



A Case Report: Ayurvedic Management of DMD w.s.r to *Mamsagata-Vata*

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ABSTRACT:

Duchenne Muscular Dystrophy (DMD) describes generalized progressive muscular weakness due to the wasting of muscle fibres. It is the most widespread lethal genetic disease of humans. The progression is affected by known immunological and mechanical factors, and possibly other unknown mechanisms. Sufferers become increasingly disabled as the disease progresses & caring for the affected child in resource poor settings face a lot challenges. DMD have a lack of effective treatment. Glucocorticoids are the standard of care in DMD until now and its long term use are not devoid from crucial complications mainly in long term use like poor bone health, obesity, neurologic impairments, cardiac & respiratory problems. Hence, an alternative therapy is needed. Thus, case study was conducted considering DMD as *Mamsagata-vata* and Ayurvedic management *Niruha Basti* having *Panchatikta-ghrita*, *Mashapinda-sveda* was planned accordingly. During & after treatment, a positive outcome in mobility & self-care was noted.

Keywords: Duchenne Muscular Dystrophy, *Mamsagata-vata*, *Mashapinda-sveda*, *Panchatikta-Ghrita*.

INTRODUCTION

Muscular dystrophies are a group of diseases caused by defects in a person's genes. Individuals affected by the most severe form of muscular dystrophy—Duchenne muscular dystrophy—experience a significant delay in receiving an accurate diagnosis. Most of them are not diagnosed until 5 years of age. In Ayurveda, DMD pathogenesis can be clearly understand by correlating it with *Mamsagat-vata* using concept of *Adibalapravritha Vyadhi*¹ & also due to two reasons; i.e. *Avarana* &

dhatukshaya.(Fig.1)

There is no cure for any form of muscular dystrophy. But treatment can help prevent or reduce problems in the joints and spine to allow people with muscular dystrophy to remain mobile as long as possible. Treatment options include medications, physical and occupational therapy, and surgical and other procedures. Eteplirsen (Exondys 51) the first medication to be approved by the Food and Drug Administration specifically to treat Duchenne muscular dystrophy. Corticosteroids, such as prednisone, which can



help muscle strength and delay the progression of disease. The most frequent adverse effect in long-term treatment is a reduction in the patient's height, weight gain is the second most frequent one, the risk of development of cataracts is elevated,² immunosuppressive effect,³ osteoporosis.⁴ Surgery, to correct a spinal curvature that could eventually make breathing more difficult.

Ayurvedic management emphasises in *Dhatupaka-chikitsa*; by first correcting the *Agni* through *Deepana-pachana dravyas* in order to strengthen the process & then *Dosha* must be balanced and metabolic toxins must be eliminated from *Dhatu* through *Panchakarma*.⁵

AIMS AND OBJECTIVES

1. To study the etiopathogenesis of this challenging condition of *Mamsagata-vata*.
2. To evaluate the efficacy of Ayurveda drugs in the management of *Mamsagata-vata*.

Case Report:

A 17year old male child reported the Kayachikitsa OPD of SBSJSAMC & H, Farrukhabad on dated Feb.2021; with symptoms of difficulty in walking, bilateral weakness in both lower limbs since last 3yrs. He was a diagnosed case of Duchenne Muscular Dystrophy. As per his parents, patient was healthy & asymptomatic 3 years back. Gradually patient started these symptoms which went on increasing day by day. The guardian of the patient consulted a senior Allopathic physician, and was not satisfied with their suggestion of long term intake of steroids. Thus, for better management, he was admitted to our hospital.

Ayurveda Management:

Considering the Duchenne Muscular Dystrophy as *Mamsagata-vata*; ayurvedic management was planned accordingly.(Table 1)

On discharge patient was given-

- *Trayodashang Guggulu*(40g) + *Chandraprabha Vati*(40g) + *Shilajeet Rasayana*(40g)
1 tab. twice daily with *Gokshira-paka* as *Anupana*.
- *Ashwagandha Churna* – 2tsp.with *Gokshira* twice daily.
- *KsheerabalaTaila*– for local application.

OBSERVATION & RESULTS:

After *Basti*, *MashapindaSveda* and 2 months of *Shamanachikitsa*, the patient was reviewed. He got marked improvement in muscle weakness. He was advised to repeat the procedure; i.e. his second procedure was planned

& done in June 2021. (Table 2)(Table 3)

DISCUSSION:

Mahamasha Taila- Main component is *Masha* or black gram, which is best known to balance the *Vatadosha* by reducing *Stabdhatu*, *Sandhi-shaithilyata*, etc. *Masha Pinda Sveda* is indicated in musculo-skeletal disorders. Its *Ushna-tikshna guna* of *Svedana* helps in digestion of *Ama*. Its active ingredients of the medicine reaches into circulation with the help of *Swedana* causing vasodilatation, *Srotoshuddhi* & increases flexibility of joints. Both nourishing and excretion effects takes place with single treatment. *Panchatikta Ghrita* is *Vata-pitta nashaka*, *rasa-shukra-ovavardhaka*, *sanskarasya-anuvartanat*. *Tikta rasa* is *tvak-mamsa-sthirakaranam*. *Trayodashang Guggulu* is *Snayuvata*, *Vata-kapharogana-nashaka* according to *Bhaishajyaratnavali*. *Chandraprabha Vati* is indicated in *Mandagni*, *daurbalya* according to (Sa.Madh.-7). *Shilajeet Rasayana* is known for *Rasayankarma*, *dehavada-lohavada*, *Amadoshanashaka*. *Ashwagandha Churna* is *Vatanashaka*. *Ksheerabala Taila* is used in *Nanatmaja Vata-vikara* (*Sahasrayoga*), *Ksheera* best in *Jivaniya* & *Rasayana*; due to its *Mridu-snigdha-guna*, *Shita-virya* increases the *Oja*.

Mode of action of Internal & External Medications

In *Mamsagata-vata* (DMD), there is dominancy of *Vatadosha*, which takes *Sthanasanshraya* in *Mamsa* & *Medadhatu* vitiates and depletes them. According to *Samanya-Visheshasidhdhant*, if we provide *Brumhanadravyas* through *Annavahastrotas*, less *Brumhana* is achieved, but *Tvak* is having *Mamsadhara kala*, so *Brumhana* to *Mamsa* can be best achieved with *Snehana* and *Pindasweda*. *Abhyanga* pacifies *Vatadosha*. And *Basti* was selected as it is best in pacifying *Vatadosha* & also called as *Ardha-chikitsa*; whatever is to be nourished can be best accomplished with *Basti*. And *Masha* is used both internally and externally with *Go-ghrita* & *Go-kshira* as it is *Brumhanakara*, thus can be given.

Since there was definite improvement in functional ability & CPK levels, it is possible that Ayurveda treatment allow longer survival with minimum disability.

CONCLUSION

Ayurvedic medicines have great potential in management of Muscular Dystrophy without any side effects. As according to the Acharyas, *Vatavyadhi* is *Kashta-sadhya*

and in chronic phase (*Chirakala-avastha*) it becomes *Asadhya*. Although the complete cure of it is not possible but quality of life of the patients can be improved. This case report is a new avenue for future research in improving patient’s quality of life suffering from DMD w.s.r. to *Mamsagata-vata* by adopting treatment based on principles of Ayurveda.

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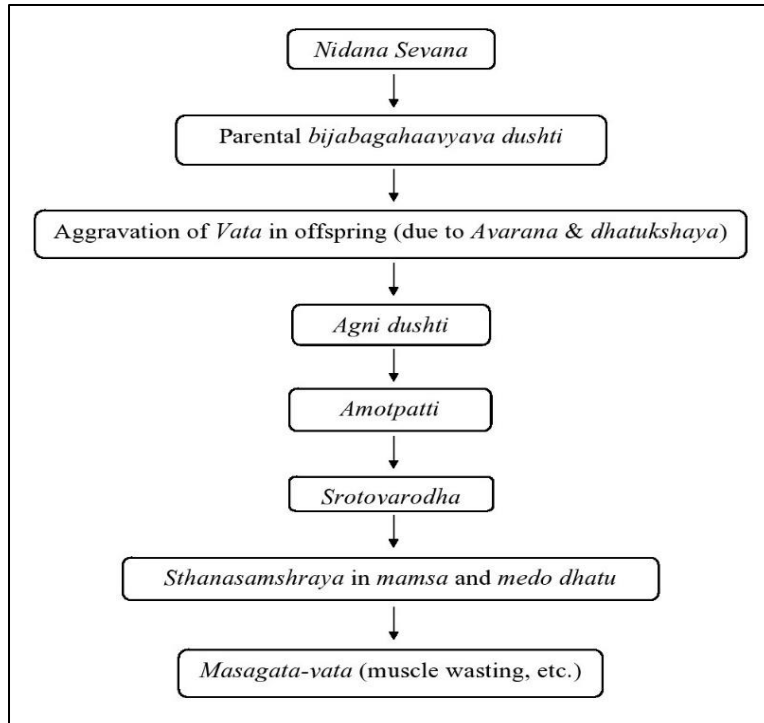


Fig.- 1 (Flowchart showing Samprapti-cakra of Mamsagata-vata)

Table 1 Shows Ayurveda Management:

<i>SarvangaAbhyanga</i>		<i>MahamashaTaila (8 days)</i>
<i>SarvangaSveda</i>		<i>Masha PindaSveda (8 days)</i>
<i>Basti Chikitsa</i> <i>(08 Basti in 08 Days;</i> <i>Anuvasana-Niruha</i> <i>Basti given in alternate</i> <i>days)</i>	<i>Anuvasana</i>	<i>MahamashaTail (60ml)</i>
	<i>Niruha</i>	<i>Makshika (60ml)</i> <i>+Lavana (6g)</i> <i>+MahamashaTaila (30ml), Panchatikta Ghrita (40ml)</i> <i>+Ashvagandha, Bala, Masha, Erandamula, Rasna Kalka (5g each)</i> <i>+ Erandamuladi Bala Kvatha (250ml)</i>

Table 2 shows CPK level before and after treatment

Before Treatment	After Treatment
Agnimandya	Agnivridhi
CPK Level – 342 U/L	CPK Level – 190 U/L

Table-3- Shows Muscle Power grading Assessment

Patient's Position	Muscles	(Pre-Assessment)		(Post-Assessment)	
		Rt. Side	Lt. Side	Rt. Side	Lt. Side
Sitting	Trapezius	3	3	4	4
	Deltoid	3	3	4	4
	Biceps brachii	3	3	4	4
	Wrist extensors	3	3	4	4
	Wrist flexors	3	3	4	4
	Quadriceps femoris	3	2	4	3
	Ankle dorsiflexors	3	2	4	3
	Triceps	4	3	5	5
Side lying -Lt. side	Gluteus medius	3	1	4	2
Side lying -Rt. Side	Gluteus medius	3	1	4	2
Prone	Neck extensors	5	1	5	2
	Gluteus maximus	3	1	4	2
	Hamstrings	3	1	4	2
	Ankle plantarflexors	3	1	3	2
Standing	Ankle plantarflexors	1	1	2	2