

## 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
<b>Ekāṅgavāta</b> (mono-limb palsy)	“पादं सङ्कोचयत्येकं हस्तं वा तोदशूलकृत् एकाङ्गरोगं तं विद्यात्...” — C S Cik. 28/55	“If deranged <b>Vāta</b> contracts one leg or one arm causing piercing pain, recognise it as <i>Ekāṅga-roga</i> (single-limb Vāta-disease).”
<b>Sarvāṅgavāta</b> (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.”
<b>Sarvāṅga-roga</b> (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 <b>of the whole body.</b> ”

#### 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
<b>Sneha (internal &amp; external)</b>	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.
<b>Swedana</b>	Local <i>Piṅḍa-sweda</i> (patra or māṣa bolus) unknots muscle.	Whole-body <i>Sāṅkera / Dhānyāmla dhārā</i> + medicated steam to flush micro-channels.
<b>Mṛdu Śodhana</b>	Small dose <i>Eranda taila</i> clears colon so Vāta moves downward.	If pain ↗ with heaviness → <b>Langhana + Deepana + Rūkṣa-sweda</b> for a day before sneha.

Step	Rationale in Ekāṅga	Added tweaks in Sarvāṅga / Sarvāṅga-roga
<b>Basti (core for Vāta)</b>	<i>Kṣīrabala-taila Anuvāsana</i> (60 ml) on alternate days × 5.	<b>Yoga-basti</b> 8- or 15-day schedule (Dashamūla-nirūha + <i>Kṣīrabala taila</i> ).
<b>Nasya / Śiro-basti</b>	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).
<b>Upanāha / Agnikarma</b>	Warm poultice of <i>Nirgundī-tila-saindhava</i> to the single joint; <i>Agnikarma</i> to trigger-points.	Bandaging / orthotics for whole-limb support; Agnikarma to stubborn myofascial knots all over.
<b>Rasāyana &amp; Bṛmhaṇa</b>	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)
<b>D 1-3 Āma-assessment</b>	If swelling warm → 1 day <i>Śāḍaṅga-pāniya</i> & dry fomentation.	Same but whole-body <i>Rūkṣa-nāḍī-sweda</i> 15 min.	Langhana (liquid diet), <i>Hingvāṣṭaka</i> 2 g t.i.d.
<b>D 4-10 Sneha + Sweda</b>	Oral <b>Kṣīrabala 101 taila</b> 10 ml b.i.d.; local <i>Piṅḍa-sweda</i> .	<i>Kṣīrabala</i> orally 20 ml; <i>Patra-piṅḍa-sweda</i> to entire body.	15 ml <b>Mahānārāyaṇa taila</b> internally; <i>Dhānyāmḷa-dhārā</i> .
<b>D 11-18 Basti-kāla</b>	3 <i>Nirūha</i> (Dashamūla) alt. with 3 <i>Anuvāsana</i> ( <i>Kṣīrabala</i> 60 ml).	<b>Yoga-basti</b> 8-cycle.	<b>Kala-basti</b> 16-cycle because colon Vāta severe.
<b>D 19-42 Strengthening</b>	Tabs <b>Yogarāja-guggulu</b> 500 mg t.i.d.; <b>Mahārasnādi kvātha</b> 40 ml b.i.d.	Same dose + <b>Bala-aśvagandhādi lehyam</b> 10 g h.s.	Add <b>Samira-pannaga rasa</b> 125 mg b.i.d. for all-over cramps.
<b>D 43-90 Rasāyana</b>	<b>Aśvagandhā-choorna</b> 3 g h.s.; <b>Śilājatu</b> 250 mg b.i.d.	Above + <b>Brahmī-vāti</b> 250 mg t.i.d. for neuropathic cognition fog.	<b>Cyāvanaprāsa</b> 1-2 tsp a.m.; <b>Guḍūcī-satva</b> 500 mg b.i.d.
<b>Physio / Kāya-kalpa</b>	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
<b>Kṣīrabala 101 Taila (oral + basti + abhyanga)</b>	10-20 ml	Re-myelination, tendon elasticity, CNS calming.
<b>Aśvagandhā-lehya</b>	10 g h.s.	Muscle mass & nerve conduction ↑.
<b>Brahmī Ghṛita</b>	5 ml a.m. nasya / pāna	Neuro-plasticity, cognitive uplift for sarvāṅgavāta fog.
<b>Śilājatu (shuddha)</b>	250 mg b.i.d.	Collagen cross-link, mineral re-pletion.
<b>Guḍūcī-satva</b>	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
<b>3 W:</b> Warm-food, Warm-water, Warm-oil	Counter Vāta cold/dry	<b>3 C:</b> 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 <b>Abhyanga</b> → <b>hot bath</b>	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.