

11.18. Guillain- Barre syndrome, Ajnavaha nadikosha vikara (Motor Neuron Disease), Anuprasthiya-sitamajjachadda -shotha (Transverse Myelitis), Peshi dourbalya (Myasthenia Gravis)

1. Guillain-Barré Syndrome (Lakṣaṇa-samuccaya)

Axis	Modern view	Ayurvedic lens
Etiopathogenesis	Post-infectious immune attack on peripheral myelin (anti-ganglioside antibodies); rapid ascending weakness ± dysautonomia	Vāta-pitta prakopa in Nāḍi-vaha & Majjā-vaha srotas precipitated by <i>āgnimāndya</i> after fever / viral illness → <i>sarvāṅga bahu-snāyu sīda</i>
Diagnosis	Symmetric areflexic paresis, albuminocytological dissociation in CSF; nerve-conduction block	“Sudden loss of bala & gati from limbs upward” = Snāyugata Apatarpaṇaja Aveshṭaka-vatavyādhi
Management logic	Immunoglobulin / plasmapheresis, DVT & ventilatory care	① Āgantū-bhūta dūṣaṇa śamana : laghu-laṅghana, mṛdu virecana if pitta-fever residue ② Bṛmhaṇa-snehana once āma clears (Kṣīrabala 101, abhyanga + śāṣṭika piṇḍa-sweda) ③ Majjā-bṛmhaṇa Rasāyana (Aśvagandhā-lehya, Brahmī gṛīta) ④ Yoga-basti to pacify root Vāta.

[3D Model of Guillain-Barré Syndrome](#)

2. Motor Neuron Disease (Ajñā-vaha Nāḍi-kośa vikāra)

Axis	Modern view	Ayurvedic lens
Etiopathogenesis	Degeneration of anterior-horn & corticospinal neurons; oxidative & excitotoxic stress	Chronic Prāṇa-Vyāna Vāta kṣaya with Majjā-dhātu śoṣa; “indriya-kośa daurbalya” mentioned by commentators
Diagnosis	Mixed UMN + LMN signs, progressive wasting, EMG denervation	Progressive Snāyu-majja kṣaya lakṣaṇa without āvaraṇa
Management logic	Riluzole, NIV, supportive rehab	① Bṛmhaṇa-snehapāna (Mahāsneha, Majjā-piṣṭi) ② Śiro-basti / Nasyā with Bala-taila ③ Yoga-basti (Anuvāsana-dominant) ④ Rasāyana focused on Majjā—Suvārṇa-bhasma micro-dose, Śilājatu, Aśvagandhā ⑤ Physio → maintain ROM; Satvavajaya to handle despair.

3. Transverse Myelitis (Anuprasthiya-śīta-majjā-chadda-śoṭha)

Axis	Modern view	Ayurvedic lens
Etiopathogenesis	Segmental spinal-cord inflammation—auto-immune, post-viral, MS-spectrum; rapid paraparesis with sensory level & sphincter loss	Āgantū (viṣa/krimi/abhīṣaṅga) Pitta-kapha śoṭha lodging in Madhya-rogi-mārga (Merudanda majjā); obstructs Vyāna-Apāna Vāta
Diagnosis	MRI cord T2 lesion, CSF pleocytosis; acute flaccid → spastic paraplegia	“Meru-madhya majjā-śoṭha + Apāna-saṅgraha”
Management logic	IV steroids / plasma-exchange, bladder care	Sequence identical to <i>sarvāṅga pitta-kapha śoṭha</i> : ① Rūkṣa-uṣṇa sweda contraindicated (heat worsens Pitta) → use Śīta-svedana (cold decoction bandage) ② Tikta-gṛīta snehapāna + Virecana ③ Prabhūta kṣīra-basti (Dashamūla-ks+honey+gṛīta) ④ Pitta-śāmaka Rasāyana – Gudūci-satva, Madhuyasti-kṣīra-pakka ⑤ Step-up physiotherapy once inflammation subsides.

4. Myasthenia Gravis (Peśi-dourbalya)

Axis	Modern view	Ayurvedic lens
Etiopathogenesis	Auto-antibodies block ACh receptors; fatigable weakness; thymic link	Vyāna-Vāta vyāpādita by Pitta-prākopa in manovāha & majjā srotas; jīrṇa jvara abhiśyandaja
Diagnosis	ICE test, edrophonium, AChR antibodies, decrement on RNS	Fast muscle fatigue = Dūṣi-viśa covering neuromuscular bandhakas ① Dūṣi-viśa hara laṅghana-pācana with Nimba-Gudūcī ② Controlled Sneha-pāna then Samana ghr̥itas (Aśvagandhā-Brahmī) ③ Nasya & Śiro-dhārā for ocular/ bulbar fatigue ④ Basti - Tikta-kṣīra Nirūha alt. Kṣīrabala Anuvāsana ⑤ Rasāyana - Rasāyana-chūrṇa + Suvarṇa-makṣika bhasma micro-dose; pathyā rest schedule.
Management logic	Anti-cholinesterase, steroids, thymectomy	

Cross-cutting Principles of Management

Stage	What to check	Generic intervention
1 Āvaraṇa? Āma?	Tongue coat, heaviness, Kapha signs, ESR/CRP big jump	Laṅghana, Deepana, Rūkṣa-sweda or Śīta-pacification as per doṣa
2 Vāta-pacification	Once channels clear	Sneha (oral + outer) → Sweda → Bastis
3 Dhātu-br̥mhaṇa	Is weight/muscle dropping?	Medo-friendly proteins + Rasāyana stack
4 Physio & Satvavajaya	ROM, respiratory muscles, mood	Tailored exercise, pranayama, counselling

Pathyā - Apathyā (for all)

- **Pathyā**: warm freshly cooked meals, ghee/milk tailored to kapha-status, gentle but regular movement, early bedtime, positive mind care.
- **Apathyā**: suppressing natural urges, night-vigil, reheated oils, extreme fasting or over-feeding, alcohol, anger, and fear (they flare Vāta+Pitta).

Memory Aids

- “**Āvaraṇa out → Sneha in**” – never oil before clearing plug or heat.
- “**Basti is half the therapy**” for anything with core Vāta involvement.
- “**Tikta-ghṛita for fiery lesions; Kṣīrabala for dry degenerative loss.**”

Use this scaffold to design individualized regimens—every line can be opened into full dosage detail once you have the patient’s *doṣa-dūṣya* calculus on the table.