

Ayurvedic Management of Sarvanga Roga W.S.R To Post RTA Cervical Cord Compression Myelopathy – A Single Case Study

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ABSTRACT

Cervical myelopathy is a neurological disorder resulting from compression of the cervical spinal cord, leading to progressive motor, sensory, and autonomic dysfunction. It is one of the most common causes of spinal cord dysfunction in the elderly population and may occur secondary to degenerative changes, trauma, disc herniation, spinal stenosis, or vertebral fractures. Traumatic cervical myelopathy following road traffic accidents (RTA) is particularly disabling and is often associated with spinal cord contusion, vertebral fractures, and varying degrees of quadriplegia or paraplegia. The present case study describes the *Ayurvedic* management of a 72-year-old male patient diagnosed with post-RTA cervical compression myelopathy with cord contusion, presenting with severe weakness of all four limbs and inability to walk along with loss of bladder control due to neurogenic bladder dysfunction. A comprehensive treatment protocol consisting of *Panchakarma* procedures, internal medications, and physiotherapy was administered over a period of 82 days. The clinical outcomes were assessed using the ASIA (American Spinal Injury Association) Scale and Functional Independence Measure (FIM), demonstrating significant improvement in motor function and functional independence. This case highlights the potential role of integrative interventions in the management of spinal cord injuries. Additionally, the patient achieved voluntary bladder control.

Keywords: Cervical Compression Myelopathy, Cord Contusion, Quadriplegia, *Sarvanga Roga*, *Panchakarma*

How to cite this article: Rao V.G., P. A., N. J., Ayurvedic Management of Sarvanga Roga W.S.R To Post RTA Cervical Cord Compression Myelopathy – A Single Case Study. Int J Drug Deliv Technol. 2026;16(83s): 131-139; DOI: 10.25258/ijddt.16.83s.14

Source of support: Nil.

Conflict of interest: None

1. INTRODUCTION

Spinal cord injury (SCI)¹ remains a major cause of morbidity worldwide, significantly affecting the physical, psychological, and socioeconomic well-being of affected individuals. Functional recovery depends on the extent of neural tissue damage and timely rehabilitation. Despite advancements in modern medical and rehabilitative care, recovery is often prolonged and residual neurological deficits frequently persist. Quadriplegia², a neurological condition characterized by weakness of all four limbs resulting from lesions affecting the cervical spinal cord, brain, peripheral nerves, or neuromuscular junctions. Cervical compression myelopathy³ with cord contusion is a common cause of traumatic quadriplegia, often presenting with motor weakness, impaired gait, bladder and bowel dysfunction, and reduced functional independence. The resultant loss of motor function in both upper and lower extremities closely resembles the *Ayurvedic* description of *Sarvanga Roga*⁴.

The clinical manifestations of Cervical myelopathy include weakness of upper and lower limbs, impaired gait and balance, altered bladder and bowel functions, and reduced independence in activities of daily living. Despite

advancements in modern medical and rehabilitative care, recovery is often prolonged and residual neurological deficits frequently persist. *Sarvanga Roga* is a broad clinical entity described in *Ayurveda* characterized by impairment of motor and sensory functions involving two halves of the body. It primarily occurs due to vitiation of *Vata Dosha*, either independently or in association with other *Doshas*, resulting in dysfunction of *Majja*, *Snayu*, *Kandara*, and *Mamsa Dhatus*. Clinical manifestations include loss of strength (*Balakshaya*), impairment of voluntary movements (*Karmakshaya*), difficulty in walking, restricted mobility, and varying degrees of functional dependence. Trauma (*Abhighata*) is one of the important etiological factors responsible for aggravation of *Vata*, leading to neuromuscular and locomotor disabilities. According to *Ayurveda*, injury to *Asthi*, *Majja*, *Snayu*, and *Kandara* caused by *Abhighata* leads to *Vata Prakopa* and subsequent *Karmakshaya* and *Balakshaya* in *Ubhaya Urdhwa* and *Adho Shakha*. This pathological process can be understood as *Abhighataja Vata Vyadhi* manifesting as *Sarvanga Roga*. Management aims at alleviating aggravated *Vata*, nourishing depleted tissues, restoring neuromuscular functions, and improving functional

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capacity through *Panchakarma* procedures, *Brimhana* therapies, and appropriate internal medications.

CASE REPORT

A 72 years old male patient approached the OPD of Panchakarma department JSS Ayurveda Hospital, Mysuru with complaints of *Karmakshaya* and *Balakshaya* in *Ubhaya Urdhwa* and *Adho Shakha* since 3 weeks. As per the statement of the patient, he was apparently healthy 3 weeks ago. Later he met with an RTA which resulted in *Karmakshaya* and *Balakshaya* of *Ubhaya Urdhwa* and *Adho Shakha*, for which he has consulted a neurosurgeon. CT scan of cervical spine revealed mildly displaced fracture of mandible to the left side of symphysis menti, displaced fracture of transverse process of C1 vertebral body, cord thinning with cord contusion C3-C4 level, diffuse disc bulge with central disc protrusion indenting the cord and bilateral exiting nerve roots (L>R) at C6-C7 level. CT scan of brain suggestive of age related cerebral atrophy. Subcutaneous hyperdense collection in left fronto parietal

region suggestive of scalp hematoma. For which he underwent Cervical decompressive laminectomy on 30-08-2025. As the weakness of bilateral upper and lower limbs still persists, along with difficulty in breathing and cough, patient approached our hospital for further management. He is a known case of Type 2 Diabetes mellitus and hypertension since 2 years and is on medication.

Past history:

History of road traffic accident on 18/8/2025.

Surgical history:

Cervical Decompressive laminectomy on 30-08-2025

Personal history:

Appetite: Good

Sleep: Disturbed

Bowel habit: Hard stools passes once in 2-3days

Bladder: Catheterised

Table no 1: Showing Ashta Stana Pareeksha

<i>Nadi</i>	<i>Vatapitta</i>
<i>Mutra</i>	Catheterised
<i>Mala</i>	<i>Baddha</i> , once in 2-3days
<i>Jihwa</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Anushnasheeta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akrti</i>	<i>Madhyama</i>

Table no 2 : Showing Dashavidha Pareeksha

<i>Prakrithi</i>	<i>Vatapitta</i>
<i>Vikruthi</i>	<i>Vatapradhana tridosha</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Avara</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhyama</i>
<i>Ahara shakti</i>	<i>Madhyama</i>
<i>Vyayama shakti</i>	<i>Avara</i>
<i>Vaya</i>	<i>Vruddha</i>

CNS EXAMINATION

Higher Mental Functions:

Consciousness and orientation: Conscious and oriented to time, place and person

Speech: Intact

Language: Intact

Memory: Intact

Cranial nerve Examination: All cranial nerves are intact.

- Motor system

1. Tropical changes: Absent

1. Atrophy/Hypertrophy: Thenar, hypothenar and interossei muscles of both upper limbs are atrophied.
2. Fasciculations/Irritability: Absent
3. Contractions and contractures: Absent
4. Involuntary movements: Absent
5. Muscle power: Upper limbs: Right:1/5, Left:2/5 , Lower limbs- Right :1/5, Left:2/5
6. Muscle Bulk: Normal
7. Muscle tone: i. Upper limbs: Right: Flacid, Left: Flacid
9. Reflexes: a) Superficial reflexes- Abdominal reflex - Normal, Babinski sign -Negative
- b) Deep tendon reflexes- Biceps: Absent, Triceps: Absent, Knee: 3+, Ankle: 2+
10. Clonus: Absent
- ❖ Sensory examination
- Touch-Intact
- Pain-Intact
- Temperature-Intact
- Vibration-Intact
- Proprioception: Intact
- Two point discrimination: Intact
- Stereognosis: Intact
- Graphesthesia: Intact

Rigid

Table no 3: Showing Nidana Panchaka

<i>Nidana</i>	Injury(<i>Abhighata</i>)
<i>Poorvaroopa</i>	<i>Avyakta</i>
<i>Rupa</i>	Weakness in bilateral upper and lower limbs, inability to walk and do activities of daily living
<i>Upashaya</i>	Nothing Significant
<i>Anupashaya</i>	Nothing Significant

SAMPRAPTHI

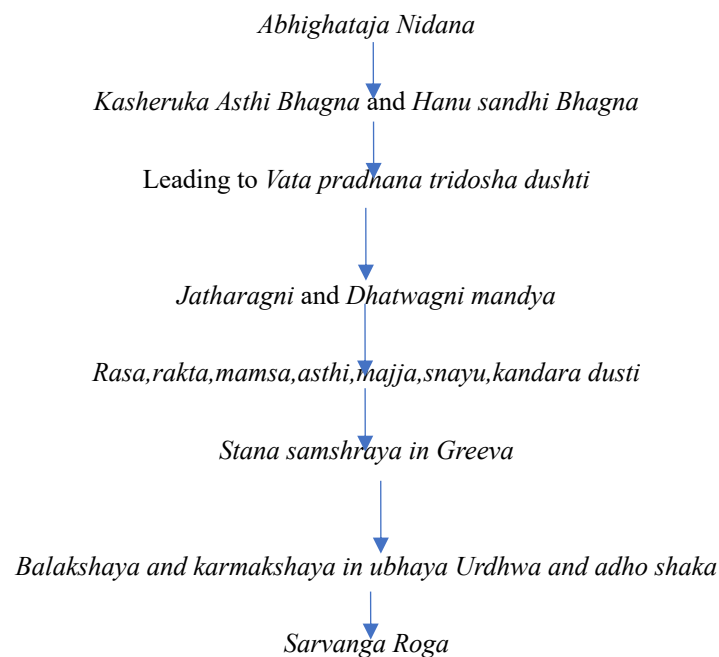


Table no 4: Showing Samprapthi Ghataka

<i>Dosha</i>	<i>Vata pradhana tridosha</i>
<i>Dushya</i>	<i>Rasa, rakta, mamsa, asthi, majja, snayu, kandara</i>
<i>Srotas</i>	<i>Rasa, rakta, mamsa, asthi, majjavaha srotas</i>

<i>Srotodusti</i>	<i>Sanga</i>
<i>Udbhava stana</i>	<i>Pakwashaya</i>
<i>Sanchara stana</i>	<i>Rasayani</i>
<i>Vyakta stana</i>	<i>Ubhaya urdhwa and adho shaka - Sarva shareera</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Sadya-asadyata</i>	<i>Kricchra Sadhya</i>
<i>Swabhava</i>	<i>Chirakari</i>

Previous Investigations:**MRI – Whole spine dated on 28/8/2025**

- 1) Displaced fracture left transverse process of C1 vertebral body.
- 2) Cord thinning with cord contusion C3-C4 level.
- 3) Diffuse disc bulge with central disc protrusion indenting the cord and bilateral exiting nerve roots (L>R) at C6-C7 level.

C.T. SCAN – Cervical Spine (Plain) dated on 29/8/2025

- 1) Mildly displaced fracture of mandible to the left side of symphysis menti.
- 2) Displaced fracture left transverse process of C1 vertebra

THERAPEUTIC INTERVENTION

Aim of the treatment:

- The primary aim is treating the *Ama* and *Kapha Samsrusta Vata*, followed by *Vatahara* and *Brimhana Chikitsa*.

Duration of Treatment- 82 days

Table no 5: Showing Therapeutic interventions from 14/09/2025 to 04/12/2025

<i>Sarvanga churna pinda sweda with Kolakulathadi+Triphala Churna</i>	From 14/09/2025-15/09/2025	2 Days
<i>Sarvanga dhanyamla seka</i>	From 16/09/2025-18/09/2025	3 days
<i>Sarvanga Abhyanga Nadi Sweda with Mahamasha Taila</i>	From 19/09/2025- 27/09/2025	9 days
<i>Sarvanga Shashtikashali Pinda Sweda with Ksheerabala Taila application</i>	From 28/09/2025-07/10/2025	10 days
<i>Shirodhara with Ksheerabala Taila (alternate days)</i>	From 3/10/2025-17/10/2025	8 days
<i>Sarvanga Udwartana with Triphala + Kolakulathadi Churna</i>	From 08/10/2025-12/10/2025	5 days
<i>Sarvanga Dashamoola Kashaya Seka with Mahamasha Taila application</i>	From 13/10/2025-19/10/2025	7 days
Matra basti:		
<i>Dhanwantara Taila(35ml)+ Mahamasha Taila (35ml)</i>	From 22/09/2025 – 17/10/2025	26 days
<i>Sukumara Ghrita (35ml)+ Mahamasha Taila (35ml)</i>	From 19/10/25- 3/12/25	45 days
<i>Sarvanga Udwartana with Triphala + Kolakulathadi Churna</i>	From 21/10/2025-27/10/2025	7 days
<i>Sarvanga Shashtikashali Pinda Sweda with Ksheerabala Taila application</i>	From 29/10/2025-07/11/2025	10 days
<i>Sarvanga Udwartana with Triphala + Kolakulathadi churna</i>	From 8/11/2025-12/11/2025	5 days
<i>Sarvanga Abhyanga with Ksheerabala Taila</i>	From 13/11/2025- 18/11/2025	6 days
<i>Sarvanga Dhanyamla Seka</i>	From 19/11/2025-23/11/2025	5 days
<i>Sarvanga Taila Seka with Ksheerabala Taila+ Dhanwantaram Taila + Masha Taila</i>	From 24/11/25 to 4/12/25	10 days

RESEARCH PAPER

Apart from these, patient was under physiotherapy training throughout the course of treatment.

1. Stimulation exercises to activate muscles and promote recovery

2. Stretching and strengthening exercises to improve joint flexibility, promoting mobility and functional independence.

3. Pelvic exercises to improve pelvic control and core strength.

4. Gait and balance training.

Table no 6: Showing Internal medications during the course of treatment

Medicine	Frequency	Duration
1. Tab Swasakasachintamani rasa	1-0-1 A/F	For first 15 days (Stopped after breathing difficulty and cough subsided)
2. Tab Dashamoolakatutrayam kashaya	1-0-1 A/F	
3. Tab Anuloma DS	0-0-1 B/F	For first 8 days (for <i>Koshta Shodanartha</i>)
4. Rasa raja ras	1-0-1 A/F	For first 50 days
5. Brihatvatachintamani with Gold	1-0-1 A/F	
6. Mashatmaguptadi Kashaya	50ml-0-50ml- A/F	Started after 15 days
7. Ekangaveera rasa	2-0-2 A/F	After 50 days

Table no 7: Showing Advice on Discharge

1. Cap Dhanwantaram 101	2-0-2 A/F
2. Tab Palsinuron	1-0-1 A/F
3. Cap Maxlax DS	0-0-1 B/F
4. Narbal powder (200gm) with Sahasraputi Abhraka Bhasma (1gm)	1tsp -0-0 A/F with milk

OBSERVATIONS: The assessment was done based on ASIA Scale, Functional assessment using FIM scale. The before and after treatment results are tabulated below.

ASIA: INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY (ISNCSCI)

ASIA SCALE

MUSCLE FUNCTION GRADING

0 = Total paralysis

1 = palpable or visible contraction

2 = active movement, full range of motion (ROM) with gravity eliminated

3 = active movement, full ROM against gravity

4 = active movement, full ROM against gravity and moderate resistance in a muscle specific position

5 = active movement, full ROM against gravity and full resistance in a functional muscle position expected from an otherwise unimpaired person.

5* = (normal) active movement, full ROM against gravity and sufficient resistance to be considered normal if identified inhibiting factors (i.e pain, disuse) were not present.

NT = not testable (i.e due to immobilization, severe pain such that the patient can not be graded, amputation of limb, or contracture of >50% of the normal ROM)

SENSORY GRADING

0 = Absent

1 = altered, either decreased / impaired sensation or hypersensitivity

2 = normal

NT = not testable

ASIA :INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY (ISNCSCI) ⁽⁵⁾

1.SENSORY AND MOTOR SUBSCORES (ASIA)

1.1 Sensory subscores:

ASIA Assessment- SENSORY SUBSCORES	Before treatment		After treatment	
	R (max.56)	L (max.56)		
UPPER EXTREMITY				
LIGHT TOUCH(LT)	56	56	56	56
TOTAL LT UE (max.112)	112		112	
PIN PRICK (PP)	56	56	56	56
Total PPUE(max.112)	112		112	
SENSORY SCORE of UE (max.224)	224		224	
(PERCENTAGE)	100		100	
ASIA ASSESMENT	Before Treatment		After treatment	
LOWER EXTREMITY(LE)	RT (max.56)	LFT (max.56)	R	L
LIGHT TOUCH (LT)	56	56	56	56
TOTAL LT LE(max.112)	112		112	
PIN PRICK (PP)	56	56	56	56
TOTAL PP LE (max.112)	112		112	
SENSORY SCORE (max.224)	224		224	

1.2 Motor Subscores:

ASIA Assessment- MOTOR SUBSCORE	Before treatment		After Treatment	
	UE R (max.25)	UE L (max.25)		
UPPER EXTREMITY(UE)	5	10	15	20
TOTAL UPPER EXTREMITY MOTOR SCORE(UEMS) (max.50)	15		35	
LOWER EXTREMITY (LE)	5	10	20	20
TOTAL LOWER EXTREMITY MOTOR SCORE (LEMS) (max.50)	15		40	

2.FUNCTIONAL INDEPENDENCE MEASURE (FIM) ASSESSMENT

- 1 – Total contact assistance with helper
- 2 – Maximal contact assistance with helper
- 3 – Moderate contact assistance with helper
- 4 – Minimal contact assistance with helper
- 5 – Supervision or setup with helper
- 6 – Modified independence with helper
- 7 – Complete independence

FIM Assessment	Before Treatment	After treatment
Eating	1	4
Grooming	1	4
Bathing	1	3
Dressing Upper Body	1	3
Dressing Lower Body	1	2
Toileting	1	4
Bladder Management	1	4
Bowel Management	1	3
Transfer bed/chair/wheelchair	1	3
Transfer toilet	1	4
Transfer bath/shower	1	2
Locomotion	1	4
Stairs	1	1

Motor Subtotal Score (max. score 91)	13	43
Comprehension	7	7
Expression	7	7
Social interaction	7	7
Problem solving	7	7
Memory	7	7
Cognition Subtotal Score (max. score 35)	35	35
TOTAL FIM SCORE (max. score 126)	48	78

RESULTS: Significant improvement in motor scores from 15/50 before treatment to 35/50 after treatment observed. ASIA total lower extremity motor score improved from 15/50 to 45/50 and total FIM score which was 48 before treatment was improved to 78 after treatment wherein motor subscore was improved from 13 to 43. On the day of discharge patient could able to walk independently with the support of walker. He could achieve the grip to hold the walker and able to have some food using hands. The patient also attained bladder control following which the catheter was removed.

DISCUSSION

Cervical compression myelopathy with cord contusion is a serious neurological condition resulting from spinal cord compression following trauma, often leading to motor weakness, impaired mobility, and reduced functional independence. In Ayurveda, such manifestations can be understood under the spectrum of *Sarvanga Roga*, characterized by *Balakshaya* and *Karmakshaya* of both upper and lower limbs due to aggravated *Vata Dosha* precipitated by *Abhighata* (trauma). In the present case, the road traffic accident resulted in cervical vertebral injury, cord contusion, and neurological deficits, leading to quadriplegia and dependence in daily activities.

The treatment protocol was planned based on the principle of managing *Ama*, *Kapha Samsrushta Vata* initially, followed by *Vatahara* and *Brimhana Chikitsa*.

Initially *Sarvanga Churna Pinda Sweda*, *Dhanyamla Seka*⁶, and *Udwartana* were administered as *Rookshana* therapies. These procedures help reduce *Ama*, *Kapha* accumulation, stiffness, heaviness, and improve circulation. They prepare the body for subsequent oleation and nourishing therapies by their *Rookshana* and *Amapachana* property.

Abhyanga is known to be *Snigdha*, *Vatahara*, providing nourishment to the muscles and joints. *Mahamasha Taila* is *Vatahara*, *Brimhana* in nature with ingredients like *Masha* (black gram), *Dashamoola* and *Tila Taila*. *Shastika Shali Pinda Sweda* is *Brimhana* in nature. *Shastika* is a variety of rice grown in 60 days with qualities of *Snigdha*, *Guru* helps in strengthening and nourishing muscles and nerves, *Snehana* and *Brimhana* can be achieved through these

therapies. *Taila Seka* was also adopted as *Taila* is *Vatahara*, *Balavardhaka* and brings *Sthiratva* of *Sharira*.

Single therapy alone continuously makes the therapy *Satmya* with no further effect from the same therapy which explains the concept of *Kriya Sankarya*. To break the *Satmya* (habituation), *Rookshana* therapies like *Udwartana* and *Dhanyamla seka* were done in between *Snigdha* therapies, as *Snigdha* therapies alone continuously will increase heaviness and stiffness of the limbs.

Shirodhara with *Ksheerabala Taila* was performed on alternate days. It helps calm the nervous system, improve sleep, reduce stress, and support neurological rehabilitation by promoting overall relaxation and *Vata Shamana*. *Kashaya Seka* with *Dashamoola*, were incorporated to further reduce *Vata*, improve circulation, relieve stiffness, and enhance functional recovery.

Matra Basti was administered using *Dhanwantara Taila*, *Mahamasha Taila*, and later *Sukumara Ghrita* with *Mahamasha Taila*. *Basti* is considered the principle treatment for *Vata* disorders and acts systemically to nourish tissues, improve neuromuscular function, and restore motor activity. The prolonged course was intended to address chronic *Vata* vitiation resulting from spinal cord trauma and it also helped in achieving bowel bladder control. According to *Bhela Samhita*, regular administration of *Basti* over a four months period protects an individual from diseases, just like an elephant avoiding the abode of a lion⁷.

As patient has breathlessness and cough at the time of admission which was addressed by administration of *Dashamoolakatutrayam kashaya* tablet and *Swasakasa chintamani rasa* for first 15 days.

*Rasa Raja Rasa*⁸ mentioned in *Bhaishaya Ratnavali Vata vyadhi Chikitsa* contains ingredients like *Swarna Bhasma*, *Rajata Bhasma*, *Abraka Bhasma*, *Loha*, *Rasasindhoora* etc which helps in *Vatashamana*, rejuvenation of the nerves and adds strength supporting recovery in spinal cord injuries and neurodegenerative conditions. *Brihat Vata Chintamani Rasa*⁹ mentioned in *Rasa Tarangini* contains *Swarna Bhasma*, *Abraka Bhasma*, *Rasasindhoora* etc which enhance nerve function and strengthens muscles. These drugs also possess anti

inflammatory effects and also promotes neurological regeneration. *Ekgaveera Rasa*¹⁰ mentioned in *Rasendrasara Sangraha* contains *Loha Bhasma*, *Vanga Bhasma*, *Tamra Bhasma*, *Rasasindoora* etc which helps restore motor and sensory functions, pacifies *Vata Kapha* doshas acts as *Balya* and *Rasayana* beneficial in *Pakshagata*, *Sarvanga Roga* and cervical spine related neurological deficits.

*Mashatmaguptadi Kashaya*¹¹ contains *Masha*, *Atmagupta*, *Erandaoola*, *Balamoola* with *Hingu* and *Saindhava* as *Prakshepaka Dravyas* which is specially indicated in *Pakshagata*, is *vata shamaka* and *balya* in nature used in neurological weakness specially in *Pakshaghata*. Tab Anuloma DS was given for *Vata Anulomana* before *Basti* treatment to ensure proper bowel evacuation, which is essential in *Vata* disorders and in immobilized patients.

At discharge Capsule Dhanwantaram 101 consists of *Bala*, *Dasamoola*, *Triphala*, *Vacha* was advised for its *Vatahara*, strengthening, and rehabilitative effects on nerves and muscles. Tablet Palsinuron consisting of *Mahavatvidhwansa*, *Sameerpannaga*, *Ekgaveera Rasa*, *Sootshekhar* was prescribed as a neuroprotective and nerve-strengthening formulation to support continued recovery. Capsule Maxlax DS prescribed to maintain bowel regularity and prevent constipation. Narbal Powder with *Sahasraputi Abhraka Bhasma* was advised with milk as a *Brimhana* supplement to improve nutrition, muscle strength, and overall recovery.

Along with *Panchakarma* procedures, continuous physiotherapy was provided, including muscle stimulation, stretching, strengthening exercises, pelvic stabilization, gait training, and balance training. This integrated multidisciplinary approach contributed significantly to improvements in muscle power and functional independence.

CONCLUSION

This case study demonstrates the successful Ayurvedic management of *Sarvanga Roga* correlated with post-traumatic cervical compression myelopathy with cord contusion following a road traffic accident. The patient presented with marked weakness of all four limbs, impaired mobility, and dependence in activities of daily living. He underwent surgery for the same 15 days before. Later, a comprehensive treatment protocol comprising *Panchakarma* procedures, internal medications, and physiotherapy was administered for 82 days. Significant improvement was observed in muscle strength, motor function, gait, and overall functional independence. ASIA motor scores improved substantially, while the FIM score increased from 48 to 78, indicating enhanced quality of life and reduced dependency. The Ayurvedic *Panchakarma* therapies and Physiotherapy treatment helped in alleviating *Vata-pradhana Tridosha Dushiti*, promoting neuromuscular recovery and functional restoration. This case study signifies the role of integrative approach in the

rehabilitation of cervical spinal cord injury in improving the Quality of life. However, further clinical studies with larger sample size is required to establish the efficacy and reproducibility of these outcomes.

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