New Delhi, reprinted 2016, pg.no- 625
6. Damodaran, Anusree & Vedpathak, Surendra & P S, Nidhin. (2022). A Critical Review of Vatavyadhi and Basti Chikitsa with Special Reference to Musculoskeletal Disorders. 11. 10-17.
7. Danyalian A, Heller D. Central Pontine Myelinolysis. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025
8. Dr.B.A.Lohit, A text book of panchakarma, Snehana Choukambha Orientalia, Varanasi, 2016, Pg.No-74
9. Dr. B.A.Lohit, A text book of panchakarma, Svedana, Choukambha Orientalia, Varanasi, 2016, Pg.No-143
10. Dr. B.A.Lohit, A text book of panchakarma, Svedana, Choukambha Orientalia, Varanasi, 2016, Pg.No-155
11. Dr. B.A.Lohit, A text book of panchakarma, Basthi karma, Choukambha Orientalia, Varanasi, 2016, Pg.No- 322
12. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Vatavyadhi, Vidyarambham publishers, Alappuzha, 2016, Pg.No-78
13. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Choornayogangal, Vidyarambham publishers, Alappuzha, 2016, Pg.No-191
14. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Arishtayogangal Vidyarambham publishers, Alappuzha, 2016, Pg.No-236
15. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Asavayogangal Vidyarambham publishers, Alappuzha, 2016, Pg.No- 262

16. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Vidradi Vidyarambham publishers, Alappuzha, 2016, Pg.No -119
17. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Rakthapitta, Vidyarambham publishers, Alappuzha, 2016, Pg.No - 58
18. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Arishtayogangal Vidyarambham publishers, Alappuzha, 2016, Pg.No – 239
19. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Arishtayogangal, Vidyarambham publishers, Alappuzha, 2016, Pg.No – 248
20. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Vataraktha Vidyarambham publishers, Alappuzha, 2016, Pg.No – 81
21. K.V.Krishnan vaidyar . Anekkalil S Gopalapilla. Sahasrayogam, Vatakadiyogangal Vidyarambham publishers, Alappuzha, 2016, P- 161.