

11.5. Ekangavata, Sarvanga vata & Sarvanga roga

एतदेकाङ्गवात, सर्वाङ्गवात, सर्वाङ्गरोग

Samprapti-vighaṭana, Chikitsā-sūtra & Chikitsā-yojanā (with Rasāyana + Pathyā-apathyā).

1 ■ Classical identity & diagnostic verses

| Entity | śloka | Literal translation |
|---|---|--|
| Ekāṅgavāta (mono-limb palsy) | “पादं सङ्कोचयत्येकं हस्तं वा तोदशूलकृत् एकाङ्गरोगं तं विद्यात्...” — C S Cik. 28/55 | “If deranged Vāta contracts one leg or one arm causing piercing pain, recognise it as <i>Ekāṅga-roga</i> (single-limb Vāta-disease).” |
| Sarvāṅgavāta (bilateral / whole-body Vāta) | “करोति विविधान् व्याधीन् ... सर्वाङ्गैकाङ्गसंश्रितान्” — C S Cik. 28/19 (doṣa’s havoc); and specific description — “सर्वाङ्गकुपिते वाते गात्रस्फुरणभञ्जने ...” — C S Cik. 28/25 | “When aggravated Vāta pervades the whole body it produces twitchings, breaking pains and the joints seem to burst.” |
| Sarvāṅga-roga (pain / disease of the entire body, regardless of root doṣa) | “सर्वाङ्ग रोगात् ... कुर्यात् स्नायुगतोऽनिलः” (snāyugata-vāta can manifest as sarvāṅga-roga) — C S Cik. 28/35 | “If Vāta settles in the tendons it can cause diseases of one part or of the whole body. ” |

Quick clinical mapping

Ekāṅgavāta ≈ mono-neuropathy / mono-plegia.

Sarvāṅgavāta ≈ quadriparesis, diffuse polyneuropathy, generalised stiffness / dystonia.

Sarvāṅga-roga is a broader umbrella — any crippling diffuse musculo-skeletal pain involving *all* limbs/trunk with a clear Vāta predominance.

2 ■ Samprāpti in three progressive canvases

1. **Kevala-Vāta or Vāta + Dhātu-kṣaya** → lodges in a *single* limb → **Ekāṅgavāta**.
2. Same Vāta, unchecked, spreads through *Śākha + Pradhāna-srotas* (muscle, nerve, bone) → **Sarvāṅgavāta**.
3. If not just Vāta but other doṣas / āvaraṇa / āma complicate the picture, plus psychological stress & sleep loss, the patient reports *diffuse pan-body pain + functional disablement* → clinically labelled **Sarvāṅga-roga** in classics.

Samprapti-vighaṭana target = revive Snigdhatā + remove blocks + nourish depleted tissues.

3 ■ Chikitsā-sūtra — distilled algorithm

“Sneha → Sweda → Mṛdu Śodhana → Basti → Nasya/Śirodhārā → Upanāha/Agnikarma → Bṛmhaṇa-Rasāyana.”

| Step | Rationale in Ekāṅga | Added tweaks in Sarvāṅga / Sarvāṅga-roga |
|--|---|--|
| Sneha (internal & external) | Local dryness; restores glide in joint/tendon. | Full-body <i>Abhyanga</i> every day, oil pooling (<i>Piṭṭa-basti</i> on back) if generalised stiffness. |
| Swedana | Local <i>Piṅḍa-sweda</i> (patra or māṣa bolus) unknots muscle. | Whole-body <i>Sāṅkera / Dhānyāmla dhārā</i> + medicated steam to flush micro-channels. |
| Mṛdu Śodhana | Small dose <i>Eranda taila</i> clears colon so Vāta moves downward. | If pain ↗ with heaviness → Langhana + Deepana + Rūkṣa-sweda for a day before sneha. |

| Step | Rationale in Ekāṅga | Added tweaks in Sarvāṅga / Sarvāṅga-roga |
|-------------------------------|--|---|
| Basti (core for Vāta) | <i>Kṣīrabala-taila Anuvāsana</i> (60 ml) on alternate days × 5. | Yoga-basti 8- or 15-day schedule (Dashamūla-nirūha + <i>Kṣīrabala taila</i>). |
| Nasya / Śiro-basti | For upper-limb Ekāṅgavāta, <i>Brahmī-ghṛita Prātarmukha-nasya</i> 6 d. | In sarvāṅga-spasticity combine with 7-day <i>Śiro-dhārā</i> (<i>Kṣīrabala</i> 101). |
| Upanāha / Agnikarma | Warm poultice of <i>Nirgundī-tila-saindhava</i> to the single joint; <i>Agnikarma</i> to trigger-points. | Bandaging / orthotics for whole-limb support; <i>Agnikarma</i> to stubborn myofascial knots all over. |
| Rasāyana & Bṛmhaṇa | Start after pain ↓ (week 3-4). | Must continue ≥ 3 months to rebuild myelin & muscle across body. |

4 ■ Chikitsā-yojanā — practical blue-print

| Phase | Ekāṅgavāta (example: post-traumatic radial-nerve palsy) | Sarvāṅgavāta (example: idiopathic polyneuropathy) | Sarvāṅga-roga (diffuse fibromyalgic Vāta) |
|------------------------------|---|---|--|
| D 1-3 Āma-assessment | If swelling warm → 1 day <i>Śāḍaṅga-pāniya</i> & dry fomentation. | Same but whole-body <i>Rūkṣa-nāḍī-sweda</i> 15 min. | <i>Langhana</i> (liquid diet), <i>Hingvāṣṭaka</i> 2 g t.i.d. |
| D 4-10 Sneha + Sweda | Oral Kṣīrabala 101 taila 10 ml b.i.d.; local <i>Pinḍa-sweda</i> . | <i>Kṣīrabala</i> orally 20 ml; <i>Patra-piṅḍa-sweda</i> to entire body. | 15 ml Mahānārāyaṇa taila internally; <i>Dhānyāmḷa-dhārā</i> . |
| D 11-18 Basti-kāla | 3 <i>Nirūha</i> (Dashamūla) alt. with 3 <i>Anuvāsana</i> (<i>Kṣīrabala</i> 60 ml). | Yoga-basti 8-cycle. | Kala-basti 16-cycle because colon Vāta severe. |
| D 19-42 Strengthening | Tabs Yogarāja-guggulu 500 mg t.i.d.; Mahārasnādi kvātha 40 ml b.i.d. | Same dose + Bala-aśvagandhādi lehyam 10 g h.s. | Add Samira-pannaga rasa 125 mg b.i.d. for all-over cramps. |
| D 43-90 Rasāyana | Aśvagandhā-choorna 3 g h.s.; Śilājatu 250 mg b.i.d. | Above + Brahmī-vāti 250 mg t.i.d. for neuropathic cognition fog. | Cyāvanaprāsa 1-2 tsp a.m.; Guḍūcī-satva 500 mg b.i.d. |
| Physio / Kāya-kalpa | Passive → active ROM, mirror therapy. | Whole-body PNF stretching, mild yoga flows, warm-water pool exercise. | Meditation, paced walking, sleep-hygiene modules. |

(Taila/kvātha names are classical; adapt doses to **āhāra-śakti, deha-pramāṇa & agni.**)

5 ■ Rasāyana portfolio (why & when)

| Drug / ghṛita | Daily dose | Key actions in these Vāta scenarios |
|--|------------------------|--|
| Kṣīrabala 101 Taila (oral + basti + abhyanga) | 10-20 ml | Re-myelination, tendon elasticity, CNS calming. |
| Aśvagandhā-lehya | 10 g h.s. | Muscle mass & nerve conduction ↑. |
| Brahmī Ghṛita | 5 ml a.m. nasya / pāna | Neuro-plasticity, cognitive uplift for sarvāṅgavāta fog. |
| Śilājatu (shuddha) | 250 mg b.i.d. | Collagen cross-link, mineral re-pletion. |
| Guḍūcī-satva | 500 mg b.i.d. | Anti-oxidant, microcirculation (especially sarvāṅga-roga). |

Start Rasāyana **only after** pain & āma settle (about week 3-4) and keep for ≥ 90 days.

6 ■ Pathyā & Apathyā (easy student mnemonics)

| Do | Why | Don't | Why |
|---|-----------------------|--|----------------|
| 3 W: Warm-food, Warm-water, Warm-oil | Counter Vāta cold/dry | 3 C: Cold-salad, Cold-drink, Cold-draft | Aggravate Vāta |



| Do | Why | Don't | Why |
|--|---------------------------------------|--|----------------------------|
| Milk, ghee, sesame-laddu, garlic-milk | Provide <i>Snigdhatā</i> & calcium | Excess pulses, green gram skins, popcorn | Rough, gas-forming |
| Goat-meat soup (<i>māṃsa-rasa</i>), bone-broth | Br̥ṃhaṇa for sarvāṅgavāta | Fasting > 12 h (unless āma) | Worsens tissue wastage |
| Daily Abhyanga → hot bath | Opens srotas, reduces spasm | Sudden heavy lifts, jerky gym | Rupture healing snāyu |
| Guided restorative yoga, adequate sleep | Sets circadian rhythm, calms Manovāta | Night-vigil, binge screen-time | Dries ojas, weakens nerves |

7 ■ Why the order matters (didactic note)

Charaka warns:

“स्वेदनं स्नेहसंयुक्तं ...” (Unctuous sudation first) and

“स्निग्धास्तलवणैः... तस्मात्तं ?” (If channels clog, purge Vāta downwards) — C S Cik. 28/100, 28/101

Hence the **sequence** (Sneha → Sweda → Basti) is not optional; reversing it may lock Vāta further.

8 ■ Study-table for viva voce

| Item | Ekāṅga | Sarvāṅga-vāta | Sarvāṅga-roga |
|----------------|----------------------------------|------------------------------------|---|
| Prime seat | One limb's snāyu-māṃsa | All limbs + trunk | All limbs + systemic fatigue |
| First red-flag | Contracture, dropping wrist/foot | Diffuse twitching & breaking pains | Whole-body ache, fibromyalgic tender points |
| Śodhana need | Mild castor-oil OR 3-basti | Yoga-/Kala-basti compulsory | Kala-basti + 1 virecana |
| Local therapy | Upanāha + Agnikarma | Multiple upanāha, whole-body sweda | Sweda + bandaging for hyperalgesia |
| Rasāyana | Aśvagandhā | Aśvagandhā + Brahmī | Guḍūcī + Cyāvanaprāśa |
| Prognosis | Good (6-12 wk) | Fair (3-6 mo) | Chronic—needs lifestyle reboot |

9 ■ Key take-away for students

1. **Ekāṅgavāta** → **localised protocol, quicker reversal**; **Sarvāṅgavāta / Sarvāṅga-roga** → **system-wide Panchakarma + long Rasāyana**.
2. **Basti is half the treatment** for any extensive Vāta (Charaka dictum).
3. Slip oils in every route (oral, per-nasal, topical, rectal) once āma clears.
4. Without **pathya** (warm, snigdha, regular routine) any number of medicines fail.
5. Use **Rasāyana as rehab-fuel**; they are not luxury add-ons but tissue-rebuilders.

Master these cascades, and you can confidently map a patient's journey from crippling stiffness to functional mobility — the true objective of Vatavyādhi chikitsā.