

## Ayurvedic management of Motor Neuron Disorder (Mamsa Majjagata Sarvanga Vata) - A Case Report


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DOI:10.21760/jaims.10.5.41

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Motor neuron disorders are a group of progressive neurological diseases that affect motor neurons. As motor neurons degenerate, the brain's ability to initiate and control muscle movements diminishes, leading to severe disability and, eventually, death. A 52-year-old male patient apparently healthy 1 year ago, gradually over a period of 6-7 months patient experienced reduction of strength in bilateral lower and upper limb, slurred speech, fasciculation over thigh region. Patient observed progression of the above symptoms which made him unable to stand and walk without support, difficulty in swallowing. Patient visited National Institute of Mental Health and Neurosciences, Bengaluru where magnetic resonance imaging of brain (impression: Grade 1 small vessel ischemic changes) and electromyography were done (impression: preganglionic neurogenic involvement of bulbar, cervical, thoracic and lumbar segments with evidence of ongoing denervation and chronic re-nervation: likely pathology-anterior horn cell). Diagnosed it as motor neuron disorder advised medications and physiotherapy (for 6 months). Later, after 1 year, patient visited SDM Ayurveda hospital 11.11.2024. Here, this was diagnosed as Mamsa-Majjagata Sarvanga Vata, based on the symptoms Bala Kshaya/Chesta Nivrutti (reduced strength), Vak Stamba (difficulty speaking), Mamsa Kshaya (muscle wasting). Patient was treated for 20 days with Ayurveda according to stages of the disease (Ama, Kapha Dosha, and Vata). Sarvanga Kayaseka, Agnichikitsa Lepa, Ksheera Vaitarana Basti, Brihat Vata Chintamani Rasa, Saraswatharishta, Agnitundi Vati, Vak Shuddhikara Choorna, and physiotherapy were adopted. Assessed for changes in clinical features, Medical Research Council muscle scale for strength, Barthel Index. These assessments were shown significant improvements.

**Keywords:** Mamsa Majjagata Vata, Motor neuron disorder, Sarvanga Vata, Shamana Medications, Basti

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**Manuscript Received**  
2025-04-12

**Review Round 1**  
2025-04-26

**Review Round 2**  
2025-05-07

**Review Round 3**  
2025-05-17

**Accepted**  
2025-05-27

**Conflict of Interest**  
None

**Funding**  
Nil

**Ethical Approval**  
Not required

**Plagiarism X-checker**  
11.65

**Note**



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## Introduction

Motor neuron disorders (MND)[1] is a group of progressive neurological diseases that affect motor neurons.

The most common form, Amyotrophic Lateral Sclerosis (ALS), causes gradual deterioration of muscle function, impacting movement, speech, swallowing, and breathing.

As motor neurons degenerate, the brain's ability to initiate and control muscle movements diminishes, leading to severe disability and, eventually, death. Patient visited National Institute of Mental Health and Neurosciences, Bengaluru where magnetic resonance imaging (MRI) of brain and electromyography (EMG) were done.

Diagnosed it as motor neuron disorder advised medications and physiotherapy (for 6 months). Here, we diagnosed it as *Mamsa-Majjagata*[2] *Sarvanga Vata*[3], based on the symptoms *Bala Kshaya/Chesta Nivrutti* (reduced strength), *Vak Stamba* (difficulty speaking), *Mamsa Kshaya* (muscle wasting).

Patient was treated for 20 days with *Ayurveda* according to stages of the disease (*Ama*, *Kapha Dosh* and *Vata*). *Agnitundi Vati*[4], *Vak Shuddhikara Choorna*[5], *Chandraprabha Vati*[6], *Saraswatharishta*[7], *Brihat Vata Chintamani Rasa*[8], *Kalyanaka Ghrita*[9], *Sarvanga Kayaseka*, *Abhyanga*[10], *Agnichikitsa Lepa*, *Ksheera Vaitarana Basti*, and physiotherapy were adopted.

Assessed for changes in clinical features, Medical Research Council muscle scale for strength, Barthel Index. These assessments were shown significant improvements.

## Case Report

### Aatura Parichaya

- Age: 52 years
- Gender: male
- Religion: Hindu
- Socio economic status: Middle class
- Educational status: Degree
- Occupation: Farmer
- Marital status: Married

- IPD number: 079364
- Date of admission: 11/11/2024
- Date of discharge: 30/11/2024
- Source of history: Patient and patient wife

### Pradahana Vedana

- Reduced strength in bilateral (b/l) upper and lower limb since 1 year
- Unable to stand without support since 3 months
- Unable to walk with and without support since 2 months
- Difficulty speaking- unable to utter "RA","UHH","PAH","GHA" since 2 months
- Difficulty swallowing and breathing since 1 month
- Brisk fasciculation over b/l thigh regions since 1month
- Heaviness in the body since 1 month
- Muscle wasting over thigh and b/l web spaces since 1 month

### Vedana Vrittanta

A 52-year-old male patient apparently healthy 1 year ago, gradually over a period of 6-7 months patient experienced reduction of strength in bilateral lower and upper limb, slurred speech, fasciculation over thigh region.

Patient observed progression of the above symptoms which made him unable to stand and walk without support, difficulty in swallowing.

Patient visited National Institute of Mental Health and Neurosciences, Bengaluru. Diagnosed it as motor neuron disorder advised medications and physiotherapy (for 6 months).

Recently, he started to suffer with breathing difficulty on supine position, muscle wasting along with above complaints. Later, after 1 year, patient visited SDM Ayurveda hospital on 11.11.2024.

### Vayaktika Vrittanta

Diet: Mixed diet (non-veg once a week)  
 Appetite: Reduced  
 Bowel: Regular (once /day)  
 Sleep: Adequate (lateral or sitting position)  
 Micturition: 4-5 times / day

**General Examination (clinical findings)**

- Nourishment: Moderate
- Built: Moderate built
- Cyanosis: Absent
- Lymphadenopathy: Absent
- Tongue: Coated
- Edema: Absent
- Pallor: Absent
- Temperature: 97.6°F
- Icterus: Absent
- Blood pressure: 120/80 mmhg
- Clubbing: Absent
- Heart rate: 78 beats per min
- Respiratory rate: 20 cycles per min

**Examination**

- CNS - conscious and oriented to person, place and time
- CVS - S1S2 heard, no murmurs
- RS - Chest clear, no crepitation

**Cranial Nerve**

- Smell - intact
- Visual acuity - 6/6 b/l eye
- Pupil b/l equal and reacting to light
- EOM - full in all direction, no nystagmus
- Fundus - b/l normal
- Mild bifacial weakness +
- Gag reflex b/l ++
- Tongue Fasciculation ++

**Motor System**

- Diffuse fasciculation over b/l thighs, tongue
- Power - 3/5 B/L upper and lower limb
- Hand grip - 4/5
- Tone - hypotonic
- Reflexes - exaggerated
- Sensory - fine touch and pin prick normal
- Gait - not elicited (patient was not able to walk)

**Ashthasthana Pariksha**

- *Nadi - Vataj*
- *Mala - Niram*
- *Mutra - Samanya*
- *Jiwha - Saama*
- *Drik - Samanya*
- *Shabda - Ksheena*
- *Sparsha - Ruksha*
- *Akruti - Ksheena*

**Dashavidha Pareeksha**

- *Prakruthi - Vata-Kapha*
- *Vikruthi - Vata and Kapha, Dooshya - Rasa, Rakta, Mamsa, Medha, Asthi, Snayu*
- *Sara - Madhyama*
- *Samhanana - Madhyama*
- *Pramana - Madhyama*
- *Saatmya - Madhyama*
- *Satva - Madhyama*
- *Ahara Shakti and Abhyavarana Shakti - Avara, Jarana Shakti - Avara*
- *Vyayama Shakti -Avara*
- *Vaya - Madhyama*

**Prayogashalyeeya Pareeksha (Investigation done):**

- MRI brain - 29/4/2024: Grade 1 small vessel ischemic changes, Mild asymmetry of cerebral hemisphere.
- EMG - 3/7/2024: Preganglionic neurogenic involvement of bulbar, cervical, thoracic and lumbar segments with e/o ongoing denervation and chronic re-nervation (likely pathology- anterior horn cell)
- MRI WHOLE SPINE - 29/4/2024: Cervical and lumbar spondylosis, diffuse bulge in C5-C6, L4-L5, L5-S1levels.

**Assessment Criteria**

- Clinical features,
- Medical Research Council muscle scale for strength,
- Barthel Index

### Chikitsa Adopted (Interventions)

**Table 1: Treatment with timeline adopted**

Date	Treatment	Observations										
11/11/2024 to 15/11/2024	<ul style="list-style-type: none"><li>Sarvanga Kayasheka with Dashamoola Kashaya and Dhanyamla.</li><li>Upanaha to b/l knee with Jatamayadi Choorna and Parisheka Thaila</li><li>Vestana to b/l thighs with Parisheka Thaila</li><li>Agnitundi Vati 1 tid b/f (before food)</li><li>Chandraprabha Vati 1 tid a/f (after food)</li><li>Saraswatharistha 15 ml tid a/f</li><li>Vak Shooddhikara Choorna 3 gms tid to rub on tongue</li><li>Physiotherapy</li></ul>	On 15/11/2024 <ul style="list-style-type: none"><li>Tongue - ama (reduced)</li><li>Body heaviness reduced</li><li>Heaviness presents only on thighs</li><li>Speech improved</li><li>Breathlessness reduced</li><li>Fasciculations on tongue reduced</li><li>Fasciculations in left thigh reduced</li><li>Sleep on supine position</li><li>Able to stand without support (around 7 to 10 mins)</li><li>Difficulty swallowing reduced</li></ul>										
16/11/2024 to 24/11/2024	<ul style="list-style-type: none"><li>Agnichikitsa Lepa for 30 mins on heaviness area (thighs)</li><li>Anuvasana Basti with Kalyanaka Ghrita 40 ml</li><li>Saraswatharistha 15 ml tid a/f</li><li>Vak Shooddhikara Choorna 3 gms tid to rub on tongue</li><li>Bruhata Chintamani Rasa (Suvarna Yukta) 1 at 6 pm with honey</li><li>Physiotherapy</li></ul>	On 24/11/2024 <ul style="list-style-type: none"><li>Heaviness of thighs reduced</li><li>Fasciculations in right thigh reduced</li><li>Able to walk with walker and one attender support (10-12 steps)</li></ul>										
25/11/2024 to 20/11/2024	<ul style="list-style-type: none"><li>Ksheera Vaitarana Basti (Administered after lunch - Bhukte Deeyate) (V)</li></ul> <p>Niruha: Chinch - 50 ml, Guda - 25 ml, Saindhava - 5 gms, Ksheera - 50 ml, Ashwagandha Ghrita 20 ml + Ksheerabala Thaila 20 ml = 40 ml</p> <p>Schedule:</p> <table><tr><td>25/11</td><td>26/11</td><td>27/11</td><td>28/11</td><td>29/11</td></tr><tr><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr></table> <ul style="list-style-type: none"><li>Sarvanga Abhyanga with Ksheerabala Thaila and Shastika Shali Pinda Sweda</li><li>Saraswatharistha 15 ml tid a/f</li><li>Vak Shooddhikara Choorna 3 gms tid to rub on tongue</li><li>Bruhata Chintamani Rasa (Suvarna Yukta) 1 at 6 pm with honey</li><li>Physiotherapy</li></ul>	25/11	26/11	27/11	28/11	29/11	✓	✓	✓	✓	✓	On 24/11/2024 <ul style="list-style-type: none"><li>Able to walk with walker (12-15 steps/bathroom)</li><li>Speech improved</li><li>Gait improved</li></ul>
25/11	26/11	27/11	28/11	29/11								
✓	✓	✓	✓	✓								

## Result

**Table 2: Assessments**

Criteria	Before treatment	After treatments
Chesta Nivrutti/ Bala Kshaya	Present	Improved
MRC muscle strength scale	3 (all limbs)	4- (all limbs)
Standing	Unable to stand	Able to stand without support
Walk	Unable to walk	Able to walk with walker
Speech	Slurred (1 or 2 words)	Improved (sentences)
Swallowing	Difficult	Normal
Dyspnea (on supine)	Present	Absent
Fasciculation	Present	Absent
Heaviness in the body	Present	Absent
Muscle wasting over thighs and b/l web	Present	Present
Barthel Index	45 (partially dependent)	65 (minimally dependent)

## Discussion

Ayurveda treatments have demonstrated their effectiveness in managing *Mamsa Majjagata Sarvanga Vata* (~MND). *Agnitundi Vati* as *Deepana*, helped in this patient. *Chandraprabha Vati* has *Kapha Hara*, *Medo Hara* action. Heaviness was reduced. *Agnichikitsa Lepa* also reduced heaviness.

*Sarvanga Kayaseka* played a crucial role in opening the minute bodily channels (*Srotas*), enhancing blood and lymphatic circulation. This therapy alleviates *Kapha* and *Vata* imbalances, while removing obstructions (*Avarana* or *Srotorodha/Ama*), preparing the body for subsequent treatments such as *Abhyanga* (oil massage) and *Basti* (medicated enema).

*Sarvanga Abhyanga*, along with *Baashpa Sweda* (steam therapy) and *Naadi Sweda* (localized steam), may be reduced muscle spasticity, reduced fasciculations, increased joint flexibility, enhances circulation, and alleviates pain. Among these treatments,

*Basti* is considered the most significant for managing *Sarvanga Vata*, as it supports both gross and fine motor functions, nourishes tissues, and improves overall health and quality of life, particularly in patients with motor neuron disease (MND). *Ksheera Vaitarana Basti* is *Ama/Kapha Hara* and *Vata Hara* along with *Brumhana* quality (According to *Vangasena*), as this patient was having heaviness, *Ama Lakshanas*. As strength of patient was *Avara*. *Vaitarana Basti* after lunch was administered (*Bhukte Api Deeyate*)

*Ksheerabala Thaila* has *Brumhana*, *Vatahara* action, which helped in this patient. *Ashwagandha Ghrita* may be acted as a neuro-protective agent and possesses antioxidant properties. *Saraswatharistha* has *Medya*, *Swarya* action. This action helped in this patient as speech abnormality was there. *Brihat Vata Chintamani Rasa* (BVC Rasa) fortified with *Swarnabhasma* (gold ash) are known to enhance sensory and motor functions, support cognitive health, and offer immunomodulatory effects. Integrating physiotherapy into the treatment plan further aids in improving mobility and muscle strength, making it a vital component in the comprehensive management. Thus, *Deepana*, *Amahara/Kaphahara*, *Vatahara*, *Mamsa Majjagata Vata Chikitsa*,

*Pakshaghata/Sarvanga Vata Chikitsa* subsequently adopted (according to stage/*Avastha*) and resulted in significant improvement.

## Conclusion

Ayurveda treatment protocol adopted in MND shown significant improvement in clinical features ~ muscle strength, speech, and gait. MND can be treated according to *Kapha Avruta Vata*, *Mamsa Majja Gata Vata* and *Sarvanga Vata*. Multicentric clinical trials can be conducted on MND with this Ayurved treatment protocol.

## References

- Sharma S, Chauhan N. Motor Neuron Disease: A Case Report with Review of Literature. *Int Aca Res J Int Med Pub Hlth*. 2022;3(3):20–1. [Crossref][PubMed][Google Scholar]
- Tripathi B, editor. Charaka Samhita of Agnivesha. Chikitsa Sthana, 28/24–38. Reprint ed. Varanasi: Chaukhambha Surabharati Prakashana; 2009. p. 481 [Crossref][PubMed][Google Scholar]
- Srikanta Murthy KR, editor. Ashtanga Hridaya. Vol II, Nidana Sthana, 15/16. Reprint ed. Varanasi: Chaukamba Krishnadas Academy; 2008. p. 150–1 [Crossref][PubMed][Google Scholar]
- Shastri A, editor. Bhaishajya Ratnavali. Agnimandiyadi Chikitsa Prakaranam (Agnitundi Vati). Varanasi: Chaukhambha Prakashan; 2019. p. 341 [Crossref][PubMed][Google Scholar]
- Tripathi B, editor. Ashtanga Hridaya. Nirmal Hindi Commentary, Uttartantra, Balopacharaniya Adhyaya, Sloka 49. Delhi: Choukhamba Sanskrit Pratishthan; [year not provided]. [Crossref][PubMed][Google Scholar]
- Lochan K, editor. Bhaishajya Ratnavali. Prameha Chikitsa, Vol. 2, Chp. 37. 1st ed. Varanasi: Chaukhambha Sanskrit Bhawan; [year not provided]. p. 521–2 [Crossref][PubMed][Google Scholar]
- Shastri RV, editor. Bhaishajya Ratnavali. Atha Vajikarana Prakaranam (Saraswatarishta). Varanasi: Chaukhamba Sanskrit Bhawan; 2002. p. 796–7 [Crossref][PubMed][Google Scholar]

8. Mishra S, editor. Bhaishajya Ratnavali of Kaviraj Govind Das Sen. Brihat Vata Chintamani Rasa. Varanasi: Chaukhamba Surabharati Prakashana; 2009. p. 530 [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
9. Shastri K, Chaturvedi G, editors. Charaka Samhita of Agnivesha. Chikitsa Sthana, Ch. 9, Ver. 35–41 (*Kalyanaka Ghrita*). Reprint ed. Varanasi: Chaukhambha Bharti Academy; 2011. p. 318–9 [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
10. Sharma RK, editor. Charaka Samhita. Cha. Su. 5/85–86. Reprint ed. Varanasi: Chowkhamba Sanskrit Series Office; 2011 [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

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