



MAMSAGATA VATA W.R.T MYALGIA/IDIOPATHIC MUSCULOSKELETAL PAIN IN CHILDREN: A CASE STUDY

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<https://doi.org/10.46607/iamj1512062024>

(Published Online: June 2024)

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Article Received: 06/05/2024 - Peer Reviewed: 27/05/2024 - Accepted for Publication: 15/06/2024.



ABSTRACT

Introduction: A 13-year-old male patient reported to the Outpatient Department (OPD) of Kaumarabhritya at Shree Swaminarayan Ayurvedic College and Hospital with complaints of diffused (un-localized) severe muscle pain, slurred speech and sleeplessness from the past one year. Another associated complaint was the inability to pronounce the word 'r'. The main complaint, though, was the muscular pain throughout the body. Though the patient was previously diagnosed and treated for pain as per the conventional science/medical hospitals, the patient and his parents did not have the records. They were unable to recall the names of the medicines prescribed. At Swaminarayan Ayurvedic Hospital, he was diagnosed with *Mamsagata Vata* and treated with a combination of internal medications and Panchakarma procedures. **Methods-** The patient was treated with internal medications *Brahmi vati Swarnaayukta* (250 mg/BD), *Brahmi Gritha* (5 ml/BD) and *Dashamularishta* (10 ml with 20 ml water/BD); Panchakarma therapies of *Sarvanga Abhyanga* (full body therapeutic massage therapy), *Sarvanga Swedana* (full body fomentation therapy) and *Matra Basti* (therapeutic enema with medicated oil with low quantity) for seven days. The primary objective was to treat *Mamsagata Vata* and associated symptoms with *Snehana*, *Vatagna dravyas* and *Medhya rasayana*. **Results-** The patient was treated with internal medications and *Panchakarma* therapies for seven days. There was a significant reduction in muscular pain and an improvement in sleep. No adverse effects were reported. This case study elucidates *Snehana's (Matra Basti)* efficacy in managing

Mamsagata Vata. Discussion- The clinical data from this study suggests that Ayurvedic treatment in managing *Mamsagata Vata* w.r.t Myalgia/Idiopathic musculoskeletal pain in Children can provide effective results.

Keywords: *Mamsagata Vata*, Myalgia, Idiopathic musculoskeletal pain, *Snehana*, *Basti*, *Vatagna dravyas*

INTRODUCTION

Pain and myalgia are synonymous, and also myalgia, commonly known as muscle pain, is a prevalent ailment in children that can significantly alter their quality of life. On the other hand, Idiopathic musculoskeletal pain (IMSP) is a type of chronic musculoskeletal pain (MSP) that occurs in children without any identifiable cause. It affects 16.2% of schoolchildren between the ages of 5 and 16. IMSP can be diffuse or localised, constant or intermittent, limiting or altogether preventing activities¹. The precise statistical data on the prevalence rate of myalgia or IMSP in children in India has yet to be available.

The scriptures of *Ayurveda* have elucidated a clear understanding of pain, types of pain and its treatment. 'Sula' is the precise term for 'pain' and is a chief symptom ascribed to *Vatadosha*. The etiological factors of *Vatavyadhi* are enlisted and two central pathology viz, *dhatukshaya* and *avarana*². Pain can appear as a disease (*roga*), prodromal symptoms (*poorvaroop*) of a disease or as a complication of a disease (*upadrava*). The main principle of pain management in *Ayurveda* is to bring back the balance of *vatadosha* and increase the individual's pain threshold³. *Mamsagata vata* is when vitiated *vata* locates itself in the muscles⁴. It manifests as heaviness of the body, severe body aches similar to *Dandamushthihata* (body has been beaten with a cudgel or fist cuffs), and extreme exhaustion are the symptoms of *Mamsagata Vata*⁵. The treatment protocol was focused on providing immediate pain relief during the first cycle of treatment with applying the general management of *Vatavyadhi* (*Snehana*, *swedana*, *matra basti*) and concentrate on the *Vaksanga* with *shodhana chikitsa* followed by *nasya* and *shirodhara/Shiro Picchu* during the second cycle of treatment.

Case Presentation

A 13-year-old male patient visited the outpatient department (OPD) of the Swaminarayan Ayurvedic

Hospital on 22 February 2024 with a UHID No. 2405526 for complaints of diffused muscular dull pain *Vedana* all over the body for one year and *Anidrata* (sleeplessness). since 3 to 5 months, *Vaksanga* with difficulty in pronouncing the word 'r' (dysarthria, rhotacism) since childhood.

History of Past Illness

The patient has been having the symptoms mentioned above of body aches for the past 12 months. Before this, he was healthy. There was no history of falls or trauma. No specific natal history or after-birth history was provided during the consultation. The patient and his parents also could not specify the treatment or diagnosis received from the hospitals they consulted in the past few months back.

Personal History

The patient is a vegetarian with occasional consumption of outside food. Patient's appetite was poor, with 1-2 times slightly complex bowel frequency and urine output 2-4 times daily.

Family History

There was no significant medical, hereditary, congenital or other illness in the family history.

General Examination

Except for the *Sparshana* (touching the pain area) over the upper arms, shoulder region, upper back, and thigh region, wherein the patient exhibited signs of tenderness due to pain, all other vitals remained normal.

- Pulse rate- 80/min,
- Respiratory rate- 18/min
- Blood pressure- 120/80mm of Hg
- CVS- S1S2 Normal
- CNS- Conscious and oriented, speech was slow and slightly slurred but understandable, and with difficulty was able to pronounce words containing 'r.'
- SPO2- 99% at room air
- Body weight of 40 kg.

Astavidha Pariksha

Nadi – Vata Pittaja

Mala - Asamyak

Mutra - Samyak

Jivha – Sama

Shabda- Prakruta

Sparsha- Ruksha

Druka- Prakruta

Akruti- Madhyama

Nidana Panchaka

Adhyashan (overeating during earlier years), Akala bhojana (irregular eating and quantity during earlier years), too much junk food (*ati katu, laghu, ruksha*, and *sheetha* foods), and *ratri jagarana* (watching videos until late nights).

Probable Samprapti

Hetu sevana Vyana vata dushita occupies the *mamsa (dhatugata)* site and affects the muscles⁶.

Differential Diagnosis

Both *Sarvanga vata* and *Asthigata vata* were considered for differential diagnosis along with *Mamsagata vata*. As the patient did not have the symptoms of *gathra sphurana* (generalised fasciculations) and *sandhi sphutana* (joint crepitations), the *sarvanga vata* was excluded. The symptoms of *sandhi shula* (joint pain) and *mamsa bala kshaya* (muscle weakness) were not observed in the patient. Hence the diagnosis of *asthigata vata* was also excluded. Based on the clinical symptoms and history, the patient was diagnosed with *Mamsagata vata*.

Observation and Result

Table No. 1 – Observation and Results (Subjective parameters – VAS – Visual Analogue Scale)

Symptoms	Before Treatment	Procedures Phase	Post Procedures Phase	Follow-up Phase
Vedana* (pain) all over the body	4	3	2	Pain had drastically reduced with almost 'no' pain; evidenced by the facial expression of the patient during <i>sparshana</i>
Anidratha* (Sleeplessness)	4	3	1	Feels sleepy after meals, undisturbed sleep, sound sleep with minimal REM phase (very less dreams compared to before treatment)
Vaksanga* (difficulty in speech initiation/stammering)	4	3	3	3-The anxiety during speech has reduced

Clinical Grading of symptoms*: Grading was done from 1 to 5. Wherein, 1=better and 5=worst.

Treatment Given

The treatment protocol is given as below:

The patient was treated the *vatagna, medhya, mastishka Balya* and *rasayana* drugs like

- I. *Dashamularishta* – 10 ml with 10 ml water twice a day, 10 minutes after food, and twice a day for one month
- II. *Swarna Brahmi vati* – 250 mg tablet – 1 tablet twice a day before food for one month
- III. *Brahmi Gritha* – 5 ml twice a day, followed by warm water intake for three months.

Along with the *Panchakarma* therapy of:

- IV. *Sarvanga Abhyanga* – whole body massage with *Bala Taila* for one week – 30 to 45 minutes
- V. *Sarvanga Baashpa Sweda* (after *Sarvanga abhyanga*)– with *Dashamula kwatha Churna Kashaya* for one week – for 10 minutes or until *samyak sweda lakshanas*
- VI. *Matra Basti* with *Mahanarayan Taila* (40 ml) for three days followed by an increased dose of 60 ml for the next four days.
- VII. A follow-up after 15 days

Pathya

The patient was advised *ghrithayukta ushna Ahara* both in terms of quality and quantity during the treatment phase, resting phase and for one week after the end of procedures. Freshly cooked, warm food with more lentils, well cooked rice, *Mudga Yusha*, with *go-gritha*, and to drink warm water at all times was advised.

Behavioural parameters (Grimace)**Table No.2**

BT	AT
Grimacing* during <i>Sparshana</i> (touching/tactile examination)	No grimacing* during <i>Sparshana</i> (touching/tactile examination)

Abbreviations: BT= Before treatment; AT=After treatment; *=facial expressions

DISCUSSION

The patient was diagnosed as a case of *Mamsagata vata*, as per the diagnostic procedures of Ayurveda. The chief symptom was *Vedana*, equivalent to ‘pain’ in conventional science.

The treatment protocol was as per the *chikitsa sutra* of *Charaka*, wherein the general management of *vata*⁷ disorders and the specific line of treatment of *mamsagata vata*⁸ was planned. The main impact of the treatment was through *snehana* (both external, and internal – through *basti*) and *swedana*. The intake of *Dashamularishta* provides *vatagna* properties that are analgesic, anti-inflammatory, and restorative therapeutic. On the third day, the patient felt very relaxed, and by the end of the sixth day, the tender pain had almost disappeared. The patient also got a good sound sleep at night. As per Ayurveda, *Vata* is the main causative factor for pain production and pain-related diseases. The nectar-like treatment for such conditions and *Vata*-related diseases is *Basti*, the best treatment for degenerated *Vata*. Such is the emphasis provided to *Basti chikitsa* ~~rhinitis~~ by our ancient scholars that it has been mentioned as “*Ardha Chikitsa*” (half the treatment of management of diseases) by Acharya Charaka⁹. The recent studies on *basti* and the Gut-brain axis have highlighted the hidden mechanism of how our ancient techniques, especially *Basti*, work. Recent studies show that the communication between the brain and the gut is a two-way system that regulates homeostasis and many physiological functions related to the GI tract, immune system, and human behaviour. Also, it has been shown that the gut microbiota regulates neuronal excitability of the peripheral nervous system and pain receptors/nociceptors, which are responsible for the onset of chronic pain¹⁰.

CONCLUSION

Based on the clinical findings, the disease was diagnosed as *Mamsagata Vata*. In this study, the single course of *Snehana*, *Swedana* and *Matra Basti* was found to be safe and effective in the pain management of *Mamsagata Vata*. This was a single case study, and the improvements noted were based on the subjective parameters. To make a claim further on how the *basti* mechanism works on pain management, especially in the case of myalgia, we require more clusters of subjects and statistically significant data from objective parameters to show the scientific world which believes in an evidence-based approach. Nevertheless, this approach based only on data will not be sufficient to prove the Ayurvedic line of treatments because conventional science’s limitations in understanding the Ayurvedic way of treatment and procedures are limited. The way forward to understand Ayurveda and its treatment procedures seems to be the Quantum mechanism.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Chandramouli Raju: Mamsagata vata w.r.t myalgia/idiopathic musculoskeletal pain in children: a case study. International Ayurvedic Medical Journal {online} 2024 {cited June 2024} Available from: http://www.iamj.in/posts/images/upload/1116_1120.pdf