

## MANAGEMENT OF MULTIPLE SCLEROSIS THROUGH THE RAY OF AYURVEDIC PRINCIPLE: A CASE STUDY

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### ABSTRACT

Autoimmune disease occurs when the immune system attacks self-molecules as a result of a breakdown of immunological tolerance to auto reactive immune cells. Autoimmune disorders are on the rise globally and affect 8.5% of the population worldwide. In that one among is Multiple Sclerosis (MS)<sup>2</sup> is a chronic progressive disease with a variety of cognitive, motor and sensory deficits. In *Ayurveda*, Multiple Sclerosis can be correlated to *Pranaavruta Vyana*<sup>3</sup>, all autoimmune diseases are the result of *Amavisha* and ama utpatti.<sup>4</sup> Modern treatments like immunosuppressant, corticosteroids, stem cell therapy are highly expensive when compared to *Ayurvedic* management. The scope of *Ayurvedic* Management and preventive aspect mainly concentrates on *Ama Pachana*, *Agni Deepana*, *Doshavashechana*, *Shesha Dosh Shamana* and followed by *Rasayana*, which in turn improves the quality of life and life expectancy.

**Keywords:** Autoimmune disorders, Multiple Sclerosis, Pranaavruta Vyana, Ama

## INTRODUCTION

Multiple Sclerosis is a disorder which is characterized by optic neuritis, Relapsing and remitting sensory symptoms, Sub acute painless spinal cord lesion, Acute brain –stem syndrome, Sub acute loss of function of upper limb and 6<sup>th</sup> cranial nerve palsy

**Pathophysiology**<sup>2</sup>: T cells gain entry into the brain via disruption in the BBB, then T cells recognize myelin as foreign and attack it, which starts inflammatory processes which release Cytokines and antibodies which interact macrophages. B cells make antibodies that mark the myelin & macrophages will use these antibodies to engulf the oligodendrocytes and myelin

**Types of Multiple Sclerosis**<sup>3</sup>: Types of MS are considered important not only for prognosis but also for treatment which are-

1. Relapsing /remitting MS(RR-MS)- Relapsing /remitting MS(RR-MS) accounts for 85%of MS cases at onset and is characterized by discrete attacks that generally evolve over days to weeks

.With initial attacks there is often substantial or complete recovery over the ensuing weeks to months, but as attacks continue over time recovery may be less

2. Secondary –progressive MS (SP-MS)- Is always begins as RRMS. At some point, however the clinical course changes so that patient experiences a steady deterioration in function unassociated with acute attacks
3. Primary –progressive MS (PP-MS)- IT accounts for approximately 15% cases. The patients do not experience attacks but steady function decline from disease onset
4. Progressive /relapsing MS (PR\_MS)- It accounts for approximately 15% of cases. These patients experience a steady deterioration in their condition from disease onset along with occasional attacks superimposed upon their progressive onset.

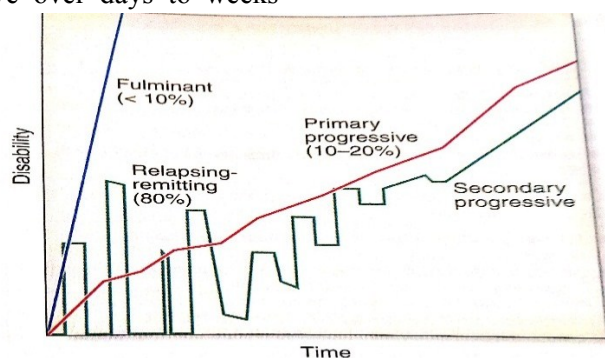


Fig. 26.37 The progression of disability in fulminant, relapsing-remitting and progressive multiple sclerosis.

### Case Study

A 65 years male patient walked in OPD of Ayurveda Mahavidyalaya, Hubballi on Date 22/1/2021 with the following details

**Patient name:** XYZ

**OPD/IPD No:**1785/19

**Age/Sex:** 65/Male

**Date of admission:**22/1/2021

**Date of discharge:**29/1/2021

**Chief Complaints:** Patient presented with the complaints of loss of sensation with burning sensation of right half of the body, blurred vision, and incontinence of urine with burning micturition since 1 year.

**Associated Complaints:** constipation occasionally, Slurred speech since 1 year

**H/O Present Illness:** Patient was apparently normal 2 years ago , he suddenly presented with- unable to move the right hand and leg at night 8pm for half an hour, after wards patient was able to walk ,for which he did not consult any doctor and took any medication. After 2weeks he developed with impairment of coordination and involuntary movement of right upper limb. For which he took allopathic treatment for 6months and was not satisfied with the result

As patient was not satisfied with result of allopathy, he approached our OPD seeking some Ayurvedic cure

on 19/03/2020. Patient was admitted for 6 days in our hospital i.e. up to 24/03/2020 due to the Covid -19 Lock down patient was discharged with *Shamanoushadhi* for 30days. Due to inconvenience of transport and financial crises patient did not take any medicine for next 10 months. Due to discontinuation in the treatment patient experienced another attack and condition worsened compared to first attack. Patient presented with the complaints of loss of sensation

with burning sensation of right half of the body, blurred vision, and incontinence of urine with burning micturition, in since 1 year. And constipation occasionally, Slurred speech, involuntary movement of right upper limb and patient again consulted our OPD.

**Past Illness:**

Patient is known case of the Hypertension since 5 years on medication under good control. Cataract Surgery of left eye 1 and ½ year back.

**Past Medical History:**

Treatment	From	To
<i>Udavartana</i> with <i>Kulakuladadi churna</i> Followed by <i>Sarvanga Swedana</i>	19/03/2020	24/03/2020
<i>Yoga basti</i>	19/03/2020	24/03/2020
<i>Anuvasan basti</i> with <i>Bala taila</i> + <i>Saindhava lavana</i> 1 pinch <i>Niruha basti</i>	19/3/2020 at morning 20/03/2020 at afternoon 21/03/2020 at afternoon 22/03/2020 at afternoon 23/03/2020 at morning	
<i>Madhu</i> -60ml, <i>Lavana</i> -5gm <i>Sneha-Bala taila</i> 60ml <i>Kalaka-Sadhapushpa</i> 10gm <i>Kwath-Gandharva hastadi</i> -200ml	20/03/2020 at morning 21/03/2020 at morning 22/03/2020 at morning	
<i>Shamanoshadi</i>	After Discharge	
	<i>Mahaprana</i> 1 bd <i>Viscovasa</i> 1 bd <i>Chandrabrabha vati</i> 1 bd <i>Bhrihata vata chintamani rasa</i> 1bd <i>Tab-Shaddharana</i> 1 od for 30 days	

**Clinical findings**

**Gait:** upper limb swing is absent corresponding to the lower limb

**Jerk (Reflex):** Knee, Biceps Ankle and Triceps jerk are exaggerated

**Babinski sign:** Right foot- negative.  
Left foot -positive

Loss of sensation on Right side of the body, Patient is asked to close the eyes with the help of knee hammer brush patient sensation is checked. The patient is unable to identify the area touched on right side.

**Speech:** Slurred speech

Eye: Right eye counting finger ++

Left eye Head movement ++

### Laboratory investigation on 11-10-2019

Blood for Hb%	13.9gm%
TC	6,800/cumm
DC	P-73%, L-22%, E-03%, M-0.2%
ESR	28mm/H
Platelets count	1.83Lacks /cumm
Lipid profile	Total cholesterol -170 mg /dl HDL-42.0mg LDL-91.7mg VLDL-35.8mg
Blood for urea	46.0mg/dl
Serum creatinine	1.5 mg/dl
Uric acid	4.8 mg /dl
Sodium	138.0mg/dl
Potassium	4.2 mg/dl

### Method

1) *Panchakarma* therapy

A) *Udavartana* with *Kolakulattadi churna* for 5 days

B) *Basti- Yogabasti*

- *Anuvasan Basti* with *Yasti madhu Taila* -80 ml
- *Niruha Basti* with
- *Madhu*-60ml
- *Saidava lavana*-20 gm
- *Taila -Dhanavataram* -80ml
- *Kalaka-Dashamoola* -30gm
- *Kashayam-Kokilakshadi* -300ml
- *Gomutra*-30ml

C) *Parisheka* with *Dhanyamla* for next 7days along with

D) *Nasapana* with *Dhanvantaram Kashayam* for 7 days

(as patient was discharged on 29/01/2021, *Parisheka* & *Nasapana* was done on OPD bases for 4 days.)

2) *Shamana Chikitsa*

A) *Tab-Ulsant* 1 tab 250 mg twice day

B) *Saina Nasal drops* 2 drop each nostril once a day at night

C) *Chandrabrabha vati* 1 bd

D) *Bhrihata vata chintamani rasa* 1bd

E) *Triphala churna* ½ tsp 1 od with *Ushna Chala*

F) *Mahasapatamruta loha* 250 mg 1bd

**Results** –We found that there was marked improvement on the symptoms of *Sarvanga Daha*, *Mutra Daha*, & inconstancy of urine, moderate improvement on

the symptoms of loss of sensation, slurred speech after the treatment.

The patient regained the tactile sensation all over the right side of the body except for sensation over tip of nose and right scapular region.

Exaggerated reflexes came to normal.

Burning Micturition and incontinence of urine came under control with urgency of urination.

### DISCUSSION

Patient is subjected to *Udvaratana* with *Kolkulathadi Churna* for *Sthiratwa* of the *Anga*<sup>4</sup>, to normalize *Margavarodha* of *Prana Vata* by *Vyana Vata* and to overcome the involuntary movement of the right hand and to stimulate the *Prana Vata* hence bringing back the tactile sensation of the skin. *Acharya Charaka* mentioned *Basti* as *Ardha Chikitsa*<sup>5</sup>, it is advised in *yoga basti* scheduled. Followed by *Sarvanga Dhanyamla Parisheka* with *Nasapana* for next 8 days as a *Twacha* is site for the *Bhrachaka pitta*<sup>6</sup> and patient is complaining of the Burning sensation of the half of the right side of the body to overcome this *Dhanyamla parisheka* is selected as it's a *Daha nashana*<sup>7</sup> as a *Dhanyamla* is *Ushna Veerya* but *Sparshata Sheeta Veerya* and which stimulates the *Bharachaka Pitta*<sup>8</sup> by penetrating through the *Romakupha*. As multiple sclerosis is *Pranaavruta Vyana*<sup>9</sup> to stimulate and normalize the both *Prana* and *Vyana*, *Nasapana* is selected as the *Nasapana* stimulates the *Srinkataka marma*<sup>10</sup> to *Mastishka* by administrating in the *NasaMarga*, from

that *Nasa* to *Dravya* further moves to the *Amashaya* with a help of the *Vyana Vata*<sup>11</sup> as it is a *Sarva Deha-sanchar*, to regulate this pathway *Nasapana* is a best line of treatment.

*Shamanoushadi* are selected in a such a way that all are *Vata shamaka* and *Nasya* is advised in a *Pratimarsya* dose i.e. 2 drops for regulating a *Prana Vata* and *Sthanika Dosh*a (i.e. *Kapha Dosh*a) and *Deepna* drug is used

## CONCLUSION

The etiology and pathology of MS is unclear, several studies illustrated the cause of MS is multiple factorial So the therapy of MS is are based on anti-inflammatory and immunomodulatory drugs, but the treatment is not able to stop the destruction of nerve tissue. MS is compared with different clinical conditions like a *Majja-Asthigata Vata*<sup>12</sup>, *Snayugata Vata*<sup>13</sup>, *Pranavruta Vyana*<sup>14</sup> etc., by research scholars depending upon the clinical presentations. As per *Acharya Charaka*<sup>15</sup> in *Sutra Sthana* naming of disease is not important, the most important thing is to assess a *Dhosa Avastha* in *Roga-Rogi* and do the *Samprapti Vigatana*. The *Ayurvedic* diagnosis of *Prana Avruta Vyana*, condition with *Vata Pitta Vriddhi* and *Kapha Kshaya* (*Majja Kshaya-Sthana Vishesh*a) was considered as *Ayurvedic* perspective of MS. *Udvardana*, *Dhara*, *Basti*, *Naspana* were beneficial in tackling difficulty in movements, burning sensation and weakness of extremities. Present study finding can't be generalized, further long term follows up studies on larger sample are required to substantiate the above claim.

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