



ISSN 2456-3110

Vol 9 · Issue 5

May 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

An approach of Ayurveda Clinical Diagnosis in managing Myasthenia Gravis - A Case Report

Nalina D S¹, Surekha Pai²

¹First Year Post Graduate Scholar, Department of Post Graduate Studies in Kayachikitsa, Alva's Ayurveda Medical, College and Hospital, Moodubidire, D.K District, Karnataka, India.

²Professor & Medical Director, Alva's Niraamaya Multispecialty Hospital, Vidyagiri, Department of Post Graduate Studies in Kayachikitsa, Alva's Ayurveda Medical College and Hospital, Moodubidire, D.K District, Karnataka, India.

ABSTRACT

Background: Myasthenia gravis (MG) is an autoimmune neuromuscular disorder leading to muscle weakness due to disrupted nerve-muscle communication. Although not explicitly described in Ayurveda texts, managing of MG requires an understanding of *Nidana Panchaka* and varied examination method as per Ayurveda. **Brief Case Report:** A 27 year old male patient presented with progressive symptoms of MG for 11 years initially *Chakshurendriya Lakshana* and later affecting the *Mamsa Dhatu*. Diagnosis was made after 8 years of onset of symptoms. Lifestyle factors and routines were identified as contributing *Nidanas* (causes). **Conclusion:** Employing Ayurvedic principles a holistic treatment approach effectively managed the patient's symptoms, emphasizing the importance of understanding *Nidana Panchaka* and *Pareeksha* for formulating comprehensive treatment strategies. The patient's feedback showed significant improvement and enhanced quality of life following Ayurveda treatment. This case report demonstrates the applicability of Ayurveda principles in managing complex autoimmune disorders like MG, emphasizing individualized treatment strategies focusing on the root cause and holistic well-being of the patient.

Key words: Myasthenia gravis, Vata Vyadhi, Vyadhijanopaya, Shadvidha Upakrama

INTRODUCTION

Myasthenia gravis (MG)^[1] is a chronic autoimmune neuromuscular disorder characterized by muscle weakness and fatigue. It occurs when the body's immune system mistakenly attacks and impairs the communication between nerves and muscles at the neuromuscular junction.

Address for correspondence:

Dr. Nalina D S

First Year Post Graduate Scholar, Department of Post Graduate Studies in Kayachikitsa, Alva's Ayurveda Medical, College and Hospital, Moodubidire, D.K District, Karnataka, India.

E-mail: nalinadoddamanesk6@gmail.com

Submission Date: 05/03/2024 Accepted Date: 18/04/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.5.50

The Ayurvedic texts do not explicitly mention a disease akin to MG. However, in Ayurveda, comprehending the disease, known as *Vyadhijanopaya*, involves understanding *Nidanapanchaka*^[2] are essential. *Nidana Panchaka* were comprehended through diverse examination techniques, including *Trividha*^[3] *Pareeksha*, *Chaturvidha Pareeksha*,^[4] *Dashavidha Pareeksha*,^[5] along with other required examination methods. A care plan with specified goals was formulated, and the patient's progress was regularly reassessed to gauge the outcomes. In the context of evaluating the effectiveness and success of managing myasthenia gravis, the myasthenia gravis assessment tool was employed.

CASE REPORT

A male patient from *Anupa Desha* (Chennai), who is of *Madhya Vaya* (27 years) and was leading a fairly sedentary lifestyle. He was a diagnosed case of Myasthenia gravis and not a known case of diabetes mellites, hypertension, stopped taking medication for

MG 3 weeks before approaching to Alva’s Niraamaya Multispeciality Hospital, Moodbidri.

Lakshana and Doshadi Involvement

The patient initially experienced *Lakshana* related to their *Chakshurendriya* 11 years ago, with no other noticeable *Lakshana* for a period of over 3 years. Subsequently, after this initial phase, they began to exhibit symptoms outlined in Table 1. Due to the gradual onset of these *Lakshana*, the patient couldn't accurately recall their specific sequence of development. The diagnosis of MG was established 8 years after the symptoms initially appeared.

Table 1: Chronological order of Lakshana development

Lakshana	Kaala	Dosha	Dhatu, Upadhatu Mala	Srotas
Indriya Bramsha in the form of Double vision, Blurred vision	11 years	Vatavriddi	Ashraya in Chakshu	Indriyavaha
Samsra of Vartma (Ptosis of eye - both)	11 years	Vatavriddi	Ashraya in Chakshu	Mamsava ha
Balakshaya in the form of fatigue (as the day progress Balakshaya becomes more)	8 years	Vatavriddi	Mamsa Dhatu	Mamsava ha
Shabda Asahishnuta	8 years	-	Rasa Kshaya	Rasavaha
Alpe Api Cheshtitams hramam	8 years	Vatavriddi	Rasa Kshaya	Rasavaha
Hridrava	6 years	Kaphakshaya	Rasa Kshaya	Rasavaha

Ashraddha, Aruchi, Gourava, Tandra, Angamarda	6 years	-	Rasaprado shaja	Rasavaha
Gurvanga, Tudhyate, Saruk, Shramiyatya rtham	6 years	-	Mamsaga tavata	Rasavaha

(He presented predominantly with *Vatavriddi*, *Rasa Kshaya* and *Mamsa Pradosha Lakshanas*, with *Dusti Prakara* being *Sanga*.)

Nidana

During the three-year period while preparing for exams that is prior to *Lakshana* development, this patient adopted a challenging routine that turned as *Nidana’s* for the *Vyadhi*

Table 2: Nidana Involved

Aharaja Nidana	Viharaja Nidana	Mano Nidana
Vishamashana (Eating irregularly in response to hunger and time)	Vegadharana - Mutra, Pureesha (often neglecting bathroom breaks) Kshudha, Nidra	Udwega, Vishada, Chinta, Dukha (Throughout this time, he became easily irritated and became anxious, sad after learning about his illness).
Samashana, Viruddhaaharasevana (His meals consisted of a combination of milk, eggs, and fruit juice in the morning, while at night, he consumed only half a liter of milk)	Ratrijagarana (Frequently staying awake all night)	
Sheetabhojana (He avoided freshly prepared food and ate cold meals and intake fruit juices in Kapha Kaala)	Atyasana (he remained seated for extended periods)	

(The above *Nidana* led to *Agnimandya* and *Tridosha Prakopa* along with *Manasika Dosha Prakopa*).

Upashaya

Based on the *Chikitsa Sutra* selected from *Shadupakrama*.^[6] *Upashaya* was noted and hence the *Chikitsa* was continued till the *Niraama Lakshana*. As *Vatavridhi*^[7] was the presenting *Lakshanas*, the *Vata Dosha Chikitsa*^[8] was done and *Upashaya* was continued. *Upashaya* of *Chakshurindriya Lakshana* was observed with *Marsha Nasya Chikitsa*.

Table 3: Dashavidha Pareeksha^[5]

Prakruthi	<i>Kapha Vata</i> ^[9]
Vikruthi	<i>Nidana - Agnimandya, Tridosha Prakopaka Nidana</i>
	<i>Dosha - Vata Vriddhi and Kapha Kshaya</i>
	<i>Dhatu - Rasa, Mamsa</i>
	<i>Prakruti - Kapha Vata</i>
	<i>Desha - Anupa,</i>
	<i>Kaala - No specific Rtu Kala was observed for the Lakshana to manifest</i>
	<i>Hetu and Linga Bala is Pravara hence Roga Bala is Pravara</i>
Sara	<i>Avara</i>
Samhanana	<i>Pravara</i>
Pramana	<i>Pramanavatishareera</i>
Satmya	<i>Madhyama</i>
Satva	<i>Madhyama</i>
Aharashakti	<i>Abhyavaranashakti - Avara</i>
	<i>Jaranashakti - Avara</i>
Vyayamashakti	<i>Avara</i>
Vaya	<i>Madhyama</i>
Roga Bala	<i>Pravara</i>
Rogi Bala	<i>Madhyama</i>

(As the *Aharashakti* and *Vyayama Shakti* were *Avara*, the *Shamana* type of *Langhana* was adopted till the attainment of *Niraama Lakshana*. As *Balavridhi* was observed, *Yapana Basti* planned which is both *Snehana* and *Shodhana*)

Sadhysaadhyata^[10]

As the patient is suffering from the *Vyadhi* since 11 years (*Deerghakaala Avasthitham*) and there is continuity of *Lakshanas (Nityaanushaayina)*, the *Vyadhi* can be considered as *Yapya*.^[11]

Table 4: Samprapti^[12]

Sankhya	One of the <i>Vata Vyadhi</i>
Vidhi	<i>Nija Vyadhi</i>
	<i>Vatavridhi, Kaphakshaya, Raja, Tama</i>
	<i>Yapya</i>
Pradhanya	<i>Vata Pradhana</i>
	<i>Paratantra Dosha</i>
Vikalpa	<i>Chala Guna of Vata</i>
Bala Kaala	<i>Ahoratra - Sanyakaala - Indicates Vata Dosha</i>

(*Agnimandya* and *Tridosha Prakopaka Nidana* with *Vata Vriddhi Lakshana* indicated it is not due to *Swatantra Dosha Prakopa* of *Vata*, but due to *Paratantra Dosha Prakopa*)

Table 5: Timeline

Year	Incidence/intervention
2012	Blurred vision, drooping of eyelids while studying Went to ophthalmologist– lens correction was done.
2012-2014	Burning sensation, blurred vision, double vision, drooping of eyelids, increased weight, excessive tension Not Consulted
2014-2018	Progressive vision complaints, pain in left hand, abnormal facial expression, palpitations, headache

	<p>On consultation:</p> <p>Ophthalmologist-Diagnosed dry eye syndrome</p> <p>Neurologist – Given anti-stress tablet</p> <p>General physicians – Started Vit-B complex and Vit-B12 supplements</p> <p>Improvement in ocular problems and muscle weakness</p> <p>Continued the treatment</p>
2020	<p>Eye symptoms increased drastically – unable to open eyes immediately after waking up, muscular strength reduced, palpitations, stress.</p> <p>Diagnosed for Myasthenia gravis in Jan 2020. Started with Tab. Myestin and Omega3 fatty acid tablet, symptoms reduced slightly.</p> <p>But started with symptoms like – frequent urination, weight gain</p>
2021	<p>Took Homeopathy treatment for 3 months</p> <p>Symptoms reduced but reoccurred</p>
2023 July	<p>Came to Alva’s Ayurveda Niraamaya Hospital, Moodbidri with symptoms mentioned in Table.1</p>

Chikitsa Sutra

1) *Ama Chikitsa*^[13] and *Rasa Dhatu Chikitsa*^[14] - *Apatarpana Chikitsa*
 a) *Langhana*, b) *Deepana Pachana*, c) *Ruksha Sweda*
 2) For *Chakshurendriya Lakshana* - *Marsha Nasya*



Nirama Lakshana^[15] observed after 14 days of treatment - *Apatarpana Bahya Chikitsa* were Stopped



Vata Vyadhi Chikitsa^[16] adopted focusing on *Mamsa Dhatu*
 a) *Yapana Basti*, b) *Bahya Snigdha Sweda* along with *Pathya Ahara Vihara*, *Yoga*, *DRT*

Treatment Chart

Table 6: Shodhana Chikitsa

Procedure	Medicine	Matra	Days
<i>Nasya</i>	<i>Anu Taila</i>	6 <i>Bindu</i>	7 days
<i>Yoga Basti</i>			
<i>Matra Basti</i>	<i>Dhanwantara Taila</i>	60 ml	5 Days
<i>Rajayapana Basti</i>	<i>Saindhava</i> <i>Madhu</i> <i>Ksheerabala Taila</i> <i>Rajayapana Kalka</i> <i>Rajayapana Ksheerapaaka</i> <i>Mamsa Rasa</i>	10 gm 100 ml 100 ml 40 gm 250 ml 100 ml	3 Days

Table 7: Shamana Chikitsa

Aoushadhi	Matra	Kaala	Anupaana
<i>Gandharvahastadi Kashaya</i> (Freshly prepared)	50 ml – 0 -50ml	Before food	-
<i>Lavana Bhaskara Churna</i>	½ tsp – 0 – 0	Before food	<i>Sukoshna Jala</i>
<i>Brihtvata Chintamani Rasa</i> with Gold	1 – 0 – 1	After food	Madhu
<i>Prabhakara Vati</i>	1 – 0 – 1	11 AM - 0 - 4 PM	<i>Jala</i>
<i>Tab. Shaddharana DS</i>	2 – 0 – 0	Before food	<i>Jala</i>
<i>Pratimarsha Nasya</i> with <i>Dhanwantara 101 Taila</i>	2 <i>Bindu</i> Each nostrils	Two times a day	-

Table 8: Bahya Chikitsa

Procedure	Medicine	Days
Udwartana (Sarvanga)	Kolukulattadi Churna	7 Days
Agnilepa (Sarvanga)	Arka, Nirgundi, Agnimantha, Bandha, Eranda, Lashuna, Lavanga, Sarshapa, Haridra, Maricha	11 days
Churna Pinda Sweda (Sarvanaga)	Upanaha Churna With Dhanyamla	5 Days
Akshi Tarpana	Jeevantiyadi Ghrita	7 Days
Parisheka	Balaashwagandaadi & Kottamchukadi Taila	7 Days

Table 9: Discharge Medicine

Aoushadhi	Matra	Kaala	Anupaana
Ashtavarga Kashayam	15ml-0-15ml	Before food	60 ml Sukoshna Jala
Brihat Vata Chintamani Rasa with Gold	1-0-1	After food	Madhu
Sanjeevani Vati	1 – 0 – 1	Between food	Sukoshna Jala
Aswagandha Churna (50gm) + Amalaki Churna (25gm) + Guduchi Satwa (5gm)	1tsp-0-1tsp	After food	Sukoshna Jala

Table 10: Myasthenia Gravis Assessment Tool

Assessment Scale	Day 1	Day 7	Day 21
Myasthenia Gravis Activities of Daily Living (MG-ADL) = 24	9	2	1

Myasthenia Gravis Quality Of Life 15 (MG - QoL15r) = 30	26	10	2
Myasthenia Gravis Composite (MGC) = 50	23	5	4
Quantitative Myasthenia Gravis (QMG) = 30	16	8	6

DISCUSSION

After Roga and Rogi Pareeksha, the involvement of Ama Dosha was evident in the Samprapti along with Rasa and Mamsa Dhatu Dushti,^[17] along with involvement of Mano Dosha. As Nidana have contributed to Agnidushti and subsequent Ama Dosha Utpatti, Ama Dosha Chikitsa was planned first and as the Roga and Rogi Bala was Pravara and Madhyama respectively, Abhyantara and Bahya Langhana Chikitsa was planned and continued till Nirama Lakshana. Marsha Nasya was done as Chakshu was one of the Adhishtana.

After attainment of Nirama Lakshana, Vata Vyadhi Chikitsa was adopted focusing on Mamsa Dhatu as well. Paratantra Dosha Prakopa was evident by the Upashaya of Lakshana from Ama Dosha Chikitsa. As the Sadhyasadyata of Vyadhi was understood as Yapya along with Mamsa Dhatu as Dooshya, Yapana Basti was planned. For Dhatu Samyata, Rasayana Chikitsa was planned in discharge medication. As it is Yapya Vyadhi, patient may require to undergo further Chikitsa in future based on regular reassessment.

CONCLUSION

In our Samhita, it is mentioned that a Vaidya, even if unable to label a disease, can effectively treat it by grasping the Hetu, Vishamata of Dosha Dhatu And Mala, as well as the Adhishtan.^[18] Understanding of Nidana Panchaka, and Pareeksha in detail gives us an in-depth understanding of Vyadhi, this helps in formulation of Chikitsa Sutra that encompasses all aspects of Chikitsa. Both in Grahani Chikitsa^[19] and Vata Vyadhi Chikitsa it is mentioned that Jataragni Dushti and Amadosha Utpatti is an important Nidana that can lead to different diseases including Vata Vyadhi. More so, Vata Vyadhi has been explained as Dhatu Kshaya Janya and Margavarodha Janya.^[20]

Based on the above understanding, *Amadosha Chikitsa* followed by *Vata Vyadhi Chikitsa* has shown effectiveness of *Chikitsa* in this patient. However, the sustenance of the improvement is the key element that has to be ascertained during subsequent follow up.

Patient's perspective on the treatment received

I have been suffering with blurred vision, contraction of Eyes, slurred speech since 9 years. I had visited various hospitals to know the exact cause of symptoms and its treatment. They diagnosed it as MG. But all my efforts were gone vain and I didn't received accurate treatment for Myasthenia Gravis.

I further went for Ayurveda treatment at Alva's Niraamaya Ayurveda Hospital, Vidyagiri, Moodbidri, for Myasthenia Gravis Ayurveda treatment, I had been under the supervision & treatment by Doctor Sajith Sir & Doctor Surekha Madam for nearly one month. During that period they have given various Ayurvedic procedures along with diet & yoga. My severities of symptoms were reduced gradually and my quality of life is improved to a greater extent. Nearly 80 % of symptoms, mainly muscle weakness, and eye related symptoms are reduced during the course period which improved my quality of life physical & mental health.

Now I am feeling well & healthy, because of improvement in the symptoms reduction is sustained and I am leading the quality life with more smile and happiness and I have great confidence about my life, carrier which I lacked before. I am very thankful to the Doctor Sajith Sir & Surekha Madam, medical team, all the staff, Interns & PG doctors of Niraamaya Ayurveda Hospital for their special, excellent treatment, hospitality, great care provided to me.

Declaration of Patient Consent

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

REFERENCES

1. Ralston, S.H., Penman, I.D., Strachan, M.W.J., & Hobson, R. (Eds.). Davidson's principles and practice of medicine,

Elsevier Health Sciences, 23th ed-2018, chapter- 25, p-1141.

2. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Nidana Sthana. Chapter-1, p-194.
3. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Chikitsa Sthana. Chapter-25, p-492.
4. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-11, p-.
5. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Vimana Sthana. Chapter-8, p-276.
6. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-22, p-120.
7. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-20, p-114.
8. Arunadatta, Hemadri, Vagbhata, Astanga Hridaya, Pt.Sadashiva Shastri paradakara, Chaukhamba Surabharati Prakashana, Varanasi. Reprint 2014, Chikitsa Sthana, Chapter 21, Shloka 1-4.
9. The self-assessment questionnaire to asses prakruti – Originally prepared by Kishore Patwardhan and Rashmi Sharma. Modified by: Piyush Kumar Tripathi, Kishore Patwardhan and Girish Singh, Institute of Medical Sciences, Banaras Hindu University, Varanasi.
10. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-10, p-66.
11. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-10, p-67.
12. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint

- ed. Varanasi: Chaukhamba Vishwabharati; 2011, Nidana Sthana. Chapter-1, p-196.
13. Arunadatta, Hemadri, Vagbhata, Astanga Hridaya, Pt.Sadashiva Shastri paradakara, Chaukhamba Surabharati Prakashana, Varanasi. Reprint 2014, Sutra Sthana, Chapter 8, Shloka 20-22.
 14. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-28, p-179.
 15. Arunadatta, Hemadri, Vagbhata, Astanga Hridaya, Pt.Sadashiva Shastri paradakara, Chaukhamba Surabharati Prakashana, Varanasi. Reprint 2014, Sutra Sthana, Chapter 13, Shloka 23-22.
 16. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Chikitsa Sthana. Chapter-28, p-620.
 17. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-28, p-179.
 18. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Sutra Sthana. Chapter-18, p-108.
 19. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Chikitsa Sthana. Chapter-15, p-517.
 20. Agnivesha, Charaka Samhita, with Chakrapaanidatta. In: Acharya YT, edi: Ayurveda Dipika, Commentary. Reprint ed. Varanasi: Chaukhamba Vishwabharati; 2011, Chikitsa Sthana. Chapter-28, p-616.

How to cite this article: Nalina D S, Surekha Pai. An approach of Ayurveda Clinical Diagnosis in managing Myasthenia Gravis - A Case Report. J Ayurveda Integr Med Sci 2024;5:296-302.

<http://dx.doi.org/10.21760/jaims.9.5.50>

Source of Support: Nil, **Conflict of Interest:** None declared.
