

Multiple Sclerosis Treatment in Ayurveda - A Case Study

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Abstract: *The case report communicates about a female patient of 38 years who received ayurvedic treatment in the early stage of multiple sclerosis [diagnosed in year 2019]. The suitable treatment was planned according to the signs and symptoms showed. The treatment also helped in preventing the relapses and progress of the disease. The patient showed marked improvement in the symptoms and did not observe from any relapse during the treatment. There were also considerable MRI changes. The associated complaints of hypothyroidism and digestive issues were also addressed and the patient got relief.*

Keywords: Multiple Sclerosis, Ayush Prana, Remyelination

1. Introduction

Multiple sclerosis is an immune mediated chronic disease that affects the central nervous system and can produce wide range of symptoms from vision disturbances to complete bedridden state even death. Myelin that is damaged may be restored through a process called *remyelination*, particularly early in the disease. Over time, however, oligodendrocytes [cells that produce and maintain myelin] may be lost and unable to repair the damaged myelin [1]. Early diagnosis and treatment can give promising result in managing the symptoms and preventing relapse or slowing down the progression.

In last few decades the prevalence of multiple sclerosis has increased the progress of the disease cannot be predicted in any individual. The main objective of treatment in multiple sclerosis is focused on slowing the progression of disease, preventing major relapses, managing the symptoms, and improving the quality of life. A standard treatment protocol cannot be made for the patients of multiple sclerosis. Each patient requires an individualized treatment protocol based on the symptoms and stage of disease.

In ayurveda multiple sclerosis cannot be correlated to one disease. Over the years many physicians have tried to explain multiple sclerosis as Snayugata Vata, Anyonya Avarana of Prana Vata, Ojo Visramsas etc. Multiple sclerosis can be also considered as the Anukta Vata Vyatdhi which explains the different presentations of the disease. Susrutha explains about the Ojo Visramsas which presents with Sandhi Vishlesh [looseness of joints], Gatra Sada [weakness of the body], Dosha Chyavanam [provoked tri doshas move away from their normal sites], Kriya Sannirodha [inability to perform normal functions], Shrama [lethargy in organs], Aprachuryam Kriyanam [It also results in the impairment of Kayik [physical], Vachik [vocal] and Mansik [mental] functions of the body. [2]

2. Case

A female patient of 38 years k/c/o hypothyroidism for 14 years presented with numbness left hand which spread to other parts, fine and gross motor affected, headache and

short-term memory loss. She also presented with positive Lhermitte sign. She was admitted at Ayush Prana centre for Multiple sclerosis and received treatment package constituting duration of 3 session [patient is admitted at hospital and given external therapies for 60 days] and rest period [patient is only provided with internal medications] for 10 months.

3. History

The patient suffered with pain around left eye and eyebrow in 2018 and visited ophthalmologist and was referred to neurologist for which no medication was taken and it resolved after few days.

In February 2019 the patient suffered from cold and cough which persisted for 1 month for which she consulted an ENT and was prescribed with medication [?]. Later she experienced numbness in left hand and spread to whole body except face and right hand. She also developed with mild tremors in hand which affected her writing and grip and observed dropping of objects in hand. She also experienced urine incontinence during cough. She consulted a neurologist and whole spine MRI was done demyelination was seen at C3. She was diagnosed with multiple sclerosis and solumedrol infusion was started for 5 days later tapered. There was reduction in the symptoms.

4. Treatment Given

The patient was admitted thrice over the span of 3 years for a period of 3 months and external therapies was given along with internal medication. In between this the patient was advised rest with only internal medication.

External therapies

- Shirovasti – with oil prepared with *Brahmi* (*Bacopa monnieri*), *Indravalli*, *Ajagandha Parna* (*Cleome gynandra*)
- Thailadhara
- Udwarthana-*Sugandhavacha* (*Alpinia Galanga*) choorna
- Marma massage with oil or udwarthana choorna

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- Kashayadhara with Kashaya Yava (*Hordeum vulgare*), Kulatha (*Macrotyloma uniflorum*), Eranda (*Ricinus communis*), Shatapushpa (*Pimpinella anisum*), Sahachara (*Barleria Prionitis*), Peruke Patra, Chaturdhaaralatha
- Lapanana on Jreeva with Shatapushpa (*Pimpinella anisum*), and Krishnajeeraka (*Carum carvi*)

Internal medication

- Tab Deepanam III-2 tab after lunch
- Tab Sanjeevani-4-tab bd
- Tab Jeevanti-3-tab bd
- Tab Santarpanam-4 tab od
- Tab RX-3-tab bd
- Tab Manasa-3 tab od
- Tab Eye mix-1.25gm bd
- Kashayam – *Dronapushpi moola* (*Leucas cephalotes*), *Daruharidra* (*Berberis aristate*), *Musta* (*Cyperus rotundus*), *Rakthachandana* (*Pterocarpus santalinus*), *Bhoomiamalaki* (*Phyllanthus niruri*), *Chopacheeni* (*Smilax china*), *Girimallika* (*Holarrhena pubescens*). [Treatment 1 in 2019]

- Kashaya – *Shatavari* (*Asparagus racemosus*), *Musta* (*Cyperus rotundus*), *Bhoomiamalaki* (*Phyllanthus niruri*), *Tugakshiri* (*Curcuma angustifolia*) [Treatment 2 In 2020]
- *Kashaya – Shatavari* (*Asparagus racemosu*) s, *Musta* (*Cyperus rotundus*), *Shundi* (*Zingiber Officinale*), *Tugakshiri* (*Curcuma angustifolia*), *Jatiphala* (*Myristica fragrans*) [During Rest 2]
- *Kashaya-Aswaghanda* (*Withania somnifera*), *Bilwamoola* (*Aegel mermelos*), *Jatipatra* (*Myristica fragrans*), *Rasna* (*Alpinia calcarata*), *Vibhitaki* (*Terminalia bellirica*), *Musta* (*Cyperus rotundus*) [Treatment 3 in 2021]

5. Observation After Treatment

After completion of the treatment session the patient condition improved. Numbness is only present on both palms. No relapse was seen during the course of treatment from 2019 may to 2021 December. she stopped taking medication for hypothyroidism in tapering doses and the thyroid assay have shown values within normal range. Digestive complaints of frequent episodes of diarrhoea and constipation was also addressed and found improvement.

Table 1: Improvement of the patient after treatment

Session	Duration	Before Treatment	After Treatment
Treatment 1	60 days	*Numbness of whole body *Fine and gross motor affected *Reduced sensation on plantar aspect of feet *Occasional pain around left eye, Headache * Lhermitte sign-+ve	*Numbness at both hands
Rest 1	14 months	*Numbness at both hands	*Numbness at both hands *Frequent loose stools 2-3 times/month
Treatment 2	60 days	*Numbness in both hands. *Mild stiffness of left middle and little finger occasionally * Frequent loose stools 2-3 days/month	*Increased numbness *Heaviness of head
Rest 2	10 months	*Increased numbness of hands *Heaviness of head resolved after 2 days of Dhoopana with Kunduru	*Numbness reduced *Occasional quivering sensation inside head
Treatment 3	60 days	*Numbness of both hands *Occasional quivering sensation inside head	*Numbness in both palms

On comparing the MRI report from 2018, 2019 and 2021, it showed reduction in the size of 5 lesions, complete remyelination of 2 lesions. It can be also observed that the

rate of demyelination is reduced after treatment. The MRI also showed mucosal thickening in the sphenoid sinus in the year 2019 which resolved by 2021.

Table 2: Comparison of size of lesions in MRI

Lesion location	Lesion Size on 2018	Lesion Size on 2019 [Before treatment]	Lesion Size on 2021 [After treatment]
Left temporal periventricular region	4.8mm	4.3 mm	3.5 mm ↓
Right posterior periventricular region	5.6mm	6.1 mm	6.4 mm
Left posterior periventricular region	3.8 mm	4.2 mm	5.8 mm
Right centrum semiovale	3.4 mm	7.3 mm	7.4 mm
Left centrum semiovale	3.9 mm	5.8 mm	5.2 mm ↓
Left parietal subcortical white matter	5.0 mm	5.2 mm	5.1 mm ↓
Right high parietal white matter	5.5 mm	6.0 mm	6.4 mm
Left high parietal white matter	5.0 mm	5.5 mm	4.4 mm ↓
Right cerebellum	-	2.5 mm	-
Right peritrigonal region	-	8.5 mm	-
Right temporal periventricular region	-	5.8 mm	4.9 mm ↓
Central pons	-	-	3.3 mm
Spinal lesion at CV3	-	Enhancing lesion [9mm]	Stable lesion

6. Discussion

Multiple sclerosis is a progressive disabling disease which occurs due to the demyelination of the brain, spinal cord causing wide variety of symptoms. Multiple sclerosis cannot be correlated to any specific disease explained in the ayurvedic classic literature, it should be considered as Anukta Vata Vyadhi and should be assessed case by case and treatment should be planned based on the Dosha-Dushya involvement.

Multiple sclerosis can be considered as the Anyonya Avarana of Vata which explains the different presentations of the disease.

The present case presents with symptoms consistent with Pranavrita Vyana Vata and Ojo Vishramsas along with Ama involvement^[2, 3, 4].

Shirovasti has shown improvement in atrophy of cerebellum, demyelination. It is the best form of Moordni Thaila which is indicated for Mastiska Chikitsa. Marma massage is the stimulation of Marma point thus stimulating the Pranic pathways and influence the internal organs connected with them to promote relief^[5]. Udvartana and Kashayadhara helps in clearing the Margavarodha and reduce the numbness. It is also advised for managing the Anyonya Avarana of Vata^[6, 7].

Early treatment help in remyelination of the myelin sheet and even disappearing of the lesions can be seen thus providing more relief and reversal of symptoms. The patient on final discharge presented with only numbness in the palms and had 90% relief.

The patients MRI result on comparison of 2019 and 2021 [i. e., before and after treatment] showed reduction in the size of 5 lesions, complete remyelination of 2 lesions. By comparing the MRI of 2018, it is observed that the progression of the lesion is delayed by the treatment.

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