



Ayurvedic Approach to Multiple Sclerosis Management - A Case Report

Dr. Seethadevi. P¹, Dr. Rakshitha .0², Dr. Athriya S³

¹Reader, Department of Panchakarma, JSS Ayurveda Medical College, Mysuru;

²2ND Year PG Scholar, Department of Panchakarma, JSS Ayurveda Medical College, Mysuru;

³2ND Year PG Scholar, Department of Panchakarma, JSS Ayurveda Medical College, Mysuru;

(Received: 16 July 2025

Revised: 20 August 2025

Accepted: 12 September 2025)

KEYWORDS

Multiple sclerosis, Asthimajjagata vata, Expanded disability status scale, case report

ABSTRACT:

Background- Multiple sclerosis [MS] is a chronic autoimmune condition characterized by inflammation and demyelination of nerve fibres, characterized by relapsing sensory symptoms, subacute loss of function of the upper limb, 6th cranial nerve palsy, progressive non-compressive paraparesis, postural tremors, and optic neuritis. where the prevalence is about 120 per 100000. The annual incidence is around 7 per 100000, while the lifetime risk of developing MS is about 1 in 400. In Ayurveda, multiple sclerosis can be correlated to Asthimajjagata vata.

Objective: To evaluate the efficacy of Ayurvedic treatment in the case of Multiple sclerosis using the EDSS [expanded disability status scale] as an outcome measure.

Clinical findings- Here is a case of a 39-year-old female patient suffering from Multiple sclerosis complaints of Balakshaya in ubhaya urdhwa and adhoshaka associated with suptata. Based on Ayurvedic diagnosis, the condition was identified as Asthimajjagata vata, treated with panchakarma therapy including sarvanga dashamoola kashaya seka, sarvanga patrapinda sweda, sarvanga abhyanga, shastika shali pinda sweda, shiropichu, Virechana, and basti for 3 sittings.

Outcome: The patient underwent Ayurvedic therapies targeting both Avarana and Vata. Significant improvement in clinical symptoms was observed. Remarkable relief in symptoms was noted on the EDSS [expanded disability status scale] before the treatment score was 6.0 and improved to 4.0 in 1st sitting (4/1/2023 to 11/2/2023), from 4.0 to 2.5 in 2nd sitting (8/3/2023 to 15/3/2023) and in 3rd sitting from 2.5 to 1.5 (11/1/2024 to 18/1/2024) after the treatment.

Conclusion: This case report shows the potential of Ayurvedic management. The improvement in EDSS scores before and after the treatment signifies the efficacy of Ayurvedic approach in managing this condition.

INTRODUCTION

Multiple sclerosis [1] is a chronic, autoimmune, inflammatory, and demyelinating disorder. MS targets myelinated axons in the central nervous system, resulting in demyelination and a variable degree of axonal loss. The female: male ratio is 2.5:1. It is being increasingly recognised in the paediatric age group and even past 55 years in adults. MS can present with various clinical manifestations. Relapsing and remitting form are the most common, and is characterised by transient neurological deficits, which may spontaneously resolve or be steroid responsive. The first clinical event in these

patients, termed clinically isolated syndrome (CIS), can be optic neuritis, incomplete myelitis, or brainstem syndrome, muscle weakness, stiffness, numbness, loss of balance, coordination and mood changes. Approximately 25-40% of patients develop disability over time with very few or no intervening relapses and is then called secondary progressive MS. MRI is the most sensitive technique for imaging lesions in the brain and spinal cord and for excluding other causes that have provoked the neurological deficit. The CSF may show a lymphocytic pleocytosis in the acute phase and oligoclonal bands of IgG in 70-90% of patients between attacks. The



management of MS includes treatment of acute relapses and maintenance therapy with immunomodulatory drugs. In addition, symptomatic treatment for complaints such as fatigue, mood disturbances, pain, bladder dysfunction, and spasticity is needed. *Vatavyadhi* is a set of disorders caused by the vitiation of *vata*. *Charaka* has explained that the cause of *vatavyadhi* can be of *Dhatukshayajanya* and *Margavarodhajanya*. In Ayurveda, multiple sclerosis can be correlated to *asthimajjagata vata*. The signs and symptoms of *Asthimajjagata vata*[2] are *Bhedoasthiparvanam* (breaking kind of pain in bones), *Sandhishoola* (joint pain), *Mamsakshaya* (muscular wasting), *Balakshaya* (weakness), *Sandhi Shaithilayam* (laxity of joints), *Aswapanasantatruka* (inability to sleep because of constant pain) and *Shiryantiva cha Asthinidurbalani* (Bone tissue degeneration causing systemic weakness.)

CASE REPORT

A Female patient aged 39 years, not a known case of DM and HTN, visited the Panchakarma OPD of JSS Ayurveda Hospital, Mysuru, with complaints of *Balakshaya* in *ubhaya urdhwa* and *adhoshaka* predominantly in *hasta* and *pada* associated with *suptata* since 3 years. The patient had the same complaints 6 years back in severe form, associated with difficulty & falls during walking. For these complaints, she consulted an allopathic physician, underwent an MRI of the brain suggestive of multiple white matter lesions in the periventricular aspect of cerebrum, cerebellum, corpus callosum demyelinating plaque, and Multiple sclerosis, and underwent conservative management (treated with corticosteroids). The patient has no history of major illness and no family history of the same. But during treatment, she gained weight & became lethargic. Hence, over the last 1 year, she discontinued the conventional medicines and started experiencing a relapse of symptoms, including weakness & numbness in the bilateral upper & lower limbs. Thus, she now visited our OPD and was admitted under IPD to our hospital for better management of the same.

Diagnostic test: MRI of the brain suggestive of multiple white matter lesions in the periventricular aspect of cerebrum, cerebellum, corpus callosum, demyelinating plaque, and Multiple sclerosis.

Central Nervous System Examination:

Higher mental function- Consciousness and well-oriented

Cranial nerve examination:

I- Olfactory nerve- intact

II- Optic nerve – intact

III, IV & VI – Oculomotor, Trochlear & Abducent nerve- intact

V – Trigeminal nerve – intact

VII -Facial Nerve- Sensory and Motor part- intact

VIII Auditory / vestibulocochlear Nerve- intact

IX & X Glossopharyngeal & Vagus Nerve – intact

XI Spinal Accessory Nerve- Shrugging of Shoulders –not possible on both sides

XII Hypoglossal nerve - Dysarthria – absent

Table no. 1 Motor system examination:

	Right	Left
Muscle bulk	Atrophy	Atrophy
Muscle tone	Spastic	Spastic
Muscle power	3/5	4/5
Biceps reflex	++	++
Triceps reflex	++	++
Knee reflex	+++	+++
Ankle reflex	++	++

Coordination test:

Finger-to-nose test- Affected on both side

Heel-shin test – Affected on both side

Dysdiadochokinesia– absent

Tandem walking – not possible

Romberg's test – could not able to elicit

Sensory system examination:

Sensation for pain, touch and temperature, vibration - intact



2 point discrimination – intact

Position sense- intact

Stereognosis – intact

Proprioception- intact

Table no.2 Therapeutic Intervention and timeline:

Panchakarma intervention	
4/1/2023 to 5/1/2023	<i>Sarvanga dashamoola Kashaya seka</i>
6/1/2023 to 11/1/2023	<i>Sarvanga abhyanga with yastimadhu taila followed by ushna jala snana</i>
4/1/2023 to 11/1/2023	<i>Yoga basti Anuvasana with ashwagandha ghrita -80ml Niruha – madhu [80ml], saindava lavana[6g], balaguduchyadi taila[130ml], shatapushpa kalka[25g], yastimadhu ksheera Kashaya[350ml]</i>
6/1/2023 to 11/1/2023	<i>Shiro pichu with ksheera bala taila</i>

8/3/2023 to 11/3/2023	<i>Snehapana with indukanta ghrita [30ml, 60ml, 90ml, 120m]</i>
12/3/2023 to 15/3/2023	<i>Sarvanga abhyanga with Bala taila followed by bashpa sweda</i>
On 15/3/2023	<i>Virechana – trivrit lehya [40g]</i>

11/1/2024 to 13/1/2024	<i>Sarvanga dashamoola Kashaya seka</i>
14/1/2024 to 16/1/2024	<i>Sarvanga patra pinda sweda</i>
17/1/2024 to 18/1/2024	<i>Sarvanga shashtika shalipinda sweda</i>
11/1/2024 to 18/1/2024	<i>Yoga basti Anuvasana with ashwagandha balalakshadi taila -80ml</i>

	<i>Niruha – madhu[100ml], saindavalavana[6g], ashwagandha balalakshadi taila[130ml], shatapushpa kalka[25g], Erandamooladi Kashaya[350ml]</i>
--	---

Internal medicines	
04/1/23 to 11/1/2023	<i>Jeerakadi churna (1tsf-0-1tsf) with lukewarm water before food</i>
04/1/23 to 11/1/23	<i>Tab chandraprabha vati (1-0-1) after food.</i>
04/1/23 to 11/1/23	<i>Tab brihat vata Chintamani rasa (1-0-1) after food</i>
11/1/24 to 18/1/24	<i>Ashtavarga Kashaya (15ml-0-15ml) after food with warm water.</i>
11/1/2024 to 18/1/2024	<i>Balyam granules (5g -0-5g) after food with warm milk/ lukewarm water</i>
Advice on discharge	<i>Balyam granules (5g-0-5g) after food Ashtavarga Kashaya (15ml-0-15ml) after food with warm water. Tab chandraprabha vati (1-0-1) after food.</i>

Result:

Table no.3 Showing EDSS scores before treatment, after treatment:

EDSS SCORE	Before treatment	After treatment
1 ST sitting from 4/1/2023 to 11/1/2023	6.0	4.0
2 nd sitting from 8/3/2023 to 15/3/2023	4.0	2.5



3 rd sitting from 11/1/2024 to 18/1/2024	2.5	1.5
---	-----	-----

SCORE	DESCRIPTION
0	Normal neurological examination, no disability in any functional system
1.0	No disability, minimal signs in one functional system
1.5	No disability, minimal signs in more than one functional system
2.0	Minimal disability in one functional system
2.5	Mild disability in one functional system or minimal disability in two functional systems
3.0	Moderate disability in one functional system, or mild disability in three or four functional systems. No walking impairment
3.5	Moderate disability in one functional system and more than minimal disability in several others. No walking impairment
4.0	Significant disability but self-sufficient and up and about some 12 hours a day. Able to walk without aid or rest for 500m
4.5	Significant disability, but up and about much of the day. Able to work a full day. May otherwise have some limitations on full activity or require minimal assistance. Able to walk without aid or rest for 300m
5.0	Disability is severe enough to impair full daily activities and the ability to work a full day without special provisions. Able to walk without aid or rest for 200m
5.5	A disability severe enough to prevent full daily activities. Able to walk without aid or rest for 100m

6.0	Requires a walking aid – cane, crutch, etc. – to walk about 100m with or without resting
6.5	Requires two walking aids – a pair of canes, crutches, etc. – to walk about 20m without resting
7.0	Unable to walk beyond approximately 5m even with aid. Essentially restricted to a wheelchair, though wheels a standard wheelchair and can get in and out alone. Up and about in a wheelchair for some 12 hours a day
7.5	Unable to take more than a few steps. Restricted to a wheelchair and may need help getting in and out. Can wheel but cannot carry on in a standard wheelchair for a full day, and may require a motorised wheelchair
8.0	Essentially restricted to a bed or chair, or being pushed in a wheelchair. May be out of bed much of the day. Retain many self-care functions. Generally, has an effective use of arms
8.5	Essentially restricted to a bed for much of the day. Has some effective use of arms, retains some self-care functions
9.0	Confined to bed. Can still communicate and eat
9.5	Confined to bed and dependent. Unable to communicate effectively or eat/swallow
10	Death due to MS

DISCUSSION:

Multiple sclerosis is a chronic autoimmune inflammatory demyelinating disorder affecting brain and the spinal cord. It can be treated under *Vata Vyadhi Chikitsa*[3] in *Ayurveda*, with the patient presenting features of *Asthimajjagata Vata*.



Initially, from 4/1/2023 to 11/1/2023, *Rukshana* line of treatment was adopted with *Dashamula Kashaya seka*, helps in removing *Kapha Avarana*. Once *Kapha Avarana* was removed, the patient was treated with *Snigdha* therapy, like *sarvanga abhyanga*, *shiropochu*, help in reducing the symptoms and provides nourishment to the body. The patient was subjected to *sarvanga abhyanga* with *yastimadhu taila*. *Yastimadhu*[4] is *balya*, pacifies *vata* and *pitta* dosha, *kshayaglanihara*, *Madhura rasa*, *guru snigdha guna*, *sheetavirya*, and *Madhura vipaka*. *Shiropichu* was done with *ksheerabala taila*[5], having *brumhana*, *rasayana*, *swarya* property. *Acharya Charaka* explained *Basti* as the *Ardha* [6] *chikitsa*, *Acharya Vagbhata*[7] indicates *Basti* in *Vata pradhana vyadhis*. *Acharya Charaka* has recommended *Tikta Rasa pradhana Basti*, administered with *Ksheera* and *Sarpi*, for the management of *Asthi-Majjagata Vikara*. Among the various types of *Basti*, *Ksheera Basti* possesses both *Shodhana* and *Brimhana* properties [8]. *Yoga basti* was administered, including *anuvāsana* with *Ashwagandha ghrīta*[9], contains *ashwagandha* having *Madhura* and *Kashaya rasa*, *snigdha guna ushna veerya*, *Madhura vipaka*, *vatapitta shamaka*, *srothoshodhana*, *balya*, *rasayana-vajeeekarana* properties. *Yastimadhu ksheerakshaya niruha basti* is administered. *Yastimadhu* is *jeevaneeya*, *pittavatahara*, *swarya*, *kshayapaha*, *balakrut*. Before treatment EDSS[10] score was 6.0, and after the treatment score was 4.0.

From 8/3/2023 to 15/3/2023- Patient administered with *snehapana* with *indukanta ghrīta*[11] indicated in *vata roga* and is *bala vardhana*. *Sarvanga abhyanga* with *balataila* followed by *bhashpa sweda*. *Bala taila* is considered as *shreshtha vatavyadhivinasanam* [12]. *Virechana* is given with *trivrit lehya*, and 11 vegas were observed. *Virechana* pacifies vitiated *Pitta Dosha* and also helps in eliminating vitiated *Kapha Dosha*, corrects *Dushita Rakta Dhatu*, causes *Valanulomana* and *Srotoshodhana*. It is a method of bio-purification cleanses the *koshta*, eliminates the morbid *Dosha* from the body, aids in maintaining the *Dosha* and *Dhatu Samyata*. As MS is an autoimmune disorder, *virechana* helps by detoxifying the body, reducing inflammatory process, balancing the immune response, and improving metabolism. EDSS score was 4.0 and improved to 2.5 before and after the treatment, respectively.

From 11/1/2024 to 18/1/2024 - Patient got significant improvement during two sittings of treatment as

mentioned above, and came for the follow-up for the same. *Sarvanga dashamoola Kashaya seka* was done as *Dashamoola*[13] is *Kapha-Vata Nashaka*, *Seka* helps to resolve *Stambha*, *Gourava*. *Sarvanga Patra Pinda Sweda* was done, it relieves stiffness, pain and swelling, improves the range of movements associated with painful conditions of joints, and improves blood circulation in the body. *Shastika Shali Pinda Sweda*, it is a form of *Snigdha Sankara Sweda*, does *Vata Shamana* and *Bruhmana* in nature helps in reducing pain and strengthening of muscles & joints. *Yoga basti, anuvāsana* with *ashwagandha bala lakshadi taila*[14], which is *pushtikara* indicated in *vatavyadhis*. *Erandamooladi Niruha basti*[15] contains *Kalka Dravyas* like *Shatahva*, *Hapusha*, *Bala*, and *Kwatha Dravya* as *Eranda Moola*, *Rasna*, which does *Deepana*, *Lekhana*, and Relieves the *Shula of Uru, Jangha, Pada, Prushta, and Trik*. Removes the obstruction of *Apanavata*. The EDSS score improved from 2.5 to 1.5 before and after the treatment.

Patient was orally administered with *jeerakadi churna* containing *jeeraka*, *ajamoda*, *saindava lavana*, *shunti*, which is *agnideepana*, *pachana* in nature. *Chandraprabha vati*[16] contains drugs like *vacha*, *Amrutha*, *daruharidra*, *haridra*, *nagaramotha*, etc, useful due to its *balya* (strength promoting) and *rasayana* (rejuvenating) effects and its action in the *apana* (lower parts of the body). *Brihat vata Chintamani rasa* [17] contains drugs like *Swarna Bhasma*, *rajata Bhasma*, *abhraka Bhasma*, *loha pravala Bhasma*. Is *vatashamaka*, *balya*, *rasayana*, *mashtishka*, *Medhya*, *kshyagna*. *Ashtavarga Kashaya* [18] contains drugs like *bala*, *sahachara*, *eranda*, *rasna*, *nirgundi* is indicated in *vatavyadhi*, which helps to reduce numbness, aids relief from swelling. *Balyam* granules [19] contain *ashwagandha*, *shatavari*, *amalaka*, and *shankhapushpi* helps in increasing strength and nourishes the brain tissues by their *balya* property.

CONCLUSION:

Ayurvedic line of treatment offers a holistic approach in managing multiple sclerosis, which includes *Bahiparimarjana Chikitsa*, *virechana* and *Basti*. These treatments help to reduce the symptoms, and Patients can have an improved quality of life to perform their day-to-day routine work easily after the end of the treatment.



REFERENCES

- 1] API textbook of medicine, Sandhya A. Kanth, Siddharth N shah, Milind Y. Nadakar, 11th edition, volume 2, section 21, Neurology, p.2047
- 2] Agnivesha, Charaka Samhitha, edited by Vaidya Jadavji Trikamji Acharya, revised by Charaka and Dridabala with the Ayurveda Deepika commentary of Chakrapanidatta, Choukamba Prakashana, Varanasi, reprint 2020, chikitsa sthana, chapter 28, verse 33, p.617
- 3] Agnivesha, Charaka Samhitha, edited by Vaidya Jadavji Trikamji Acharya, revised by Charaka and Dridabala with the Ayurveda Deepika commentary of Chakrapanidatta, Choukamba Prakashana, Varanasi, reprint 2020, chikitsa sthana, chapter 28, verse 75-78 p.620
- 4] Bhaishajya Ratnavali of Govind Das Sen, commented by Ambika Datta Shastri and English Trans. by Dr. Kanjiv Lochan, volume 3, Kshudra Rogadikara, chapter no.60, verse 146, P.194
- 5] G Prabhakar roa, Sahasrayogam, prabhakara vyakaranam reprint 2021, Choukamba publicationas Varanasi, tailayoga prakarana, p.559
- 6] Agnivesha, Charaka Samhitha, edited by Vaidya Jadavji Trikamji Acharya, revised by charaka and Dridabala with the Ayurveda Deepika commentary of Chakrapanidatta, Choukamba Prakashana Varanasi, reprint 2020, Siddhi sthana, chapter 1, verse 38, p.683.
- 7] Vagbhata, Astanga Hrudaya, suthra sthana, 19/86, edited by Pt. Hari Sadasiva Sastri Paradakara Bhisagacarya, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint: 2009, sutra sthana, 13/1, p. 211.
- 8] Acharya YT, editor Nibandhasangraha, Commentary. Reprint Edition. New Delhi: Chaukhamba Surbharati Parkashan; 2008. Agnivesa, Charaka Samhitha, with Chakrapaanidatta; Chikitsasthana 35/6 p. 525.
- 9] Bhaishajya Ratnavali of Govind Das Sen, commented by Ambika datta shastri and English Trans. by Dr. Kanjiv lochan, volume 3, vajikarana prakarana, chapter no. 74, verse 228, p.551
- 10] <https://mstrust.org.uk/a-z/expanded-disability-status-scale-edss>
- 11] Niteshwar K, Vidyanath R. English Commentary, Sahasrayogam. Ch.5. Varanasi: Chaukhambha Sanskrit Series Office; 2014. Ghrita prakarana, p. 62.
- 12] Vagbhata, Ashtanga Hridaya, with Sarvangasundara commentary of Arunadatta and Ayurveda rasayana of Hemadri, Anna Moreshwara Kunte, edited by Bhishakacharya Harishastriparadakara Choukamba Prakashana, Varanasi, reprint 2022, chikitsasthana, chapter 21, verse 73, page no 727
- 13] Vasant C. Patil, Principles and Practice of Panchakarma, Varanasi, Chaukhambha Sanskrit Sansthana, Reprint 2017, Chapter No.9, 2011, Page No-224-226.
- 14] G Prabhakar roa, Sahasrayogam, prabhakara vyakaranam reprint 2021, Choukamba publicationas Varanasi, tailayoga prakarana, page no 529
- 15] Acharya Charaka, Charaka Samhitha of Agnivesha, redacted by Dridhabala, Ayurveda Dipika commentary by Chakrapanidatta, edited by Pandith Kashinath Shastri, Foreword by Vaidya Yadavji Trikamji, Vol 2, Siddhi sthana Chapter-3 verse no.38-42. Reprint edition 2019, Choukhambha Sanskrit Sansthan, Varanasi. Page no-917
- 16] Bhaishajya Ratnavali of Govind Das Sen, commented by Ambika Datta Shastri and English Trans. by Dr. Kanjiv Lochan, Prameha Rogadikara, chapter no. 37, verse 102, Pg no.521
- 17] Bhaishajya Ratnavali of Govind Das Sen, commented by Ambika Datta Shastri and English Trans. by Dr. Kanjiv Lochan, Vatavyadhi Chikitsa Prakarana, chapter no. 26, verse 145, Pg no. 157
- 18] Nishteshwara, Sahasrayoga, Kashaya Prakarana; Vara-nasi; Chowkhamba Sanskrit Series: 2006. Kashaya prakarana, vatahara Kashaya 54/1
- 19] Niteshwar K, Vidyanath R. English Commentary, Sahasrayogam. Ch.5. Varanasi: Chaukhambha Sanskrit Series Office; 2014. p. 239.