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Case Study

CLINICAL OUTCOMES OF *GOMUTRA BHAVITHA CHITRAKA RASAYANA* IN PROGRESSIVE SUPRANUCLEAR PALSY: EVIDENCE FROM AN AYURVEDIC SINGLE CASE

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ABSTRACT

Progressive Supranuclear Palsy (PSP) is a rare, progressive neurodegenerative disorder characterized by postural instability, gait disturbances, oculomotor dysfunction, speech impairment, and dysphagia. From an Ayurvedic perspective, the clinical presentation of PSP closely resembles *Kaphavrita Vyana Vata* based on symptomatology. A 52-year-old male presented to the Kayachikitsa OPD at Government Ayurveda Medical College, Tripunithura, Kerala, with recurrent backward falls, gait imbalance, slurred speech, axial rigidity, impaired eye movements, and emotional blunting. Following inpatient admission, the diagnosis of PSP was confirmed through MRI brain imaging. Considering the *Avarana*-dominant pathology, treatment principles of *Avaranavata* were adopted initially. As PSP represents a progressive neurodegenerative condition, *Rasayana* therapy was integrated within the framework of classical *Vatavyadhi* management. After appropriate *Shodhana, Chitraka Rasayana,* described in the *Rasayana* chapter of Ashtanga Hridaya, was administered owing to its *Ushna, Tikshna*, and *Srotoshodhaka* properties. Disease assessment using the Progressive Supranuclear Palsy Rating Scale (PSPRS) demonstrated significant improvement, with scores reducing from 65 at baseline to 36 after one month of *Rasayana* therapy. This case highlights the potential role of individualized Ayurvedic interventions in improving functional status and quality of life in PSP.

INTRODUCTION

Progressive Supranuclear Palsy (PSP) is a rare, late-onset, neurodegenerative disorder characterized by progressive impairment of balance, abnormal eye movements, axial rigidity, and cognitive decline. First described by Steele, Richardson, and Olszewski in 1964.[1] It is classified as a tauopathy due to the abnormal accumulation of tau protein in specific brain regions, including the brainstem and basal ganglia leading to motor and executive dysfunction.[2] Clinically, PSP often presents with early postural instability, unexplained falls, supranuclear gaze palsy (particularly vertical gaze limitation), dysarthria, and dysphagia.[2,3]

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As the disease progresses, patients experience marked difficulties in mobility, speech, swallowing and executive functions, leading to significant impairment in quality of life. PSP is frequently misdiagnosed as Parkinson's disease or other atypical parkinsonian syndromes, but it has a more rapid progression and limited response to dopaminergic therapy.[2,3] The average onset is in the sixth decade of life, with a prevalence of approximately 5-7 per 100,000 population.[8] Currently, there is no definitive cure, and management focuses on symptomatic treatment and supportive care.[9]

From an Ayurvedic perspective, the clinical features correlate with *Vatavyadhi*, complicated by *Kapha* involvement (rigidity, slowness) and *Avaraṇa* of *Vata*, along with *Dhatukṣhaya* (neurodegeneration) and *Ama* (metabolic toxins impairing neuronal function). The therapeutic principles indicated are *Ama pacana, Srotoshodhana, Vatasamana* and *Rasayana chikitsa* to slow degeneration and enhance quality of life.

Classical Ayurvedic literature describes *Citraka rasayana* as effective in severe and chronic *Vatavyadhi*, with documented benefits on cognition, strength, metabolism and systemic vitality. *Astanga Hrudaya* specifically highlights its role in managing *Sudustura vata* conditions when administered according to *Rasayana* principles. Citraka (Plumbago zeylanica), known for its *Deepana, Pacana, Vatakapha hara, Amanashaka* and *Rasayana* properties like *Medhya* which increases *Bala, Kanthi* and *Agni* was selected.[5]

According to Charaka *Citraka mula* as possessing *Deepaniya* and *Pachaniya* properties reflecting its role in correcting metabolic dysfunction.[6] Here the *Shodhitha citraka* processed in *Gomutra* for one day (*Eka dina bhavana*) which enhances its efficacy. *Gomutra* is described as a potent *Amapacaka, Srotoshodhaka* and *Yogavahi* which potentiates the action of *Citraka,* thus making it suitable for long term administration. This combination is rationalized to address the *Ama, Kapha avaraṇa* and *Vataprakopa* simultaneously providing *Rasayana* support to higher neural functions.

Therefore, the use of *Citraka rasayana* in PSP was aimed at improving cognitive function, metabolic clearance, enhancing neuroprotection and promoting rejuvenation, thereby contributing to improvement in clinical conditions and quality of life of subject.

Case Report

Patient Information

A 51-year-old male running an insurance company for the past 15 years, a known case of hypertension and dyslipidaemia for 20 years on regular allopathic medication, was apparently normal until four years ago.

During the first COVID-19 lockdown on 2020, when his family stayed away for about three months, his wife noticed gloomy behaviour during phone conversations. After their return, he appeared emotionally detached, showed reduced interest in family matters, preferred isolation, and remained persistently tense. These behavioural changes gradually progressed over the next three years, with reduced social interaction and occasional emotionless facial expression.

Around the same time, mild slurring of speech was noticed, which has persisted for three years. He was evaluated at a multi-speciality hospital and treated with medications, but showed no improvement and developed drowsiness, leading to discontinuation of treatment after eight months.

Subsequently, he developed unsteadiness while walking, a tendency to lean backwards and towards the right side, and difficulty in foot placement while wearing footwear. Over the past three years, he experienced progressive gait imbalance with frequent backward falls, especially during gait initiation or turning. His functional abilities declined, making him unable to feed himself independently and causing frequent errors in professional tasks.

He later consulted at a National Level Tertiary Neurology Center where he received vitamin B12 injections for 15 days without benefit; rather, symptoms worsened. Further treatment at a tertiary care hospital provided partial control of sleep-related jerky limb and body movements.

Over the past 1½ years, he developed stiffness of the whole body, predominantly affecting the neck and trunk. He also had progressive difficulty in vertical eye movements over three years, along with a staring look for 1–2 years. Slurred speech with dysphonia persisted throughout this period.

With complaints of gait difficulty, frequent backward falls, slurred speech, mood changes, body stiffness, and impaired eye movements, he was admitted on 20 May 2025 to the Kayachikitsa inpatient department of Government Ayurveda Medical College Hospital for further management.

Past Medical History

H/O Jaundice at childhood

Family History

None of his family members of relatives has similar complaints

Personal History

- Bowel
  Frequency: Regular twice per day since many years
  Evacuation: Complete
  Stool consistency: semi-solid
- Appetite: Good
- Micturition: 5-6/day, 1-2/night
- Sleep: Disturbed since many months
- Occupation: Insurance professional

Clinical Findings

Examination of system involved

Central Nervous System Examination

Higher Mental Functions

Parameter	Findings
Handedness	Right-handed
Level of consciousness	Conscious
Orientation	Oriented to time, place and person
Appearance & behaviour	Tidy and cooperative
Emotional state	Calm; occasionally gloomy/sad
Delusions/Hallucinations/Illusions	Absent
Memory – Remote	Intact
Memory – Recent	Impaired
Memory – Immediate	Impaired
Calculation	Impaired
Attention	Impaired
Judgement	Impaired
Thinking	Impaired
Reasoning	Impaired
Speech	Slurred with dysphonia; fluency impaired
Reading & Writing	Affected

Table 1: Cranial Nerve Examination

Cranial Nerve	Findings
CN I – Olfactory nerve	Smell impaired
CN II – Optic nerve (Visual acuity)	Diminished distant and near vision bilaterally
CN II – Optic nerve (Visual fields)	Decreased superiorly and inferiorly in both eyes
CN II – Optic nerve (Colour vision)	Intact
CN III – Oculomotor nerve	Restricted upward and downward gaze
CN IV – Trochlear nerve	Restricted downward gaze component
CN VI – Abducens nerve	Restricted lateral coordination with vertical gaze limitation
Pupillary light reflex	Intact
Accommodation reflex	Normal
Diplopia/Squint/Nystagmus	Absent
CN V – Trigeminal nerve (Motor)	Jaw movements normal
CN V – Trigeminal nerve (Sensory)	Pain, touch and temperature intact
CN VII – Facial nerve (Motor)	Forehead wrinkling and eye closure intact; unable to whistle
CN VII – Facial nerve (Sensory)	Intact
CN VIII – Vestibulocochlear nerve	Whisper test normal; Rinne AC>BC; Weber no lateralization
CN IX – Glossopharyngeal nerve	Posterior 1/3 taste intact
CN X – Vagus nerve	Occasional nasal regurgitation while swallowing liquids
CN XI – Spinal accessory nerve	Sternomastoid normal; trapezius weakness on right
CN XII – Hypoglossal nerve	No wasting/fasciculation; tongue movements possible; curling difficulty present.

Table 2: Motor System Examination

Parameter	Right	Left
Muscle Bulk	No wasting	No wasting
Muscle tone		
Upper Limb	Hypertonic	Hypertonic

Lower Limb	Hypertonic	Hypertonic
Power		
Shoulder	G4	G5
Elbow	G4	G5
Wrist	G4	G5
Knee	G5	G5
Foot	G5	G5
Superficial Reflex		
Corneal	Present	Present
Conjunctival	Present	Present
Abdominal	Present	Present
Plantar	Present	Present
Deep Tendon Reflex		
Biceps	+++	+++
Triceps	+++	+++
Supinator	++	++
Knee	+++	+++
Ankle	++	++

Table 3: Coordination Examination

Test	Finding
Finger–Nose Test	Impaired
Diadochokinesis	Possible but slow
Pronation–Supination Test	Possible but slow
Romberg's Test	Tendency to fall after a short duration of time in both open and closed eyes
Tandem Walking	Not possible
Gait	Tendency to fall to left side or mostly backward after a few steps

Table 4: PSPRS Assessment at Time of Admission

S.No.	PSPRS Domain	Score
1	History	13
2	Mentation (Mental Status)	9
3	Bulbar Function	5
4	Ocular Motor Function	11
5	Limb Motor Function	9
6	Gait and Midline Stability	18
	Total Score	65

At admission, the patient had a total PSPRS score of 65, indicating severe disability. The highest impairment was noted in gait and midline stability (18), followed by history (13), ocular motor function (11), mental status (9), limb motor function (9), and bulbar function (5). These findings reflected significant multi-domain involvement consistent with advanced disease severity.

Ayurvedic Assessment

Nidana

Ahara: Atyamla kadu rasa sevana
Vihara; Avyayama, atichintha

Purva Roopa

Avyaktha

Roopa

Stabdaneratha, Sthabdagatratha, Karma hani, Chestahani, Alpa vak, Swara kshya, difficulty in *Shteevana* and *Annapraveshana*, feeling of *Brama* and *Pathana* (especially backwards) while standing for long time and while walking, *Smruthihani, Samjahani, Supthi* in *Pada*.

Samprapthi

The recorded *Nidanas* lead to *Kaphavrudhi* and *Aamautpathi* and subsequent *Srothorodha* resulting in *Avarana* which accompanied by the stressful situation

of the covid time vitiate the *Manovahasrothas* further intensifying the aggrevation of *Vatha* bringing about the symptoms like *Sthabdagatratha, Sthabdanetratha, Karmahani, Chestahani, Alpa vak, Swara kshya,* difficulty in *Shteevana, Annapraveshana*, feeling of *Brama* and *Pathana* (especially backwards) while standing for long time and while walking, *Smruthihani, Samjahani, Supthi in Pada*.

Time Line Progression of the Disease

Year	Age (Years)	Key Clinical Events
2021	47	Subtle behavioral changes during COVID lockdown; emotional detachment and social withdrawal.
2022	48	Onset of postural instability with frequent backward falls; slurred speech, bradyphasia, mood changes.
2023	49	Progressive gait worsening; difficulty driving; leaning backwards/right; impaired fine motor skills; occupational decline.
Early 2024	50	Development of axial rigidity involving neck and trunk; worsening balance.
Late 2024	50	Oculomotor dysfunction with staring look; sudden jerky movements during sleep.
May 2025	51	Severe gait initiation difficulty, frequent backward falls, speech impairment, axial rigidity; admitted to Government Ayurveda hospital Tripunithura.

Table 5: Diagnosis

DIAGNOSIS	Modern- Progressive Supra nuclear Palsy, *Ayurveda- Kaphavruthavyana* and *kaphavrutha udana*

Diagnostic Assessment

Diagnostic Methods

The diagnosis of Progressive Supranuclear Palsy (PSP) was primarily clinical, based on characteristic neurological features and standardized diagnostic criteria.[3,4] Diagnostic evaluation included detailed neurological examination, focusing on gait, posture, ocular movements, speech, and cognition. Specific findings in PSP includes gait disturbance, postural instability, supranuclear vertical gaze palsy, bradykinesia, dysarthria, and dysphagia.[2,3] Supportive investigations such as MRI brain were used to exclude other structural causes while noting midbrain atrophy ("hummingbird sign" or "penguin silhouette sign").[5] Blood tests were performed to rule out other systemic pathologies.[8]

Diagnostic Challenges

Diagnosing Progressive Supranuclear Palsy (PSP) is challenging due to its significant clinical overlap with Parkinson's disease and other atypical parkinsonian syndromes such as multiple system atrophy and corticobasal degeneration.[2,4] In the early stages, PSP may manifest with nonspecific features including postural imbalance, mild restriction of ocular movements, or subtle cognitive impairment, which often leads to delayed or incorrect diagnosis.[2] Neuroimaging findings may be inconclusive in the initial phase of the disease, further limiting diagnostic sensitivity.[5] PSP is frequently misdiagnosed as idiopathic Parkinson's disease, as both conditions share features such as bradykinesia and rigidity; however, PSP is distinguished by an early onset of postural instability and falls, the presence of supranuclear gaze palsy, and a poor or absent response to levodopa therapy.[2,3]

Prognostic Characteristics

PSP constitutes an inexorably worsening brain disorder without effective disease-modifying therapies.[6] Featuring a median lifespan of 7-10 years post-symptom onset. Indicators signaling unfavorable outcomes include falls in the initial year, prompt dysphagia onset, accelerated gaze palsy progression, and cognitive deterioration.[2,6] Patients experience steady functional decline, often requiring assistance with daily activities soon after diagnosis, rendering prognosis cautious and emphasizing palliative care for symptom control and life quality enhancement.[6,8]

MATERIALS AND METHODS

Principle of Management

Progressive Supranuclear Palsy was managed on the Ayurvedic principles of *Kaphavruta Vyana* and *Udana Vata* with associated *Ama* and *Srotorodha*. The treatment strategy focused on removing *Avarana,* reducing *Kapha* and *Ama*, normalizing *Vata* function, and improving motor and cognitive deficits. Initial *Rukshana* and *Kapha hara* therapies were followed by *Snehana* and *Swedana* to facilitate *Vata anulomana*. *Nasya* was administered to address *Urdhvanga vata* involvement affecting speech, cognition, and balance. *Shodhana* procedures including *Virechana* and *Lekhana vasti* were performed to clear *Srotorodha* and restore *Vata gati*. Following adequate *Purvakarma, Chitraka rasayana* processed with *Gomutra* was

administered as a *Rasayana* to enhance *Agni*, reduce stiffness, improve neurological functions, and slow functional decline. Supportive therapies and modern medications for comorbidities were continued throughout treatment.

Table 6: Management

Date	Internal Medications	External Medications	Remarks
02/05/2025	*Gandharvahastadi kashayam*- 90 ml along with pinch of *Indupp* and *Sharkara* at 6 am *Ekangaveerarasam*- 1-0 -1 with *Kashayam* *Kalyanaka ghritham* Capsule 1- 0 -1 after food *Dhanadanayanadikashayam* 15ml + 60ml lukewarm water at 6pm *Balaristam*- 20ml HS *Aswagandhachoornam*- 5gm with *Aristam* HS	*Udwarthanam* with *Kolakulathadi choornam* for 7 days *Pratimarsha nasyam* with *Kalyanaka ghritham* – 2 drops each nostril at 3pm for 7 days.	Stiffness reduced slightly
09/05/2025	Continued same medications	*Choornapindaswedam* with *Kolakulathadi choornam* – for 7 days *Talam –Dhanwantaram* 21 *Avarti + Bala choornam*	Stiffness further reduced.
16/05/2025	Continued same medications	*Takradhara* (head only) – for 7 days	Patient feels better, drowsiness reduced
23/05/2025	Continued same medications	*Abhyangam* with *Sahacharadi thailam + Ushmaswedam* for 7 days *Talam - Dhanwantaram* 21 *Avarti + Bala choornam*	Not much significant improvement noted
31/05/2025	*Dasamoolakatuthrayam kashayam*- 60ml tds 1 hr before food *Sudarshanam tab* – 2 tds with *Kashayam* *Balaristam*- 20ml HS *Aswagandha choornam*- 5gm with *Arishtam* HS C Health granules- 5gm with warm milk at 11am	*Choornapindaswedam (Snigdham)* for 5 days with *Kolakulathadi choornam*. Prior to *Kriya abhyangam* with *Sahacharadi thailam* was done *Talam- Dhanwantaram* 21 *Avarti + Bala choornam* *Prathisarana* with *Kalyanaka avaleha choornam +Naladadi grutham* + honey	Noted quality of life becomes down each day, stiffness gradually increased. So decided to stop after 5 days
5/06/2025	Continued same medications	*Mukkikizhi* whole body for 7 days with *Kolakulathadi choornam*, dipping in *Dashamoola kashayam* *Talam- Dhanwantharam* 21 *Avarthi + Bala choornam*	Patient feels better
13/06/2025	Continued same medications	*Choornapindaswedam (Ruksham)* for 7 days with *Valuka + Kulatha choornam* *Talam -Dhanwantaram* 21 *Avarti + Bala choornam*	Patient feel more comfortable
2006/2025	*Kalyanakam kashayam*- 15ml + 60ml lukewarm water at 6am and 6pm. *Kalyanaka gritham* capsule- 1bd	*Udwarthanam* for 14 days with *Yava kola kulatham choornam*	Stiffness reduced much

	after food *Balaristam*- 20ml HS *Ksheerabala* 7 *Avarti*- for gentle application around eyes C Heath granules- 5 gm HS with warm milk		
4/07/2025	Continued same internal medications	*Marsha nasyam* for 7 days with *Saraswatharistam* (with gold) *Mukhabyangam* with *Shankhupushpyadithailam Talam– Shankhupushpyadi tailam + Kachooradi choornam*	Noted that words become a little more clear and able to talk slight better than before, palilalia reduced.
11/07/2025	Continued same internal medications	*Dhanyamladhara* full body for 7 days *Prathimarsha nasyam* with *saraswatharistam* 2 drops- 5pm	Patient feels better, stiffness reduced slightly, patient can stand without support in still position but less than 1 minute.
21/07/2025	Continued same internal medications	*Dhanyamladhara* head only for 7 days	Patient feels better, started to walk with support.
28/07/2025	Morning medicines stopped, continued same internal medications at evening	*Lekhanavasti (Ardha matra)* for 7 days Ingredients- *Saindhavam*-15gm *Makshikam*- 150 ml *Kalkkam*- 30 gm *Kashayam*-480ml, *Madanaphala*, *Vilvamula, Vacha Kalkkam- Kroshani, Sathahwa, Musta*, *Pippali* All together in equal quantity- for one day- 30 gm *Kashayam* ingredients – *Musta, Kusta, Haridra, Daruharidra, Vacha, Kadukarohini, Aavil* -125 *gm Choornam* (all medicines in equal quantity) boiled in 2 litres of water and reduced to 500ml.	Patient feels much Better.

Other concurrent medications – advised to continue modern medicines for dyslipidemia and hypertension.

Chitraka Rasayana

After completion of all *Poorvakarma* and *Shodhana* procedures, *Chitraka Rasayana* was initiated on 05/08/2025 and continued for 30 days. *Shodhita Chitraka* was prepared by *Bhavana* in *Gomutra*, then dried and powdered to enhance potency. It was administered in powder form at a dose of 12gm with 3gm honey and 5gm *Panchagavya ghrita* early in the morning. After digestion of the *Rasayana*, milk was taken when appetite increased. *Chitraka rasayana* was advised at discharge as continuation therapy to sustain the therapeutic benefits achieved during the inpatient phase and to support ongoing clinical improvement.

Table 7: Administration Protocol of *Chitraka Rasayana* and Clinical Outcomes

Parameter	Details
Duration	30 days
Form	Powder
Anupana	Honey and *panchagavya ghrita*
Dose schedule	Day 1 – 3 g Day 2 – 5 g Day 3 – 10 g Day 4 onwards – 12 g daily
Maintenance dose	12 g daily
Anupana with dose	3 g honey + 5 g *panchagavya ghrita*
Post *rasayana* remarks	The patient showed marked improvement, with significant reduction in stiffness and improvement in cognitive functions. Speech became clearer, he started forming complete sentences, and appeared more confident than before. PSPRS score improved from 51 to 36 after therapy.

Preparation of *Chitraka Rasayana*

Freshly collected *Chitraka mula* (6 kg) was thoroughly washed to remove soil, peeled, and the inner fibrous portion removed. The roots were cut into small pieces and soaked thrice in *Churnodaka* (lime water), followed by repeated washing with clean water until clarity was achieved. The pieces were then sun-dried for one day, soaked in *Gomutra* for three hours to enhance potency, washed again, and sun-dried completely. The dried roots were powdered finely, yielding a total of 393 g of *Chitraka curna*.

Figure 1: Preparation of *Shodhitha chitraka choorna*

RESULTS AND DISCUSSIONS

Progressive Supranuclear Palsy Rating Scale (PSPRS) - At Different Time Intervals

PSPRS Domain	Before treatment	Before *Rasayana*	After *Rasayana* (1 month)
History	13	8	5
Mental status	9	5	4
Bulbar function	5	4	4
Ocular motor function	11	10	10
Limb motor function	9	6	4
Gait and midline stability	18	14	9
Total PSPRS Score	65	47	36
Clinical Interpretation	Severe disability	Mild improvement	Moderate improvement

Table 8: Objective Changes

Parameter	Before Treatment	After Treatment
Gait Stability	Unable to walk steadily.	Able to walk steadily without support; required support while changing or shifting positions.
Speech	Speech unclear and slurred; could pronounce only one or two words with repetition (palilalia).	Speech became clearer and better articulated; reduction in slurring and palilalia; able to speak more words and short sentences.
Mood	Frequent emotional outbursts (crying) during attempts at conversation.	Emotionally stable and calm; crying during conversation attempts stopped.

Any Adverse Effects Noted

A slight blackish discoloration of the tongue was noticed during the initial days of *Rasayana* therapy. Later, the medicine was administered after applying *Panchagavyaghrita* over the tongue, following which the discoloration resolved. There was no associated irritation, burning sensation, or pain.

Ayurvedic Interpretation of Disease Pathogenesis

Vayu is regarded in Ayurveda as the prime force responsible for all forms of movement and functional activity in the body and plays a pivotal role in the pathogenesis of most diseases.[10] The vitiation of *Vata* occurs mainly through two fundamental mechanisms such as *Dhatukshaya* (tissue depletion) and *Avarana* (obstruction of *Vata* by other *Doshas* or *Dhatus*).[11] Most neurodegenerative disorders predominantly manifest *Vata* dominant symptomatology, wherein *Vata* initially becomes vitiated due to *Avarana*, which subsequently leads to *Dhatuksaya*.[12] This *Dhatuksaya* further aggravates *Vata*, creating a vicious feedback loop that renders neurodegenerative diseases difficult to reverse, particularly when treatment is not initiated in advanced stages.

In the pathological process of Progressive Supranuclear Palsy (PSP), the aggregation of tau protein within brain tissue can be conceptually correlated with a form of *Dhatu mala*. The accumulation of this pathological *Dhatu mala* leads to *Srotorodha* and *Avarana*, thereby disturbing normal tissue homeostasis. Over time, this results in the formation of *Vaikrutha dhatus* (gliosis) and progressive *Dhatukshaya* (neurodegeneration).[13] In the present case, the progressive clinical manifestations could be interpreted as *Kaphavrutha udana vayu* and *Kaphavrutha vyana vayu*, which ultimately progressed towards *Dhatuksaya*. Considering the involvement of *Vata* vitiation associated with *Dhatuksaya*, therapeutic modalities aimed at removing *Avaraṇa* and pacifying *vata* were considered most appropriate.

Classical symptoms of *Kaphavrutha udana* such as *Swaragraha, Daurbalya, Guru Gatrata, Aruchi, Sira stambha*, and *Bala–varna–prana hani*, along with features of *Kaphavrutha vyana*, including *Gati sanga, Chesta sanga, Gati skhalana, Parva Graha, Asthi graha* and *Swara graha*, were distinctly observed in this patient with PSP.[14] These classical descriptions strongly support the ayurvedic diagnostic interpretation of the condition.

Selection of the Patient

The patient, a 51-year-old male, presented with *Manda chesta, Vakgraha, Swarakṣaya, Gati skhalana, Parva graha, Daurbalya, Agnimandya* and a clouded emotional state. He also exhibited restricted ocular movements, particularly in upward and downward gaze, increased rigidity of the entire body especially in the cervical region and a tendency to fall backward or sideways while walking, particularly during positional changes. MRI findings revealed atrophy in multiple regions of the brain. Analysis of the *Nidana panchaka* clearly indicated that *Avarana* was the primary underlying pathology leading to ta *Prakopa.* The presence of *Stambha* highlighted the predominance of *Kapha doṣa* obstructing *Vata*. Hence, treatment was initiated following the classical line of management for *Avarana vatha*. For ethical reasons, the patient's modern medications for hypertension and dyslipidemia were continued without interruption.

Preparation of the Patient *(Purvakarma)*

Initial internal and external therapies were aimed at mitigating *Kapha avarana vatha chikitsa, Lankhana, Pachana and Swedana doṣa* and improving *Agni*. According to constitute the first line of management. *Gandharvahastadi kashaya* and *Vaiswanara choorna* were administered internally, while *Dhanyamla dhara* was performed externally.

After achieving *Samyak rukshana* through seven days each of *Udvartana, Choorṇa pinda sweda,* and *Takra dhara* to the head, *Snigdha swedana* was initiated (seven days of Abhyanga with *Uṣma sweda* and seven days of *Abhyanga purvaka snigdha choorna piṇḍa sweda).* During *Rukṣaṇa* therapy, a gradual reduction in stiffness and rigidity was observed. However, upon initiation of *Snigdha* therapies, a reversal of improvement was noted, prompting discontinuation of *Snigdha* measures and resumption of *Rukṣa* therapies.

Subsequently, *Mukki kizhi (Kolakulathadi curṇa piṇḍa sweda in Dasamula kashaya), Rukṣha pinḍa sweda (Valuka and Kulatha),* and *Udvartana* with *Yava–kola–Kulatha* were administered. During this period, marked *Upashaya* was observed, with the patient regaining the ability to perform routine activities with greater ease and walk independently in a straight direction, although assistance was still required during positional changes.

As stiffness of the tongue persisted, *Marsha nasya* with *Saraswatharista* was administered. *Tikṣṇa nasya* facilitates the removal of kapha from central nervous system pathways, thereby restoring normal *Vata gati. Sarasvatariṣṭa* enhances *Medhya rasayana* action, leading to noticeable improvement in speech clarity, articulation, and mental status.

This was followed by seven days of full body *Dhanyamla dhara* and seven days of *Dhanyamla dhara* limited to the head region. *Lekhana vasthi* was subsequently administered, which acts by digesting ama, reducing *Kapha meda,* clearing obstructed *Srothas*, and restoring normal *Vata* function. Its systemic effects include improved gut motility, enhanced colon metabolism, stimulation of lipid metabolism, improved insulin sensitivity, and reduction of systemic inflammation through elimination of endotoxins *(Ama).*

Role of *Visha Svarupa Ama* and Rationale for *Citraka Rasayana*

Citraka (Plumbago zeylanica) is classified under *Upaviṣa dravyas* in Ayurvedic literature.[15] Classical texts explain that *Visa*, when used judiciously, can act as *Prativisha* (counter-poison) against another *Visha*, as exemplified by the antagonistic action between *Sthavara visha* and *Jangama visha*.[16,17] This principle forms an important therapeutic basis in conditions where pathology exhibits *Visha svarupa* characteristics.

In the present case, ama formation can be understood to have occurred through two mechanisms:

1. *Agnimandya janya ama*, arising from impaired digestive and tissue metabolism,[18] and
2. *Viruddhahara sevana janya ama*, resulting from repeated intake of incompatible foods.[19]

Such *Ama* acquires *Visa sadrusa gunas*, exhibiting *Asukaritva* and *Viruddha upakramatva*, making the disease difficult to manage, progressive in nature, and associated with a guarded prognosis.[20] This visa like behavior explains the relentlessly progressive course observed in neurodegenerative disorders such as Progressive Supranuclear Palsy (PSP).[21]

Classical texts also describe that certain *Visha rupi malas*, due to its *Apakithwa* cannot be completely eliminated even after appropriate *Shodhana*.[22] Persistence of such malas leads to recurrence or aggravation of symptoms without evident *Nidana*, indicating the presence of *Gara visha or Dushi visha* in the *Samprapti*.[23,24] In such conditions, repeated *Shodhana* at regular intervals becomes necessary. Unlike ordinary *Sanchita doshas*, which do not re-manifest if proper *Shodhana, Pathya palana*, and *Nidana parivarjana* are followed, diseases involving *Visha svarupa malas* tend to relapse, justifying the inclusion of *Visha visesha cikitsa* along with *Dosha* management.

Considering this pathological background, the *Samprapti* in the present case can be interpreted as *Kapha avruta udana* and *Kapha avrta vyana vata*, complicated by *Visha svarupa ama*, leading to *Srotorodha, Vaikrta dhatu* formation (gliosis), and progressive *Dhatu ksaya*.[25,26] Hence, the therapeutic strategy required not only *Avaraṇa hara* and *Vata samana* measures, but also interventions aligned with *Gara* and *Dushi visa cikitsa.*

Following adequate *Shodhana, Citraka rasayana* was selected as the principal therapeutic intervention. Classical texts describe *Citraka* as beneficial in *Vatavyadhi*, particularly when administered with *Sneha dravyas* as *Anupana*, enhancing its *Rasayana* effect.[27,28] *Citraka* possesses *Vata kapha hara* properties, *Uṣṇa virya*, and *Tiksṇa guna*, making it especially suitable for conditions marked by *Kapha avaraṇa*, *Ama* accumulation, and impaired *Vata gati*.[29]

Citraka acts as a potent *Avarana nashaka* and *Srotovisodhaka*, facilitating clearance of pathological obstructions and enabling proper *Dhatu posaṇa*. Through its *Rasayana* action, it supports restoration of *Buddhi prasada, Indriya bala, Vak siddhi, Smṛti, Medha*, and overall *Arogya*.[28,29] Although PSP remains incurable, this integrative Ayurvedic approach demonstrates potential in slowing functional decline and improving quality of life.[21,30]

CONCLUSION

Progressive Supranuclear Palsy represents a rapidly progressive neurodegenerative disorder with poor therapeutic responsiveness in contemporary medicine. This case demonstrates the applicability of a *Samprapti*- based Ayurvedic approach, wherein the disease was understood as *Kapha avrta Udana* and *Kapha-ävrta Vväna Väta*, complicated by *Visa-svarūpa äma* leading to *srotorodha* and progressive *Dhātu-ksaya*. A structured treatment protocol integrating *Avarana-hara. Srotovišodhana, visa-hara*, and *Rasāvana* principles was implemented. Sequential *Sodhana*

therapies followed by *Citraka Rasayana* resulted in meaningful functional improvements in speech clarity, cognitive status, postural stability, and activities of daily living, thereby enhancing quality of life. While the disease course remained progressive, this case highlights the potential of individualized Ayurvedic interventions in modifying symptom burden and functional decline. Systematic clinical studies are warranted to further explore the role of Ayurvedic therapeutics in complex neurodegenerative conditions.

Patient Perspective

I had been experiencing increasing difficulty with walking, frequent backward falls, stiffness, and problems with speech and eye movements, which gradually affected my independence and emotional well-being. After undergoing Ayurvedic treatment, I noticed improvement in my balance, clarity of speech, mental alertness, and ability to perform daily activities. Although the condition did not completely resolve, the treatment helped me feel more stable, confident, and improved my overall quality of life.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and related clinical details. The patient was adequately informed about the purpose of reporting and assured of confidentiality.

REFERENCES

1. Steele JC, Richardson JC, Olszewski J. Progressive supranuclear palsy: a heterogeneous degeneration involving the brain stem, basal ganglia and cerebellum with vertical gaze and pseudobulbar palsy, nuchal dystonia and dementia. Arch Neurol. 1964; 10: 333-359.
2. Williams DR, Lees AJ. Progressive supranuclear palsy: clinicopathological concepts and diagnostic challenges. Lancet Neurol. 2009; 8(3): 270-279.
3. Hoglinger GU, Respondek G, Stamelou M, Kurz C, Josephs KA, Lang AE, et al. Clinical diagnosis of progressive supranuclear palsy: The Movement Disorder Society criteria. Mov Disord. 2017; 32(6): 853-864.
4. Litvan I, Agid Y, Calne D, Campbell G, Dubois B, Duvoisin RC, et al. Clinical research criteria for the diagnosis of progressive supranuclear palsy. Neurology. 1996; 47(1): 1-9.
5. Oba H, Yagishita A, Hirano A, Uchigata M, Kumagai M, Hirata K, et al. New MRI criteria for progressive supranuclear palsy. Neurology. 2005; 64(12): 2050-2055.
6. Boxer AL, Yu JT, Golbe LI, Litvan I, Lang AE, Hoglinger GU. Advances in progressive supranuclear palsy: new diagnostic criteria, biomarkers and therapeutic approaches. Lancet Neurol. 2017; 16(7): 552-563.
7. Coyle-Gilchrist IT, Dick KM, Patterson K, Vazquez Rodriguez P, Wehmann E, Wilcox A, et al. Prevalence, characteristics and survival of frontotemporal lobar degeneration syndromes. Lancet Neurol. 2016; 15(6): 649-656.
8. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrisons Principles of Internal Medicine. 21st ed. New York: McGraw-Hill Education; 2022. Chapter on Parkinsonism and related disorders.
9. Hoglinger GU, et al. Clinical diagnosis of progressive supranuclear palsy: the Movement Disorder Society criteria. Mov Disord. 2017; 32(6): 853–864.
10. Agnivesa, Caraka. Caraka Samhita. Sharma RK, Dash B, translators. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2018, Sutrastana; Vatakalakaliya Adhyaya (12): pp. 227–232.
11. Vagbhaṭa. Astanga hrudaya. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2019. Sutrasthana; Doshabhediya Adhyaya (12): pp. 193–198.
12. Agnivesa, Caraka. Caraka Samhita. Sharma R K, Dash B, translators. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2018. Cikitsasthana; Vatavyadhi cikitsa (28): pp. 619–635.
13. Agnivesa, Caraka. Caraka Samhita. Sharma R K, Dash B, translators. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2018. Vimanasthana; Srotovimana adhyaya (5): pp. 335–343.
14. Vagbhaṭa. m. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2019. Nidanasthana; Vatavyadhi nidana (15): pp. 517–524.
15. Agnivesa. Charaka samhitha. Sharma R K, Dash B, translators. Reprint ed. Varanasi: Chaukhambha sanskrit series office; 2018. Sutrastana 25/40. p. 432.
16. Susruta. Susruta Samhita. Sharma P V, editor. Reprint ed. Varanasi: Chaukhambha visvabharati; 2019. Kalpasthana 1/25–27. p. 561–563.
17. Vagbhaṭa. Ashtanga Hrdaya. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha surbharati prakashan; 2019. Uttaratantra 35/5–7. p. 876–878.
18. Agnivesa. Caraka Samhita. Sharma RK, Dash B, translators. Reprint ed. Varanasi: Chaukhambha sanskrit series office; 2018. Sutrasthana 13/23–27. p. 263–265.

19. Agnivesa. Caraka Samhita. Sharma R K, Dash B, translators. Reprint ed. Varanasi: Chaukhambha sanskrit series office; 2018. Sutrasthana 26/81–86. p. 450–453.
20. Vagbhaṭa. Ashtanga Hrdaya. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha surbharati prakashan; 2019. Nidanasthana 1/19–21. p. 476–478.
21. Hoglinger G U, Respondek G, Stamelou M, Kurz C, Josephs KA, Lang AE, et al. Clinical diagnosis of progressive supranuclear palsy: The Movement Disorder Society criteria. Movement Disorders. 2017; 32(6): 853–864.
22. Susruta. Susruta Samhita. Sharma P V, editor. Reprint ed. Varanasi: Chaukhambha Visvabharati; 2019. Sutrasthana 46/504–506. p. 487–489.
23. Susruta. Susruta Samhita. Sharma P V, editor. Reprint ed. Varanasi: Chaukhambha Visvabharati; 2019. Kalpasthana 2/33–36. p. 573–575.
24. Vagbhaṭa. Astanga Hrdaya. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha surbharati prakashan; 2019. Uttaratantra 35/33–38. p. 889–891.
25. Vagbhaṭa. Astanga Hrdaya. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha surbharati prakashan; 2019. Sutrasthana 12/1–4. p. 186–188.
26. Agnivesa. Caraka Samhita. Sharma R K, Dash B, translators. Reprint ed. Varanasi: Chaukhambha Sanskrit Series Office; 2018. Cikitsasthana 28/15–18. p. 604–606.
27. Vagbhaṭa. Astanga Hrdaya. Sharma S, editor. Reprint ed. Varanasi: Chaukhambha surbharati prakashan; 2019. Uttaratantra 39/62–65. p. 905–907.
28. Shargadhara. Sharngadhara Samhita. Murthy PHC, editor. Reprint ed. Varanasi: Chaukhambha Orientalia; 2018. Madhyama Khaṇda 6/82–84. p. 192–193.
29. Bhavamishra. Bhavaprakasha Nighandu. Chunekar KC, editor. Reprint ed. Varanasi: Chaukhambha Bharati Academy; 2018. Haritakyadi Varga (Citraka). p. 184–185.
30. Litvan I, Agid Y, Calne D, Campbell G, Dubois B, Duvoisin RC, et al. Clinical research criteria for the diagnosis of progressive supranuclear palsy. Neurology. 1996; 47(1): 1–9.

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