



A CASE STUDY OF ADHARANGA VATA W.S.R. OF TRANSVERSE MYELITIS

¹Dr. Sanjay Kadlimatti, ²*Dr. Rohini L. Hirgude

¹Professor, Dept. of Kayachikitsa BLDEA's AVS Ayurveda Mahavidyalaya, Hospital and Research Centre, Vijayapura, Karnataka, India.

²Second Year PG Scholar, Dept. of Kayachikitsa BLDEA's AVS Ayurveda Mahavidyalaya, Hospital and Research Centre, Vijayapura, Karnataka, India.

How to cite this Article: Dr. Sanjay Kadlimatti, *Dr. Rohini L. Hirgude (2026). A CASE STUDY OF ADHARANGA VATA W.S.R. OF TRANSVERSE MYELITIS. World Journal of Advance Pharmaceutical Sciences, 3(4), 38-42.



Copyright © 2026 *Dr. Rohini L. Hirgude | World Journal of Advance Pharmaceutical Sciences

This is an open-access article distributed under creative Commons Attribution-Non Commercial 4.0 International license (CC BY-NC 4.0)

<p>Article Info</p> <p>Article Received: 28 January 2026, Article Revised: 18 February 2026, Article Accepted: 08 March 2026.</p> <p>DOI: https://doi.org/10.5281/zenodo.19306982</p> <p>*Corresponding author: Dr. Rohini L. Hirgude Second Year PG Scholar, Dept. of Kayachikitsa BLDEA's AVS Ayurveda Mahavidyalaya, Hospital and Research Centre, Vijayapura, Karnataka, India.</p>	<p>ABSTRACT</p> <p>Transverse myelitis is a radiological finding in MRI, which shows spinal cord lesions with neuromuscular spectrum disorder and dorso lumbar spine screening study shows, thickening of lower dorsal cord and conus extending from D9 to L1 level with altere with that other causes also included. In this case study A 25 year old female come to opd with lower backache, both lower limb weakness and difficulty in walking. This symptoms in <i>Ayurveda</i> may br correlate with the <i>adharanga vata</i>. patient was treated with <i>yapan basti</i> and <i>shamana aushadhis</i> with the principles of <i>vatavyadhi chikitsa</i>. The findings were obtained with timely monitoring of the symptoms and condition of the disease. The patient achieved strength in both lower limb and she is able to walk without support so it can be concluded That transverse myelitis can be effectively treated with the help of <i>ayurvedic management</i>.</p> <p>KEYWORDS: Transverse myelitis, <i>adharanga vata</i>, <i>yapana basti</i>, <i>vata vyadhi</i>.</p>
--	--

INTRODUCTION

Transverse myelitis is an acute usually monophasic, demyelinating disorder affecting the spinal cord.^[1] it occurs at any age and presents with a subacute paraparesis with a sensory level accompanied by sever pain in the neck or back at the onset. So, based on *ayurveda* principles Transverse myelitis is correlated with an imbalance of the *vata dosha*. And *vatavyadhi* is one of the commonest type of disease which affects the patients, where in *dhatukshaya* and *margavarana*^[2] being the two main causes, in this conditions the *dhatukshaya* is causing the *vatavyadhi*. So tratment is according to *vatavyadhi chikitsa*.^[3,4]

CASE STUDY

A 25 year old female patient came to OPD with c/o lower backache with both lower limb weakness and difficulty in walking since 4-5 days. patient is healthy before this

and gradually developed above symptoms for which she approached a nearby medical facility and was treated symptomatically. So patient approached our hospital 1 month back for further management.

History of present illness

A 25 year old female patient came to OPD with c/o lower backache with both lower limb weakness and difficulty in walking since 4-5 days. patient is healthy before this and gradually developed above symptoms for which she approached a nearby medical facility and was treated symptomatically but pain is aggregating after strenuous work and long time standing and sitting and she has difficulty in walking for long distance independently, so came for our hospital for further treatment and management.

Past history

- Patient had H/O-Lower Backache since 4 Days 6 month Both lower limb weakness, Sensory Loss of Both LL (Responses to deep stimuli)Urine Retention
 - no H/O- Fever/Trauma
 - Medical history- LSCS (under SA) 1 yr Back
- For above complaints they Consulted near by medical facility, and Diagnosed as Acute Transverse Myelitis she treated with Iv Antibiotic and Iv Steroids for 7 days.

After 7 days she discharged with relieved above complaints and Oral antibiotic, corticosteroid (tapering dose of 1 month) and analgesics.

Personal history

Diet-Mixed
 Appetite - Good
 Bowel - Regular, clear
 Bladder - Regular
 Sleep - Disturbed due to pain
 Habits – Nil

General examination

Built - Normal
 Nourishment - Good
 Pallor - Absent
 Icterus - Absent
 Cynosis - Absent
 Clubbing - Absent
 Lymphadenopathy - Absent
 Oedema - Absent

Ashtasthan pariksha

- 1) Nadi - Vatakapha
- 2) Mala - Prakruta
- 3) Mutra - Prakruta
- 4) Jihwa -Alipta.
- 5) Shabda - Prakruta
- 6) Sparsha – Anushna sheeta
- 7) Drik - Prakruta
- 8) Akrti – Madhyama

Dashvidha pariksha

- 1) Prakruti - vatakapha
- 2) Vikruti
 - Hetu – Continuous work, Vegadharana, Katu ruksha Ahara sevana
 - Dosha - Vatadosha
 - Dushya - Rakta, Mamsa, Meda, Asthi, Majja
 - Prakruti – Chirakari
 - Desha -Bhumi – Jangala Atura - Katipradesha, vama sakti
 - Kala - Ritu - Shishira ritu
- Kriyakala - Vyaktavastha
- Bala - Rogi - Madhyama
- Roga -Madhyama.
- 3) Sara - Madhyama
- 4) Samhanana -Madhyama
- 5) Pramana - Height - 5'4"
 Weight - 68 kg

- 6) Satva -Madhyama
- 7) Satmya - Madhyama
- 8) Aharashakti -
 - a) Abhyavarana shakti -Pravara
 - b) Jarana shakti - Pravara
- 9) Vyayamashakti - Pravara
- 10) Vaya - Madhyama

Systemic examination

P/A : Soft, Non tender
 CVS : S1 S2 heard normal, No murmurs
 RS : Air Entry B/L Equal No added sounds
 CNS: conscious & well oriented to time place & person

Examination of spine

Inspection - No visible deformity
 Palpation – Tenderness at L4 L5 S1 Vertebrae
 Movements - Cervical/ Thoracic – NAD
 Lumbar - Flexion possible with pain
 Extension-Possible with pain
 Lateral bending -Possible with mild pain
 SLRT- positive at 45⁰ (lt. leg)
 60⁰ (rt. Leg)
 Reflexes- knee reflex – absent
 Ankle reflex- absent
 Babinski sign – present
 Muscle power – Rt.leg- 4 (against weak resistance)
 Lt.leg- 3 (movement against gravity)
 Heel walk – not possible
 Toe walk – not possible
 Sensory system – no sensory deficits
 Door Bell sign – positive (L4 L5 S1)
 Coin test – possible with mild pain

Investigation

Impression of MRI – known case of longitudinally extensive transverse myelitis/ spinal cord lesions with NMO spectrum disorder.
 CSF Analysis:(23/07/2023)

WBC- 18mm³
 Lymphocyte-95%
 Polymorphs-0.0%
 Mesothelial Cells-5%
 RBC–2-5cells
 ZnStain-Negative
 Gram Stain - Negative

Samprapti ghataka

- 1) Dosha - Vata dosha
- 2) Dushya-Rakta, Mamsa, Asthi, Sira, Snayu, kandara
- 3) Agni – Jataragni mandya
- 4) Ama – Jataragnijanya Ama
- 5) Srotas – Raktavaha, Mamsavaha, Asthivaha Srotas
- 6) Srotodusti - Sanga
- 7) Rogamarga - Madhyama
- 8) Udbhavasthana - Pakwashaya
- 9) Sancharasthana -Rasayani
- 10) Vyaktasthana- Both Lower Limb and low back
- 11) Roga Swabhava - Chirakari

12) *Sadhyasadhyaata -Krichrasadhya*

Diagnosis, assessment and treatment

Diagnosis of adharanga vata i.e. transverse myelitis Was made based on history and physical examination of the patient.

Total two assessments were carried out, before the treatment and after treatment i.e. 4 weeks after treatment. The diagnosis of transverse myelitis can be sufficiently made based on patient risk factors, clinical presentation and physical exam findings.

Shodhana chikitsa(Table no.1)

Sr.no.	procedure	Medicine used
1	<i>Sarvanga abhyanga with bashpa sweda</i>	<i>Ashwagandha bala taila</i>
2	<i>Anuvasan basti</i>	<i>Ashwagandha Ghrita</i>
3	<i>Niruha basti</i>	<i>Madhu-40ml Lavana- 3gm Sneha-ashwagandha ghrita(50ml) Kalka- ashwagandha 20gm Kwatha-Balamoola + ashwagandha+ milk.200ml</i>

Shaman chikitsa(Table no.2)

Sr.no.	Shamanoushadhi	Dose	Anupana
1	<i>Tb.spiner</i>	1TID	Warm water
2	<i>Dhanwantarm 101</i>	1BD	Warm water
3	<i>Dashmoola kashaya</i>	3tsp BD	-
4	<i>Ashwagandha bala taila</i>	L/A	

After shodhana this shamanoushadi’s were asked to continue for a month.

Assessment after treatment(Table no.3)

Criteria	BT	AT
Pain in low back region	3	2
Muscle Power (Both Lower limb weakness)	Rt-4/5 Lt-3/5	Rt-5/5 Lt -4/5
SLR	Rt-60 Lt-45	Rt-90 Lt-60
Difficulty while walking	After walking 100 mt. she getting weakness in LL and need support	She can walk independently> 300 m without support



Phone no.:
7899130828
8105737362

E-mail: drdevsha.mudakannaver5@gmail.com

mkar Diagnostic & Research Centre

PLOT NO.12, SY.NO.1230/B HALYAL ROAD ATHANI-591304. DIST. BELAGAVI.

NAME	
AGE/SEX	24 YRS / F
DATE	27.01.2024
FILMS	3
REFERRED BY DR.	DR. JADHAV B R

MRI SCREENING OF LUMBAR AND DORSAL SPINE

PROTOCOL: Sagittal T2 and Axial T2 and coronal STIR weighted sequences

OBSERVATIONS:

Normal lordosis of lumbar spine is noted.
Vertebral bodies show normal alignment and marrow signal changes.
The pedicles, laminae, spinous processes and transverse processes are normal.
No evidence of spondylolysis/spondylolisthesis.
Articular facets and facet joints are normal.

There is thickening of lower dorsal cord and conus extending from D9 to L1 level with altered intra medullary signal intensities (T2 hyper intense) and associated with localized widening of central canal

Pre and paravertebral soft tissues are normal.

Posterior diffuse disc bulge at L4-L5 level causing minimal narrowing of bilateral exit foramina

Mild posterior diffuse disc bulge at L5-S1 level not causing canal or foraminal compromise

The spinal canal dimensions are within normal limits.

IMPRESSION: Known case of longitudinally extensive transverse myelitis / spinal cord lesions with NMO spectrum disorder, The present dorso lumbar spine screening study shows

- > THICKENING OF LOWER DORSAL CORD AND CONUS EXTENDING FROM D9 TO L1 LEVEL WITH ALTERED INTRA MEDULLARY SIGNAL INTENSITIES AND ASSOCIATED WITH LOCALIZED WIDENING OF CENTRAL CANAL → ? SEQUALAE OF CHRONIC LONGITUDINALLY EXTENSIVE TRANSVERSE MYELITIS WITH INTRAMEDULLARY EDEMA (correlate with other investigations)
- > POSTERIOR DIFFUSE DISC BULGE AT L4-L5 LEVEL CAUSING MINIMAL NARROWING OF BILATERAL EXIT FORAMINA
- > MILD POSTERIOR DIFFUSE DISC BULGE AT L5-S1 LEVEL NOT CAUSING CANAL OR FORAMINAL COMPROMISE

DR. DEVARAJ MUDAKANNAVER
MBBS, DMRD.
Radiologist

Shot on OnePlus
By Dr.Deepali

Whole Body Advanced MRI | High Speed Multislice CT | 3D / 4D Ultrasonography | Colour Doppler | Digital X-Ray

DISCUSSION

Vatavyadhi is one of commonest type of disease which effects the patients where in *Dhatu kshaya* and *Margavarodha* being two main causes. In this case *Dhatu kshaya* causing *Vatavyadhi*. Hence considered as *Dhatu kshaya janya Adharanga Vata*. *Adharanga*, the name itself indicates that half body effected by *vata dosha*. *Chikitsa Sutra* of *Vatavyadhi* involves *Snehana Swedana* and *Basti karma*. The treatment protocol, which was planned for this patient was *Abhyaga Swedana* and *Basti karma* along with *Shamana Chikitsa*. The treatment principles applied for the management of this disease condition are *Vedanasthapana Chikitsa* (analgesic), *Balyakara* (Strengthen), and *Vata dosha* pacifying treatment along with strengthening and nutritive therapy for the various musculatures and structures in vertebral region and lower extremities. And here use *yapana basti* with *anuvasana basti* of *ashwagandha ghrita* and *niruha basti* with *bala* and *ashwagandha ksheera*.

Sarvanga Abhyanga with *Ashwagandha Bala Taila*^[5]: *Abhyanga* (local massage) is one of the *Purvakarma*, which acts on the roots of *mamsavahasrotas* that is,

Snayu, twak and *raktavahini*. It may thus nourish the superficial and deep muscles. It acts on *Sparshanendriya*, which is the seat of *Vyana vayu*. *Abhyanga* with *Ashwagandha Bala Taila* is having analgesic, anti-neuralgic, and anti-inflammatory properties. It improves the nerve strenght. It is indicated in muscle spasm, joint stiffness, backache, and arthritis.

Swedana is *Sthambaghna* (removes stiffness), *Srotoshuddhikar* (clearing the micro channels), and *Kapha-vata nirodhana* (removing excess *vata* and *kapha dosha*). Thus, it pacifies the *Vata dosha* and relieves stiffness of muscles and helps in mobility.

Basti enters the *Pakvashaya* which the main site of *Vata Dosha* and destroys it which is the originator of all diseases. By subsiding the *Vata* all diseases located in the other parts of the body also get subsided. *Basti* is administered into the *Pakvasaya* draws the *Dosha/Mala* from all over the body from the foot to the head by virtue of its *Virya*, just as the sun situated in the sky draws the moisture from the earth by virtue of its heat. The *Virya* of the drugs administered through the *Basti* into the

Pakvashaya reaches the whole body through the channels (Srotas), as the active principles in the water when poured at the root of the tree reaches the whole plant.

Ahwagandadi Ghrita^[6] contains *Ashwagandha Ghrita Ksheera Jeevaniya Gana Dravyasa Bala Shatavari* etc. Which are *Madhur Rasa* and *Madhura vipaka* and *sheeta virya*. Increases the *Balya* and helps for *vata* pacification. And for *niruha basti* ingredients are *Madhu, Saindava Lavana*, for *Sneha ashwagandha ghrita*, for *kalka ashwagandha* and for *kwath balamoola ashwagandha ksheera*. All ingredients are *Madhura* and *Tikta rasa* and *madhura vipaka* helps in *balyakara* and *nadi balyakar*.

Tablet Spinner

contains *Guggulu, Shallaki, Haridra, Kukkutanda twaka bhasma, Arjun* which contains all *vata sahamaka* drugs pacifies *vata*.

Cap Dhanvantaram 101

Contains *Bala, Dashamoola, Triphala, Vacha, Gokshira, Ashwagandha, Yastimadhu, Daruharidra* etc which are *Balyakara* in property.

Dashamoola kashaya^[7]

Contains *Bilwa Kasmari Patala Snonyaka Agnimantha Bhrihati Bhadra Prisanaparni Salaparni Gokshura*. It has *ushna virya, tridosahara* property, *shoolahara, shothahara*, and it relieves muscle spasms.

CONCLUSION

Transverse Myelitis can be compared with different types of *vatavyadhi*. but in this case it is *dhatukshaya Vata Vyadhi*, management aims to alleviate *Vata*, and a nourishing line of treatment is adopted. A therapeutic enema is adopted as it is a prime treatment modality for the disorder of *Vata*. *Yapana Basti* is the foremost choice as this alleviates all *Tridosha*. It can be concluded that Transverse Myelitis can be effectively treated with using *vatavyadhi chikitsa sutra* like *Abhyanga, Swedana, Basti*, and various formulations. By seeing improvement in patient we can improve the quality of life and making them independent for routine actives.

REFERENCES

1. Davidson's principals and practice of Medicine 23rd edition 2018 page no 1110 chapter no.25.
2. Agnivesha, Charak samhita chikitsasthan edited by Kashinath Shastri Ed-2017 Chaukhambha Sanskrit sansthan Varanasi, chapter 28/59.
3. Agnivesha, Charak samhita chikitsasthan edited by Kashinath Shastri Ed-2017 Chaukhambha Sanskrit sansthan Varanasi, chapter 28/73-76.
4. Acharya Vagbhata Ashtanga Hridayam Sutrasthana, edited by Bramhanand Tripathi, Chaukhamba Sanskrit Pratishthan Delhi Chapter 13/1-3.
5. Dr.M.S.Krishnamurthy Sahasryoga by chaukhambha orientalia 4th chapter sneha kalpana in Taila kalpana.

6. Sri govinda das sen Bhaishajya ratnavali edited by kaviraj sri Ambikadatta shastri ayurvedacharya ED-2021, chaukhambha prakashana Varanasi Chapter 74/274-284.
7. Yogaratnakar, hindi commentary vidyotani Edition 2022 by chaukhamba prakashana Varanasi, Adhyaya Vatavyadhichikitsa.