ABSTRACT

Purpose- Amyotrophic lateral sclerosis (ALS) is a cluster of atypical neurological diseases that first and foremost involve the nerve cells (neurons) responsible for controlling voluntary muscle movements like talking, walking and chewing. The disease is progressive in nature, means the symptoms get worse over time. The prevalence of ALS is 6 per 100,000 of total population and the male to female ratio is 2:1. At present, there is no cure for ALS and not any effective treatment modality to stop the progress disease. Method- A female patient, aged about 40 years with the complaints of weakness in bilateral upper and lower limbs, difficulty in speech and swallowing and difficulty in daily work since 2 years was admitted in the Panchakarma Female ward. Complaints of patients progressively increased day by day. The Patient was treated with Panchakarma therapies like Abhyanga and Swedana, Shasthishali Panda Sweda, Rajayapana Basti in Kala Basti schedule, Shirodhara, Vachacharma Lepa and Shamana drugs. Result- After the course of Panchakarma therapies with Shamana drugs patient able to walk for long distance and doing daily work at home, swallowing is easier and improvement in speech. Marked improvement found in muscle power. Conclusion- Panchakarma therapies and Ayurvedic Shamana drugs are supportive, palliative, and multi-disciplinary treatment modality which is also Non-invasive ven and improves quality of life.

KEYWORDS: Amyotrophic Lateral Sclerosis, Rajayapana Basti, Shirodhara.

INTRODUCTION

Amyotrophic lateral sclerosis (ALS) is a lethal motor neuron disorder that is, characterized by progressive loss of the upper and lower motor neurons at the spinal or bulbar level.\(^1\)

ALS is also known as Charcot disease and motor neuron disease (MND) as it is one of the five MNDs that affect motor neurons.\(^2\) There are four other known MNDs: Primary lateral sclerosis (PLS), progressive muscular atrophy (PMA), progressive bulbar palsy (PBP), and pseudobulbar palsy. It is known as Lou Gehrig’s disease or motor neuron disease.\(^3\)

Most patients present as limb-onset ALS (70%), and the remaining ones present as bulbar-onset ALS, which usually manifests with dysarthria and/or dysphagia. Approximately, 10% of all ALS cases are familial, and the disease may be inherited in an autosomal-dominant, recessive, or X-linked way.\(^4\)

According to Ayurveda there is no exact correlation of ALS but the sign and symptoms it is mainly Vataika disorder. Vata is the main Dosha of human body and it regulates the other two Dosha\(^5\) and it also regulates all main function of body.\(^6\) Vata action is much resemble with nervous system function, so symptoms of ALS resemble with vitiatted Vata symptoms. ALS can be correlated with Kapha Avrita Udana Vata\(^7\), Kapha Avrita Vyan Vata\(^8\) especially and Oja Vishrns.\(^9\) In the condition of Avrana, the treatment modality accorded to our Achraya is Anaabhishyandi, Snigdha, Srotoshodhaka drugs, Kapha and Pitta Avirudha (without affect homeostasis of Kapha and Pitta) and Vatunulomana Chikitsa\(^10\) and Yapana Basti.\(^11\)

CASE REPORT

This 40 years old female patient presented in the OPD of Panchakarma in National Institute of Ayurveda, Jaipur with the complaints of weakness in bilateral upper limbs and lower limbs, difficulty in speech and swallowing and difficulty in daily work since 2 years and stiffness in left lower limb since 15 days.

History of present illness

Patient was healthy 2 year back as per her own opinion, and then she felt weakness in both upper limbs and lower limbs which is increased day by day. She also felt some
disturbance in speech and voice became slurred and
difficulty in swallowing and difficulty in daily work.
Before 15 days she is also complaining of spasm in her
left leg. She took allopathic medicine but not got relief
now she came in Panchakarma OPD in National Institute
Of Ayurveda, Jaipur for further treatment.

**Family history:** Not significant.
**Past history:** No relevant past history.

**Examinations**
General condition of patient was fair; appetite of the
patient is normal. Bowel- irregular, mictuination – Normal, Sleep – Sound, pallor & icterus – not present,
cyanosis- not present, lymph nodes- not enlarged, tongue
– Non coated, pulse rate- 80/min. On examination patient
was fully oriented and responding to all commands.
Higher function of patient was normal and Sensory
reflexes were normal. CVS- S1 and S2 normal. Chest-
bilateral chest clear and no added sound.

Examination of the *Rogi* (patient) according to *Ayurveda*
- *Prakriti:* - *Pitta-Kapha.*

**Treatment**

Table 1: *Panchakarma therapy.*

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Therapy</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abhayanga And Swedana</td>
<td>7 days</td>
</tr>
<tr>
<td>2.</td>
<td>Shashthishali Panda Swedana</td>
<td>14 days</td>
</tr>
<tr>
<td>3.</td>
<td>Rajyapana Basti[12]</td>
<td>16 days</td>
</tr>
<tr>
<td>4.</td>
<td>Shirodhara</td>
<td>21 days</td>
</tr>
<tr>
<td>5.</td>
<td>Vachachurna Lepa</td>
<td>15 days</td>
</tr>
</tbody>
</table>

After the proper examination and analysis of the patient
has been prescribed for *Abhayanga* and *Swedana* for 7
days, *Shashthishali Panda Swedana* for 14 days,
*Rajyapana Basti* (medicated enema) in *Kal Basti*
schedule and *Shirodhara* with *Bala-Aswagandha Taila*
for 21 days. *Vachachurna Lepa* for 15 days.

Table 2: Shaman drugs.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Drugs</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tryodasang guggulu[14]</td>
<td>2 tab trice a day</td>
</tr>
<tr>
<td>2.</td>
<td>Rasraj ras[15]</td>
<td>125mg BD</td>
</tr>
<tr>
<td>4.</td>
<td>Guduchi satva</td>
<td>500mg</td>
</tr>
<tr>
<td></td>
<td>Panchatikta gharita guggulu</td>
<td>250mg</td>
</tr>
<tr>
<td></td>
<td>Madhuyasthi churna</td>
<td>500mg</td>
</tr>
<tr>
<td></td>
<td>Ashawaghandha churna</td>
<td>2 gram</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1x2 matra</td>
</tr>
<tr>
<td>5.</td>
<td>Brahmarasavandy[16]</td>
<td>5 mg BD</td>
</tr>
</tbody>
</table>

**RESULT**
Before starting treatment, total score of ALSFRS-R[17]
was 19, at the time of discharge the score was 28. Patient
showed good improvement in speech, swallowing,
salivation, walking and generalized weakness. At the
time of discharge, the patient’s gait was improved; felt
energetic, stiffness of left lower limb decreased with
overall improvement in general condition.

**DISCUSSION**

Probable mode of action of *Rajyapana Basti*
The *Basti*, which promotes the longevity of life, is
*Rajyapana Basti.*[19] All *Yapana Basti* having quality of both
*Niruha* and *Anuvasana Basti*[20] so all *Yapana Basti*
perform dual function as *Brimhana* and *Srotoshodhana.*
*Rajyapana Basti* is superior from all the *Yapana Basti.*
It also called king of all *Yapana Basti.*[20] In *Ayurveda*
ALS is a condition there is *Avarana of Vata* by *Kapha* so
we can say in ALS there is vitiation of *Vata* by
Srotorodha by Kapha. Here Rajayapana Basti alleviates the Avarana of Vata by reduction of Kapha and normalize the Vata Dosha. By normalization of Vata, Yapana Basti maintains the homeostasis in the body constituents which in turn alleviate the disease.

Probable mode of action of Shirodhara

Shirodhara is a procedure which is fruitful treatment for neuromuscular relaxation and nourishment. In Shirodhara there is an unbroken pouring of fluid over a frontal area of head which increases local circulation may help the absorption of active principles of drug. Shirodhara is a relaxation therapy which pacifies the aggravated Vata Dosha and relieves from mental exhaustion and helps to normalization of nervous system function.

Probable Mode of action of Trayodashang Guggulu

Trayodashang Guggulu is having a property of Vadanastapak, Shoolahara and Rasayan. The drugs of Trayodashang Guggulu are Ushna Veerya so reduces stiffness and it also having Deepana Pachana property due to Shunthi so reduces the Ama Dosha and clear the Srotasa and normalize the Vata which is vitiated due to obstruction. It is also having Madhura Vipaka, Gura Sanidgha and Picchhila Gun so it suppressed Vata Dosha and responsible for Mansvardhanka and Balavardhanka, so it gives strength to the muscles of affected limbs.

Probable Mode of Action of Mashabaladi Kashaya-

Mashabaladi Kashaya is having property of Tridosha shaman mainly Vata Kapha Shamak, Nadibalya, Pustikhara, Shatuvirdhaka, Rasayana and Virshaya. Masha itself a potent Dhatta Verdhaka and Vatashamaka due to Madhura Rasa and Ushnadi Gun. Bala is considered as a nerve stimulant, Balya and Madhura Rasa and Madhura Vipaka. Kauncha Beeja is Madhura, Snidgha and Ushana in property, it acts as nerve tonic. Rasana is Vatashamaka due to Tikta and Katu Ras, Ushana Virya. Rohisha is Katu Rasa, Katu Vipaka, Ushana Virya and Vatashamaka in nature. Erand is Madhur, Katu, Kashaya Rasa, Madhur Vipaka and Ushna Virya. Ashwagandha is Tikta, Kashaya, Madhur Rasa, Madhura Vipaka, Ushna Virya and Balya, Vatashamaka, Saindhav Lavan and Hingu are helpful in easy absorption of drugs.

CONCLUSION

ALS is a rapidly progressive neurodegenerative disorder disturbing both upper and lower motor neuron function. Some time it is life threatening in nature so tough to manage, but by appropriate early diagnosis and Ayurvedic treatment which is the safest, cost-effective, simply available, effective and quick responding. So Ayurvedic modality of treatment can be best option for management of ALS. The incidence of ALS is increasing every year so efforts must be taken to promote awareness of the disease and encourage the research for ALS management.

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