



Case Study

AYURVEDA IN THE MANAGEMENT OF AMYOTROPHIC LATERAL SCLEROSIS

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ABSTRACT

Amyotrophic lateral sclerosis (ALS) is the most common motor neuron disease and it is characterized by selective death of upper and lower motor neurons causing muscle atrophy, weakness and spasticity. As it is a fatal neurodegenerative disease, we can slow down the progression of symptoms through treatment. The present report deals with a case of ALS which can be correlated to *Kapha avrutha vyana vata*. Current paper is a case report of 47 year old female patient presented with the complaints of weakness and wasting of bilateral lower limb (Rt>Lt) since 20 years and weakness of bilateral upper limb (Rt>Lt) since 10 years and was diagnosed with progressive ALS. Aim of the study is to introduce an alternative therapeutic modality through Ayurveda which help to improve quality of life and delay the progress of disease. Patient had been treated with specific Panchakarma treatment modalities- *Udwarthana*, *Acchasnehapana*, *Kukkudanda pinda sweda*, *Kayaseka*, *Mamsa pinda sweda*, *Musthadi Rajayapana vasti* and specific *Samana* and *Rasayana oushadis*. The response of the patient's condition to the treatment was assessed by ALSFRS -R Score. A substantial decrease in the intensity of symptoms was observed with a better quality of day to day activities. Thus, the treatment was found to be effective in managing the present ailment.

INTRODUCTION

ALS is a progressive nervous system disease that affects nerve cells in the brain and spinal cord, causing loss of muscle control. It often called as "Lou Gehrig's disease" after the baseball player who was diagnosed with it. It is caused by gradual degeneration and death of both upper and lower motor neurons.<sup>[1]</sup> ALS often begins with muscle twitching and weakness in a limb, or slurred speech. Eventually, it affects control of the muscles needed to move, speak, eat and breathe. Disease is entirely motor, sensations remains intact. Although ALS is incurable and fatal, with median survival of 3 years, treatment can extend the length and meaningful quality of life for patients.

Patient Information

47 year old female patient complains of weakness and emaciation of bilateral lower limb(R>L) since 20 years, weakness of bilateral upper limb (R>L) since 10 years.

Few months later she noted difficulty in raising big toe and difficulty in putting chappals. She also found that she was not able to grip on chappals, this symptom was slowly progressing and later found that tripping and twisting of Rt LL and about to fall. Within 1-2 years, buckling of Rt LL and found difficulty in climbing stairs and getting up from squatting position. After 4 years she noted gripping difficulty in left lower limb followed by tripping and twisting. Thinning of muscles was also present in distal part of both lower limbs associated with occasional painful contractions in both thigh muscles. Took allopathic consultation and the case was diagnosed as Amyotrophic Lateral Sclerosis based on nerve conduction study. No other past history of any systemic illness found. No relevant family history of same illness.

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**Clinical Findings**

The patient had a body weight of 61kg and with BMI of 27.47. She had a slapping gait due to buckling of the right lower limb. On physical examination, palmar wasting present in both upper limbs and also marked wasting of bilateral calf muscles.

Reflex	Right	Left
Biceps	+++	+++
Triceps	+++	+++
Supinator	+++	+++
Knee jerk	+	+
Angle jerk	+	+
Babinski sign	Absent	Absent

Muscle power

Upper limb: 5/5 B/L

Hand grip

Rt: 3/5 Lt: 4/5

Lower limb

Ankle dorsiflexion Rt: 2/5 Lt: 4/5

**Therapeutic intervention**

Date	Internal medicine
First week	<i>Gandharva hasthadi kashayam</i> 90ml bd B/F <i>Vaiswanara choornam</i> 1 tsp bd B/F
Second and third week	<i>Maharasnadi kashayam</i> 90ml bd B/F <i>Brihath vata chinthamani rasa</i> ½ - 0 - ½ with honey <i>Ksheerabala</i> 101 <i>Avarthi</i> 10 drops with <i>Kashayam</i>
From fourth week	Above medicines + <i>Bhrihath chagaladhi gritham</i> 15 gm h.s
Discharge medicines	<i>Rasayana Prayoga</i> <i>Shilajathu rasayana</i> 24gm for 21 days

**Panchakarma therapy**

S.No.	Therapies Done	Rationale
1	<i>Udwarthanam</i> with <i>Jeevanthyadhi choornam</i> for 7 days	Initial <i>Rookshana</i> therapy to remove <i>Ama</i> and <i>Kaphavarana</i> , increase nervous stimulations.
2	<i>Acchasnehapana</i> with <i>Shadpala gritham</i>	<i>Snehana sweda</i> therapies to alleviate <i>Vata</i> and brings <i>Vata anulomana</i> , with <i>Mahanarayana thaila</i> - especially for <i>Vatika</i> diseases.
3	<i>Abhyangham</i> + <i>Ushma sweda</i> with <i>Mahanarayana thailam</i> for 3 days	
4	<i>Virechana</i> with <i>Nimbamrutha erandam</i> 30ml	
5	<i>Kukkudanda pinda sweda</i> with <i>Dhanwanthara thailam</i> for 7 days	<i>Bhrimhana</i> and <i>Sandhanakara</i>
6	<i>Kayaseka</i> with <i>Mahanarayana thailam</i> for 7 days	Vasodilation due to <i>Swedana</i> improves circulation
7	<i>Mamsa pinda sweda</i> with <i>Rasa thailam</i> for 7 days	<i>Aja mamsa</i> is an ingredient

Plantar flexion: 4/5 B/L

Inversion: 4/5 B/L

Eversion Rt: 3/5 Lt: 4/5

Others: 5/5 B/L

**Lab Investigations**

Hb: 10.7g%

Total cholesterol: 227mg%

LDL cholesterol: 147mg%

CRP: 8mg/L

Vitamin D3: 15 ng/ml

Nerve conduction study (8/10/2018)

This study showed evidence for a diffuse anterior horn cell disease.

**Clinical Diagnosis**

Here the case is diagnosed as Amyotrophic Lateral Sclerosis based on nerve conduction study and clinical examination. In Ayurvedic contexts *Avarana vatavyadhis* are found to have close resemblance to MND. The patient presented with features of multifocal onset of ALS which can be related to *Kaphavruta Vyanavata*.<sup>[2]</sup>

8	<i>Musthahiraja yavana vasthi with Dhanwantharam chikkanapakam thaila and Bhrihath chagaladhi gritham for 7 days.</i>	<i>Mamsa angi bala sukra vivardhana and Rasayana.</i>
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### Assessment and Outcome

ALSFRS- R Score	Before treatment	After treatment
Speech	4	4
Salivation	4	4
Swallowing	4	4
Hand writing	3	3
Cutting food and handling vegetables	3	3
Dressing and hygiene	2	3
Turning in bed and adjusting bed clothes	2	3
Walking	2	3
Climbing stairs	1	1
Dyspnea	4	4
Orthopnea	4	4
Respiratory insufficiency	4	4
Total	37/48	40/48

### DISCUSSION

As ALS is a fatal neurodegenerative disease, we can slow down the progression of symptoms, modifying the lifestyle and enhancing the quality of life of patient should be the treatment goal. In Ayurvedic contexts *Avarana vatavyadhis* are found to have close resemblance to MND. The patient presented with features of multifocal onset of ALS which can be related to *Kaphavruta Vyanavata*. A multimodality treatment in the form of *Panchakarma* procedures along with *Samana* and *Rasayana oushadhis* was planned and implemented in this condition. First *Rookshana* procedure is the choice of treatment. Then *Bahya* and *Abhyandhara snehapana*, *Swedana* followed by *Mrudhu sodhana* which helps in pacifying vitiated *Vata* and also results in *Srothosodhana*. After that *Pinda sweda* like *Kakkudanda pinda sweda* and *Mamsa pinda sweda* which are *Brhimana* and *Sandanakara*. Later *Kayaseka* with *Mahanarayana thailam* which is specially indicated in *Vata vyadhi*, then *Musthsadi rajayapana vasti*<sup>[3]</sup> is administered for 7 days which is *Sadyobalajanana* and *Rasayana* and also alleviates the *Avarana* of *Vata* by reduction of *Kapha* and normalize *Vata*. At last *Rasayana proyoga* with *Shilajithu rasayana* 24gm for a period of 21 days. After all these treatment modalities ALSFRS-R Score<sup>[4]</sup> varied from 37 to 40 out of 48.

### CONCLUSION

Ayurveda, the art of science of life has an inevitable role in almost every field especially in degenerative disorders. It can create miracles because of ability of evacuation, superiority of efficacy and enormity of procedures to target *Dosha* eradication. Ayurvedic oral medications and *Panchakarma* therapies are found to be more beneficial in this condition. Even though a complete cure is not possible in these neurodegenerative diseases, it can be a ray of hope for patients by improving their quality of life so as to manage their day to day activities. Ayurveda with its treatment approaches can strengthen the therapeutic armamentarium of MND to improve clinical outcomes and quality of life of patient.

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