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THE AYURVEDIC MANAGEMENT OF *SNĀYUGATA VATA* WITH SPECIAL REFERENCE TO *CHONDRODYSTROPHY* – A CASE REPORT

Neha Mishra[1], P. B. Kar Mahapatra[2], Debapriya Maity[3], Bodhisattwa Bakuli[4]

[1]Lecturer, Dept. of Svasthvritta and yoga, Belley Shankarpur Rajib Gandhi Memorial Ayurvedic College and Hospital, West Bengal, India
[2]Reader, Dept. of Kaya Chikitsa, IPGAE&R at SVSP Hospital, Kolkata, West Bengal, India
[3]3rd year PGT, Dept. of Kaya Chikitsa, IPGAE&R at SVSP Hospital, Kolkata, West Bengal, India
[4]Lecturer, Dept. of Kaya Chikitsa, Belley Shankarpur Rajib Gandhi Memorial Ayurvedic College and Hospital, West Bengal, India

Email: nm1057@gmail.com

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ABSTRACT

Ayurveda has given importance to every single body structure along with the *tridoṣa*. *Vāyu*, one of the *tridoṣa* when afflicts *snāyu*, produce disease named *snāyu gata vāta*. A 15 years old, male patient previously diagnosed as Chondrodystrophy (Achondroplasia), having complaints of deformity of legs and chest, with inability to walk from last 12 years, attended the OPD of Dept. of Kaya Chikitsa, IPGAE&R at SVSP hospital, Kolkata. The patient's CPK (Creatinine-phosphokinase) was 485.6 U/L and haemoglobin was 10.5gm/dl while other relevant blood values were within normal limits. The patient was diagnosed as *snāyu gata vāta* according to Ayurveda and was treated accordingly with *Abhyanga* (oil massage), *naḍi svedana* (sudation), *virecana* (Purgation) and *basti* (enema therapy) along with oral medication *like Pravāla pañcāmṛta rasa, Aravindāsava, Aśvagandhā (Withania somnifera)* powder, *Rāmabāna rasa*. After six months of the treatment, CPK was reduced to 197 U/l and haemoglobin raised to 11.9gm/dl with clinical improvement. Therefore it can be said that the treatment showed good response on the disease.

Keywords: Ayurveda, CPK, Pañcakarma, Achondroplasia

INTRODUCTION

Ayurveda has given importance to every single structure of the body and *snāyu* is one of them. According to *Ācārya Suśruta,* it is of four types namely, *pratānavati* – situated in limbs and joints,*Vṛtta* denotes *kandarā* or tendons, *Śuṣira* situated in organs like *āmāśaya* etc and *Pṛithu* situated in chest, back and flanks[1]. When these *snāyu* gets afflicted by *vāyu doṣa*, it produces features like *bāhyāama, antarā-*

yama, khalli, kubjatva, sarvāṇgaroga and *ekāṇgaroga*[2]. In modern medical science – chondro dystrophy (achondroplasia) is a skeletal disorder caused by myriad gene mutation that can affect development of cartilage and one of the main causes of dwarfism. It is an autosomal recessive disorder that may lead to complications like Scoliosis, obesity, Genu Verum, Apnoea, Hearing disorder, Eye sight problem.[3] Due to similarity in features these conditions may be compared with *snāyu gata vāta* and treatment was planned accordingly.

Case report:

A 15 years old male patient hailing from Sonarpur area of West Bengal attended OPD with the complains of inability to walk , pain in multiple joints, deformity of chest and growth restriction. Delivery of the patient was normal and at term. There was no significant history during pregnancy of mother. The patient started walking at the age of 12 months, with proper speech development with time. The condition started to develop at the age of 5 yrs and gradually increased in such a manner that the parents have to carry the patient for locomotion. The patient was under modern medication in state government hospital previously since the age of 6 yrs where he was diagnosed as a case of chondrodystrophy with a CPK value of 552u/l on 12/5/08. During history taking it was found that one of the brothers, 2 yrs younger than him was also developing the similar condition. They attended hospital for betterment of above said complains.

Examination:

On general examination it was found that patient had developed *Genu vera*, with a deformed shape of chest similar to a pigeon's chest. Patient was able to stand with support. On abdominal examination nothing significant was found. Vitals were stable. Mild pallor was seen, and there were no sign of jaundice, oedema or cyanosis.

Table 1: Clinical Assessment

Prakriti : Vāta kaphaja	*Mutra: Svabhāvik*
Doṣa: Vāta pradhāna tridoṣa	*Jihvā: Suṣka*
Agni: Manda	*Nādi: Tivra gati*
Nidrā: Alpa	*Ākṛti: Hīna*
Mala: Baddha	*Śarira bala: Hīna*
Koṣṭha: Krūra	*Mānasa bala: Madhyam*
Sāra: Asthi	*Samhanana: Avara*
Height: 137 cm	Weight: 30 kg

Investigations:

Biochemical reports were performed and following findings were found – haemoglobin -10.5gm/dl, CPK – 485 u/l, Vitamin D_3 – 26.12ng/ml. Anti CCP, ANF, CRP, RA Factor LFT, Urea, and Creatinine were within normal limits. Chest X-ray showed significant deformity of chest i.e. improper development of costal cartilage.

Diagnosis:

Based on history, clinical features and investigations the patient was diagnosed to be a case of *Snāyu gata vāta.*

Treatment:

Treatment was done on the basis of *Yukti vyapāśraya*, and planned for *Śamana, antaḥ parimārjana and bahir parimārjana,*

1. *Śamana* (oral medication): following oral medication were given to the patient –
1. *Aśvagandha churṇa* – 3gm + *Kṣira balā taila* – 5 ml twice daily after meal with lukewarm water
2. *Rāmabāna rasa* – 250 mg twice daily after meal
3. *Aravindāsava* – 10 ml with 15 ml water twice daily after meal
4. *Pravāla pancāmṛta* – 250 mg + *Navāyasa lauha* 250 mg twice daily after meal
5. *Bahir parimārjana* (external therapy)*:* whole body massage by *Saptaprastha Mahāmāṣa taila* fol-

lowed by *nādi sveda* (Fomentation using steam through a pipe) prepared by decoction of *Daśmūla, Aśvagandha and Bala*

6. *Antaḥ parimārjana* (Inernal purification)*: Virecana* (purgation) was done by *Trivrilleham* 15 gm followed by *saṃsarjana karma* (special diet regimen). Thereafter *anuvāsana basti* (enema therapy) by *Mahāmāṣa taila* [50 ml of oil par rectum for 10 days].

The oral medication along with *bahir parimārjana* was first given in OPD for 1 month. The patient was admitted to the IPD for further treatment. In IPD the protocol of the oral medication along with *bahir parimārjana* were continued for 10 days and on 11th day *virecana* was done followed by *saṃsarjana karma* in above said manner for 3 days. During the phase of *saṃsarjana* all the oral medication was kept on hold. After its completion, *Basti* in above said manner and medication along with *bahir parimārjana* were continued for 10 days. Some relevant exercises were also prescribed to the patient meanwhile. After the completion of the Panchakarma therapy the oral medication was further continued for 4 months.

Follow up:

After completion of 1 month of the oral therapy, some blood investigations were done for the assessment of improvement and toxicity, and it was found that CPK was reduced to 251.6 u/l, Hemoglobin was increased to 11.5 gm/ dl while LFT, Urea and Creatinine were within normal limits

Result:

After completion of the overall therapy i.e. after 6 months CPK was further reduced to 197 u/l, while Haemoglobin was increased to 11.96 gm/dl without any toxic effect to the liver and kidneys. Clinically it was found the patient was able to walk, after the completion of course of treatment and deformity of chest was markedly reduced.

DISCUSSION

As per *Āyurveda,* the body constituents develop by *Prākṛta śleṣmā*. Similarily all sort of mitotic divisions, degradations and degenerations are caused by *vāta*. In childhood, *kapha* is predominant, and with age it gradually diminishes. So, in growing age there should be equilibrium between *vāta* and *kapha*. In this case, no abnormality was observed in the early childhood of the patient, but in late childhood, symptoms like inability to walk and other physical deformities were observed, which suggest the vitiation of *vāta* by means of his dietary habits and lifestyle. From modern point of view, the condition, Chondrodystrophy, is considered to be a genetic disorder. Similar conditions of the younger brother of the patient support this fact. According to Ayurvedic view, as the tissue vitality is less compact in growing age, therefore vitiated *vāyu,* affects the deeper tissue *snāyu.* In the concept of *dhātupāka, dhātvāgni* specifically *raktāgni mandatā* lead to improper metabolism and malnourishment of *kandarā* (*updhātu* of *rakta*[4]) especially *Kandarā* (a type of *snāyu*[5]). So, above facts were considered before initiating the treatment. The treatment protocol in this case was mainly based on *Agni cikitsā, vāta nāśaka, śrota-śodhana,* and *rasāyana.* During therapy, degeneration stopped, deformity arrested, growth promoted and correction of blood markers (CPK and Hb) occurred. Overall nourishment of each *dhātu* took place leading to nourishment of *Bala,*or, *Oja* (immunity)[6] or, *Prākṛta śleṣmā.* With the help of *Rāmabāna Rasa,agni dīpana, āma pācana* and pain reduction were achieved. *Pravāla pancāmṛta* and *Navāyasa,* both were introduced to nourish the *dhātu* and to purify *rakta. Aśvagandhā* and *Aravindāsava,* provided generalised nourishment and reduced neuralgia by pacifying *vāyu. Kṣīra balā taila,* by virtue of its unctuous property reduced drynessof *vāyu,* which helped to elongate the deformed *snāyu*. After treatment the clinical features of *snāyu gata vāta* i.e. *pangutva, dourbalya, kṣīnatva* etc, were reduced and in laboratory finding most important parameter CPK has been reduced from 485u/l to 197 u/l. It gives clear mandate that *snāyu gata āma* (metabolites) where satisfactorily removed by this therapy. The enhancement in haemoglobin from 10.7 gm/dl to 11.9 gm/dl, indicates that *rakta duṣṭi* have been corrected. The patient was capable to walk by himself, which encouraged every one of this treatment group as well as his guardian.

CONCLUSION

From the above discussion, it can be said that the therapy and treatment given in this case showed good response over the disease *Snāyu gata vāta* itself and also plays an important role in the management of *dhātugata vāta* in general.

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