'website : www.ijacare.in e-ISSN No.: 2457-0443
INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Management of Idiopathic Sensorimotor Axonal Peripheral Neuropathy through *Panchakarma:* A Case Report

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ABSTRACT:

Peripheral neuropathy refers to conditions that involve damage to the peripheral nervous system which is a large communication network that sends signals between the central nervous system and all other parts of the body. The present study deals with a 55 years old female patient working as a housewife came with complaints of pain at both hands and feet, burning sensation, weakness and numbness at both feet associated with disturbed sleep and burning sensation in abdomen on consumption of pungent, sour, salt and hot food substances since last 1 year. Patient was previously diagnosed based on EMG study which showed electrophysiological evidence of sensory motor peripheral neuropathy of axonal type involving bilateral lower limbs. Ayurvedic diagnosis of *Pittavritta Vata* was made because of its resemblance to presenting symptoms. Patient was treated with *Udwartana* (~dry powder massage), *Virechana Karma* (~purgation therapy), *Ksheera Basti* (~milk decoction enema) and *Shamana Snehapana* (~medicated ghee intake). After treatment, marked improvement was seen in symptoms, reduction in VAS score and NPS score. Panchakarma therapies were found highly effective in reducing symptom score as well as in improving quality of life of patients.

KEYWORDS: Axonal Peripheral Neuropathy, *Ksheera Basti*, *Shamana Snehapana, Udwartana*, *Virechana*.

Received: 06.08.2025 Revised: 02.09.2025 Accepted: 10.09.2025 Published: 16.09.2025

QR Code
DOI 10.70805/ija-care.v9i3.771

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INTRODUCTION:

Peripheral neuropathy, often shortened to neuropathy, refers to damage or disease affecting the nerves.[1] Damage to nerves may impair sensation, movement, gland function, and/or organ function depending on which nerve fibres are affected. Neuropathies affecting motor, sensory, or autonomic nerve fibres result in different symptoms. More than one type of fibre may be affected simultaneously. Peripheral neuropathy may be acute (with sudden onset, rapid progress) or chronic (symptoms

begin subtly and progress slowly), and may be reversible or permanent. Common causes include systemic diseases (such as diabetes or leprosy), hyperglycemia-induced glycation, [2] vitamin deficiency, medication (e.g., chemotherapy, or commonly prescribed antibiotics including metronidazole and the fluoroquinolone class of antibiotics (such as ciprofloxacin, levofloxacin, moxifloxacin)), traumatic injury, ischemia, radiation therapy, excessive alcohol consumption, immune system disease, celiac disease, non-celiac gluten sensitivity, or viral infection. It can also be genetic (present from birth) or idiopathic (no known cause). [3] [4] [5] [6]

Peripheral neuropathy may be classified according to the number and distribution of nerves affected (mononeuropathy, mononeuritis multiplex, or polyneuropathy), the type of nerve fibre predominantly affected (motor, sensory, autonomic), or the process affecting the nerves; e.g., inflammation (neuritis), compression (compression neuropathy), chemotherapy (chemotherapy-induced peripheral neuropathy). The affected nerves are found in an EMG (electromyography) / NCS (nerve conduction study) test and the classification is applied upon completion of the exam. [7] Symptoms vary depending on the types of nerve fibre involved. [8] In terms of sensory function, symptoms commonly include loss of function ("negative") symptoms, including numbness, tremor, impairment of balance, and gait abnormality. [9] Gain of function (positive) symptoms include tingling, pain, itching, crawling, and pins-and-needles. Motor symptoms include loss of function ("negative") symptoms of weakness, tiredness, muscle atrophy, and gait abnormalities; and gain of function ("positive") symptoms of cramps, and muscle twitch (fasciculations). [10] When the nerves of the autonomic nervous system are affected, symptoms may include constipation, dry mouth, difficulty urinating, and dizziness when standing. [11] Peripheral neuropathy due to nerve compression is treatable with a nerve decompression. [12]

CASE REPORT:

A 55 years old female patient working as a housewife came to OPD of Panchakarma, ITRA Jamnagar with complaints of pain at both hands and feet, burning sensation, weakness and numbness at both feet associated with disturbed sleep and burning sensation in abdomen on consumption of pungent, sour, salt and hot food substances since last 1 year.

As per the history said by the patient, she was apparently healthy before 1 year. In May 2023, she experienced burning sensation in both feet as a first symptom. After 10 days of that, she started having stretching type of pain in both feet which then gradually spread to both hands along with weakness and numbness at both feet. On taking detailed history, it was found that patient was already having disturbed sleep and burning sensation in abdomen on consumption of pungent, sour, salty and hot food substances since last1 year. Initially patient neglected all the complaints but in August 2023 when the symptoms aggravated and when she started having swelling and redness in both hands and feet, patient visited nearby allopathy physician. There she was diagnosed with eczema and was treated with tablet Levocetirizine (5mg) SOS but got no relief in complaints. So, she visited a neurophysician and underwent EMG study (on 31/08/2023) which confirmed the diagnosis of idiopathic sensorimotor axonal peripheral neuropathy. She started allopathy medications for 2

months but discontinued on her own as she got no relief in complaints. She was not willing to take allopathy medications further so came to ITRA hospital and got admitted PK IPD on 28/05/2024 [Table-1].

Patient was not having history of any medical illness or surgery in past and no any relevant family history was found.

Physical Examination:

On general examination, all of the vitals were found within normal limits. Gait of the patient was normal. On skin examination, reddish discolouration with swelling was present over both hands, forearms and feet. On sensory examination, diminished touch, pain and vibration sensations were noted. Paraesthesia was present over both lower limbs below knee joints. Motor examination shows reduced muscle power in both lower limbs. Deep tendon reflexes were diminished in both lower limbs (knee jerk and ankle jerk). All the haematological parameters including blood sugar levels were within normal limits. RA Factor and serum uric acid levels were also within normal limits.

Ayurvedic parameters:

The patient was of *Madhyamavastha* (~middle age) and of *Vata-Pitta Prakruti* (~constitution) with *Vata-Pitta Vikrita* (~vitiated) *Dosha*. Patient was having *Krura Koshtha* (~constipative bowel) and *Vishamagni* (~irregular digestive power). The patient was of moderate *Sara* (~the essence of tissues), *Samhanana* (~body compactness), *Pramana* (~anthropometric measures), *Satva* (~tolerance level), *Satmya* (~accustomed things), *Ahara Shakti* (~digestive power) and *Vyayama Shakti* (~exercise tolerance). Patient was having inadequate and disturbed sleep. Patient was habitual to intake of sweet, sour, salty and hot food items.

Electromyography (EMG) report:

EMG study (done on 31/08/2023) showed electrophysiological evidence of sensory motor peripheral neuropathy of axonal type involving bilateral lower limbs.

Diagnostic Assessment:

Based on the history, physical examination, investigations and clinical findings diagnosis of idiopathic sensorimotor axonal peripheral neuropathy was confirmed. Ayurvedic diagnosis of *Pittavritta Vata* (~disorder of *Vata* occluded by *Pitta*) was made because of its resemblance to presenting symptoms like *Daha* (~burning), *Shoola* (~pain), *Katu Amla Lavana Ushanoho Cha Vidaha* (~burning sensation on consumption of pungent, sour, salt and hot food substances) and *Sheeta Kamita* (~liking towards cold comforts).

THERAPEUTIC INTERVENTION:

Based on *Dosha* (*Pittavrita Vata) Dushya* (*Rakta*) involvement and *Prakriti* (~constitution) of patient, treatment was planned. *Sarvanga Udwartana* (~full body dry powder massage) was adopted as *Rookshana Chikitsa* (~dessicating therapy) prior to *Virechana Karma* (~purgation therapy). *Bahya Rookshana* (~external dessication) helped to promote *Twachastha Agni Deepana* (~stimulation of digestive fire in skin), thereby correcting *Twachagni Mandhya* (~reduced digestive fire in skin) in *Twakgata Sira* (~vessels located in skin). Considering *Pittavrita Avastha* (~disorder of *Vata* occluded by *Pitta*) in patient, *Virechana Karma* (~purgation therapy) was adopted as a line of treatment as it is prime treatment for *Pitta Dosha* and aids *Srotoshodhana* (~cleansing of body channels). *Panchatikta Ksheera Basti* (~milk decoction enema) and *Shamana Snehapana* (~medicated ghee intake) with *Panchatikta Ghrita* helped in balancing the vitiated *Pitta* and *Vata Dosha* [Table 2].

Patient was assessed before and after treatment based on Visual Analogue Scale (VAS) Score, Neuropathic Pain Scale (NPS) score and Toronto Clinical Scoring System (TCSS) [Table 3].

Table- 1: Timeline of the case

Date/Month/Year	Clinical events and interventions
May, 2023	Burning sensation in both feet as a first symptom.
May, 2023	After 10 days of that, she started having stretching type of pain in both feet which then gradually spread to both hands along with weakness and numbness at both feet.
May – August, 2023	Symptoms gradually increased but patient neglects them.
August, 2023	Symptoms aggravated and when she started having swelling and redness in both hands and feet, patient visited nearby allopathy physician. Diagnosed with eczema and was treated with tablet Levocetrizine (5mg) SOS but got no relief in complaints.
31 August, 2023	Visited a neurophysician and underwent EMG study which confirmed the diagnosis of idiopathic sensorimotor axonal peripheral neuropathy.
August – October, 2023	Took allopathy medications but discontinued on her own as there was no relief.
24 May, 2024	Patient came to OPD of *Panchakarma* with same complaints and Ayurvedic diagnosis was made.
28 May, 2024	Patient admitted in IPD of *Panchakarma* and hematological examinations were done. (Symptom grading, VAS score, NPS score, TCSS
29 May – 24 June, 2024	Procedures *Udwartana* (~dry powder massage), *Virechana* (~purgation therapy) and *Panchatikta Ksheera Basti* (~milk decoction enema) were carried out.
24 June, 2024	Discharged from IPD and advised to take *Shamana Snehapana* (~medicated ghee intake) with *Panchatikta Ghrita* for 14 days.
9 July, 2024	Follow up and assessment of patient. (Symptom grading, VAS score, NPS score, TCSS

Table- 2: Timeline of therapies

Procedures		Medicines prescribed	Duration
Udwartana (~dry powder massage) – over both hands and feet		*Triphala Choorna* & *Nimba Choorna*	29 May – 4 June, 2024
Virechana Karma (~purgation therapy)	*Snehapana* (internal oleation)	*Goghrita* (cow's ghee) Day 1 – 30 ml Day 2 – 60 ml Day 3 – 80 ml	5 – 9 June, 2024

		Day 4 – 110 ml Day 5 – 110 ml	
	Sarvanga Abhyanga (~full body oil massage) & *Bashpa Swedana* (~steam fomentation)	*Bala Taila*	10 – 13 June, 2024
	Virechana (~purgation) – 18 *Vega* (~natural urges)	*Trivritta Avaleha* - 100 grams *Triphala Kwatha* - 50 ml	13 June, 2024
	Samsarjana Krama (~post therapy dietetic regimen for revival)	As per *Shuddhi* (purification)	13 – 17 June, 2024
Panchatikta Ksheera Basti (~milk decoction enema)		Honey – 60 grams *Saindhava* (~rock salt) – 10 grams *Panchatikta Ghrita* (~medicated ghee) – 100 ml *Panchatikta Kalka* (~medicated paste) – 30 grams *Panchatikta Ksheerapaka* (~medicated milk decoction) – 400 ml	17 – 24 June, 2024
Shamana Snehapana (medicated ghee intake)		*Panchatikta Ghrita* (30 – 60 ml as per *Koshtha* (nature of bowel) and *Agni* (digestive power) of patient) in morning, empty stomach with lukewarm water	25 June – 8 July, 2024

Table- 3: Toronto Clinical Scoring System (TCSS)

Symptom score	**Before treatment**	**After treatment**	**Scoring**
Pain	1	1	1= Present 0= Absent
Numbness	1	0	
Tingling sensation	0	0	
Weakness	1	0	
Ataxia	0	0	
Upper limb symptoms	1	0	
Reflex			
Knee reflex – right	1	0	0= Normal

Knee reflex – left	1	0	1= Reduced 2= Absent
Ankle reflex – right	1	0	
Ankle reflex – left	1	0	
Sensory test score			
Pinprick	1	0	0= Normal 1= Abnormal
Temperature	1	0	
Light touch	1	1	
Vibration	1	1	
Results			
Symptom score	4	1	
Reflex	4	0	
Sensory test score	4	2	
Total	12	3	

Table- 4: Comparative outcome of assessment score

Name of the score	Before treatment	After treatment
VAS score	5	2
NPS Score	41	8
TCSS	12	3

RESULTS:

After treatment, there was reduction in scores of VAS, NPS and TCSS [Table 4]. Complete recovery was seen in numbness, weakness and upper limb symptoms. Deep tendon reflexes of both lower limbs were found to be normal after treatment. Pinprick and temperature sensation showed marked improvement. As reported by patient, there was improvement in general quality of life of patient. Patient was asked for follow up every week. No any aggravation or recurrences of the symptoms have been found.

DISCUSSION:

Udwartana (~dry powder massage) with *Triphala* and *Nimba Choorna*

In this case, the goal of *Udwartana* (~dry powder massage) was to provide initial *Rookshana* (~dessication) in order to increase the circulation and to sensitize the skin. It promotes *Twachastha Agni Deepana* (~stimulation of digestive fire in skin), thereby correcting *Twachagni Mandhya* (~reduced digestive fire in skin) in *Twakgata Sira* (~vessels located in skin) which is to be essentially done before *Samshodhana Karma* (major purification therapy). *Bibhitaki* (*Terminalia bellerica* [Gaertn.] Roxb.), *Haritaki* (*Terminalia chebula* Retz.) and *Amalaki* (*Emblica ofăcinalis* Gaertn.) are the three fruits that make up *Triphala Choorna*, a polyherbal Ayurvedic remedy. *Triphala Choorna* is a known *Rasayana* (rejunvination) *Dravya* (substance) that reduces *Tvakgata Kleda* (skin moisture), *Meda* (fat), *Meha* (frequent and excessive micturition), etc. [13] *Nimba Choorna* (*Azadirachta indica* A. Juss.) has neuroprotective effect by virtue of its antioxidant, anti-inflammatory, anti-apoptotic potential. [14]

Virechana Karma (~purgation therapy)

Considering *Pittavrita Vata Avastha* (~disorder of *Vata* occluded by *Pitta*) in patient, *Virechana Karma* (~purgation therapy) was adopted as a line of treatment as it is prime treatment for *Pitta* and *Vata*

Dosha and aids *Srotoshodhana* (~cleansing of body channels). [15]R

***Panchatikta Ksheera Basti* (~milk decoction enema)**

Panchatikta consists of *Guduchi* (*Tinospora cordifolia* Willd.), *Nimba* (*Azadirachta indica* A. Juss.), *Vasa* (*Adhatoda vasica* L.), *Kantakari* (*Solanum Surattense* Burm.) and *Patola* (*Trichosanthes dioica* Roxb.). Because, *Panchatikta Ksheera Basti* (~milk decoction enema) contains both *Tikta Rasa* (~bitter taste) and *Ksheera* (~milk), it helps to relieve symptoms associated with *Pitta Dosha*, such as burning sensation. *Tikta Rasa* (~bitter taste) is *Agni Deepaka* (~increases metabolic stage), *Sukshma Strotogami* (~penetrates minute channels), and as a result, *Dhatu Poshana* (~nutrition to all *Dhatus*) increases. [16]R

Shamana Snehapana* (~medicated ghee intake) with *Panchatikta Ghrita

Sneha (~unctuousness) balances the *Doshas* throughout the body. [17] *Rakta Dosha* and *Raktavaha Srotodushti* (~blood vessel pathogenesis) are treated with *Tikta Rasa* (~bitter taste). *Tikta Rasa* (~bitter taste) possesses *Pittahara* (~suppression and elimination of deranged *Pitta Dosha*) and *Shothaghna* (~anti-inflammatory and anti-edematous) properties. *Ghrita* (~cow's ghee) is having *Madhura Rasa* (~sweet taste) and *Rasayana* (~rejuvenation) property. By acting as *Vata Pittahara* (~suppressors and eliminators of deranged *Vata* and *Pitta Doshas*), the drug combinations may help treat neuropathy and reduce inflammation.

CONCLUSION:

By providing significant relief in sensory and motor symptoms, *Panchakarma* therapies were found to be effective in the management of idiopathic sensorimotor axonal peripheral neuropathy. Continued administration of the right *Rasayana* (~rejuvenation) medications may also stop the disease's progression.

Declaration of patient consent:

Authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

Limitation of study:

As this study typically focus on a single case, making it challenging to generalize the findings to a larger population so further clinical trials are necessary with larger sample size.

Acknowledgement:

The authors would like to acknowledge the support and facilities provided by ITRA Hospital, where this study was conducted.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Kruti K. Raicha, Anup Thakar. Management of Idiopathic Sensorimotor Axonal Peripheral Neuropathy through *Panchakarma:* A Case Report. Int. J. AYUSH CaRe. 2025;9(3): 447-454. DOI: 10.70805/ija-care.v9i3.771

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