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A REVIEW ON THERAPEUTIC ROLE OF *YAPANA BASTI* IN THE MANAGEMENT OF MOTOR NEURON DISEASE

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ABSRACT

Motor Neuron Disease (MND) is a progressive neurodegenerative disorder marked by the degeneration of motor neurons, leading to muscle weakness, atrophy, and paralysis. It significantly impairs voluntary functions such as speech, movement, and respiration. With no definitive cure in modern medicine and limited symptomatic relief, there is a growing interest in integrative approaches. In ayurvedic contexts avarana vatavyadhis leading eventually to majjadhatukshaya are found to have close resemblance to MND. *Yāpana Basti*, a specialized form of medicated enema therapy, is traditionally indicated for *Āvrita Vāta* disorders due to its *Vātaśāmaka* (Vāta-pacifying)and *Rasāyana* (rejuvenative) properties. This study explores its potential role as supportive therapy in MND. *Ayurvedic* Textual evidence supports the use of *Yāpana Basti* for its systemic nourishing and stabilizing effects on the nervous system;reliminary reports suggest possible benefits including improved motor coordination, reduced spasticity, and better quality of life in patients with neurodegenerative conditions. By addressing the root cause of *Vāta* aggravation, avarana and promoting neuroprotection. *Yāpana Basti* may help to slow down the disease progression and support functional restoration. While promising, these findings warrant further validation through systematic clinical trials to establish safety, efficacy, and standard treatment protocols for broader clinical application.

KEYWORDS: Motor Neuron Disease, *Yāpana basti*, *Āvrita vata*.

INTRODUCTION

Motor Neuron Disease (MND) is a neurodegenerative condition caused by the progressive loss of upper and lower motor neurons in the spinal cord, cranial nerve nuclei, and motor cortex.[1] It typically has its onset after the age of 50 and is very uncommon before the age of 30, with a higher prevalence in males than females. The disease often begins focally, with early symptoms such as limb muscle weakness, cramps, and occasional fasciculations. As it progresses, patients may develop disturbances in speech and swallowing, including dysarthria and dysphagia. Cognitive and behavioural changes, often resembling frontotemporal dementia, are also common. Clinical signs include wasting and fasciculations of muscles, along with weakness in the limbs, tongue, face, and palate; yramidal tract involvement is evident through spasticity, exaggerated tendon reflexes, and extensor plantar responses. Despite the widespread neurodegeneration, the external ocular muscles and sphincters usually remain intact, and there is no objective sensory deficit. Cognitive impairment is under recognised in MND : upto 50% will have a mainly executive impairment on formal testing, and around 10 % develop frontotemporal dementia. About 10% of patients presenting with FTD will develop Amyotrophic lateral sclerosis (ALS) within few years of dementia onset.[2] The disease follows a relentless and gradually progressive course, spreading from the initially affected region to become more widespread over time. There is no accurate treatment for this disease although the class of drugs like anti-glutaminergic drugs (benzothiazoles), edaravone, masitinib and benzodiazepines are used to prevent complications associated with prognosis of the disease.[3] In ayurvedic texts *āvarana vatavyadhis* leading eventually to majjadhatukshaya are found to have close resemblance to MND.[4]

*Ā*charya Charaka used the word *Yāpana* for the treatment of incurable diseases, which only enables the

patient to stand the disease.[5] *Yāpana* means *Ṽatrakara*[6] (longevity), *Deerghakalanuvartanam*[7] (promotes longevity). As the name suggests *Rājayapana* Basti is superior amongst all the *Bastis*. It is the king of Yapana and is the best *Rasāyana.Acharya Sushruta* has described *Yapana Basti* as one of the synonyms for *Madhutailika Basti* and the other synonyms are *Yuktaratha* and *Siddha Basti.*[8]

AIMS AND OBJECTIVES

To understand the therapeutic role of *Yāpana Basti* in Motor neuron disease.

MATERIAL AND METHODS

1.Review of Motor Neurone Disease
2.Review of *Yāpana Basti*

1. Review of Motor Neuron Disease

Motor neurons (MNs) are a specialised cell type of the central nervous system supporting motor functions through coordinated activation of skeletal and visceral muscles and are responsible for controlling voluntary muscle movements. Accordingly, functional deficit in MNs due to intoxication, trauma, stroke, or degeneration leads to weakness and atrophy of muscles with motor impairments. Due to their control of vital processes and functions, injury and loss of MNs can lead to life-threatening muscular paralysis, with respiratory failure marking the end point of lethal cases. Motor neurone disease (MND) is an adult-onset neurodegenerative disease which leads inexorably via weakness of limb, bulbar and respiratory muscles to death from respiratory failure three to five years later.[9] Annual incidence is about 2/100 000, with a prevalence of about 7/100000.[10] Most cases are sporadic but 10% of cases are familial. Motor neuron disease is classified into Progressive muscular atrophy, Primary lateral sclerosis, Progressive bulbar palsy, Amyotrophic lateral sclerosis. The most common form of MND is ALS, which is now regarded as a multisystem degenerative disease, in which the earliest and most severe degenerative changes tend to affect lower and usually upper motor neurons. Even within motor neuron groups, there is selective vulnerability. ALS can be inherited in an autosomal dominant, autosomal recessive, or X-linked manner.[11] 90% ALS are sporadic cases with no clear genetic linkage. However, the remaining 10% of cases show familial inheritance. Certain groups of motor neurons, including those controlling eye movements and those in Onuf's nucleus in the sacral spinal cord controlling the pelvic floor muscles, tend to be spared in ALS in comparison to other groups of motor neurons.

Ayurveda perspective of Motor neuron Disease

In ayurvedic texts *avarana vatavyadhis* leading eventually to *majjadhatukshaya* are found to have close resemblance to MND. The duṣṭi of *Beejabhāga-avayava* initiates *Kha-vaiguṇya* within *Majjā Dhātu*, which precipitates an *Āvaraṇa* pathology and ultimately culminates in *Majjā-dhātu-kṣhaya*. *Vyāna Vāta* is the primary *Vāta* subtype affected in MND due to its central role in motor control, neuromuscular coordination, and reflexes. As the disease progresses, *Udāna* and *Prāṇa Vāta* also become involved. hence *Avaranaghna* and *vatavyadhihara chikitsa* can be planned. *Yapana basti* is one of the prime treatments among the *Avaranajanya vatavyadhi chikithsa*. *Yāpana Basti* is not primarily aimed at curing the disease but at managing the condition - it helps to remove Āvaraṇa, slows down disease progression, and nourish degenerated tissues.

2. Review of Yapana Basti

The term *Yāpana* in various contexts of ayurvedic texts means that.

- Dhāranam (maintenance): *Yapayati iti dharayati*[12]
- *Poshanam* (nutrition)-*Yapayati iti vridham Ksheeyamanadehatvat*[13]
- *Yapanah pranadharanat*[14]
- *Roga shamana*[15] (curative)
- *Ṽatrakara* (longevity)-*Yatrakaramyapanakaram*[16]
- *Deerghakalanuvartanam* (promotes longevity) - *Ayusho yapanam dheerghakalanuvartanam karoteeti*[17]

Basti Chikitsa regarded as the prime treatment modality for *Vata Dosha. The Basti* which promotes the longevity of life is *Yāpana Basti*.[18] it is indicated specifically in Āvrita vata vyadhis. *Yāpana Basti* is *Mridu* in action, it promotes formation of *Dhatus*. The *Yapana Basti* stays for a long time in *Pakwashaya*. Also, *Yapana Basti* can be administered at all times. *Yāpana Basti* is having both actions and hence *Anuvasana Basti* is not needed (means it can be given continuously). It is neither *Ruksha* nor *Snigdha*. *Rājayapana* is *Rasāyana* type of Basti.[19] By the word Rasayana, Charaka hinted towards some cryptic functions, which are most frequent in different *Rasayanas, Indriya Balam Param* (increases strength of sensory and motor organs), *Visham Avisham Bhavati Gātre* (removes toxins from body parts), *Medha Smriti Karam* (promotes intellect and memory) and *Jaravyadhi Prashamanam* (allays aging). *Rasāyana* is emphatically stressed in the management of *Avarana. Rasāyana* conduce to the replenishment of *Rasa* and other *Dhatus*. They contribute to the integrity of *Saptadhatus* and thus increase longevity. *Rajayapana* has nourishing factors for *Dhatu* in the form of milk, *Mamsarasa*, Ghee and certain drugs like *Bala, Yashtimadhu*, and *Laghu Panchamula* etc. Maximum of Kwatha drugs possess Srotoshodhana property. Charaka observes 'Sadyo-Balajanan' (improves the strength quickly), the unique quality of *Rājayapana*.[20] Bala is a multifaceted phenomenon that depends on *UdānaVayu, Agni, Kapha*. The '*Sadyo-Balajanan'* effect of *Rajayapana* is attributed to improved functions of *UdānaVayu* and enrichment in the qualities of *Rasadhatu.*

DISCUSSION

Progressive loss of voluntary Muscle activity can be correlated in ayurveda to dysfunction of *vyana vata*. eventually extends to *udana* and *prana vata* explaining the fatal involvement of respiratory muscles. *Prana vata* is primarily responsible for involuntary muscle activities and autonomic life processes. When *prana vata* is affected in MND it indicates advanced pathology.

Selective neuronal vulnerability can be precisely understood as the duṣṭi of *Beejabhāga-avayava* initiates *Kha-vaiguṇya* within *Majjā Dhātu*, which precipitates an *Āvaraṇa* pathology and ultimately culminates in *Majjā-dhātu-kṣhaya*.

Apathya: When *Yapana Basti* is given-Excessive exercise, sexual intercourse, use of alcohol, use of cold water, intake of excessive and travelling should be avoided.

Complications and treatment

Continuous and long term administration of *Yāpana Basti* may cause *Shopha, Agninasha, Pandu, Shula, Arsha, Parikartika, Jwara and Atisara*. Conservative management is to be adopted in such conditions. The treatment of complications of *Yāpana Basti* are *Deepana* with *Arishta, Kshara, Seedhu* etc. and avoid using the *Yāpana Basti* continuously for longer period.

CONCLUSION

This condition often requires long-term and repeated administration of therapies cautiously considering the *bala* of *roga* and *rogi*, which can pose challenges in terms of patient compliance. Therefore, it is essential to integrate supportive measures that enhance overall treatment outcomes. Active and passive movements, physiotherapy, and yoga play a crucial role in this regard. These interventions help to prevent disuse atrophy, and promote functional recovery. By incorporating classical *Ayurvedic* therapies with such supportive measures, the overall effectiveness of treatment can be significantly improved, ensuring better quality of life and sustained recovery for the patient.

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