



Ayurveda for Neurological Disorders

Avinash Shankar^{1,2*}

¹Chairman, National Institute of Health and Research, Centre for Indigenous Medicine and Research, India
²President - India Epilepsy forum, India

Abstract

Outcome of the neurological disorders treatment remain unchanged in spite of marked development in diagnostic facilities, as modern molecules fail to regenerate central nervous tissues whereas herbal composite *Acorus calamus* (rhizome), *Nardostachys jatamansi* (flower), *Herpestis monniera* (leaf), *Convolvulus pluricaulis* (flower), *Crotalaria angustifolia* (seed) in dose of 0.5 gm daily ensure cure for majority of neurological disorders.

Keywords: Epilepsy; Hypertension; Neuron lesion

Introduction

Neurological manifestations like Epilepsy, paralysis and neuropathies are very common and have poor therapeutic outcome. Therapies are usually cumbersome in spite of marked advancement in diagnostic facility and a broad arena of therapeutics [1].

Survey and study conducted by India Epilepsy Forum affirms mental and physical debility among epileptics due to recurrent convulsion even with therapeutics and some succumbed to death.

Paralysis either due to hypertension leading to Cerebrovascular Accident (CVA), Lower Motor Neuron lesion (LMN) and spinal cord affliction despite various preventative measures is a common occurrence. Quality of life even with treatment is not much improved even with advanced diagnostic and physiotherapeutic measures [2,3].

Conditions like brain stem lesion possess no option in the present scenario of advances in medical and surgical sciences. As per documented literature, neural cells are considered non-regenerative and present therapeutics can help only in tissue preservation-degeneration, necrosis and apoptosis [4,5].

Thus with an intent to provide some therapeutic response for neurological disorder in the field of Ayurveda [6] a study was conducted at RA Hospital & Research Centre and Centre for Indigenous medicine and Research, Warisaliganj (Nawada), Bihar, India.

Material and Methods

Patients of neurological deficit attending RA Hospital and Research Centre Warisaliganj were selected and evaluated for their clinical presentation and patients associated with other subsequent complications were discarded.

A comprehensive history was taken from selected patients for clinical presentations, affirmed from attending parent and investigated to ascertain clinical diagnosis and base line status for adjudging the clinical efficacy and safety profile.

Observations

Age and sex distribution of the patients with varied clinical diagnosis were as per the Tables 1 and 2 above.

An Adjuvant prescribed in all the above clinical condition is a pure herbal composite constituting of the following:

Acorus calamus, *Nardostachys jatamansi*, *Herpestis monniera*, *Convolvulus pluricaulis*, *Crotalaria angustifolia* taken in equal part and orally administered in dose of 0.5gm in adult and 125mg in children daily, with other conventional therapeutics in their scheduled dose

strictly to ensure cure without any recurrence. The results showed a marked improved quality of life in the majority of cases.

In a 10 year off-sight therapy follow up, none have any adverse recurrence or negative drug reaction. Conclusively all the cases of epilepsy had complete cessation of seizure without any physical or mental debility. In the majority of cases mental capability including intelligence quotient showed marked improvement.

In paralysis and paraplegia patients, all had complete recovery in strength and tone without any residual limitations. There was improved quality of life, except in patients with hypertension and diabetes mellitus that required continuation of therapy and dietary control, most likely lifelong.

Surprisingly all the cases of brain stem lesion that were abandoned from various hospitals to lead a life with nasogastric Ryle's tube feeding because of non-availability of a full proof standard regime with hope of recovery, responded well with adjuvant and neurovitamin and calcium supplementation. Individuals are presently leading a normal life and able to earn a livelihood.

Number of Patients in Study			Clinical Diagnosis
Females	Males	Total	
1612	2170	3782	Epilepsy
0780	1082	1862	Hemiplegia
0123	0139	0262	Paraplegia
0850	1290	2140	Bell's palsy
0007	0021	0028	Brain stem lesion

Table 1: Distribution of Patients as per Clinical Diagnosis.

Clinical Presentation	Age Group
Epilepsy	30-40
Hemiplegia	35-60
Paraplegia	35-60
Bell's palsy	12-55
Brain stem lesion	20-30

Table 2: Age Groups of Selected Patients.

*Corresponding author: Avinash Shankar, National Institute of Health and Research, Centre for Indigenous Medicine and Research, President - India Epilepsy forum, India, E-mail: dravinashshankar@gmail.com

Received August 01, 2013; Accepted August 26, 2013; Published August 29, 2013

Citation: Shankar A (2013) Ayurveda for Neurological Disorders. J Homeop Ayurv Med 2: 130. doi:10.4172/2167-1206.1000130

Copyright: © 2013 Shankar A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Discussion

The majority of neurological manifestations involving brain matter or neurons persist with outstanding symptoms or disease related consequences due to the non-regenerative capacity of neurons. Present chemical therapeutics can only stimulate or suppress neuro-conduction, whereas nature's gift of herbs, minerals and animal resources either alone or in combination with drugs, not only alleviates presenting symptoms but insures a cure by regulating the neural biokinesis, thus preventing relapse, recurrence and adversity.

Conclusion

Ayurveda herbal preparation either as an adjuvant or alone achieve cure in majority of neurological disorders of varied etiopathology without any drug adversity.

References

1. Shankar AC, Shankar AA, Shankar SA (2008) Epileptics debility. *Clinician Idiosyncrasy* 4:143-145.
2. Kandel E, Schwartz JH, Jessell T (2000) *Principles of Neural Science* (4th edn), USA.
3. Sims NR, Muyderman H (2009) Mitochondria, oxidative metabolism and cell death in stroke. *Biochim Biophys Acta* 1802: 80-91.
4. Ahmad S, Clarke L, Hewett AJ, Richens A (1976) Controlled trial of furosemide as an antiepileptic drug in focal epilepsy. *Br J Clin Pharmacol* 3: 621-625.
5. Andrews DJ, Schonfeld WH (1992) Predictive factors for controlling seizures using a behavioural approach. *Seizure* 1: 111-116.
6. Gaby AR (2007) Natural Approaches to Epilepsy. *Altern Med Rev* 12: 9-24