

## 11.15. Parisareeya nadi shotha (Peripheral Neuropathy)

# Parisareeya Nāḍī Śoṭha

(Peripheral Neuropathy viewed through the Ayurvedic lens)

**Key classical handle** - In most commentaries Parisareeya-nāḍī-śoṭha is listed under *Nāḍī-vyādhi* or *Snāyugata-Vāta* (Vātavyādhi chapter, Aṣṭāṅga-hṛdaya Nidāna 15). "Parisareeya" denotes the distal course of nāḍīs around extremities.

## 1 ▶ Etiopathogenesis

### 1-1 Modern aetiology (quick map)

Cluster	Examples
Metabolic	Diabetes, B-complex deficiency, hypothyroid
Toxic	Alcohol, chemotherapy, heavy metals
Immune	Guillain-Barré, CIDP, vasculitis
Compression/Trauma	Carpal tunnel, entrapment, fracture callus
Infective	Leprosy, HIV, post-herpetic

### 1-2 Ayurvedic parallels

Component	Explanation
<b>Doṣa</b>	<b>Vāta</b> prime; <b>Pitta</b> (daha) or <b>Kapha/Āma</b> (numbness) can envelop Vāta
<b>Dūṣya</b>	Majjā, Mamsa, Snāyu, Ojas
<b>Srotas</b>	Nāḍī-vaha & Majjā-vaha; obstruction ( <i>āvaraṇa</i> ) or depletion ( <i>dhātu-kṣaya</i> )
<b>Nidāna</b>	Ati-vyāyāma, ratri-jāgara, viṣa-sevana (drugs, alcohol), dhātu-kṣaya from madhumeha/hyper-glycaemia, rūkṣa-ahara

### Samprāpti chain

Nidāna → Agni-mada → Āma / Rakta-vitiation → Kapha-āvaraṇa in nāḍī

↓

If Kapha heavy : conduction block → numbness, paresis

If Pitta co-aggrav : micro-inflammation → burning, paraesthesia

If Vāta alone : demyelination / axon loss → lancinating pain

## 2 ▶ Diagnosis

### Ayurvedic bedside

**Darśana** - lank, dry skin? swelling? colour change?

**Sparśa** - ruk (pricking), daha (burn), harṣa (tingle), ānāha (numb)

**Praśna** - nidra, āhāra, vyāyāma, alcohol, chemo hx

**Nāḍī-parīkṣā** - khara, manda, chala pulse = Vāta-kapha dominance Foot monofilament / vibration tests

### Allopathic adjunct

Fasting glucose, B-12, TSH

Nerve-conduction velocity (NCV), EMG

Imaging if entrapment suspected



Grid-rule for clinical typing

Phenotype	Doṣa picture	Example
Cold numb feet	Kapha-āvaraṇa + Vāta	Alcoholic neuropathy
Burning soles	Pitta-Vāta	Diabetic neuropathy
Stabbing night pain	Kevala Vāta	Post-herpetic
Stocking weakness, oedema	Kapha dominant	Hypothyroid neuropathy

### 3 ▶ Samprāpti-Vighaṭana (Therapeutic break-points)

1. **Āvaraṇa melt** - Rūkṣa / Uṣṇa sweda, deepana-pācana, mṛdu virechana
2. **Sneha-Sāmarthya** - Internal ghṛita/taila + external abhyanga to remyelinate
3. **Srotas clearance** - Nirūha basti tailored (Tikta-kṣīra for Pitta; Lekhana for Kapha; Daśamūla for Vāta)
4. **Anuvasana basti** - nourish nerve roots (pakvāśaya = Vāta-mūla)
5. **Medhya-Majjā Rasāyana** - long-term nerve & ojas support
6. **Pathya-yoga-vyāyāma** - glycaemic control, foot-care, graded exercise

### 4 ▶ Chikitsā-Sūtra (extracted, paraphrased)

Sūtra element	Practical directive
“Rūkṣa-svedaiḥ kapha-āvaraṇam kṣapayet”	Dry hot sand fomentation or dhānyāmla-dhārā until heaviness subsides
“Tataḥ taila-snehāḥ bastayaś ca vāyurṁ śamayanti” (AH Ci 24)	Start Sneha-pāna & basti only after pācana
“Bastiḥ ardham cikitsitasya” (Cś Siddhi 1)	Plan 8- or 16-day Yoga/Kala-basti as backbone
“Majjā-br̥mhaṇānām raseyanānām prayogo”	Use Aśvagandhā, Gudūcī, Brahmī ghṛita long-term

### 5 ▶ 35-Day Chikitsā-Yojanā (illustrative for diabetic burning feet)

Day-block	Core actions	Notes
1-4	Valuka-sweda soles & calves 15 min; 2 g Hiṅgvāṣṭaka t.i.d.	Āma-Kapha melt
5 (night)	Virecana - 30 ml castor-oil + warm milk	6-7 oily stools
6-12	10 ml <b>Tikta-Ghṛita</b> b.i.d.; Padā-dhāra with cool Gudūcī-neem decoction; Nasya 6 drops Brahmī-ghṛita	Pitta-Vāta shamana
13-20	<b>Yoga-basti</b> 8-cycle: Nirūha (Tikta-kṣīra) alt. Anuvasana (Kṣīrabala 60 ml)	Root Vāta pacified
21-35	<b>Rasāyana</b> - Aśvagandhā-lehya 10 g h.s.; Gudūcī-satva 500 mg b.i.d.; Bala-taila nasya 4 drops nocte	Remyelination & glycaemic aid
Parallel	Foot care, ankle pumps, 30-min walk, dietary carb control	Modern synergy

Modify for Kapha-numb type → add Lekhana-udvartana, choose Lekhana basti; for Vāta stabbing pain → earlier Sneha-pāna, Kṣīrabala basti.

### 6 ▶ Rasāyana portfolio

Herb / Ghṛita	Nerve benefit	Daily dose
Aśvagandhā-lehya	Nerve growth factor, myelin	10 g h.s.



Herb / Ghṛita	Nerve benefit	Daily dose
<b>Gudūcī-satva</b>	Antioxidant, micro-vasculature	500 mg × 2
<b>Brahmī Ghṛita</b>	Small-fiber soothing, sleep	5 ml a.m.
<b>Śuddha Śīlājatu</b>	Mineral repletion, glycaemic aid	250 mg × 2

## 7 ▶ Pathyā / Apathyā

### □ Pathyā

Warm ghṛita-yukta foods, barley, green gram  
Ginger-coriander tea, lukewarm water  
Daily abhyanga of feet & calves  
Controlled carbs; millet swap  
30-min walk or cycling

### □ Apathyā

Reheated oils, trans-fat snacks  
Cold drinks, ice cream  
Barefoot on cold tiles  
Sugary beverages  
Long sitting without break

### □ Take-home pointers

1. **Peripheral neuropathy = Nāḍī-doṣa**; root is always Vāta, but Kapha-āvaraṇa & Pitta-daha modulate phenotype.
2. **Sequence matters** → Clear āvaraṇa; then Sneha-Sweda; basti is indispensable.
3. **Metabolic control** (diabetes, alcohol) is the modern equivalent of *nidāna-parivarjana*.
4. **Rasāyana** is not a luxury; it gives the slow axonal and Schwann-cell recovery classical texts attribute to “Majjā-bṛmhaṇa”.

With this algorithm a clinician can tailor Ayurvedic management for most forms of peripheral neuropathy while safely integrating modern investigations and red-flag monitoring.