ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 2| February2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753|| ISI Value: 1.188

ROLE OF PANCHAKARMA THERAPY IN MAMSAGATA VATA W.S.R TO MUSCULAR DYSTROPHY- A CASE REPORT

Dr. Siddalingammagoudati[1], Dr. Channabasavanna B.M[2], Dr. Asharani.H[3]

[1]*PG Scholar, Department of Panchakarma, N. K. Jabshetty Ayurvedic Medical college & PG Centre Bidar Karnataka.*

[2]*Professor and HOD, Department of Panchakarma, N. K. Jabshetty Ayurvedic Medical College & PG Centre Bidar Karnataka.*

[3]*Associate Professor, Department of Panchakarma, N. K. Jabshetty Ayurvedic Medical college & PG Centre Bidar Karnataka.*

Article DOI: https://doi.org/10.36713/epra26146
DOI No: 10.36713/epra26146

ABSTRACT

Muscular dystrophies are a group of inherited genetic conditions that gradually cause the muscles to weaken, leading to an increasing level of disability. Some types of muscular dystrophy eventually affect the heart, or the muscles used for breathing problems, at which point the condition of life becomes threatening . According to UK's National health services , there is no cure for muscular dystrophy, but treatment can help to manage many of the symptoms. Muscular dystrophy patients can be well managed by Ayurveda Panchakarma treatment modalities and future progressing can well prevented thus improving the quality of life.

Methods:- *The treatment was administered in phased cycles. Phase 1 included Sarvanga Abhyanga f/b Shastika shali pinda sweda for 7 days*

Phase 2 consististed of Abhynaga f/b Kukkutanda sweda and Kayaseka for 7 days

In phase 3 ,Udvarthana was performed for 2days , followed by Abhyanga with Bala-ashwagandha taila and Shastika shali pinda sweda for 7days.

Along with internal medications.

Results & Conclusion *-Patient improved well with the treatment. The patient is now able to do her activities on her own and thus her quality of life is improved.*

KEY WORDS : *Muscular Dystrophy, Shastika Shali Pinda Sweda, Kukkutanda Sweda*

INTRODUCTION

Muscular dystrophies are a group of diseases causes by defects in a persons 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 . it is primarily predominant in boys, and it is less predominant in girls and children. The global prevalence of muscular dystrophy was estimated at 3.6 per 1,00,000 people (95 CI 2.8 – 4.5 per 1,00,000 people)[1].

The direct correlation of DMD with any other disease in Ayurveda is not possible. But considering the symptoms , it may be due to Beejabhagavayava Dushti (defect in fraction of part of chromosome) due to Adibala Pravrutta (Genetic disease) cause[2]. This Beejabhagavayava Dushti further leads to Tridoshdusti (vitiation of Vata, Pitta, Kapha). Among the Tridoshas Vata is affected more. This Tridosha dusti further leads to Dhatu Vaishamya (imbalance of the tissue component of the body) mainly Mansa Dhatu (muscle tissue).

So this Mansagata Vata Kshaya (decrease of Vata in muscle tissue) due to Beejabhagavayava Dushti (defect in fraction of part of chromosome) causes Mansadhatwagni Mandya (decrease in the fire of muscle tissue)[3], which leads to improper formation of Mansadhatu (muscle tissue) and Mansadhatu Kshaya (decrease in muscle tissue) which can be correlated with muscle atrophy. As per Ayurveda Siddhant (principles of Ayurveda), each Dhatu (tissue) has its self Dhatwagni (the fraction of Agni that functions at various body tissues for nourishment and metabolism) and according to Uttarottar Dhatu Poshan Nyaya (each tissue possesses nutrient portion of consecutive tissue) formation of Dhatu takes place serially. The Sukshmansha (small portion) of each Dhatu is nutrient portion of next Dhatu and this Sukshmansha gets transformed into Next Dhatu when it goes to specific Srotas (micro channels of circulation in the body) using Dhatwagni of that specific Dhatu.

So due to vitiation of Mansadhatu there is improper formation of further Dhatus like Meda (fat), Asthi (bone), Majja (bone marrow), which causes more vitiation of Vata. As per Acharya Charak- the symptoms of Mansamedogata Vata like Guruanga Tudyate Atyartha Danda Mushtihatam Tatha[4]. These symptoms can be correlated with DMD.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 2| February2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753|| ISI Value: 1.188

Table 4: Showing Treatment protocol adopted

Phase	Date	Intervention	Components / Details
Phase 1	June 21 – 27	Abhyanga+Shastika shali pinda sweda	Sarvanga Abhyanga with Ksheera bala taila
Phase 2	July 21 – 27	Abhyanga+ Kukkutanda sweda + Kaya seka	Abhyanga with Dhanwantaram Taila, Kukkutanda sweda , Sarvanga kayaseka with warm Dhanwantaram Taila
Phase 3	Agust 19- 20 Agust 21 – 27	Udvartana Abhyanga + Shastika shali pinda sweda	Sarvanga udvartana with udvartana churna for 2 days, then Abhyanga with Balashwagandha taila, f/b Shastika shali pinda sweda.for 7 days .

Internal Medications

1)Tab.Mahayoga guggulu 2-0-2 (A/F)
2)Ajashwagandha avaleha 1tsp – 0 – 1 tsp (B/F)
3)Amritha kalasha leha & tablet

The patient underwent a phased Panchakarma intervention . In the first phase, Abhyanga with Ksheera bala taila followed by Shastika shali pinda sweda was administered for 7 days to provide Vata-shamana and Mamsa -dhatu poshana.The second phase included Abhyanga with Dhanwantaram Taila, Kukkutanda Sweda and Sarvanga Kayaseka for 7 days . Aiming to improve neuromuscular strength and flexibility . In the 3rd phase ,Udvarthana was performed for 2 days to enhance circulation and reduce srotorodha , followed by Abhyanga with Bala-Ashwagandha Taila and Shastika shali pinda sweda for 7 days to promote Brihmana ,muscle nourishment and over all strengthening.

OBSERVATION & RESULTS

Table:5 Showing Assessment before and after treatment Muscular Dystrophy Functonal Rating (MDFRS) Scale was used for assessment before and after treatment

MDFR Scale	Before Treatment	After Treatment
1.Stair climbing	3	2
2. Out door mobility	3	2
3. Indoor mobility	3	2
4. Tranfers from bed to chair	3	2
5. Wheel chair manipulation	2	1
6. Standing from sitting	3	2
7. Sitting from Lying	2	1
8.Rolling	3	2
9.Changing body position in bed	2	1

Each item of MDRFS is scored on a 4-point scale (0-3),with

3-Representing being unable to do the activity and is completely dependent
2- Needing assistance from another person
1-Is independent ,without assistance from another person but movement or completion of an activity is slow
0-No problem for the activity and can be done at the normal speed.

DISCUSSION

The present case demonstrates the beneficial role of phased Panchakarma interventions in managing the progressive symptoms of muscular dystrophy. Although Duchenne muscular dystrophy (DMD) is a genetic degenerative disorder with no curative treatment in contemporary medicine, supportive therapies aimed at improving muscle strength, reducing stiffness, and delaying functional decline are widely encouraged. Ayurveda describes similar presentations under Mamsa-dhatu kshaya and Vata vriddhi, where Snehana, Swedana, and Brimhana measures are indicated to nourish depleted tissues and pacify aggravated Vata.

In this case, repeated cycles of Abhyanga with medicated oils played a central role. Dhanwantaram Taila, being Vatahara and Balya, is traditionally used for neuromuscular conditions. Its Snigdha and Ushna qualities help restore muscle suppleness and improve circulation. Similarly, Bala–Ashwagandha Taila is known for its Mamsa-balya, Vata-shamaka, and rejuvenative properties, making it suitable for chronic muscular degeneration. The patient showed notable improvement in muscle flexibility and reduced stiffness following these Snehana procedures.

Swedana techniques such as Shashtika Shali Pinda Sweda (SSPS) and Kukkutanda Sweda further potentiated the effects of Abhyanga. SSPS is a classical Brimhana Swedana that strengthens weak muscle fibers through the combined effects of heat, nourishment, and mild sudation. Kukkutanda Sweda provided localized strengthening due to the protein-rich egg

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 2| February2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753|| ISI Value: 1.188

content, improving muscle tone. The improvements in mobility and stamina observed in the patient align with the expected outcomes of these Brimhana Sweda procedures.

Udvartana in the third phase may have helped reduce heaviness and enhance circulation, preparing the body for deeper oil absorption during the subsequent Abhyanga with Bala–Ashwagandha Taila. The continuity of treatment over three months might have contributed to sustained tissue nourishment and Vata pacification.

Though single-case observations have limitations, the functional improvements noted in this patient indicate that Panchakarma therapies, especially Vata-shamana and Brimhana measures, can serve as effective supportive management for muscular dystrophy. The absence of adverse effects further supports the safety of these interventions.

Overall, the findings suggest that an integrative Ayurvedic protocol may help slow disease progression and improve quality of life in neuromuscular degenerative disorders. Larger controlled studies are needed to validate these results and establish standard guidelines.

CONCLUSION

As we know Muscular Dystrophy is a Genetic Disorder and is of progressive type. There is no specific line of treatment in any system of medicine. As according to the Acharyas, Vatavyadhi is Kashta-sadhya and in chronic phase (Chirakala-avastha) it becomes Asadhya. By applying Ayurvedic treatment, 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 wsr to Mamsagata-vata by adopting treatment based on principles of Ayurveda.

REFERENCES

1. *Salari N, Fatahi B, Valipour E, Kazeminia M, Fa-tahian R, Kiaei A, Shohaimi S, Mohammadi M. Global prevalence of Duchenne and Becker muscular dystro-phy: a systematic review and meta-analysis. J Orthop Surg Res. 2022 Feb 15;17(1):96. doi: 10.1186/s13018-022-02996-8. PMID: 35168641; PMCID: PMC8848641.*
2. *Shastri kaviraj ambica dutt , Sushrutha samhitha: Ayurveda tatva sandeepika Hindi commentary , su.24/4, Chaukamba Sanskrit series office, Varanasi, edition 2009. Pp.113.*
3. *Sharma Shivaprasad , Ashtanga sangraha, Chowkamba Sanskrit series office, Varanasi. 2014, Pp.142.*
4. *Kushwaha Harish Chandra singh, Charaka Samhita with Ayurveda Deepika Ayushi commentary by chakrapani Vol 1, Chikitsa sthana , 28 / 32 , 1st edition, Varanasi : Chaukhambha Orientalia : 2009 : 734 Pp.*
5. *Kushwaha Harish Chandra singh, Charaka Samhita with Ayurveda Deepika Ayushi commentary by chakrapani Vol 1, Chikitsa sthana , 28 / 33 , 1st edition, Varanasi : Chaukhambha Orientalia : 2009 : 734 Pp.*
6. *Kushwaha Harish Chandra singh, Charaka Samhita with Ayurveda Deepika Ayushi commentary by chakrapani Vol 1, Chikitsa sthana , 28 / 9 , 1st edition, Varanasi : Chaukhambha Orientalia : 2009 : 730 Pp.*
7. *Kushwaha Harish Chandra singh, Charaka Samhita with Ayurveda Deepika Ayushi commentary by chakrapani Vol 1, Chikitsa sthana , 28 / 6 , 1st edition, Varanasi : Chaukhambha Orientalia : 2009 : 730 Pp.*
8. *Bushby K, Finkel R, Birnkrant DJ, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and pharmacological and psychosocial management. Lancet Neurol. 2010;9:77-93.*
9. *Griggs RC, Moxley RT, 3rd, Mendell JR, et al. Duchenne dystrophy: randomized, controlled trial of prednisone (18 months) and azathioprine (12 months) Neurology. 1993;43:520-527.*
10. *Quinlivan R, Roper H, Davie M, et al. Report of Muscular Dystrophy Campaign funded workshop Birmingham, UK, Januar 16th 2004. Osteoporosis in Duchenne muscular dystrophy; its prevalence, treatment and prevention. NeuromusculDisord. 2005;15:72-79*