

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

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

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

Axis	Modern view	Ayurvedic lens
<b>Etiopathogenesis</b>	Degeneration of anterior-horn & corticospinal neurons; oxidative & excitotoxic stress	Chronic <b>Prāṇa-Vyāna Vāta kṣaya</b> with Majjā-dhātu śoṣa; “indriya-kośa daurbalya” mentioned by commentators
<b>Diagnosis</b>	Mixed UMN + LMN signs, progressive wasting, EMG denervation	Progressive <b>Snāyu-majja kṣaya lakṣaṇa</b> without āvaraṇa
<b>Management logic</b>	Riluzole, NIV, supportive rehab	① <b>Bṛmhaṇa-snehapāna</b> (Mahāsneha, Majjā-piṣṭi) ② <b>Śiro-basti / Nasyā</b> with Bala-taila ③ <b>Yoga-basti (Anuvāsana-dominant)</b> ④ <b>Rasāyana</b> 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
<b>Etiopathogenesis</b>	Segmental spinal-cord inflammation—auto-immune, post-viral, MS-spectrum; rapid paraparesis with sensory level & sphincter loss	<b>Āgantū (viṣa/krimi/abhīṣaṅga) Pitta-kapha śoṭha</b> lodging in Madhya-rogi-mārga (Merudanda majjā); obstructs Vyāna-Apāna Vāta
<b>Diagnosis</b>	MRI cord T2 lesion, CSF pleocytosis; acute flaccid → spastic paraplegia	“Meru-madhya majjā-śoṭha + Apāna-saṅgraha”
<b>Management logic</b>	IV steroids / plasma-exchange, bladder care	Sequence identical to <i>sarvāṅga pitta-kapha śoṭha</i> : ① <b>Rūkṣa-uṣṇa sweda</b> contraindicated (heat worsens Pitta) → use <b>Śīta-svedana</b> (cold decoction bandage) ② <b>Tikta-ghṛita snehapāna + Virecana</b> ③ <b>Prabhūta kṣīra-basti</b> (Dashamūla-ks+honey+ghṛita) ④ <b>Pitta-śāmaka Rasāyana</b> – Gudūci-satva, Madhuyasti-kṣīra-pakka ⑤ Step-up physiotherapy once inflammation subsides.



## 4. Myasthenia Gravis (Peśi-dourbalya)

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

## Cross-cutting Principles of Management

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