



Case Report: Ayurvedic Management in Multiple Sclerosis w.r.t. *Asthi-Majjagata Vata*

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ABSTRACT:

Multiple Sclerosis (MS) is a non-infectious, auto-immune mediated neurological disease with focal, inflammatory, demyelination caused by genetic and environmental factors. Majorly presenting in the fourth decade of life, clinical features of MS depend on the site on lesion within the CNS. Here is a case of MS in a 29-year-old female, with complains of muscle weakness, loss of strength, numbness or tingling sensation as well as, frequent falls. It has been closely correlated to Asthi-majjagata Vata in Ayurveda and treated with Kevala Vatavyadhi Chikitsa protocol. On follow-up, she reported considerable improvement in her symptoms which was backed by clinical examination findings. This proves the efficacy of time-tested treatment modalities in Ayurveda when applied to neurological disorders like MS.

Introduction:

Multiple Sclerosis (MS) is a non-infectious, auto-immune mediated neurological disease with focal, inflammatory, demyelination caused by genetic and environmental factors.[1] As per 'Atlas of MS' given by Multiple Sclerosis International Federation (MSIF), prevalence of MS in India is 0-25 per 100,000 population.[2] It usually presents in the fourth decade with a variety of clinical features based on the site of lesion within the CNS which includes brain, spinal cord and/or optic nerves.[1]

As *Vata Dosha* majorly factors into the etiopathogenesis of any neurological disease, this case is correlated to *Vatavyadhi*. *Lakshanas of Asthi-majjagata Vata* [3] are in close relation with few of the clinical features of Multiple Sclerosis such as muscle weakness, loss of strength, and numbness or tingling sensation. Although there can be many other symptoms and probable correlations, this case is diagnosed and treated as *Asthi-majjagata Vata* owing to the chief complaints of the patient on the date of admission.

1. Patient Information:

A 39-year-old female homemaker presented with complaints of weakness in right upper and lower limbs occasionally associated with tingling sensation since 3 years. She also suffered frequent falls while walking and had resorted to allopathic conservative management (details not known) for 2 years with temporary relief from her symptoms. During the course of this treatment, patient reports lethargy and weight gain (~12kgs in 2 years) due to which the treatment was discontinued for a year and her symptoms have relapsed. Hence, she visited our OPD for further evaluation and treatment.

2. Clinical Findings:

She does not have any comorbidities and no significant family history. She consumes mixed diet and has good appetite, no specific physical exercise, habitual consumption of tea/coffee twice a day (~250-500ml/day). She has sound sleep, bowel habit – once/twice a day in normal consistency and bladder habit- 3-4 times/ day, 1-2 times/night. On general examination, circumduction and lateral trunk sway was seen in the gait, BMI was 33.6kg/m² (Obese Class 1) and



vitals were stable. There were no signs of pallor, icterus, cyanosis, clubbing, koilonychia, oedema or lymphadenopathy.

On *Ashta Sthana Pareeksha*; *Nadi: Vata-Pitta*; *Mala, Mutra, Shabda, Sparsha, Druk: Prakruta*; *Akruti: Sthoola*. On *Dashavidha Pareeksha*; *Prakruti: Vata-Pitta*; *Vikruti: Kapha*; *Sara, Sattva, Samhanana: Madhyama*; *Satmya: Sarva Rasa Satmya (Pravara)*; *Abhyavarana Shakti, Jarana Shakti: Madhyama*; *Vyayama Shakti: Avara*; *Pramana: Pravara*; *Vaya: Madhyama*.

On systemic examination; respiratory system, cardiovascular system and gastro-intestinal system were found to be normal. She has a regular menstrual cycle of

3. Timeline: (Table 1)

28-32 days with a 4-5 days' menstrual phase and no associated symptoms during the cycle. She has had 2 FTND from a non-consanguineous marriage with no history of miscarriages or abortions (G₂P₂A₀L₂D₀). On examination of central nervous system, higher mental functions were intact. Cranial nerve examination showed impaired function of vestibulocochlear nerve (Cranial Nerve 8) as Romberg test was positive. On musculoskeletal examination, muscle power was found to be 3/5 in right upper and lower limbs and 5/5 in left upper and lower limbs with normal tone in all the limbs. There was no muscle wasting or hypertrophy noted. All superficial and deep tendon reflexes were elicited and found to be normal.

Date	Complaints	Examination	Medicine/Procedure
27-05-2020	Weakness in right upper limb and lower limb associated with occasional tingling sensation since 3 months.	MRI Brain was suggestive of multiple white matter lesions in periventricular aspect of cerebrum, cerebellum and corpus callosum-Demyelinating plaques, Multiple sclerosis, no active lesions. Weight=72kg	Allopathy conservative management-oral medications (details unknown).
14-01-2022	Weakness in right upper limb and lower limb associated with occasional tingling sensation persists with history of 3-4 self-falls due to loss of balance.	Weight gain=84kg (~12kgs in 2 years) associated with lethargy.	Oral medication stopped due to weight gain and lethargy.
20-03-2023	Weakness in right upper limb and lower limb associated with occasional tingling sensation and lethargy since 1 year.	Muscle power in right U.L. and L.L- 3/5 Weight=84kg	<i>Shodhana</i> line of treatment started (<i>Sarvanga Abhyanga</i> followed by <i>Ushna Jala Snana, Yoga Basti</i>).
22-03-2023	Light-headedness with mild blurring of vision	-	<i>Shiropichu</i>
24-03-2023	Weakness in right upper limb and lower limb persists. Tingling sensation reduced by 30%. Lethargy reduced by 40%.	Muscle power in right U.L. and L.L- 3/5	Same treatment continued.
28-03-2023	Weakness in right upper limb and lower limb reduced by 40%	Muscle power in right U.L. and L.L- 4/5.	Discharged and <i>Shamanaushadhi</i> advised for 30 days.



	Tingling sensation reduced by 70%. Lethargy reduced by 70%.	Weight=80kg	
Followed up on 28-04-2023	Weakness in right upper limb and lower limb reduced by 60%. Tingling sensation and lethargy reduced completely.	Muscle power in right U.L. and L.L- 4/5. Weight=77kg	<i>Pathya-Apathya</i> advice given.

Table 1: Treatment Timeline

4. Diagnostic Assessment:

Haematology revealed Hb-11.2gm/dL, neutrophils-68gm/dL, lymphocytes- 26gm/dL, eosinophils-2gm/dL, monocytes-4gm/dL, WBC-10800cells/mm³, ESR-65mm 1st hour, RBS-101mg/dL and urine routine showed 1-2 pus cells.

MRI Brain was suggestive of multiple white matter lesions in periventricular aspect of cerebrum, cerebellum and corpus callosum- Demyelinating plaques, Multiple sclerosis, no active lesions.

5. Therapeutic Intervention: (Table 2)

<i>Shodhana</i>	Medicine Used	Duration
<i>Sarvanga Abhyanga</i> followed by <i>Ushna Jala Snana</i>	<i>Yashtimadhu Taila</i>	8 days
<i>Yoga Basti</i>	<i>Anuvasana Basti:</i> <i>Ashwagandha Ghrita</i> = 80ml <i>Niruha Basti:</i> <i>Makshika</i> = 80ml <i>Saindhava Lavana</i> = 6gm <i>Balaguduchyadi Taila</i> = 130ml <i>Shatapushpa Kalka</i> = 25gm <i>Yashtimadhu Ksheera Kashaya</i> = 350ml	8 days
<i>Shiropichu</i>	<i>Ksheerabala Taila</i>	6 days
<i>Shamana</i>	Dosage	Duration
Tab. <i>Brihat Vata Chintamani Rasa</i>	1 BD After food	30 days
<i>Ashwagandharishta</i>	15ml BD After food, with equal quantity of water	30 days
Tab. <i>Mahayogaraja Guggulu</i>	1 BD After food	30 days

Table 2: Therapeutic Intervention

In *Asthi-majjagata Vata*, *Lakshanas* mentioned are *Asthi* and *Parva Bheda*, *Sandhishoola*, *Mamsa Kshaya*, *Bala*

Kshaya, *Asvapna* and *Santata ruk*. All of these features, except *Bheda* and *Shoola*, are present in this case. Other



features of MS such as, loss of balance, vision disturbances, etc. can be correlated to as a function of *Prana Vata*.^[4] In total, *Vata Dosha* is primarily responsible for all features of MS and *Basti* is the best line of treatment to manage *Vata Vikruti*. Hence, *Yoga Basti* was planned for over a period of eight days. *Sarvanga Abhyanga* with *Yashtimadhu Taila* followed by *Ushna Jala Snana*, as a form of *Mrudu Svedana*, was done on all days. *Shiropichu*, a *Murdhni Taila* form of *Bahya Snehana* with *Ksheerabala Taila* was done for six days.

6. Follow-up & Outcome:

After the course of *Shodhana*, she found considerable improvement in balance and felt more energetic comparatively. She was followed up again after 30 days of intake of *Shamanaushadhi*. On musculoskeletal examination, muscle power in right upper limb and lower limb was maintained at 4/5 with improved balance while walking. She also reported to be exercising regularly for about 30 minutes and weight was found to have reduced by 7kg from the date of admission. Tingling sensation in right upper and lower limb was completely alleviated. She was advised to consume freshly cooked, hot/warm nourishing foods with *Ghrita* and continue regular exercises.

7. Discussion:

The initial CNS inflammation in MS involves entry of activated T-lymphocytes across the blood brain barrier which recognises myelin-derived antigens on the microglia and undergoes clonal proliferation. This results in an inflammatory cascade wherein, macrophages destroy the oligodendrocyte-myelin unit along with the release of cytokines.^[1] The scarring/sclerosis shows up on the MRI as lesions/plaques. It is caused by genetic factors and environmental factors like exposure to sunlight, vitamin D (controversial association) and exposure to Epstein-Barr Virus (EBV) but, the mechanism remains unclear.^[1] As it is resultant of vitiated *Vata Dosha* without the association of genetic or environmental factors, *Kevala, Nirupastambha Vatavyadhi Chikitsa* is adopted.

Basti ingredients; *Ashwagandha Ghrita*, *Yashtimadhu Ksheera Kashaya* and *Balaguduchyadi Taila* are modified forms of *Medhya Rasayans* [5] which have

anti-oxidant, anti-inflammatory and neuro-protective properties. *Sarvanga Abhyanga* is *Jaraha, Shramaha* and *Vataha*.^[6] *Ushna Jala Snana* reduces *Vata* and *Kapha Dosha* vitiation.^[7] *Shiropichu* is a potent *Vatahara* modality useful in degenerative and neurological disorders.

Shamanaushadhis: Brihat Vata Chintamani Rasa is *Tridoshaghna* with *Medhya, Rasayana, Lekhana, Balya, Kshayaghna, Ojovardhaka & Yogavahi* properties.^[8] *Ashwagandha* is considered ideal for treating multiple sclerosis due to the anti-inflammatory, antioxidant, anxiolytic, immunomodulatory, and rejuvenating properties.^[9] *Mahayogaraja Guggulu*^{[10][11]} is a well-known ayurvedic herbo-mineral formulation known for its *Rasayana, Shothahara, Vedanahara* properties. It is in practice mainly for *Vatavyadhi*.^[12]

8. Conclusion:

By following the treatment principles of Ayurveda, Multiple Sclerosis can be managed satisfactorily. This case testifies the efficacy of Ayurvedic treatments and medications in the management of neurological conditions. The treatment strategy used here may be applied to other similar cases.

9. Declaration of Patient Consent:

Authors certify that they have obtained patient consent form where, the patient has given her consent for reporting the case along with clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity but, anonymity cannot be guaranteed.

10. Declaration of generative AI in Scientific Writing:

During the preparation of this work, the author(s) have not used generative AI or AI-assisted technologies.

11. Author Contributions:

SS- Conduction of the study, intellectual and scientific inputs, manuscript review.

SSCS- Manuscript writing, editing and review

TKR- Manuscript review



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Nil.

14. Conflicts of Interest:

None.

15. Data Availability Statement:

The data that support the findings of this study can be accessed from the author upon reasonable request.

References:

1. Davidson SS, Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier Ltd.; 2018. Part 3, Chapter 25: Neurology, Neuro-inflammatory diseases, Multiple Sclerosis; p. 1106. ISBN: 978-0-7020-7028-0.
2. <https://atlasofms.org/map/india/epidemiology/number-of-people-with-ms>, Accessed on 12 July, 2025.
3. Vaidya Jadavji Trikamji Acharya ed., Charaka Samhita (ISBN: 978-81-7637-133-9) of Agnivesha, Chakrapanidatta and Dridhabala's Ayurveda Dipika (sans), Reprint ed., Chikitsa, Vatavyadhi Chikitsitam, 28/33, Chaukhamba Orientalia, Varanasi, 2023, pp. 617.
4. Pt. Hari Sadasiva Sastri Paradakara Bhisagacarya ed., Astangahrdaya (ISBN: 978-9380326-76-4) of Vagbhata, Arunadatta's Sarvangasundara and Hemadri's Ayurvedarasayana (sans), Reprint ed., Sutra, Doshabhediyam Adhyayam, 12/4-5^{1/2}, Chaukhamba Surbharti Prakashan, Varanasi, 2022, pp. 193.
5. Vaidya Jadavji Trikamji Acharya ed., Charaka Samhita (ISBN: 978-81-7637-133-9) of Agnivesha, Chakrapanidatta and Dridhabala's Ayurveda Dipika (sans), Reprint ed., Chikitsa, Rasayana Adhyaya, Karaprachiteeyam Rasayanapaadam, 1(3rd paada)/31, Chaukhamba Orientalia, Varanasi, 2023, pp. 385.
6. Pt. Hari Sadasiva Sastri Paradakara Bhisagacarya ed., Astangahrdaya (ISBN: 978-9380326-76-4) of Vagbhata, Arunadatta's Sarvangasundara and Hemadri's Ayurvedarasayana (sans), Reprint ed., Sutra, Dincharya Adhyayam, 2/8, Chaukhamba Surbharti Prakashan, Varanasi, 2022, pp. 26.
7. Tripathi I, Tripathi SD. (Ed). Yogaratnakara, Chaukhamba Krishnadas Academy, Varanasi: 2nd edition; 2007; Nityapravrittuprakaramaha; shloka-73-75.
8. Navami L R et al: Review Of Brihat Vata Chintamani Rasa In The Management Of Pakshaghata (Stroke). International Ayurvedic Medical Journal {online} 2022 {cited February 2022} Available from: http://www.iamj.in/posts/images/upload/468_473.pdf
9. Geeta Maker-Clark, Smita Patel, Integrative therapies for multiple sclerosis, Disease-a-Month, Volume 59, Issue 8, 2013, Pages 290-301, ISSN 0011-5029, <https://doi.org/10.1016/j.disamonth.2013.03.017>. <https://www.sciencedirect.com/science/article/pii/S0011502913000709> Accessed on 12 July, 2025.
10. Sharangadhara. Madhyama khanda In: Vidyasagar PS, ed. Sharangadhara Samhita. Varanasi, India: Chaukhamba Orientalia; 2002:202.
11. The Ayurvedic Formulary of India Part I. Department of AYUSH (2nd ed.), Ministry of Health and Family Welfare, Government of India, New Delhi, 2003, 204-224.
12. Singh A, Ota S, Srikanth N, Galib R, Bojja S, Dhiman KS. Application of Spectroscopic and Chromatographic Methods for Chemical Characterization of an Ayurvedic Herbo-Mineral Preparation: Maha Yograja Guggulu. J Evid Based Integr Med. 2018 Jan-Dec;23:2156587217751761. doi: 10.1177/2156587217751761. PMID: 29405758; PMCID: PMC5871055.