



A CASE STUDY ON THE MANAGEMENT OF PERIPHERAL NEUROPATHY WITH BRIHAT VATA CHINTAMANI RASA: AN AYURVEDIC INTERVENTION

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ABSTRACT

Peripheral neuropathy is a common neurological disorder characterized by sensory disturbances such as pain, numbness, tingling, and loss of vibration sense, often associated with diabetes mellitus and degenerative changes. Conventional management focuses on symptomatic relief and is frequently limited by partial efficacy and adverse effects. Ayurveda describes peripheral neuropathy under conditions such as *Vatavyadhi*, *PramehaUpadrava*, and *Vata-pradhanaNanatmaja Vyadhi*. *Brihat Vata Chintamani Rasa* (BVCR) is a classical *Ayurvedic* mineral formulation indicated in chronic and severe *Vata* disorders involving the nervous system. This paper presents a single case of peripheral neuropathy managed with BVCR, demonstrating significant improvement in neuropathic pain, sensory deficits, vibration perception, functional capacity, and quality of life. The outcomes suggest that BVCR may serve as a promising therapeutic option in peripheral neuropathy when administered judiciously under Ayurvedic supervision.

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INTRODUCTION

Peripheral neuropathy is a condition caused by damage to the peripheral nervous system, involving sensory, motor, and autonomic nerves. It typically manifests as pain, numbness, tingling, burning sensations, and muscle weakness. The condition most often affects the distal extremities in a symmetrical pattern and may lead to sensory loss, paraesthesia, motor impairment, and gait disturbances. Peripheral neuropathy is a common neurological condition worldwide. Its prevalence increases with age and is higher among individuals with chronic metabolic disorders. Diabetic peripheral neuropathy is the most frequent form, accounting for a significant proportion of cases. However, nondiabetic causes such as nutritional deficiencies, toxins, infections, autoimmune disorders, and idiopathic neuropathies also contribute substantially.

The pathogenesis of peripheral neuropathy involves damage to nerve axons, myelin sheath, or both. Chronic hyperglycaemia leads to metabolic and vascular changes causing oxidative

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stress, microvascular ischemia, and accumulation of advanced glycation end products, resulting in nerve dysfunction. In nondiabetic neuropathy, mechanisms vary depending on the underlying cause but ultimately result in impaired nerve conduction and altered sensory perception.

Diagnosis is primarily clinical and supported by neurological examination. Standard assessment includes evaluation of sensory modalities, reflexes, and motor strength. Screening and grading tools such as the Michigan Neuropathy Screening Instrument (MNSI) and Toronto Clinical Neuropathy Score (TCNS) are widely used to quantify severity. Laboratory investigations help identify underlying causes, while nerve conduction studies provide objective confirmation.

Management focuses on treating the underlying cause, symptom control, and prevention of progression. Conventional management of peripheral neuropathy includes glycaemic control in diabetic patients, vitamin supplementation, analgesics, antidepressants, anticonvulsants, and physiotherapy. However, these therapies often provide only partial symptomatic relief and do not effectively reverse nerve degeneration. Owing to the chronic nature of the disease, persistent symptoms, and potential adverse effects associated with long-term pharmacotherapy, peripheral neuropathy remains a therapeutic challenge. Consequently, there is growing

interest in complementary approaches. Traditional systems of medicine, such as Ayurveda, adopt a holistic perspective aimed at correcting underlying *doshic* imbalances, promoting nerve nourishment, and restoring functional integrity, thereby offering a supportive role in management.

From an Ayurvedic perspective, peripheral neuropathy is predominantly a *Vata-pradhana* disorder, frequently manifesting as an *Upadrava* of *Prameha*. Pathogenic factors include *Dhatukshaya*, *Avarana*, and chronic *Vata Prakopa*, leading to derangement of *Majjavaha* and *Asthivaha Srotas*. Classical *Ayurvedic* texts recommend *Rasoushadhi* for deep-seated neurological and degenerative conditions.

Brihat Vata Chintamani Rasa, described in *Bhaishajya Ratnavali* under *Vatavyadhi Rogadhikara*, contains *Swarna*, *Rajata*, *Abhraka*, *Loha*, *Mukta*, *Pravala* and *Suta Bhasma*. It is traditionally indicated in chronic neurological disorders such as paralysis, tremors, neuralgia, and degenerative *Vata* conditions. Experimental and clinical observations suggest antioxidant, neuroprotective, and *Rasayana* effects of this formulation.

MATERIALS AND METHODS

Study Design - Observational clinical case study.

Case Presentation-A 43-year-old male patient presented to the OPD of Kayachikitsa, Government Ayurvedic College, Rewa (OPD No. KC 20251025/41615) with complaints of severe pain and a burning sensation throughout the body, predominantly involving the upper and lower extremities. The patient was first registered in the Kayachikitsa OPD on 25 October 2025.

Patient Profile

- **Age / Sex:** 43-year-old male
- **Occupation:** Retired government employee
- **Socio-economic status:** Upper middle class

Chief Complaints

- Burning pain and numbness in both lower limbs (left more than right)
- Tingling sensation in palms and soles
- Difficulty in walking and standing for prolonged periods
- Low back pain radiating to both lower limbs
- Reduced grip strength and gait instability
- Disturbed sleep due to discomfort

History of Present Illness

The patient was not a known case of diabetes mellitus, hypertension, or any history of spinal trauma. Serum vitamin B12 levels were within normal limits. The neuropathic symptoms had a gradual onset and showed progressive worsening over the past six months. Symptoms were more pronounced at night and aggravated by physical exertion. Despite receiving conventional treatment, there was no significant relief, which prompted the patient to seek Ayurvedic management.

Assessment As per Ayurveda

Symptoms such as *Chuchumaya*, *Suptata*, *Daha*, *Daurbalya*, and altered sensation indicated aggravated *Vata* affecting

Majjavaha and *Asthivaha Srotas*. The condition was assessed as *Majjavritta Vata / Vatavyadhi* with *Srotodushti* of nervous channels.

Past Medical History

Chronic obstructive pulmonary disease & Osteopenia from last 1 year.

General Examination

- Pulse: 72/min
- Blood pressure: 130/90 mmHg
- Gait: Antalgic, short-step gait

Neurological Examination

- Reduced vibration perception in lower limbs
- Diminished pain and temperature sensation in L4-S1 dermatomes
- Reduced ankle reflexes
- Muscle power: Grade 4/5 in left lower limb

Ayurvedic Examination

- *Nadi:* *Vata-pradhana*
- *Prakriti:* *Vata-Pitta*
- *Vikriti:* *Vata-pradhana*
- *Sara:* *Madhyama*
- *Bala:* *Avara*

Investigations

- HbA1c: 5.1%
- ESR: 32 mm/hr
- Vitamin B12: 242 pg/mL
- DEXA scan: Osteopenia (T-score -1.7)
- X-ray lumbar spine: Early Degenerative changes with osteophytes
- Nerve conduction velocity (NCV)
- Electromyography (EMG)
- Neuropathy assessment tools:
- Michigan Neuropathy Screening Instrument (MNSI)
- Toronto Clinical Neuropathy Score (TCNS)

Diagnosis

- **Modern:** Peripheral Neuropathy
- **Ayurvedic:** *Vatavyadhi- Parisareeya Nadishotha (Vata predominance)*

Treatment Protocol

Internal Medication

- Medicine - *Brihat Vata Chintamani Rasa*
- Dose: 125 mg twice daily
- *Anupana:* *Ushna Jala*
- Duration: 30 days

Supportive Ayurvedic Therapies

- *Abhyanga* and *Padabhyanga* with *Dhanwantaram Taila*
- *Shashtika Shali Pinda Sweda*
- Dietary and lifestyle modifications following *Vatavyadhi Pathya*

Assessment Criteria

- Neuropathic pain, numbness, tingling
- Vibration perception
- Deep tendon reflexes
- TCNS and MNSI scores

Michigan Neuropathy Screening Instrument (MNSI)

The Michigan Neuropathy Screening Instrument (MNSI) was used to evaluate the presence and severity of peripheral neuropathy. It is a validated screening tool commonly employed for assessing neuropathic involvement and includes both a symptom-based questionnaire and a structured physical examination.

Components of MNSI

MNSI Questionnaire (History Component)

This consists of a series of questions related to neuropathic symptoms such as numbness, tingling, burning sensation, pain, and loss of sensation in the lower limbs. A higher score indicates greater symptom severity.

MNSI Physical Examination Component

This includes:

- Inspection of feet for deformities, callus formation, cracks, and skin changes
- Assessment of ankle reflexes
- Evaluation of vibration perception using a tuning fork
- Testing of pressure sensation using a 10 g monofilament

Scoring and Interpretation

- **Questionnaire Score:** A score of ≥ 7 is suggestive of peripheral neuropathy.
- **Examination Score:** A score of > 2.5 indicates clinically significant neuropathy.
- Higher scores correlate with increased severity of sensory and motor nerve involvement.

MNSI Questionnaire (15 Items)

Patient is asked to answer “Yes” or “No” to each of the following questions:

1. Do you feel numbness in your feet?
2. Do you ever have burning pain in your feet?
3. Do your feet feel too sensitive to touch?
4. Do you get muscle cramps in your legs or feet?
5. Do you ever have prickling sensations in your feet?
6. Does it hurt when the bed covers touch your skin?
7. When you get into the bathtub or shower, are you able to tell the hot water from the cold water?
8. Have you ever had an open sore on your foot?
9. Has your doctor ever told you that you have diabetic neuropathy?
10. Do you feel weak all over most of the time?
11. Are your symptoms worse at night?
12. Do your legs hurt when you walk?
13. Are you able to sense your feet when you walk?
14. Is the skin on your feet so dry that it cracks open?
15. Have you ever had an amputation?

MNSI Physical Examination Component: Scoring

The examination includes the following parameters, with scoring applied as described:

1. **Foot Inspection** -Each foot is inspected for deformities, callus formation, infection, cracks, or abnormal skin appearance.

- Normal: 0
- Abnormal: 1 point per foot

2. Ulceration - Presence of active foot ulceration.

- Absent: 0
- Present: 1 point per foot

3. Ankle Reflex - Achilles tendon reflex is tested bilaterally.

- Present: 0
- Present only with reinforcement: 0.5
- Absent: 1 point per side

4. Vibration Perception - Vibration sense is tested using a 128 Hz tuning fork applied to the great toe.

- Present: 0
- Reduced or absent: 1 point per side

5. Monofilament Sensation - Pressure sensation is assessed using a 10 g Semmes–Weinstein monofilament at standard plantar sites.

- Normal sensation: 0
- Reduced or absent sensation: 1 point per foot

Interpretation

- The maximum possible score is 8 points.
- A score greater than 2.5 is considered indicative of clinically significant peripheral neuropathy.
- Higher scores reflect increased severity of sensory and motor nerve involvement.

Toronto Clinical Neuropathy Score (TCNS)

The Toronto Clinical Neuropathy Score (TCNS) is a validated clinical scoring system used to assess the presence and severity of peripheral neuropathy. It combines subjective symptoms with objective clinical examination findings, allowing structured grading of neuropathic involvement. The TCNS provides a simple, reliable, and reproducible method for grading peripheral neuropathy.

Components of TCNS

The TCNS consists of three domains:

1. **Symptom Score** - Assesses the presence of neuropathic symptoms, including pain, numbness, tingling, weakness, ataxia, and upper limb involvement.
2. **Reflex Score** - Evaluates deep tendon reflexes, particularly ankle and knee reflexes, for symmetry and presence.
3. **Sensory Test Score** - Assesses sensory modalities such as pinprick, temperature, light touch, vibration, and position sense.

Scoring

- **Symptom score:** Maximum 6 points
- **Reflex score:** Maximum 8 points
- **Sensory test score:** Maximum 5 points

Total maximum score: 19 points

Interpretation

- **0–5:** No neuropathy
- **6–8:** Mild neuropathy
- **9–11:** Moderate neuropathy
- **12–19:** Severe neuropathy

RESULTS

Parameter	Before Treatment	After Treatment
Pain	Present	Absent
Numbness	Present	Reduced
Tingling	Present	Absent
Vibration sense	Reduced	Improved
MNSI-Questionnaire Score	11	7
MNSI – Examination Score	4.5	2.5
TCNS Score	9 (Moderate)	5 (Mild)

No adverse drug reactions were reported during the study period. The patient showed noticeable improvement in gait stability, grip strength, sleep quality, and overall functional capacity over the four-week treatment duration.

DISCUSSION

Peripheral neuropathy can be correlated with *Vata-pradhana Nanatmaja Vyadhi*, often associated with *Dhatu kshaya* and *Margavarana*, leading to impairment of nerve function and sensory, motor disturbances. *Brihat Vatachintamani Rasa* is a classical mineral formulation indicated in severe *Vata* disorders affecting the nervous system. The formulation primarily acts through *Vata shamana* and *Rasayana* properties. Ingredients such as *Swarna Bhasma*, *Rajata Bhasma*, *Abhraka Bhasma*, *Lauha Bhasma*, and *Pravala Bhasma*, processed with *Ghrta* and *Kumari Swarasa*, help in stabilizing aggravated *Vata* and supporting nerve tissue nourishment.

The *Snigdha*, *Guru*, and *Balya* qualities of the formulation counteract the *Ruksha* and *Khara guna* of vitiated *Vata*, thereby reducing symptoms such as pain, tingling, numbness, and burning sensation. *Abhraka* and *Swarna Bhasma* possess *Rasayana* and *Medhya* properties, which promote regeneration and functional integrity of nerve tissues, improving sensory conduction and motor coordination.

In non-diabetic neuropathy, where metabolic causes like hyperglycemia are absent, *Brihat Vatachintamani Rasa* aids in correcting *Dhatvagni* impairment and strengthens *Majja Dhatu*, which is closely associated with nervous system function. The formulation also enhances *Ojas*, contributing to improved neuromuscular strength and overall vitality. Additionally, its *Yogavahi* nature facilitates deeper tissue penetration, ensuring effective delivery of therapeutic action at the level of affected nerves. This leads to improvement in gait stability, grip strength, and reduction in sleep disturbances caused by neuropathic discomfort.

Thus, *Brihat Vatachintamani Rasa* plays a significant role in peripheral neuropathy by pacifying aggravated *Vata*, nourishing nerve tissues, and restoring functional balance, making it a valuable therapeutic option in Ayurvedic management.

Safety and Precautions

Brihat Vata Chintamani Rasa contains potent mineral constituents and should be prescribed strictly under the supervision of a qualified Ayurvedic physician. Adequate *Shodhana* procedures and the use of quality-controlled *Bhasma*

preparations are essential to ensure safety and minimize the risk of toxicity. No adverse effects were observed during the study period.

CONCLUSION

This single-case analysis suggests that *Brihat Vata Chintamani Rasa* is effective in reducing neuropathic symptoms and improving functional outcomes in peripheral neuropathy, particularly in degenerative conditions. The formulation was well tolerated and demonstrated clinically meaningful benefits. However, larger, well-designed controlled clinical trials are required to further establish its efficacy and safety.

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