

## THE EFFICACY OF SHODHAN AND SHAMAN CHIKITSA ON VATA VYADHI (EKANGA VATA) - A SINGLE CASE REPORT

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### ABSTRACT

“*Vata dosha* vitiation is the cause of *vata vyadhi*, which manifests as pain, stiffness and numbness (depending on the location of the body where it is being vitiated), delirium, sleeplessness, etc. The patient in this case study, a 29-year-old-female is unable to carry out her daily tasks because of excruciating pain in her neck and lower back from prolonged sitting. According to her MRI results, she suffered from an early stage of degenerative disc degeneration, with posterior disc herniation at C4-C5 level and C5-C6 levels, a minor disc bulge at the L5-S1 level and a postero-central disc protrusion at the L4-L5 level. She first underwent allopathic treatment, which included nutritional supplements and analgesics, but it was unable to fully heal her. As a result she began receiving *Ayurvedic* care. Here she was treated for four months by *shodhan* and *shaman chikitsa*. Tools such as ‘Straight Leg Raise test’ and ‘Visual Analogue Scale’ were used to complete the assessment criteria. The patient experienced complete relief from all her symptoms during her four month follow-up period. This study reveals that the chronic spinal issues which come under *vata vyadhi* can be significantly relieved with a suitable *Ayurvedic* diet plan along with *shodhan* and *shaman chikitsa*. The *Panchakarma* treatment and medicines used in the treatment need further evaluation.”

**KEYWORDS:** *Ayurveda*, Case report, *Vata vyadhi*, *shodhan* and *shaman chikitsa*.

## INTRODUCTION

The vertebrae, inter-vertebral disc, spinal cord and their nerve roots make up the vertebral column, or the backbone of the body. The nucleus pulposus, which absorbs trauma, is located on the surface of the inter vertebral disc, which divides the vertebrae. The spinal cord is cushioned by this nucleus pulposus. This is surrounded by a tough circular exterior ring called annulus fibrosus which is composed of concentric sheets of collagen fibers. A tiny piece of disc nucleus protrudes through an annular tear in a herniated disc.<sup>[1]</sup>

There are three different types of disc herniation: Lateral disc herniation, which involves the compression of the nerve root located above the herniation level, postero-lateral disc herniation which compresses the next lower nerve caused by the protruding disc, central (posterior) disc herniation which compresses the spinal cord itself and may result in cauda equina syndrome.

Herniation in lumbar vertebrae is more common than in cervical vertebrae. The anatomical level at which cords or roots are damaged determines how these disorders manifest clinically. This kind of “wear and tear” is incredibly prevalent, and radiological alterations are often discovered in asymptomatic adults over 50. With a 2:1 male to female ratio, the maximum occurrence is found in individuals between the ages of 30 and 50. In the 25-55 age range, the lower lumbar spine (L4/5 and L5/S1 level) is where 95% herniated discs occur. Herniation above this level is experienced by the age group above 55. When a disc prolapses laterally, compression of a nerve root might begin abruptly. A more gradual beginning could result from the intervertebral foramina becoming encroached upon by osteophytes.

Although trauma (typically lifting heavy weights while the spine is flexed) is a common cause of acute lumbar disc herniation, hereditary factors may also play a significant role. Low back discomfort that flares up frequently is one of the symptoms. Starting in the lower back the discomfort may spread up to foot, thigh, buttock and calf. Coughing or straining makes the pain worse, but laying flat can help. It is treated conservatively in modern medicine with analgesics and early mobilization. If conservative treatment is ineffective or progressive neurological impairments occur, surgery may be considered. Resting in bed doesn't aid in healing. If the condition is managed with Ayurveda, this surgical procedure can be avoided. This is associated with vata vyadhi in Ayurveda.

As per *Ayurveda* it is *vata dosha* which gives *gati* (movement) and *gandhan* (reflection of reaction to something).<sup>[2]</sup> When *vata prakopak* (vitiation) *ahara vihara* is taken by the body, *vata dosha* gets vitiated and gets filled in the body's empty passages or *rikta srotas* causing pain, stiffness, numbness and challenges to that specific region's regular operation.<sup>[3]</sup> *Ayurveda* uses *Pachakarma* therapy, like the external application of *snehan*, *swedan*, *kati basti*, *greeva basti*, and the internal administration of *basti karma* to heal the basic pathology and balance the *vata dosha* and maintain the *asthi dhatu* (here the vertebrae and the spinal column).<sup>[4]</sup>

## CASE REPORT

A female patient with 29 years of age visited at OPD with the chief complaints of pain with tingling sensation at the lumbar region radiating towards bilateral lower limbs. She was unable to stand for extended periods of time as a result. She also suffered with similar type of pain at the cervical region radiating towards the shoulder and elbow of her left hand.

The patient had a similar history in the year 2019. It was a sudden onset of pain and she got a mild relief using analgesics and physiotherapy treatment, but the symptoms re-occurred on March 2023, after which she took an *Ayurveda* treatment for a period of 3 months.

Following a thorough history, it was determined that the pain was brought on by extended workdays spent sitting (10-12 hours / day).

On the Visual Analogue Scale (VAS), a score of 0 represents "no pain" and 10 represents "worst pain ever experienced". She gave this pain a score of 9/10 and scored Oswestry Disability Index (ODI) of 60%. ODI is an index derived from the Oswestry Low Back Pain Questionnaire used by clinicians and researchers to quantify disability for low back pain and quality of life. The pain was described as sharp and stabbing and the only position in which she felt relief was while lying down in a supine position. She did not suffer from any bowel and bladder dysfunction though. Systemic examination was unremarkable. There was no significant family history as well. No addiction was found and no previous history of any back injury. She troubled to sleep well due to this intense back and cervical pain.

She had a vegetarian diet, suffered from frequent problem of indigestion and disturbed sleep (due to pain) with no history of any addiction.

*Dosha dushya lakshan*- Predominant *dosha* in the disease is *vata* in association with *pitta* and *kapha*. Besides an *avarana* of *kapha* over *vata* may also be considered to play an important role in the manifestation of symptoms like stiffness and restricted movements.<sup>[5]</sup>

### CLINICAL FINDINGS

On examining the patient locally, severe stiffness and tenderness at all levels of lumbar and cervical vertebrae were observed.

MRI results from 2023, suggested early stage of degenerative disc disease along with posterior disc herniation at the C4-C5 and C5-C6 level with mild disc bulge at the L5-S1 level and mild postero-central disc protrusion at the L4-L5 level.

Bowel and Bladder functions were not affected. SLR (Straight Leg Raise) test was performed using the standard goniometer to assess the range of movement. SLR at right and left leg was found to be 45 and 30 degree respectively. VAS (Visual Analogue Scale) is used for pain found out to be in the severe category.<sup>[8]</sup> Oswestry Disability Index (ODI) of the patient was 60%.

### TIMELINE

The patient is suffering from the problem mentioned in this case since 2019. After taking an allopathy treatment which included certain analgesics along with some nutritional supplements, she experienced the pain again in 2023, after which she started with the Ayurveda *shaman* and *shodhan chikitsa* for a period of 3 months with a follow-up of after every 1 month.

### DIAGNOSTIC ASSESSMENT

The *shareerik prakriti* of the patient was *kapha-vataja*, had *kroora kostha*(on the basis of bowel habits), *madhyam bala* (moderate strength), and *pravar satva* (good psychological strength), mild *agnimandya* (decreased digestion and appetite). Pain, stiffness, difficulty in walking, Visual Analogue Scale, improvement in the movement of flexion, extension and abduction were assessed at various stages of treatment.

TABLE 1.<sup>[12,13]</sup>

<b>PAIN</b>	
No pain	0
Mild pain with mild difficulty in walking	1
Moderate pain with moderate difficulty in walking	2
No pain with no difficulty in walking	3
<b>VISUAL ANALOGUE SCALE</b>	
No pain (0)	0
Mild (1-3)	1
Moderate (4-6)	2
Severe (7-10)	3
<b>STIFFNESS</b>	
No stiffness	0
Stiffness of mild grade, need no intervention	1
Stiffness relieved by topical medication	2
Stiffness relieved by oral medication	3
Stiffness not responded by medicine	4
<b>DIFFICULTY IN WALKING</b>	
No pain, normal movements	0
Mild pain with restriction of movements	1
Moderate pain with restriction of movements	2
Severe pain with restriction of movements	3
Complete restriction of movements	4

**INVESTIGATIONS:** MRI was done before the treatment which was a suggestive of early degenerative disc disease with posterior disc herniation at C4-C5 and C5-C6 level and a mild disc bulge at L5-S1 level with mild postero-central disc protrusion at the L4-L5 level.



Figure 1.

## THERAPEUTIC INTERVENTION

TABLE 2: Plan of Treatment.<sup>[6,9]</sup>

S.NO.	PROCEDURE	DRUG USED	QUANTITY	DAYS
1.	<i>Rechan</i>	<i>Trivrit leha</i>		20 Days
2.	<i>Anuvasan and Asthapan Basti (Kala basti)</i>	<i>Dhanwantaram and vishagarbha Taila And Dashmoola Kwath</i>		15 Days
3.	<i>Greeva and Kati Basti</i>	<i>Bala Taila</i>		15 Days
4.	<i>Shaman Chikitsa</i>	1. Cap <i>Guggul Tikta Ghrata</i>	2 tab BD with lukewarm water	1 month
		2. <i>Ama Pachak Vati</i>	2 tab BD (After Food) With lukewarm water	1 month
		3. Tab <i>Trayodashang Guggula</i>	2 tab TDS	1 month
		4. Tab <i>Mahayograj Guggula</i>	2 tab BD (After Food) With <i>rasnasaptak kwath/ kakolyadi kwath (10 ml)</i>	1 month
		4. <i>Prasaranyadi Kashaya</i>	10 ml BD	1 month

The patient received *Panchakarma* treatment for a period of two months. This started with a gentle application of lukewarm *vishagarbha taila* on the whole body especially in the lumbar and cervical region and both the the lower extremities (*Abhyanga*). Care is taken while applying the oil that it does not aggravate the pain. This procedure is completed in around 45 minutes. This is followed by hot fomentation done by *dashamoola kwath* in a *nadi sweda* form. *Go-ghrata* is provided to the patient in the early days in order to evaluate her *kostha pareekshan*. *Trivrit leha* is the recommended medication for *rechan* therapy since it was discovered that her *kostha* is the *kroora kostha*. After she gets *madhyam vega* (a purgation of around 20 times), she was advised to follow a *sansarjan kram*(a particular diet and regimen in which she is gradually shifted from liquid to solid food) for the next few days. This whole process takes 20 days for the completion. After this a 10-day period of *vishram kala* is given to the patient.

Once this gets completed, she undergoes *snehan* and *swedan* again just as before and the patient is prepared for the *basti* procedure. Two types of *basti*(enema) are used. One contained medicated oil (*Anuvasan*) which consists of *Dhanwantaram taila* (50 ml) and *vishagarbha taila*(15 ml) along with honey (15 ml) and rock salt (3g) with a *kalka* (paste) made of *saunf* (*Foeniculum vulgare*). Medicated enema of decoction (*Niruh*) consists of a *kwath*(decoction) made of all of Dashmoola's drugs with medicated oil (*Dhanwantaram taila* 50 ml) and a paste of *saunf* (*Foeniculum vulgare*).

The medicated enema of oil(*Anuvasan*) was always given in the morning after meals, while the one of *kwath* (*Niruh*) was given empty stomach. These *bastis* are administered so that *Anuvasan basti* is given for the first two days, then *Niruh* and *Anuvasan basti* alternatively for 12 days, concluding with the *Anuvasan basti* for the final two days. As a result, there are a total of 16 *bastis* given (10 *Anuvasan* and 6 *Niruh*). This is referred as *kala basti*.<sup>[15]</sup>

Following this treatment, the patient is scheduled for a *bala-taila* performed *kati* and *greeva basti*. Following the completion of *Panchakarma* therapy the patient is administered the oral medications for a period of one month as mentioned in the table above.

## FOLLOW UPS AND OUTCOMES

**TABLE 3: Pain Assessment by VAS Score and Oswestry Disability Index (ODI).**<sup>[10,11]</sup>

TESTS	Score	Before Treatment	After Treatment				
			After 15 days	30 Days	45 Days	60 Days	90 Days
VAS	0 to 10	9	9	9	6	3	2
ODI	0 to 100%	60%	55%	40%	30%	25%	15%

**TABLE 4: Straight Leg Raising Test.**

BEFORE TREATMENT		AFTER TREATMENT	
RIGHT LEG	LEFT LEG	RIGHT LEG	LEFT LEG
45 Degree	30 Degree	60 Degree	45 Degree

## DISCUSSION

The patient was admitted in Panchakarma IPD and the above treatment was planned considering the involved *dosha* and *dushya*.

*Shodhan chikitsa* was done for a period of 3 months and *shaman chikitsa* given during these 3 months of *panchakarma* treatment.

*Shodhan chikitsa- Rechana* given by *trivrit (Operculena turpethum) leha* (which gets completed in 20 days) followed by a *vishram kala* of 10 days. *Anuvaasan Basti (Dhanwantaram taila)* and *Nirooh Basti (Dashmoola Kwath)* alternatively for a period of next 15 days which is again followed by *Greeva* and *Kati basti* by *bala taila* for a period of next 15 days.

*Dhanwantaram taila* consists of the following ingredients: *Balamool (Sida Cordifolia)*, *Dashmoola*, *Yava (Hordeum vulgare Linn)*, *Devdaru (Cedrus deodara)*, *Manjishth (Rubia cordifolia)*, *Sariva (Hemidesmus indicus L)*, *Shilajit (Asphaltum punjabianum)*, *Vacha (Acorus calamus Linn)*, *Agaru (Aquilaria malaccensis)*, *Punarnava (Boerhavia diffusa)*, *Ashwagandha (Withania somnifera)* *Shatavari (Asparagus racemosus)*, *Yasti (Glycyrrhiza glabra)*, *Triphala (Hareetaki- Terminalia chebula, Bibheetaki-Terminalia bellerica, Amalki- Embelica officinalis)*, *Tila taila (Sesamum indicum)* and cow milk.

*Shaman Chikitsa* given for a period of 1 month just after the *Panchakrma* therapy gets completed which is as follows: *Cap Guggulu tikta ghrata* with lukewarm water ( 2 Tab BD), *Ama Pachak Vati* 2 tab after food, *Trayodashang Guggula* (2 tab TDS), *Tab Mahayograj Guggula* (2 tab BD) with *Rasna saptak Kwath* (10 ml BD) as an *anupaan*. After a period of 15 days the *anupana* was changed into *Kakolyadi kashaya* to balance the mildly aggravated *pitta dosha* in the patient. *Prasaaranyadi kashya* helps in reducing the joint pain of the shoulder in the body as it consists of *Prasarani (Paederia foetida)*, *Mashparni (Teramnus labialis)*, *Bala (Sida cordifolia)*, *Rason (Allium sativum)*, *Rasna (Pluchea lanceolata)*, *Sunthi (Zingiber officinale)*.

*Vata dosha* which on getting vitiated affects its *mool sthana asthi* (it's root location, here the spinal column) causing *ekangavata* which gets almost completely balanced by properly following a treatment plan of *shaman* and *shodhan chikitsa* and by including *swadu*, *amla*, *lavana rasa* in the diet and regular intake of black gram, garlic as advised in *Charak Chikitsa Sthana* by *Acharya Charak*.

*Rechan* (Purgation) therapy balances the aggravated *pitta dosha* inside the body. As the *kostha* of the patient was found out to be *kroora kostha* hence a strong purgative drug like *trivrit leha* has been used for the procedure.

*Basti* (Enema)- As per *Charak Siddhi Sthana* Chapter 10, no other therapeutic measure cleanses the body as does *basti* and hence is also called as *ardha chikitsa*. The *anuvasan basti* given by *Dhanwantaram taila* provides the strength to the lower back region, balancing the *vata dosha*. The *asthapan basti* cleanses the body by eliminating the *doshas* out of the body through the anal route. The drugs used in *dashmoola kwath* are *tridoshangna* hence balances all the three *doshas*.

In *kati* and *greeva basti* (localised oil retention for lumbar and cervical region), the *bala taila* is poured and pooled for a fixed duration of time in a compartment made at the back side of the neck(cervical region) and the lower back (lumbar region) made using wet flour of black gram. This procedure helps in getting relieved from the pain and stiffness caused due to increase of *vata dosha*.

#### **About the drugs used during the intervention**

*Guggula* (*Commiphora wightii*) in general is used as an anti-inflammatory drug, given in combination with *ghrata* along with bitter herbs administered in herbal ghee if the wound is deep inside the skin.

When *doshas* and *mala* are associated with *ama* (the undigested food) they cannot be eliminated from the body easily and directly because they are sticking to the walls of channels and passages. If removed forcibly they will cause damage to the structures to which they are adhering. Hence to treat this *amaj* condition, *ama pachak vati* is prescribed to the patient.

*Trayodashang Guggula* contains 14 ingredients. To make tablets the first 12 drugs are ground into a fine powder combined with heated, liquefied guggula that has been compounded with ghee. In *Trayodashang Guggula*, ghee is used in half the amount of guggula.

Yograj Guggula is prescribed at a divided dosage of 6 grams per day, depending on the patient's strength and condition. It is mainly indicated here to get relief from low back ache, low back stiffness. It is in general mainly indicated when pain is associated with stiffness.

*Mahayograj Guggula* contains 31 ingredients. Here the *guggula* (gum resin) is added with water, melted. Then the rest of the ingredients are added to it and semi solid paste is prepared. *Mahayograj Guggula* contains *asa foetida*, mustard, *renuka* (*Calamus vattayila renuka*), *kutaja* (*Holarrhena pubescens*), *ati visha* (*Aconitum heterophyllum wall*), *bharangi*

(*Clerodendron serratum*), *vacha* and *murva* (*Marsdenia tenacissima*). It is especially indicated here for treating UTIs, anorexia. To balance *vata dosha*, the *anupana* used along with this is *maharasnadi kashaya*, which gets changed to *kakolyadi kashaya* on *pitta aggravation* in the middle of the treatment.

### OBSERVATION AND RESULTS

After the completion of every *shodhan karma* (i.e. after every 15 days) the results were assessed, which clearly showed reduction in the symptoms of the disease and mild improvement in the general and mental health condition, as reported by the patient. After a period of 3 months, patient felt energetic, happier with increased appetite, improved digestion and almost negligible pain in the lumbar region and no pain in the cervical region. By the end of one and a half month she reported remarked reduction in her symptoms. The patient was asked to come for a follow up after every 30 days. In the last 15 days she reported mild increase in the symptoms of aggravated *pitta dosha* for which her *shaman awshadis* were modulated accordingly. She got completely cured after the intervention of 3 months of *shodhan chikitsa* and 1 months of *shaman chikitsa*. Regular counselling was done for the patient during this period which assured the patient to keep up with the treatment and positive changes were reported on her last visit.

### CONCLUSION

The importance of *shodhan chikitsa* lies in its approach in providing deep cleansing, rejuvenation and disease prevention. *Virechan* given in this treatment plan helps in balancing the *pitta dosha* and helps to remove the *ama* (undigested food) present in the body, thus detoxifying it. *Basti* as said in *Ayurveda* scriptures is the *ardha chikitsa* for *vata vyadhi*. Hence it balances out the *vata dosha* thus decreasing the pain in the lumbar and cervical region of the body. The *kati basti* and *greeva basti* provides a proper lubrication locally thus strengthening the vertebrae of the lumbar and cervical region. The *awshadis* given in *shaman chikitsa* helps in balancing the *vata dosha* and eliminating the neurological pain from the body.

The combination of *shodhan* and *shaman chikitsa* when followed with a proper diet and regimen helps in the elimination of *ekanga vata* significantly.

**DECLARATION OF PATIENT CONSENT**

Authors certify that they have obtained the consent form of the patient where the patient has given her consent for reporting the clinical images and other clinical information. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity.

The patient says that she is fully satisfied by the treatment given to her in the tenure of 3 months and has a drastic relief in all her symptoms.

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