



AYURVEDA MANAGEMENT OF PSEUDOBULBAR PALSY: A CASE REPORT

Ayurveda

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ABSTRACT

Pseudobulbar palsy is a neurological syndrome caused by corticobulbar pathway dysfunction, characterized by dysarthria, dysphagia, and emotional lability, leading to significant impairment in communication, nutrition, emotional regulation, and quality of life. Reports on its Ayurveda management remain limited. A 61-year-old man presented with a one-year history of progressively worsening speech and swallowing difficulties, particularly with liquids, along with episodes of involuntary and inappropriate emotional expression. He had a past history of head injury, and neurological examination revealed spastic dysarthria and dysphagia without significant limb weakness. MRI of the brain showed gliotic changes in the left anterior frontal region with a craniotomy defect. From an Ayurvedic perspective, the condition was seen through the lens of Avarana of Vāta by Kapha. Doshā- Vyādhi Vipareeta treatment was planned accordingly. Treatment was administered from 25/06/2025 to 18/07/2025 and included Utsādana with Jīvantiyādi Churna, Sarvanga Sashtika Pinda Sveda, Abhyanga with Balāgūlūcyādi Taila, Pratisāraṇa with Kalyāṇa Avaleha churna and internal administration of Satpala Ghṛta. Following 24 days of therapy, the patient showed notable improvement in swallowing, reduced emotional lability, mild improvement in speech, and enhanced overall wellbeing, with no adverse events reported. This case suggests that an individualized Ayurveda approach may provide symptomatic benefit in pseudobulbar palsy.

KEYWORDS

Pseudobulbar Palsy; Dysphagia; Ayurveda; Emotional Lability.

INTRODUCTION

Pseudobulbar palsy is a neurological syndrome resulting from bilateral disruption of the corticobulbar pathways and is characterized by dysarthria, dysphagia, and emotional lability.¹ Various pathological conditions can lead to pseudobulbar palsy, including cerebrovascular diseases, neurodegenerative disorders, demyelinating diseases, and traumatic brain injury.² Epidemiological studies on motor neuron diseases and related neurological disorders indicate that the prevalence increases with advancing age, particularly after 50 years, and is generally higher in males than in females.² The clinical presentation commonly includes dysarthria, dysphagia, exaggerated jaw jerk, increased or preserved gag reflex, and emotional incontinence (Pseudobulbar Affect).^{2,3} The prognosis largely depends on the underlying etiology and the extent of neurological damage.² Pseudobulbar palsy may result in significant complications, including aspiration pneumonia, severe swallowing difficulties, malnutrition, impaired communication, social withdrawal, and reduced quality of life.² Current conventional management primarily focuses on symptomatic treatment and rehabilitation rather than a definitive cure for the syndrome itself.⁴

Pseudobulbar palsy can be clinically interpreted through the concept of *Āvaraṇa* (obstruction of the normal functioning of one dosa by another), particularly *Kapha-āvrta Vāta* (obstruction of Vāta by Kapha). Dysarthria and related speech disturbances may be understood as manifestations of impaired *Udāna Vāyu* and *Vyāna Vāyu*, resulting in features comparable to *Vāk-saṅga* (difficulty in speech). The treatment approach incorporated the principles of *Dīpana*, *Pācana*, and *Srotoshodhana*, along with alternating *Rūkṣaṇa* and *Bṛmhaṇa* external interventions. Planned on *Doṣa-viparīta* and *Vyādhi-viparīta* principles, this treatment strategy resulted in noticeable symptomatic and functional improvement.

PATIENT INFORMATION

A 61-year-old married male, hailing from Malappuram, Kerala, India, with no known comorbidities and a history of brain injury 25 years back followed by craniotomy, attended OPD with complaints of **difficulty in speech, drooling, difficulty in swallowing both liquids and solids, and uncontrollable emotional outbursts for the past 1 year.**

The patient was apparently normal 1 year ago when his friends and relatives noticed changes in his voice and reduced fluency in speech. Gradually, he developed **severe slurring of speech**, though his comprehension remains intact. At the same time, he started experiencing **difficulty in swallowing**, especially liquids, often **associated with cough during swallowing**. Over the past year, his family members also noticed **drooling, frequent and uncontrollable**

episodes of laughing and crying, especially while watching TV, suggestive of emotional lability.

No history of fever, headache, seizures, weakness of limbs, sensory disturbances, loss of consciousness, chest pain, palpitations, or shortness of breath. No bladder or bowel incontinence. No history of recent trauma. He has consulted multiple physicians and underwent treatment at different times but did not experience significant relief. He is now admitted for further management and symptomatic improvement.

CLINICAL OBSERVATION

On general examination, the patient was alert and oriented to time, place, and person. Appetite was normal; bowel and bladder habits were regular, and sleep was sound. *Samhanana* was *madhyama* (medium build), *Sama pramana* (average body proportion), and he was habituated to all tastes (*sarva rasa satmya*). *Rogibala* (overall strength) and *Satva* (mental strength) were of *madhyama* level, while *Vyayamashakti* (capacity for physical activity) was also *madhyama*. *Abhyavaharanashakti* (food intake capacity) was *avaram* (low), and *Jaranashakti* (digestive power) was *madhyama*. The MMSE (Mini Mental Status Examination) score was 27 and CNS- LS (Centre for Neurologic Study- Lability Scale) score was 28 (suggests Pseudobulbar Affect).

NEUROLOGICAL EXAMINATION

Speech examination revealed spastic dysarthria with a nasal twang. Cranial nerve examination showed that the olfactory (CN I) and optic (CN II) nerves were intact. Extraocular movements mediated by CN III, IV, and VI were full and normal. The trigeminal nerve (CN V) was intact, with an exaggerated jaw jerk reflex. Facial movements were preserved; drooling was evident. The glossopharyngeal and vagus nerves (CN IX and X) were associated with dysphagia and an exaggerated gag reflex. Examination of the hypoglossal nerve (CN XII) revealed a spastic tongue with restricted movements. Higher mental functions, including orientation, memory, attention, and comprehension, were intact. Motor system examination revealed normal muscle bulk, tone, and power in all four limbs, with no focal motor deficits. Sensory examination was normal for all modalities. Deep tendon reflexes were preserved, and plantar responses were flexor bilaterally. No cerebellar signs were elicited.

INVESTIGATIONS

- MRI (09/11/24): Areas of gliosis in the left anterior frontal region due to old trauma; no other significant abnormality detected.
- CT (31/05/24): Large area of gliosis in frontal lobe with craniotomy defect in frontal bone.

DIAGNOSTIC ASSESSMENT

Based on clinical features of spastic dysarthria, dysphagia, emotional lability, drooling, exaggerated jaw jerk and gag reflexes, and a spastic tongue with preserved higher mental, sensory, and cerebellar functions, a diagnosis of pseudobulbar palsy was made.

TIMELINE**Table No: 1 Timeline**

Date/ Time period	Treatment/Event
~2000	History of severe head injury followed by craniotomy. Emergency surgical management. Patient recovered from acute event, returned to normal activities after rehabilitation
2024	Gradual onset of slurring of speech, difficulty in swallowing, drooling. Noticed change in voice and reduced fluency; began having cough while drinking liquids
2024–2025	Consulted various physicians and underwent different treatments. Symptomatic management attempted. No significant relief; symptoms progressively worsened
25/06/2025 – 18/07/2025	Admitted to VPSV Ayurveda College Hospital, Kottakkal for further management.

TREATMENT DETAILS**Table No: 2 Internal Medications**

Medicine	Dose	Time	Rationale
Shatpala Ghritam + Mahishadravakam + Vidaryadyasavam	5 ml + 10 ml + 10 ml	9 AM & 9 PM after food	<i>Srotoshodhana</i> , <i>Dhathu Poshana</i> . The <i>Asava</i> has <i>sūkṣma</i> and <i>vyāvāyī</i> <i>guṇa</i> , helping deeper tissue penetration and quick systemic action.
Abhra Bhasma Capsule	1 – 1 – 1	Thrice daily	Acts as <i>rasayana</i> ; supports neurological function
Kanmada Capsule	1 – 1 – 1	Thrice daily	prevents <i>srotorodha</i> ; <i>Rasayana</i>

Table No: 3 Therapeutic Intervention

Time Period	Intervention	Observation/Outcome
25/06/2025 – 01/07/2025	<i>Utsadana</i> with <i>Jeevanthyadi Churna</i>	Patient felt lightness after therapy
02/07/2025 – 08/07/2025	<i>Shashtika Pinda Sweda</i> (whole-body) + <i>Shashtika Lepam</i> over neck + <i>Pratisāraṇa</i> with <i>Kalyāṇa Avaleha churna</i> and honey	Marked improvement in swallowing liquids; reduced coughing episodes
09/07/2025 – 15/07/2025	<i>Utsadana</i> repeated with <i>Jeevanthyadi Churna</i> + <i>Pratisāraṇa</i> with <i>Kalyāṇa Avaleha churna</i> and honey	Further improvement in swallowing; better appetite and energy
16/07/2025 – 18/07/2025	<i>Abhyanga</i> with <i>Balaguluchyadi Taila</i> + <i>Pratisāraṇa</i> with <i>Kalyāṇa Avaleha churna</i> and honey	Patient reported better sleep, emotional control, mild improvement in speech fluency
18/07/2025	Discharged after 24-day course of treatment	Marked improvement in swallowing ability, emotional stability improved, mild but noticeable improvement in speech; drooling reduced, advised continuation of internal medications and follow-up

Discharge medicine

Medicine	Dose	Time
Shatpala Ghritam + Mahishadravakam + Vidaryadyasavam	5 ml+10 ml+10ml	9 AM & 9 PM after food

Follow up and Outcome

Following the treatment, the patient demonstrated notable clinical improvement. Swallowing function improved from severe dysphagia, characterized by frequent coughing episodes especially while consuming liquids and a moderate severity rating on the dysphagia

scale, to the ability to swallow both liquids and solids with minimal difficulty. Speech, which was initially severely slurred and often incomprehensible, showed mild improvement with clearer articulation, although some degree of slurring persisted. Episodes of pseudobulbar affect, predominantly characterized by uncontrolled laughter, were reduced considerably, with the Center for Neurologic Study–Lability Scale (CNS-LS) score decreasing from 28 before treatment to 17 after treatment, indicating better emotional regulation. Improvements were also observed in the patient's nutritional status and overall well-being, with enhanced oral intake, reduced feeding difficulties, and a noticeable reduction in general weakness. Collectively, these changes were associated with an improved functional status and quality of life.

DISCUSSION and CONCLUSION

Pseudobulbar palsy is a challenging neurological condition characterized by dysarthria, dysphagia, and emotional lability, with limited treatment options directed toward symptom management. In the present case, the clinical presentation was interpreted through the concept of *Avarana*. Based on this understanding, treatment was planned using the principles of *Dīpana*, *Pācana* and *Srotoshodhana*, along with alternating *Rūkṣaṇa* and *Bṛmhāṇa* (nourishing therapy) external interventions. The observed improvements in swallowing, speech clarity, emotional control, and nutritional status suggest that addressing the underlying *Āvarāṇa* and restoring normal *Vāta* function may have contributed to the positive outcome. Internally, *Shatpala Ghritam*, *Mahishadravakam*, and *Vidaryadyasavam* were administered to improve metabolic function, facilitate channel clearance, and nourish depleted tissues. The *sūkṣma* (subtle) and *vyāvāyī* (rapidly diffusing) properties of *Vidaryadyasavam* were expected to aid deeper tissue penetration and systemic action. *Abhra Bhasma* was selected for its *Rasāyana* (rejuvenative) properties and its potential role in supporting neurological functions, while *Kanmada Capsule* was used to promote motor coordination, emotional stability, and as a *Rasayana*.

External therapies were planned by alternating *Rūkṣaṇa* and *Bṛmhāṇa* approaches. *Utsādana* with *Jeevanthyadi Churna* was employed, since *Utsādana* being *rūkṣa*, helps clear *srotorodha*, reduces stiffness, improves circulation, while *Jeevanthyadi Churna*, being *brimhana*, nourishes the tissues in line with the “*yat na karshanam*” principle. This was followed by *Śaṣṭika Piṇḍa Sveda* and local *Śaṣṭika Lepa*, which provides nourishment to neuromuscular system, improves coordination, reduces spasticity. *Utsadana* was then repeated with *Jeevanthyadi Churna* to maintain improved circulation and muscle tone. Subsequent *Abhyanga* with *Balaguluchyadi Taila* was aimed at pacifying *Vāta*, enhancing strength, and supporting neuromuscular recovery. The observed improvements in swallowing, emotional control, nutritional status, and speech suggest that this combined *Doṣa-viparīta* and *Vyādhi-viparīta* approach may have contributed to restoring functional capacity and improving quality of life in this patient. This case highlights the potential role of individualized Ayurvedic interventions as supportive management in patients with pseudobulbar palsy and warrants further clinical exploration.

Patient's Perspective

The patient's family shared that the past year had been very difficult, as his slurred speech, trouble swallowing, and frequent choking made daily life stressful and emotionally heavy. His episodes of uncontrollable laughing and crying also caused social discomfort. After starting treatment, they felt relieved to see him swallow more safely and speak a bit more clearly. They expressed renewed hope and comfort, as his quality of life had improved.

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