

## AYURVEDIC MANAGEMENT ON AMYOTROPHIC LATERAL SCLEROSIS: A CASE STUDY

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### ABSTRACT

Motor neuron disease (MND) is a progressive condition characterized by degeneration of upper and lower motor neurons. The term Amyotrophic lateral sclerosis (ALS) is used synonymously with MND. ALS with multifocal onset might exhibit muscle stiffness and muscle weakness of upper and lower limbs, muscle twitching, atrophy, falling/tripping, slurred speech, difficulty in swallowing and loss of dexterity. In Ayurvedic context *Kaphavruta vata udana* can be correlated with ALS. A 40-year-old male individual diagnosed with ALS, was admitted thrice to our hospital in the month of June 2022, January 2024 and October 2024 for a period of 10, 8 & 7 days respectively and is under regular follow up. The subject was managed with *Sarvanga udvartana*, *Sarvanga abhyanga* followed by *sarvanga dhara*, *Shastika shali pinda sweda*, *Ksheeradhuma* and *Yoga basti* along with oral medications

during and after course of treatment. The analysis of signs and symptoms done with the help of Amyotrophic Lateral Sclerosis Functional Rating Scale [ALSFRS -R] which was 33 before treatment, which increased to 40 after treatment. The results of treatment were helpful in managing the signs and symptoms and thereby improving the quality of life of individual.

**KEYWORDS:** ALS, *Kaphavruta udana vata*, *Sarvanga udvartana*, *Abhyanga*, *Yogabasti*.

## INTRODUCTION

Motor neuron disease (MND) is said to be a progressive neurological disorder that presents with both lower motor neurons (anterior horn cells that project from the brainstem and the spinal cord to the muscle) and upper motor neuron signs (neurons that project to the brainstem and spinal cord from higher cortical centres).

While the anterior horn cell and the corticospinal tract have been shown to be the primary site of involvement, the involvement of other parts of the nervous system (cortical, autonomic, cerebellar, and extrapyramidal system) has also been documented.<sup>[1]</sup> The four main phenotypes of motor neuron disease, based upon the site of origin and the severity of neurological involvement, are as follows: Amyotrophic lateral sclerosis, progressive bulbar palsy, progressive muscular atrophy, and primary lateral sclerosis.<sup>[2]</sup>

MND has been shown to be a disease of middle age with a mean age of 58 to 63 years at the time of onset for sporadic Amyotrophic lateral sclerosis (ALS), and 40-60 years of age for familial ALS.<sup>[4]</sup> There is no accurate treatment for the disease, although the class of drugs like anticholinergic drugs (benzothiazoles), edaravone, mastinib and benzodiazepines are used to prevent complications associated with prognosis of the disease.<sup>[5]</sup> Ayurveda mentions *Kaphavrutaudanavata*<sup>[6]</sup>, having symptoms which are similar to those of various types of ALS. Clinical features like *Vakswara-graha* (~difficulty in speech), *Dourbalya* (~generalized weakness), *Sarvagatragurutva* (~heaviness), *Aruchi* (~anorexia) and *Vaivarnya* (~loss of lustre of the skin) pertaining to *Kaphavrutaudanavata* can be related to multifocal onset of ALS and hence the treatment was planned with Ayurvedic intervention following the protocols of *Kaphavrutavata*<sup>[7]</sup> which includes *Sarvanga udvartana*, *Sarvanga abhyanga* followed by *sarvanga dhara*, *Shastika shali pinda sweda*, *Ksheeradhuma* and *Yoga basti* along with oral medications.

## PATIENT INFORMATION

A 40-year-old male diagnosed with MND (In 2020) visited Sri college of Ayurvedic Science and Research in Bengaluru in June 2022. He presented with complaints of Slurred speech, Stiffness, rigidity and weakness in bilateral upper and lower limbs, difficulty in swallowing, difficulty in holding objects, and loss of coordination while walking, Pain in both shoulder joints and knee joints.

The patient presented with a gradually progressive illness, He initially noticed stiffness and

weakness in left upper limb while holding Laptop, for the next 4-5 years he was able to perform daily activities. Weakness got aggravated in 2018 in left upper limb which was gradually progressive in nature. In 2020 Patient developed with weakness in right upper limb and bilateral lower limbs. He struggled to carry out routine activities, particularly those requiring fine motor skills, such as holding objects, buttoning clothes, and writing., he also noticed that he was not able to grip slippers and slippage while walking. From few months he experienced slurring of speech, which has steadily worsened over time and interferes with his ability to communicate.

Over the course of time, he also reported increasing difficulty in swallowing, with frequent choking episodes on both solids and liquids, suggestive of dysphagia. His mobility has been further compromised by loss of coordination while walking, resulting in an unsteady gait and frequent imbalance. In addition to these neurological symptoms, he has been experiencing persistent pain in both shoulder and knee joints, which has contributed to restriction of movement and further limitation of daily activities. He visited NIMHANS and there he was confirmed with diagnosis of ALS. He then started medication and physiotherapy. As the symptoms persisted and were progressive in nature patient came for Ayurvedic management.

### CLINICAL FINDINGS

In the general examination, the patient was moderately built and nourished with a BMI of 22.1kg/m<sup>2</sup>. Vitals were within normal limits. Appetite was reduced with regular bowel and bladder habits. Gait was steppage. On HMF examination, slurred speech was observed. Cranial nerves intact. On motor examination, muscle bulk, power and superficial reflexes were normal, Ankle clonus was positive, Muscle tone- hypertonic, On cerebellar examination, rombergs sign -positive, Finger nose test - co-ordination is hampered, Knee heels test - not possible, Disdiadokinasia - delayed, Tandem walking - not possible. Sensory examination was normal, Cardiovascular, Respiratory examination were normal.

Dashavidha pariksha (~Tenfold examination): Prakriti of the patient was Vata Kapha. Further examination revealed symptoms of Vikrita vata (~disturbed Vata), Madhyama satva (~subnormal psychological strength), and Sarva rasa satmya (~habitual of taking all six tastes in diet). Samhanana (~compactness) and Pramana (~body built) were found to be Madhyama (~normal). His Vyayama shakti (~muscle strength) was Avara and Aharashakti (~intake and digestion capacity) was Madhyama (~normal).

Ashtavidha pariksha (Eight-fold examination): Nadi (~pulse) was Vata Kapha pradhana manda. Urine was Prakruta. Bowel history revealed the frequency of 1-2 times a day and was Sama. Jihwa (~tongue) was coated. She had Anushna sparsha (~touch was not too hot) and Shabda (~voice) was Sphutita (slurred speech). Her Drishti (~vision) was normal.

### Diagnostic Assessment

Thorough history taking, general examination, systemic examination, Dashavidha and Astasthan pariksha were performed during admission. The clinical presentation confirmed the case as Amyotrophic Lateral sclerosis. Ayurveda diagnosis was made as Kaphavruta udana vata based on presenting signs and symptoms. Routine haematological parameters were within normal limits. MRI SPINE: C2 – C3 Mild disc bulge, C3 – C4 Diffuse disc bulge causing anterior subarachnoid space, C4 –C5 Diffuse bulge causing indentation over theca and cord. The assessment of the condition was done based on the scoring of Amyotrophic Lateral Sclerosis Functional Rating Scale Revised (ALSFRS-R), is used for assessing which consists of 12 items (questions). Each question is rated on 5-point (0-4) scale. (Table 4).

### TREATMENT SCHEDULE

- In Ayurvedic context, Motor Neuron Disease can be correlated with *Kaphavrita udana vata*
- Treatments are planned to remove *avarana* first, then *Kevala vata vyadhi chikitsa* followed by dhatu *poshana*.
- The next scheduled treatments are listed below in the following tables. [Table No: 1,2,3].

**Table 1: First Visit Treatment.**

1 <sup>st</sup> Visit	PROCEDURES	MEDICINE
26/6/2022 to 5/7/2022	Sarvanga udwartana 3 days	Kolakulathadi + Musta+ Nimba churna
	Sarvanga dhara 3 days	Dashamula Kashaya
	Kala basti 9 days	Anuvasana (A1 and A2) with Murchita tila taila 50ml A4 to A9 with Ksheerabala taila 60ml Niruha (N1 and N2) – Erandamuladi Kashaya basti Madhu-50ml Saindava lavana-10g Murchita tila taila-50ml Erandamula Kashaya -300ml N3 to N6 –Mustadi rajayapana basti Madhu-50ml Saindava lavana-10g

		Ksheerabala taila-60ml Balamulamasha kwatha-200ml
	Shirodhara 5days	Ksheerabala taila

**Table 2: Second Visit Treatment.**

<b>2<sup>nd</sup> Visit 2/1/24 to 9/1/24 TREATMENT GIVEN</b>	<b>ORAL MEDICINES</b>
1) Sarvanga udwartana with Kolakulathadi + Triphala churna for 2 days (2/1/24, 3/1/24)  2) Sarvanga abhyanga with Ksheerabala taila followed by dashamula Kashaya dhara for 3 days (2/1/24, 4/1/24, 5/1/24)  3) Sarvanga shashtika shali pinda sweda for 3days (6/1/24 to 8/1/24) 4) Yoga basti A1 and A2 –Murchita tila taila 50ml A3, A4, A5 – Ksheerabala taila N1 – Erandamulakashya N2, N3 – Mustadi rajayapana basti 5)Ksheeradhuma for 6 days	During treatment: - 1.Balaguduchyadi Kashaya 15ml BD Before food 2.Tab. Yastimadhu 2BD After food 3. Tab. Eosinopal 1BD After food  Discharge medicines for 1 month 1. Balarista 20ml After food 2. Rasarajarasa 1OD powdered and mixed with honey and ghritha 3. Cap. Ksheerabala 101 DS 2BD After food

**Table 3: Third Visit Treatment.**

<b>3<sup>rd</sup> VISIT 14/10/24 to 22/10/24 TREATMENT GIVEN</b>	<b>ORAL MEDICINES</b>										
1]Sarvanga udwartana with Kolakulathadi+Musta+Nimba on 15/10/24 2] Sarvanga abhyanga f/b Bashpa sweda from 16/10/24 4] Ksheeradhuma for 7 days from 15/10/24 to 21/10/24 5] Shirodhara for 3 days, 19/10/24 to 21/10/24 6] Yoga basti <table border="1" style="margin-left: 20px;"> <tr> <td>A1</td> <td>A2</td> <td>A3</td> <td>A4</td> <td>A5</td> </tr> <tr> <td></td> <td>N1</td> <td>N2</td> <td>N3</td> <td></td> </tr> </table> Anuvasana with Ashwagandha ghritha 60ml Niruha with Erandamula Kashaya [N1] N2 and N3 – Ksheera basti Madhu -40ml, Saindhava lavana -10gm, Kalka-Shatapushpa and ashwaganda 5gms each, Ksheerapaka – Ashwagandha, swetha Musali, vidari, madhuyasti, kapikacchu[150ml], Maharasnadi kadha -200ml	A1	A2	A3	A4	A5		N1	N2	N3		During treatment: - 1] Brihat vata Chintamani rasa 1BD Before food 2] Cap. Ksheerabala 101 DS 2TID After food Discharge medicines:- For 1 month 1] Ashwagandha ghritha 10ml Before breakfast 2] Cap. Ksheerabala 101 DS 1BD Before food 3] Tab. Nurod 1BD After food 4] Balaguduchyadi Kashaya15ml BD After food
A1	A2	A3	A4	A5							
	N1	N2	N3								

**ASSESSMENT**

The assessment was based on the scoring of Amyotrophic Lateral Sclerosis Functional Rating Scale Revised (ALSFRS-R), which consists of 12 items (questions). Each question is rated on 5-point (0-4) scale. (Table 4).

**Table 4: ALSFRS-R scores at different time periods of treatment 0= severely affected, 4= Normal.**

PARAMETERS	B/T	A/T
SPEECH	2	3
SALIVATION	4	4
SWALLOWING	3	4
HANDWRITING	3	4
CUTTING FOOD	2	3
DRSSING AND HYGIENE	3	4
TURNING IN BED	3	3
WALKING	2	3
CLIMBING STAIRS	1	1
DYSPNOEA	2	3
ORTHOPNOEA	4	4
RESPIRATORY INSUFFICIENCY	4	4
TOTAL SCORE	33	40

## DISCUSSION

The current condition is considered as *Avarana janya Vataroga* specifically termed '*Kaphavruta Uyanavata*' due to its close resemblance to the clinical features of Motor Neuron Disease (MND). The aggravated *Kapha* causes *Avarana* (obstruction), leads to *Vata prakopa* and produces '*Kaphavruta Udanaavata*'.<sup>[8]</sup> The treatment plan was designed to slow the disease progression and enhance the strength of weakened limbs. Therefore, therapies with *Avaranahara*, *Vatashamaka*, *Brimhana*, and *Balya* properties were chosen. The concept of treating the *Avaraka* first in *Avarana janya vatavyadhi* was implemented, beginning with therapies aimed at mitigating the occluded *Kapha dosha*.

Udavartana, as one among Swedana with *Kolakulatha churna*, *Nimba churna*, and *Musta churna* acts primarily through *Kapha-Meda hara*. *Udavartana* produces *Ushna* and *Ruksha guna* which liquefies and mobilizes accumulated *Kapha dosha* and *Meda dhatu* lodged in the *srotas*, *Kolakulatha* having *Lekhana* and *Kapha-Meda hara* properties reduces *stabdhatu* and *guruta*. *Nimba*, with its *Tikta rasa* and *Krimighna* qualities, pacifies *Pitta-Kapha* *hara*. *Musta* contributes *Deepana* and *Pachana* actions, stimulating *Agni* and improving metabolism, while also pacifying *Kapha* and *Pitta*. Together, these churnas synergistically promote *strotoshodhana*, improve peripheral circulation.

Sarvanga abhyanga with *Ksheerabala taila* followed by *dashamula Kashaya dhara*, *ksheerabala taila* contains *tila taila*, *bala*, *goksheera*, it suppresses nerve inflammation due to its *sheeta* property and promotes nerve regeneration and gives strength to muscles due to

balya and brimhana property.

*Shastika Shali Pinda Sweda*<sup>[9]</sup> is a *Brimhaniya Snehika sweda* performed by bolus of boiled *Shashtika Shali* with *Vata hara Kwatha* (decoction of *Vata hara* herbs) and milk. The qualities of *Shashtika* include *Snigdha* (unctuous), *Guru* (heavy), *Sthira* (stable), *Sheeta* (cooling) and *Tridoshaghna* (balancing all three *Doshas*). The drugs used in *Shastika Shali Pinda Sweda* such as *Brimhana*, *Snigdha* and *Vata Shamaka* properties are antagonistic to vitiated *Vata*. *Bala mula Kwatha* supports the nourishment of muscular tissues and helps prevent muscle weakness. Therefore, *Shashtika Shali Pinda Sweda* is one of the most preferred methods of *Swedana* for Motor Neuron Disease (MND) patients, where muscle wasting and weakness are present.

*Basti* is considered as *Ardha chikitsa* for *Vata dosha*. The *Brihmana* variety of *Basti*, specifically *Raja Yapana Basti* using *Sneha dravya* like *Ashwagandha Bala Lakshadi Taila*, has demonstrated its efficacy in this condition and helps to counteract the *Dhatukshaya* (tissue depletion) caused by *Vata*. *Raja Yapana Basti*<sup>[10]</sup> Possesses *Tikta rasa*, *Jeevaniya* and *Balya* qualities, acts as a *Brimhana* (nourishing), *Vatahara* (*Vata*-alleviating), *Balya* (strengthening), *Dhatu vriddhikara* and *Rasayana* (rejuvenating) therapy.

*Ashwagandha ghrita* - *Ashwagandha* causes significant regeneration of the axons and dendrites of nerve cells. Furthermore, it reconstructs the synapses and helps to promote the growth of both normal and damaged nerve cells, suggesting that the herb may boost healthy brain cell function as well as benefit diseased nerve cells. *Ashwagandha* proved to be a potential treatment for neurodegenerative diseases such as Alzheimer's dementia as well as other dementias.<sup>[11]</sup> The withanolides in *Ashwagandha* are having antioxidant activity and a corresponding protective effect on neuronal tissue.<sup>[12]</sup>

*Erandamooladi Kashaya basti* has ingredients such as *Vata kapha hara*. *Gomutra* has *lekhana* property, which helps tackle *vikruta kapha dosha*. It removes the *kapha avarana* and does *maruta nigraha*. Ingredients include *Eranda*, *Shatahva*, *Pippali*, *Balamoola*, *Madhuka*, etc., which have anti-inflammatory and analgesic effects. It not only has *shodhana* effects but also does *brahmana*.

*Ksheera Basti* is a *Mrudu Vatapitta Shamaka Niruha Basti*. According to commentator *Arunadatta*, the combination of *Snigdha*, *Shoshana*(dryness) and *Khara Guna* together will

improve the Asthi Dhatu, it can be achieved through Tikta Dravya Siddha Ksheera Basti and Usually Tiktadravya causes Prakopa of Vata but when Tiktadravya processed with Ksheera it does the Vata Shamana reducing symptoms like muscle wasting and weakness. Hence, Tikta Dravya Siddha Ksheera Basti does brimhana, nourishes asthi and majja dhatu.<sup>[13]</sup>

Balaguduchyadi Kashaya having Tikta and Kashaya rasa, laghu and Snigdha guna acts as shothahara and rasayana helps to reduce stiffness, pain and nourishing nerves. Yastimadhu, having Madhura rasa and Snigdha guna, acts as rasayana and balya; Medhya, Rasaraja rasa is indicated in vatavyadhi having Madhura and Kashaya rasa, Snigdha and guru guna pacify aggravated vata, reduce weakness, stabdhata, and act as balya, rasayana. *Ksheerabala* 101 *Avarti* capsule contain *Bala*, which is *Guru*, *Snigdha guna* and *Sheeta Veerya* and acts as *Brihmana* and *Vatahara*.<sup>[14]</sup>

*Balaarista* which is *Vatahara* and *Balya*, which provides strength to the muscles. Brihatvatachintamani rasa is best Vatahara drug especially in neurological debilities. Nurod capsule containing ingredients as brihatvata Chintamani rasa, trayodshanga guggulu, ashwagandha, kapikacchu, bala, lashuna, eranda helps in pacifying vata, acts as balya, rasayana, Medhya, shoolahara and stambagna.

## CONCLUSION

MND is a serious condition which affects the motor functions of the body. Multifocal onset of ALS can be challenging to treat especially when the duration of the disease is longer. Early diagnosis of the disease may help in preventing the complications. *Kaphavrutaundanavata* can be considered for multifocal ALS.

In this case, the patient demonstrated moderate improvement in fine motor activities, with a gradual increase in upper limb strength, reduction in symptoms, decreased disability, and enhanced quality of life. These outcomes suggest that MND can be effectively managed symptomatically through Ayurvedic treatment, thereby offering meaningful clinical benefits and improved patient well-being.

## Declaration of patient consent

Informed consent was taken from patient for reporting the case in the journal.

## Patient perspective

Patient reported experiencing overall improvement in quality of life and symptoms after

receiving panchakarma treatment and Ayurvedic medicines.

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**Conflict of interest** – None.

#### **Authors contribution**

Vandita M- Conceptualization, Data collection, Methodology, Writing original draft preparation.

Neelakanta. J. Sajjanar – Conceptualization, Visualization, Writing-reviewing

Gopala Krishna G - Visualization, Supervision

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