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Case Report

Comprehensive ayurvedic management of Autoimmune polymyositis: A case study

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Abstract

Introduction: Polymyositis (PM), a pathological condition marked by the presence of inflammatory infiltrates in striated muscle. Develops with the main clinical sign as Proximal muscular weakness. Though its exact aetiology is uncertain, it appears to be an autoimmune condition. It can affect persons at any age, but typically manifests between 50 to 70 years of age. It is twice as common in women as in men and exists in one out of every 100,000 people. Ayurveda categorizes its symptoms under "*mamsagata vata*", as musculoskeletal abnormality. Currently, there's no known cure, but conventional treatment often involves corticosteroids, which can have adverse effects on long use. Materials and Methods: This is an interesting case study demonstrating the successful management of female patient of age 58 years, suffering from Polymyositis (*mamsagata vata*). As it is possible for such muscle weakness to appear suddenly or more subtly over several weeks or months; similarly for this case it took several months to manifest and get diagnosed. After many unsatisfactory contemporary treatments patient approached to *ayurveda* and hence, the combination of Ayurvedic modalities such as *Udvartana*, *Abhyanga*, *Basti*, Oral medications, Physiotherapy were administered for 5 months involving IPD and OPD sittings. Results: Treatments contributed in the improvement of Gait, Muscle power, tone and Overall strength. Aided in the gradual reduction and eventual cessation of medications such as Mycophenolate Mofetil and Prednisolone, while effectively managing symptoms and significantly lowering the Creatine Phosphokinase (CPK) level. Conclusion: This case underscores the effectiveness of Ayurvedic treatments in addressing autoimmune conditions such as polymyositis.

Keywords: Polymyositis, *Mamsagata-vata, Basti, Abhaynga, Udvartana,* CPK

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Introduction

Polymyositis is an autoimmune and chronic inflammatory myopathy affecting skeletal muscle endomysial layers. (1)(2) It presents as symmetric proximal muscular weakness due to abnormal activation of CD8 cells and macrophages against muscular antigens. This autoimmune disorder can cause rhabdomyolysis and proximal weakness, (1) which can cause difficulties in lifting. Proximal weakness, a common symptom of Polymyositis, can cause difficulties in lifting arms, climbing stairs, and getting out of a chair. This can lead to aspiration, dysphonia, dysphagia, breathing difficulties, and heart muscle involvement, resulting in arrhythmias and congestive heart failure. (1) Muscle wasting in chronic and end-stage myositis is evident radiologically and clinically, with MRIs revealing proximal muscle inflammation, elevated serum creatine kinase levels, and increased lymphocyte count. (3) Conventional treatments for myositis include immunosuppressive medications and corticosteroids, but their side effects can lead to persistent weakness and impairment. An effective Ayurvedic treatment is needed to heal the underlying illness and counteract the side effects and dependency associated with corticosteroid use. Myositis is not directly mentioned in classical Ayurvedic literature, but symptoms similar to it are described in the *Vata Vyadhi Chikitsa Adhyaya*, under *Mamsagata Vatavyadhi*. These symptoms include heaviness of the body (*Guruvanga*), pricking pain as if beaten with a strong rod or fist cuff (*Tudyateatyartha Dandamushtihath*), and painful severe fatigue (*Sarukshramita*). (4) Ayurvedic remedies could offer new approaches for managing persistent myositis, especially considering the limited effectiveness and long-term side effects of conventional allopathic treatments. Ayurveda's holistic approach could provide complementary or alternative methods for symptom relief and improved quality of life.

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Patient Information

A 58-year-old female patient with Inflammatory Polymyositis was evaluated at the OPD of KLE Ayurveda Hospital, Belagavi. After a thorough medical history and physical examination, appropriate diagnostic tests were recommended. The patient was prescribed both *Shodhana* (purification) and *Shamana Chikitsa* (curative treatment). Her condition was assessed using subjective and objective parameters before and after the treatment.

Patient history

History of Present Illness

A female patient aged 58 years came with complaints of pain in the lower back and cervical region, pain in calf muscles, inability to lift arm above head, inability to make a ponytail, difficulty in climbing stairs, getting out of a chair, unable to stand up after sitting in squatting position, unable to walk without support and bilateral mild pitting oedema since, 4 months. 4 months back she had a history of fever and chills that lasted for 2 days and required treatment. Gradually, the patient started observing easy fatigue, tiredness during routine activities, pain in bilateral thighs and bilateral heels, and a noticeable drop in body weight from 67 kg to 58 kg were all gradually noticed. The patient then discovered that she had trouble climbing stairs and walking. She consulted nearby physician, who suggested for blood routine, ESR, and CPK. Elevated leukocyte counts of 14,700, elevated ESR 80, and a significant increase in CPK levels up to 5928 U/L were seen. An MRI revealed polymyositis with inflammation.

History of Pat Illness

Patient is a known case of HTN, DM since10 years and under regular medication. Arbitel-CT 40(Telmisartan and Chlorthalidone) and Voglibose 0.3 mg, Glipizide 5mg respectively, and hypothyroidism since15 years on regular medication (Eltroxin 100mcg). The patient presents with a surgical history of Tubectomy 26 years, Cholecystectomy 15 years, Hysterectomy 5 years and Cataract surgery 5-6 years back appeared to be in good health.

Clinical findings

On examination

Patient was *Pitta-Kaphaja Prakruti* with *Dusta Pitta Vata Dosha* involved, *Sthana samshraya* in *Mamsa Dhatu*; having *madhyama saara* (moderate body tissue), *madhyama samhanana* (moderately built), *sama pramana* (normal body proportion), *katu amla rasa*, *mamsa satmya* (habitual to *katu-amla* and *mamsa rasa*), *avara satva* (moderate mental strength), *avara vyayamashakti* (capability to carry out physical activities is moderate), *avara abhyavaharana shakti* (Medium food intake) and *avara jarana shakti* (reduced digestion capacity).

Systemic examination

Respiratory system: Bilateral Air entry clear

Cardiovascular system: S1, S2 heard, No Murmur

Central Nervous System: Conscious and well Oriented to time, place and person

Physical Examinations

The afflicted muscles must be thoroughly examined in terms of motor and sensory function during the physical examination. Depending on the degree of the disease, a motor examination (Table no.1) in these individuals shows a decrease in power in the afflicted part with decreased tendon reflexes in cases of severe muscle atrophy, even though the sensory examination is typically normal.

Table 1: Motor examinations

Sr. No.	Examinations	Upper Right Limb	Upper left limb	Lower right limb	Lower left limb
1	**Bulk/ Nutrition of Muscle**	29cm	29cm	49 cm	48 cm
2	**Tone of Muscle**	Hypertonia	Hypertonia	Hypertonia	Hypertonia
3	**Power of Muscle**	3/5	3/5	3/5	3/5

4	**Reflexes**					
	Deep Tendon Reflexes			Superficial Tendon Reflexes		
4a.	Biceps jerk	+	+	Plantar Reflex (Babinski Sign)	–	–
4b.	Triceps jerk	+	+			
4c.	Supinator jerk	+	+			
4d.	Knee jerk	+	+			
4e.	Ankle jerk	+	+			
5	**Co-ordination of Movements**					
5a.	Finger to Finger Test			Possible		
5b.	Finger to Nose Test			Possible		
5c.	Making Circle in Air with Fingers			Possible		
5d.	Heel to Knee Test			Possible but with difficulty		
5e.	Making Circle in Air with toe			Possible but with difficulty		
5f.	Tandem Walking			Possible		
5g.	Romberg's Sign			Negative		
6	Gait			Waddling Gait		

Table 2: Laboratory investigations

On 28/10/23	On 27/11/23	On 28/11/23	On 29/11/23
Nerve Conduction Velocity test of Both Upper and Lower Limbs are with in Normal Limits	Serum CPK— 5928 U/L Serum Aldolase — 40.3 U/L	HIV (1&2), HCV and HBsAG - **non-reactive**	(CBC)-Leucocyte-**14700 /cumm**

Table 3: Laboratory investigations

On 03/02/24	On 04/02/24	On 05/02/24	On 13/02/2024
Sr.CPK-**674 U/L** Sr.LDH-**271U/L** Sr. SGOT-**23.1 U/L** Sr. SGPT-**38 U/L** ESR-**105mm/hr** RA Factor-**2.5IU/L**	Sr. Aldolase-**0.09 U/L** Anti-CCP **1.1U/ml**	ANA-**0.20 S/co**	Sr. CPK-**505 U/L**

Table 4: MRI on 28/11/23

MRI of B/L thighs with B/L arms Impression-	**MRI of B/L Arms** Impression-
-Mild ill-defined abnormal hyperintense signal in the muscles of the anterior, medial and posterior compartments of upper2/3rd of bilateral thighs, bilateral gluteal muscles. Mild fatty atrophy of the muscles of posterior compartments of bilateral thigh and bilateral gluteal muscles, suggestive of Inflammatory myositis. -Mild bilateral hip joint effusion. -Patchy red marrow reconversion is seen in the visualized portion of bilateral pelvic bones, neck, head and proximal 2/3rd of bilateral femoral shaft.	-Mild bilateral joint effusion is seen. -Patchy diffuse red marrow reconversion is seen in head, neck and shaft of bilateral humerus. -Patchy abnormal hyperintense signal is seen on STIR images in the muscles of anterior and posterior compartments of both arms, around bilateral elbows and anterior compartments of the proximal bilateral forearm.

Diagnosis

After a thorough clinical examination, pertinent history, and relevant investigations, the case was diagnosed as Polymyositis caused by autoimmunity that mimics the *lakshanas* (symptoms) of *Mamsagata vata.*

Treatment Principle

According to the diagnosis and present condition of the patient the treatment protocol adopted as initially *Deepana-Pachana* was done then Shodhana chikitsa followed by *Brumhana* and *Shamana chikitsa;* which is described as follows, -

Table 5: Therapeutic Treatment

Date	Intervention	Observations
01/02/24	*1) Sarvanga Mrudu Udvartana* followed by *Dashmoola Prisheka* (*DMPSK*) *2) Anuvasana Basti* (AB_1) with *Bruhat Saindhavadi Taila* (BST) -- 50 ml **Oral Medications:** *1) Dashmoola Kashaya* (2tsf-0-2tsf) *2) Triphala Guggulu* (1-0-1) *3) Arogyavardhini Vati* (1-0-1) *4) Shallaki MR* (1-0-1)	-Patient (Pt.) feels light body after *Udvartana* and *parisheka* -No fresh complaints -Low back ache present -*Anuvasana basti* retention time (ABRT) – 2 hours 30 minutes
02/02/24- 03/02/24	*1) Sarvanga Mrudu Udvartana* followed by *Dashmoola Parisheka* 2) AB_2 with BST -- 30 ml +*BalaAshwagandha Laxadi taila* (BALT) —20 ml 3) Physiotherapy (TENS, Strengthing Exercise, Isometric exercise) **Oral Medications:** Continue same treatment (CST) and Add *1) Manas Mitra Vati* (1-0-1) *2) Shunthi Kashaya* (50ml-0-50ml)	-Muscular weakness in bilateral upper and lower limb -Bilateral (B/L) metatarsal pain and numbness on/off -Bilateral Pedal oedema (mild pitting) -Weakness of lower limb unable to stand up from squatting position or climbing stairs -Lower back ache reduced -Pain in bilateral calf and thigh muscles -Unable to lift bilateral lower limbs -ABRT on 02/02/24 — 5 hr. -ABRT on 03/02/24 — 2 hr.

04/02/24- 05/02/24	*1) Sarvanga Mrudu Udvartana* followed by *Dashmoola Parisheka* 2) AB_4 with BST -- 30 ml + BALT —20 ml 3) Physiotherapy **Oral Medications:** 1) CST (Stop *Triphala Guggulu*)	-Muscular weakness in bilateral upper and lower limb reduced mildly -Bilateral metatarsal no pain only numbness on/off -Bilateral Pedal oedema reduced -Able to walk 250m without losing balance able to stand on heel and toe -Sour Belching on and off -Lower back ache reduced -Pain in bilateral calf and thigh muscles -Unable to lift bilateral lower limbs
06/02/24- 07/02/24	*1) Vaitrana Basti* (VB_1) *2) Sarvanga Mrudu Udvartana* followed by *Dashmoola Prisheka* followed by *Patra Pinda sweda* (PPS) 3) AB_6 with BST -- 40 ml + BALT —10 ml 4) Physiotherapy **Oral Medications:** CST	-Muscular weakness in bilateral upper and lower limb reduced from yesterday -Pt. is able to lift upper limb above shoulder joint. -Pt. able to stand on one leg for few seconds and able to climb stairs with support and with mild pain -Pain in b/ l calf muscles only in morning **On 06/02/24: -** -*Vaitrana* Basti retention time (VBRT) -- 10min [Frequency (Freq.)- 3, Consistency (Cons.) --- Loose] -ABRT – 1 hr. **On 07/02/24: -** -VBRT – 10 min. (freq.- 2, Cons. – Loose) -ABRT – 1 hr. 30 min.
08/02/24	*1) Vaitrana Basti* (VB_3) *2) Sarvanga Mrudu Abhyanga* with *Bala Ashwagandha Lakshadi Taila* (BALT) followed by *Shastika Shali Pinda Sweda* (SSPS) 3) AB_8 with BST - 40 ml + BALT -10 ml 4)Physiotherapy **Oral Medications:** 1) CST (Stop- *Manas Mitra Vati*) *2) Agnitundi Vati*—1-0-1)	-Muscular weakness in bilateral upper and lower limb reduced from yesterday -Pt. is able to lift upper limb above shoulder joint. -Pt. able to stand on one leg for few seconds improved and able to climb stairs with support (alone) with mild pain -Pain in b/ l calf muscles only in morning -Able to Comb hairs and tie the knot -No Pedal oedema -Appetite was reduced -Gait improved **On 08/02/24: -** -VBRT -- 10 min. (freq.- 2, Cons. – Loose)
09/02/24- 10/02/24	*1) Vaitrana Basti* (VB_4 *Balaguduchyadi Ksheerpaka)* *2) Sarvanga Mrudu Abhyanga* with BALT followed by SSPS 3) AB_9 with BST -- 40 ml+BALT —10 ml 4) Physiotherapy **Oral Medications:** CST	-Muscular weakness in bilateral upper and lower limb reduced by 50% Power and trength Improved -Able to Comb hairs and tie the knot -Pt. able to stand on one leg for a min. and able to climb stairs with support (alone) with mild pain -Pain in b/ l calf muscles only in morning reduced by 50% -Heel walk and toe walk possible **On 09/02/24: -** -VBRT – 5 min. (freq.- 1, Cons. – Loose) -ABRT – 1 hr. **On 10/02/24: -** -VBRT – 5 min. (freq.- 1, Cons. – Loose) -ABRT – 1 hr.
11/02/24	*1) Vaitrana Basti* (VB_6 *Gomutra No Ksheerpaka)* *2) Sarvanga Mrudu Abhyanga* with BALT followed by *Dashmoola Parisheka* 3) AB_{11} with BST -- 30 ml + *Bala guduchyadi taila* (BGT) —20 ml *4) Sarvanga PPS* (*Jambeer+Eranda*) 5) Physiotherapy **Oral Medications:** CST	-Muscular weakness in bilateral upper and lower limb reduced by 60% Power and Strength Improved -Able to Comb hairs and tie the knot -Pt. able to stand on one leg for a min. and able to climb stairs with support (alone) with mild pain -Pain in b/ l calf muscles only in morning reduced by 70% -VBRT -- 5 min. (freq.- 2, Cons. – Loose) -ABRT – 30 min.

12/02/24	*1) Vaitrana Basti* (VB_7 *Ksheer Vaitrana Basti*) *2) Sarvanga Mrudu Abhyanga* with BALT followed by *Dashmoola Parisheka* 3) AB_{12} with BST -- 30 ml + BGT —20 ml *4) Sarvanga PPS* (Jambeer+Eranda) 5) Physiotherapy **Oral Medications:** All other were Stopped *1) Shallaki MR* (1-0-1) *2) Brihatvata chintamani Gold* (BVC) (0-1-0)	-Muscular weakness in bilateral upper and lower limb reduced by 60% Power and Strength Improved -Able to Comb hairs and tie the knot -Pt. able to stand on one leg for a min. and able to climb stairs with mild support (alone) with mild pain -Pain in b/ l calf muscles only in morning reduced by 70% -Able to walk without losing balance -VBRT -- 5 min. (freq.- 1, Cons. – Loose) -ABRT – 1 hr.
13/02/24	*1) Sarvanga Mrudu Abhyanga* with BALT followed by *Dashmoola Parisheka* 2) AB_{13} with BST -- 30 ml + BGT —20 ml *3) Sarvanga PPS* (*Jambeer+Eranda*) 4) Physiotherapy **Oral Medications:** CST	-Muscular weakness in bilateral upper and lower limb reduced by 70% Power and Strength Improved -Numbness and pain in b/ l lower limb reduced by 90% -Able to Comb hairs and tie the knot -Pt. able to stand on one leg for a min. and able to climb stairs with mild support (alone) with mild pain -Pain in b/ l calf muscles only in morning reduced by 70% -Able to walk without losing balance ABRT – 1 hr.

Table 6: *Basti* ingredients (5)

Gomutra Vaitrana Basti (Basti 1st, 2nd, 3rd and 6th)		
Sr.no.	Ingredients	Dose
1	*Guda*	24 gm
2	*Saindhava lavana*	12 gm
3	*Sneha* (*Bruhat Saindhavadi Taila*)	80 ml
4	*Kalka* (*Rasna+Shatapushpa+Ashwagandha+Guduchi+Bala +Vaishwanara Churna*)	8 gm each
5	*Gomutra*	100 ml
6	*Chincha Kalka*	48 gm

Table 7: *Basti* Plan

01/02	02/02	03/02	04/02	05/02	06/02	07/02	08/02	09/02	10/02	11/02	12/02	13/02
					VB_1	VB_2	VB_3	VB_4	VB_5	VB_6	VB_7	
AB_1	AB_2	AB_3	AB_4	AB_5	AB_6	AB_7	AB_8	AB_9	AB_{10}	AB_{11}	AB_{12}	AB_{13}

Table 8: *Basti* ingredients (6)

Bala Guduchyadi Ksheerpaka Basti (Basti 4th and 5th)		
Sr.no.	Ingredients	Dose
1	*Guda*	24 gm
2	*Saindhava lavana*	12 gm
3	*Sneha* (BST)	80 ml
4	*Kalka* (*Rasna + Shatapushpa +Ashwagandha + Guduchi + Bala + Vaishwanara Churna*)	8 gm each
5	*Ksheerpaka* (*Bala Guduchyadi*)	300 ml
6	*Chincha Kalka*	48 gm

Table 9: *Basti* ingredients (7)

Ksheer Vaitrana Basti (*Basti* 7th)		
Sr.no.	Ingredients	Dose
1	*Guda*	24 gm
2	*Saindhava Lavana*	12 gm
3	*Sneha* (BST)	80 ml
4	*Kalka* (*Rasna + Shatapushpa + Ashwagandha + Guduchi + Bala + Vaishwanara Churna*)	8 gm each
5	*Goksheera*	200 ml
6	*Chincha Jala*	48 gm

First Follow Up (Table No.10,11,12,13)

Patient came for follow up on 21/05/2024 with the similar complaints but with reduced intensity and willing for the continuation of further management.

Table 10: Therapeutic Intervention

21/05/24	*1)Sarvanga Mrudu Abhyanga* with *Mahanarayana Taila* (MNT) followed by *Dashmoola Parisheka* (DMPSK) *2) Kati Basti* (KB) with *Mahavishagarbha Taila* (MVGT) *3) Patra Pinda Sweda* (PPS) (*Jambeer+Eranda*) to lower back and Bilateral Lower Limb 4) AB_1 with *Ksheerbala Taila* (KBT) — 20ml + *Sahacharadi Taila* (SAT) — 30ml 5) Physiotherapy Oral Medication: *1) Agnitundi Vati* (1-0-1) *2) Cap. Neuro XT* (1-0-1) *3) Kamadugha* with *Mukta* (1-0-1) *4) Shallaki MR* (1-0-1)	-Pain and tingling sensation in cervical region radiating to b/l upper limb till elbow joint -Pain in lower back region and stiffness aggravated after long sitting -Pain in b/l knee joint radiating till foot -Difficulty in walking due to pain. -Able to tie hair knot and able to lift upper limb above shoulder joint -Mild b/ l Pitting oedema -$ABRT_1$ – 2 hr.
22/05/24	*1) Sarvanga Mrudu Abhyanga* with MNT followed by DMPSK 2) KB with MVGT 3) PPS to lower back and Bilateral Lower Limb 4) AB_2 with KBT — 20ml + SAT — 30ml *5) Ishtika Sweda* to Bilateral Foot 6) AB_3 with *Majisthadi Taila* — 30ml (At Night) *7) Bindu Agnikarma* on Right Foot 8) Physiotherapy	-Pain and tingling sensation in cervical region radiating to b/l upper limb till elbow joint -Pain in lower back region and stiffness aggravated after long sitting -Pain in b/l knee joint radiating till foot -Difficulty in walking due to pain. -Able to tie hair knot and able to lift upper limb above shoulder joint -Mild b/ l Pitting oedema
23/05/24	*1) Sarvanga Mrudu Abhyanga* with MNT followed by DMPSK 2) KB with MVGT 3) PPS to lower back and Bilateral Lower Limb 4) AB_4 with KBT — 20ml + SAT — 30ml *5) Ishtika Sweda* to Bilateral Foot 6) AB_5 with *Manjisthadi Taila* — 30ml (At Night) *7) Bindu Agnikarma* on Left Foot 8) Physiotherapy *9) Prustha Basti* and *Greeva Basti* with MVGT **Oral Medication:** CST	-Pain in cervical region radiating to b/l upper limb till elbow joint reduced with no tingling sensation -Pain in lower back region and stiffness aggravated after long sitting reduced -Pain in b/l knee joint radiating till foot reduced -Able to tie hair knot and able to lift upper limb above shoulder joint -No b/l Pitting oedema -Able to stand on one leg and move without support, Gait improved -Weakness in proximal upper and lower limb reduced by
24/05/24	*1) Sarvanga Mrudu Abhyanga* with MNT followed by *Bashpa Sweda* 2) KB with MVGT 3) PPS to lower back and Bilateral Lower Limb 4) AB_6 with KBT — 20ml + SAT — 30ml *5) Ishtika Sweda* to Bilateral Foot 6) AB_7 with *Manjisthadi Taila* — 30ml (At Night) *7) Prustha* and *Greeva Basti* with MVGT 8) Physiotherapy	-Cervical region pain radiating to elbow joint reduced up to 80% with no tingling sensation -Knee joint pain radiating till toe reduced after *agnikarma* by 80% -Low back ache reduced by 80 % -Weakness in proximal upper and lower limb reduced by 80% -Able to tie hair knot and able to lift upper limb above shoulder joint
25/05/24- 26/05/24	*1) Sarvanga Mrudu Abhyanga* with MNT followed by *Bashpa Sweda* 2) KB with MVGT 3) PPS to lower back and Bilateral Lower Limb 4) AB_8 with KBT — 20ml + SAT — 30ml *5) Ishtika Sweda* to Bilateral Foot 6) AB_9 with *Manjisthadi Taila* — 30ml (At Night) *7) Prustha* and *Greeva Basti* with MVGT 8) Physiotherapy **Oral Medication:** CST (Stop *Agnitundi vati*)	-Cervical region pain radiating to elbow joint reduced up to 80% with no tingling sensation -Knee joint pain radiating till toe reduced after agnikarma by 80% -Low back ache reduced by 80 % -Weakness in proximal upper and lower limb reduced by 80% -Able to tie hair knot and able to lift upper limb above shoulder joint -Able to stand on one leg and move without support, Gait improved **On 25/05/24**-- -$ABRT_8$ – 3 hr. 30 min

27/05/24	*1) Sarvanga Mrudu Abhyanga* with MNT followed by *Bashpa Sweda* 2) KB with MVGT 3)PPS (*Jambeer+Eranda*) to lower back and Bilateral Lower Limb 4) AB_{12} with KBT — 20ml + SAT — 30ml *5) Ishtika Sweda* to Bilateral Foot *6) Prustha* and *Greeva Basti* with MVGT	-Cervical region pain radiating to elbow joint reduced totally -Knee joint pain radiating till toe reduced 90% -Low back ache reduced by 90 % -Weakness in proximal upper and lower limb reduced completely -Able to tie hair knot and able to lift upper limb above shoulder joint

Table 11: Follow up *Basti* Plan

21/05	22/05	23/05	24/05	25/05	26/05	27/05
AB_1	AB_2	AB_4	AB_6	AB_8	AB_{10}	AB_{12}
	AB_3	AB_5	AB_7	AB_9	AB_{11}	

Table 12: Discharge Medications after 1st treatment and after 1st follow up

Discharge Medications 1st time	**Discharge Medication in Follow up**
1. *Balaristha* (2tsf- BD)	I. *Tab. Neuron Plus* (1-0-1)
2. *Balaguduchyadi Kashaya* (2tsf- BD)	II. *Balaguduchyadi Kashaya* (2tsf- TID)
3. *Bhargvaprokta Rasayana* (1tsf- BD)	III. *Capsule Freemodex* (1-0-1)
4. *Balashwagandha Ksheertaila* (E/A)	IV. *Maha Narayana Taila* (E/A)
5. *Arogyavardhini Vati* (1-0-1)	V. *Arogyavardhini Vati* (1-0-1)
6. *BVC Gold* (0-1-0)	VI. *BVC Gold* (1-0-0) Alternate day
	VII. Tab. Zzowin VIII. (0-0-1)
	IX. *Chitrakadi vati* (1-0-0)

Table 13: Examinations after 1st treatment and after 1st follow up

Sr.no		UPPER RIGHT LIMB	UPPER LEFT LIMB	LOWER RIGHT LIMB	LOWER LEFT LIMB
1	**Bulk/ Nutrition of Muscle** · **After follow up**	30 cm 32cm	30cm 32cm	51cm 52cm	50 cm 51cm
2	**Tone of Muscle** · **After follow up**	Hypertonia (Improved) Normal	Normal Normal	Hypertonia (Improved) Normal	Normal Normal
3	**Power of Muscle** · **After follow up**	4/5 5/5	4/5 5/5	4/5 5/5	5/5 5/5
4	**Reflexes**				
	Deep Tendon Reflexes			Superficial Tendon Reflexes	
4a.	Biceps jerk · **After follow up**	+ ++	+ ++	Plantar Reflex (Babinski Sign) **After follow up**	– –	– –
4b.	Triceps jerk · **After follow up**	+ +	+ ++			
4b.	Triceps jerk · **After follow up**	+ +	+ ++			
4c.	Supinator jerk · **After follow up**	+ ++	+ ++			
4d.	Knee jerk · **After follow up**	+ ++	+ ++			
4e.	Ankle jerk · **After follow up**	+ ++	+ ++			
5	**Co-ordination of Movements**				
5a.	Finger to Finger Test · **After follow up**			Possible Possible	
5b.	Finger to Nose Test · **After follow up**			Possible Possible	
5c.	Making Circle in Air with Fingers · **After follow up**			Possible Possible	

5d.	Heel to Knee Test · **After follow up**	Possible but with difficulty Possible without any difficulty
5e.	Making Circle in Air with toe · **After follow up**	Possible but with difficulty Possible without any difficulty
5f.	Tandem Walking · **After follow up**	Possible Possible
5g.	Romberg's Sign · **After follow up**	Negative Negative
6	**Gait** · **After follow up**	Waddling Gait (Improved) Normal

Second Follow-up: (Table No. 14,15,16,17,18)

Patient came for General follow up on 2/11/2024 with the complaints of low back pain (non-radiating) and reduced appetite. Patient did not have any reversal of symptoms related to Polymyositis and able to do daily works with ease.

Table 14: On Examination

Test	Left	Right
SLR	Negative	Negative
Reverse SLR	Negative	Negative
Faber's test	Negative	Negative
Bragard's Sign	Negative	Negative
Slump test	Negative	Negative
Coin pick test	Positive	
Femoral Nerve Stretch test	Negative	Negative

Treatments Given:

1. *Sravanga mrudu udwartana* (powder massage) with *udwartana choorna* followed by *dashamoola parisheka*.
2. *Kati Basti* with *Mahavishargarbha taila*
3. *Arka Patra pinda sweda* to whole back
4. *Anuvasana Basti* with *Pippalyadi Anuvasana taila* (30ml) + *Sahacharadi taila (30 ml) for 2 days, then revised to Ksheerabala taila (30ml) + Sahacharadi taila (30 ml)*
5. *Niruha Basti- Erandamoola Niruha Basti* (3 Basti) *Mustadi Yapana Basti* (3 Basti)

Table 15: Basti ingredients (8)

Erandamoola Niruha Basti		
Sr.no.	Ingredients	Dose
1	*Madhu*	50 gm
2	*Saindhava lavana*	12 gm
3	*Sneha (Brihat Saindhavadi taila)*	60 ml
4	*Kalka* (*Rasna + Shatapushpa + Ashwagandha + Guduchi + Bala*	10 gm each
5	*Erandamoola Kashaya*	300 ml

Table 16: Basti ingredients(9)

Mustadi Yapana Basti		
Sr.no.	Ingredients	Dose
1	*Madhu*	50 gm
2	*Saindhava lavana*	12 gm
3	*Sneha* (Bala ashwagandha lakshadi taila)	60 ml
4	*Kalka* (*Rasna + Shatapushpa + Ashwagandha + Guduchi + Shatavari*	10 gm each
5	*Ksheerpaka* (*Musta*)	300 ml

Table 17: Basti Plan

2/11	3/11	4/11	5/11	6/11	7/11	8/11	9/11	10/11
	NB_1	NB_2	NB_3	NB_4	NB_5	NB_6		
AB_1	AB_2	AB_3	AB_4	AB_5	AB_6	AB_7	AB_8	AB_9

Table 18: Oral Medications

Oral Medication during Treatment: - 1. Capsule Palsineuron 1-0-1 (A/F) 2. Tablet Spiner 1-0-1 (A/F) 3. Kamadugha with Mukta 1-0-1 (B/F) 4. Arogyavardhini vati 1-0-1 (A/F)	**Condition at the time of Discharge: -** Low back pain has reduced by 80% and appetite improved and advised discharge with following medications: - 1. Tab. Flexy forte 1-0-1 (A/F) 2. Tab. Bonbuild 1-0-1 (A/F) 3. Tab. Neuron Plus 1-0-1 (A/F) 4. Agnitundi vati 1-0-1 (B/F) 5. Bonyflex lininment (L/A)

Discussion

Sarvanga Udvartana (powder massage) was initially adopted as Rookshana Chikitsa (drying therapy) due to the involvement of Kapha-Meda (body fat associated with Kapha dosha) and Ama (toxin or undigested metabolic waste). This is because references state that whenever there is Mamsala (muscular), Madhura (sweet), Bhuri Shleshma (excess kapha), or Vishamagni (Agni is rendered erratic either excessive or decreased), Rooksha in any form should be adopted. (10) By promoting Vata and Pitta located in Carma or Twacha (Skin), Bahya Rooksha (Sarvanga Udvartana) assisted in promoting Twachasta Agni Deepanam (boost the agni in twacha i.e. Bhrajaka pitta). *Sira Mukha Vivardhana* (Dilation of orifices) promoted *Tiryak Vaha Sira Avarodha* (Obstruction to side wise flow) and *Abhishyandh* in *Srotas*'s by *Kapha-Meda-Ama Vilayanam* (by Dissolving Kapdha, fat and undigested food), *Shoshana* (absorbing or removing excess fluids) which reduced *Shotha* (swelling) and *Shoola* (pain) and thereby improving *Srotas*'s*, Sandhi Stabhdata* (joints rigidity) of the patient.(10) *Udvartana* (Powder massage) was followed by ***Dashamoola dhara*** (stream of herbal decoction is poured over the body) has the property of reducing *vata* and *kapha*. *Dravya* applied to the skin is engrossed through *trygami dhamni* (arteries) present throughout the body and associated with *romakoopa* (hair-pores). (11) Through *Swedana* (sudation) these *romakoopa* (hair-pores) get opened. The *dravyas* used are having *ushna* (Hot), *Tikshna* (Sharpness) and *laghu* (Light) qualities which regulates *kapha*, *vatahara*, and *shophara* (reduce inflammation) effects.(11) ***Patra Pinda Sweda*** (leaf bolus therapy) is an effective treatment for pain caused by Vata Dosha, commonly in degenerative diseases. It improves blood circulation, eliminates Dosha imbalances, strengthens muscles, detoxifies the body, reduces inflammation, tones muscles, and enhances tissue function. (12) ***Sarvanga Abhyanga*** (full body massage with oil) **followed by *Bashpa Sweda*** (herbal steam bath) is given as the *Ushna* (Hot) *Guna* of *Swedana* (sudation) *Karma* stimulates the sympathetic nervous system and produces Vasodilatation. (13) It also increases the circulation of the *Rasa* and *Rakta* in the Body. Due to the effect of *Sara* (Essence)and *Sukshma* (minute) *Guna* of *Swedana* (sudation) *Dravya* the *Leena Dosha* (adhered) are liquefied from the body and come out through the micro pores presenting over the skin resulting in more excretion of liquefied vitiated Dosha from the body. (14) ***Balaashwagandha taila*** is *Vatahara* and *pittahara* and also strengthens muscles, bones, and joints. (15) ***Mahanarayana taila*** helps in balancing *vata* and reduces pain, stiffness, restricted movements and restores normal joint function. Since *Shashtika shali* has *brumhana* (nourishing) property due to the presence of *Snigdha* (unctuous), *Guru* (heavy), and *Sheeta* (cold) properties, ***Shashtikashali pinda sweda*** (sudation performed by bolus of drugs) is given. It has a greater effect on muscles, joints, and soft tissue since it is wet heat, which enters the skin deeper. As a result, it nourishes muscle tissue, preventing weakening and atrophy. (16) ***Vaitarana Basti*** (medicated enema) was done as drugs in *Vaitarana Basti* are having *Vata-Kapha Shamaka* (balance the vitiated vata and kapha) action. Owing to this property, antagonism to *Kapha* and *Ama* the *Basti* helps in significant improvement in signs and symptoms of the disease. The *Tikshna Guna* (Sharpness) of *Basti* helps in overcoming the *Srotodushti* (Obstruction in the channels) resulting due to *Sanga* (obstruction). (17) ***Anuvasana basti*** (medicated enema) with ***Brihat saindhavadi taila*** has *Deepana* (stimulating digestive fire) *pachana* (digest the undigested matter) *dravyas* causes *amapachana*. The contents also have *vata-kapha hara* action. It also has *vedanasthapana* (pain reliever) and *shothahara dravyas* (reduce swelling). (18) ***Balaashwagandhadhi taila*** with its key ingredients possess the qualities like *snigdha* (unctuous)*, guru guna* (heavy) and *ushna virya* (Hot potency) and thereby strengthens and nourishes all the dhatus. Because of its *vikasi guna* (spreads all over the body), it decreases the *rukshata* of *Vata Dosha* which further reduces spasm and joint pain. (15)(19) ***Balaguduchyadi taila*** may enter minute channels of body and tissues give proper nourishment and provide *Brimhana* (increase body weight and strength) effect. (20) Drugs included here have *vedhanasthapana* (pain reliever) and *shophagna* (reduce inflammation) property. It also causes *doshavilayana* (absorption of vitiated doshas) and *srotoshodhana* (Clean all the channels) relieving *margavarana* (remove obstruction). (19) ***Ksheerbala taila*** has anti-inflammatory properties in *Mrudu* (Softness) and *Madhyama paka*. ***Sahacharadi taila*** *Kapha-Vatashamaka* useful in *Shothahara* (reduce edema), *Shulahara* (reduce pain) and *Bala*, *Mamsa vardhana* (physical strength and increase flesh). ***Manjishtadi taila*** is *Vatahara* due to *Snigdha* (unctuous) and *Guru guna* (heavy), *Shothahara* (reduce edema) and *Daha Shamana* (anti-inflammatory) effects was observed due to *Sheeta guna* (cold properties) and *Kashaya rasa* (astringent taste) thereby reducing the inflammation and thus relieving the pain and tenderness. (21) ***Balaguduchydi Ksheerapaka Basti*** -*Ksheera* (milk) possesses the properties of *Madhura (Sweet), Sheeta (cold)*, *Snigdha* (unctuous), *Stanya* (Breast milk) and is *Pushtikarak* (nourishing). It increases *Mamsa Dhatu (Flesh)*, *Jeevaniya Shakti* (vital power*),* reduces fatigue, it is *Satmya* (wholesome) for all *Dosha*. It also acts as *Dosha Shamaka* and *Srotoshodhaka* (cleanse the channels). (22) ***Ksheera Vaitarana Basti*** (medicated enema) removes the *Aavaranajanya Vata Vikara* (diseases caused by covering of vata dosha) and also acts as *Rasayana* (the one which replenish the Dhātu) or *Shrotobalavriddhikara Chikitsa*. The ingredients of *Ksheera Vaitarana Basti* contain *Madhura Rasa* (Sweet), *Ushna Veerya* (hot potency) and *Madhura Vipaka* (sweet post-digestive effect), due to these properties, it pacifies vitiated *Vata Dosha*. (23) These ingredients have the properties of *Kashaya* (astringent) and *Tikta Rasa* (Bitter), *Laghu* (light) and *Ruksha Guna (dry)* and *Ushna Veerya* (hot potency) Due to these properties it pacifies vitiated *Kapha Dosha*. Hence *Ksheera Vaitarana Basti* is beneficial. (23) ***Kati Basti*** (low back therapy***),*** ***Greeva Basti*** (neck therapy), **and *Prushta Basti*** (therapy to whole back) perform hot fomentation of the affected area which causes

local heat production. This heat causes vasodilation by stimulating sensory nerve terminals. Vasodilation improves local blood flow and facilitates the migration of neutrophils through the capillary wall (diapedesis) into the tissue, which eliminates inflammatory cytokines and lowers pain and inflammation. (24) ***Mahavishagarbha taila*** helps in pacifying *vata dosha* is having anti-inflammatory properties. ***Manasamitra vati*** is a *tridoshahara* (balance all the three doshas), but mainly it does *vata samana* and *Medhya*. ***Dasamoola kashaya-*** It is *tikta rasa* (Bitter), *vatakapha hara*, *shophagnam* (reduce swelling). ***Triphala Guggulu*** constituents contain *Tikta* (Bitter), *Kashaya* (astringent), *Madhura Rasa* (Sweet), *Ushna Virya* (heating potency), *Katu Vipaka* (pungent post-digestive effect), *Laghu*(lightness), *Ruksha* (dry), *Ushna* (hot), *Tikshna Gunas*(sharpness), *Tridoshahara* (balance all the three doshas) *and Shothahara karma* (reduce swelling). The components of *triphala guggulu* have all demonstrated exceptional anti-inflammatory, antioxidant, and immunomodulatory properties, making it a potent therapy of choice for inflammatory diseases. (25) ***Arogyavardhini vati*** improves digestive fire thereby clearing the body channels so that nutrients can easily reach to the tissues. It also balances the fat in the body and expels toxins and improves the digestive system. (26) ***Sallaki MR***, an Ayurvedic proprietary medicine which is used to treat arthritis which reduces pain and joint inflammation. ***Balaguduchyadi Kashaya*** is used in the treatment of Chronic inflammatory conditions. It acts as analgesic and also improves strength of muscles and joints. It pacifies *Vata* and *Pitta.* ***Balarishta*** pacifies *Vata* and is *Bruhmana* (nourishing) and *bala vardhana* (enhancing physical strength)**.** ***Tablet Neuron plus*** has a combination of drugs with anti-inflammatory, analgesic and anti-oxidant activity. ***Capsule Freemodex*** also has anti-inflammatory, analgesic and anti-oxidant properties. ***BVC Gold*** is having properties of *Medhya* (intelligence), *rasayana* (the one which replenish the Dhātu), *ojovardhana* (enhance immune system), *balya* (power). It is anti-inflammatory, arrest neurodegenerative activity and also crosses the blood-brain barrier. (27) ***Bhargavaprokta Rasayana*** helps in improving the *bala* (physical strength). It is also effective in reducing the systemic inflammation and DNA damage. (28)

Conclusion

The above-mentioned case study has therefore demonstrated how autoimmune diseases like polymyositis can be effectively controlled in Ayurveda by first implementing *Deepana-Pachana Chikitsa*, followed by *Shodana* by *Vaitarana basti* based on *Doshas* and *Brumhana* by *Ksheerpaka Basti*. This aids in lessening the long-term need on immunosuppressants and corticosteroids. Also, with certain months of follow-ups reversal of the condition not observed and daily routine maintained with ease.

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