



## Case Study

### ROLE OF AYURVEDA IN THE MANAGEMENT OF ADULT-ONSET DISTAL MYOPATHY: A CLINICO-FUNCTIONAL CASE REPORT

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#### ABSTRACT

Adult-onset distal myopathy is a rare progressive neuromuscular disorder characterized by distal muscle weakness, impaired mobility, and reduced functional independence. In Ayurveda, the clinical features may be correlated with *Mamsagata Vata* under the spectrum of *Vatavyadhi*, where aggravated *Vata Dosha* leads to impairment of muscle tissue and neuromuscular function. **Case presentation:** A 65-year-old male presented with progressive weakness of both lower limbs and the right upper limb for two years, associated with difficulty in standing, walking, and performing activities of daily living. Clinical evaluation, electromyography, nerve conduction studies, magnetic resonance imaging, and genetic testing supported the diagnosis of adult-onset distal myopathy with predominant motor axonal involvement. **Intervention:** The patient was treated with a comprehensive Ayurvedic regimen comprising internal medications and external therapies including *Dhanyamla dhara* (Pouring medicated decoction) *Abhyanga* (medicated oil massage), *Nadi Sweda* (fomentation with steam), *Jambeera pinda swedam* (poultice prepared with lemon, and other herbs) *Shastika Shali Pinda Sweda* (poultice prepared with red variety rice, milk, medicated herbs), and *Matra Vasti* (oil enema). The treatment was planned according to the principles of *Vatavyadhi Chikitsa*, incorporating *Ama Pachana*, *Srotoshodhana*, *Snehana*, *Swedana* and *Brimhana*, along with supervised therapeutic exercises. The treatment period was for 13 days. **Outcome:** Following treatment, the patient demonstrated reduction in muscle stiffness and pedal oedema, mild improvement in muscle strength, the ability to stand independently for approximately five minutes, and assisted ambulation. The Barthel Index improved from 45/100 at admission to 60/100 at discharge, indicating enhanced functional independence. **Conclusion:** This case highlights the potential role of an individualized Ayurvedic treatment approach in improving functional ability and quality of life in adult-onset distal myopathy. Further well-designed clinical studies are required to establish its therapeutic efficacy.

#### INTRODUCTION

Myopathies may be classified based on clinical presentation, age of onset, histopathological findings, or disease entities such as Duchenne and Becker muscular dystrophy.<sup>[1]</sup> Adult-onset myopathy is a broad clinical label for any myopathy beginning in

adulthood and may be genetic, inflammatory, metabolic, or degenerative in origin.

Acquired factors such as inflammation, metabolic disturbances, toxins, or nutritional deficiencies impair muscle function by causing mitochondrial dysfunction and reduced ATP production. This results in progressive muscle fibre degeneration, repeated injury with poor repair, muscle atrophy, and replacement by fat and fibrous tissue, leading to weakness and reduced mobility.

The clinical manifestations of adult-onset distal myopathy, including progressive distal muscle weakness, muscular wasting, stiffness, gait abnormalities, and impaired motor functions, show

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significant similarity with the features described under *Mamsagata Vata*. Although *Pangu* and *Khanja* were considered as differential diagnoses, the presence of progressive bilateral muscular degeneration with predominant involvement of *Mamsa Dhatu* strongly supported its correlation with *Mamsagata Vata*.

### Case Presentation

#### Patient Information

A 65-year-old male resident of Seerkazhi, Tamil Nadu presented to the outpatient department with inability to walk and stand for the past two years.

The patient was apparently healthy until 2019, then he gradually developed difficulty in climbing stairs and slipping of footwear while walking. He also experienced difficulty rising from a squatting position. Approximately six months later, he developed left foot drop, followed by similar weakness in the right lower limb within two months. Over the next six months, weakness in both lower limbs progressively worsened.

Subsequently, weakness of the right upper limb developed over a six-month period, associated with

mild tremors and reduced grip strength. One year later, he was diagnosed with adult-onset myopathy. At presentation, he had wasting of both calf muscles, swelling of both feet, weakness of the right upper limb, and inability to stand or walk independently, leading to difficulty in performing activities of daily living. The patient was a known case of hypertension for 15 years and was on regular medication.

Patient had consultant renowned neuro hospitals for the same complaints and was prescribed with analgesic, anticonvulsant, and neuroprotective combinations, levocarnitine supplements, multi-nutrient supplements. With the progressive nature of the disease patient was not able to do his day-to-day activities, which made him too much dependent on others.

The patient consumed a vegetarian diet and had a good appetite. Sleep was sound, with regular bowel and bladder habits. There was no history of addictions or other significant personal habits.

#### General Examination

|                  |             |
|------------------|-------------|
| Blood Pressure   | 130/80 mmHg |
| Pulse Rate       | 80 bpm      |
| Respiratory Rate | 18 bpm      |
| BMI              | 27.3        |
| Edema            | Present     |
| Icterus          | Absent      |
| Height           | 160 cm      |
| Weight           | 70 kg       |
| Pallor           | Absent      |
| Cyanosis         | Absent      |
| Temperature      | 36.5°C      |

#### Systemic Examination

|     |                                                    |
|-----|----------------------------------------------------|
| CVS | S1 and S2 heard; no murmur heard                   |
| RS  | No added sounds; no history of bronchial asthma    |
| GIT | Abdomen soft and non-tender; no organomegaly noted |
| CNS | Conscious and oriented to time, place, and person  |

### Timeline

**Table 1: Timeline of The Disease**

| Date/Period | Clinical Event                                                                                                                 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------|
| 2019        | Gradual weakness in the left lower limb with foot drop; later weakness developed in the right lower limb and right upper limb. |
| 01/09/2022  | Nerve biopsy of the left peroneal nerve showed no diagnostic pathology                                                         |
| 30/11/2023  | Antinuclear antibody (ANA) test was negative                                                                                   |

|            |                                                                                                                         |
|------------|-------------------------------------------------------------------------------------------------------------------------|
| 18/11/2024 | Nerve conduction study (NCS) showed predominant motor axonal changes in the right upper limb and bilateral lower limbs. |
| 18/11/2024 | Electromyography (EMG) showed a mixed pattern in the proximal muscles of the right upper and lower limbs.               |
| 23/11/2024 | MRI of the bilateral thighs and calves showed moderate muscle atrophy and fatty infiltration.                           |
| 23/11/2024 | DNA testing showed no significant reportable variant                                                                    |
| 07/08/2025 | Received allopathic treatment with no symptomatic improvement                                                           |
| 11/02/2026 | Presented to SJSACH OPD and was advised inpatient (IPD) admission                                                       |

**Diagnostic Assessment****Neurological Examination****Table 2: Higher Mental Function Examination**

| Parameter                   | Findings                                                                                                 |
|-----------------------------|----------------------------------------------------------------------------------------------------------|
| Weakness/Paralysis          | Gradual onset, progressive involvement of both upper and lower limbs; no fasciculations, cramps, or pain |
| Sensory Disturbance         | Numbness in upper and lower limbs with glove-stocking distribution                                       |
| Speech                      | Not affected                                                                                             |
| Autonomic Symptoms          | Bladder and bowel normal; no hyperhidrosis, anhidrosis, or sexual dysfunction                            |
| Orientation                 | Oriented to person, place, and time                                                                      |
| Speech                      | Normal rate, rhythm, and voice quality; articulation clear                                               |
| Mood                        | Normal with appropriate affect                                                                           |
| Attention and Concentration | Normal                                                                                                   |
| Memory                      | Immediate, recent, and remote memory intact                                                              |

**Cranial Nerve Examination**

All cranial nerves, including olfactory, optic, oculomotor, trochlear, trigeminal, abducens, facial, vestibulocochlear, glossopharyngeal, vagus, accessory, and hypoglossal nerves, were intact bilaterally.

**Table 3: Motor Examination**

| Parameter            | Right | Left |
|----------------------|-------|------|
| Hip Flexion          | 3/5   | 2/5  |
| Knee Flexion         | 3/5   | 3/5  |
| Ankle Dorsiflexion   | 0/5   | 0/5  |
| Ankle Plantarflexion | 0/5   | 0/5  |
| Toe Extension        | 1/5   | 0/5  |
| Biceps Reflex        | 2+    | 2+   |
| Triceps Reflex       | 2+    | 2+   |
| Supinator Reflex     | 2+    | 2+   |
| Patellar Jerk        | 1+    | 1+   |
| Ankle Jerk           | 1+    | 1+   |

**Table 4: Sensory Examination**

| Modality    | Right UL | Left UL | Right LL | Left LL |
|-------------|----------|---------|----------|---------|
| Light Touch | Normal   | Normal  | Normal   | Normal  |
| Pain        | Normal   | Normal  | Normal   | Normal  |

|                |        |        |        |        |
|----------------|--------|--------|--------|--------|
| Vibration      | Normal | Normal | Normal | Normal |
| Proprioception | Normal | Normal | Normal | Normal |
| Stereognosis   | Normal | Normal | Normal | Normal |

**Additional findings:** Posture was stooped with wasting of calf muscles; tremors and fasciculations were absent; muscle tone was hypotonic. Finger-nose and heel-shin coordination tests were performed successfully.

On Ayurvedic assessment, the patient was found to have *Vata-Kapha Prakruti* (constitutional body type) with *Kapha-Vata Vikruti* (pathological imbalance), involving *Rasa* (primary nutrient tissue), *Mamsa* (muscle tissue), and *Asthi Dhātu* (bone tissue), along with *Snayu* (ligaments/tendons) and *Kandara* (musculotendinous structures). *Twak Sara* (excellence of skin tissue) was observed, while *Samhanana* (body compactness) and *Pramana* (body proportions) were *Madhyama* (moderate). The patient had *Sarvarasa Satmya* (adaptation to all tastes), *Madhyama Satva* (moderate mental strength), and belonged to the *Vridha* (geriatric age group). *Ahara Shakti* (digestive capacity) was *Madhyama* (moderate), whereas *Vyayama Shakti* (exercise tolerance) was *Avara* (poor). *Ashtavidha Pariksha* (eightfold clinical examination) revealed *Vata-Pitta Nadi* (pulse suggestive of *Vata-Pitta* predominance), *Prabhootha Mootra* (increased urine output), *Ama Mala* (stool with metabolic toxins), *Lipta Jihwa* (coated tongue), *Pravara Shabda* (normal speech), *Anushnasheetha Sparsha* (normal skin temperature), *Pravara Drik* (normal vision), and *Pravara Aakruti* (well-built physique).

The diagnostic investigations, including nerve biopsy, antinuclear antibody testing, nerve conduction study, Electromyography [EMG], Magnetic Resonance Imaging [MRI], and DNA testing, are detailed in the timeline section above.

**Table 5: Ayurvedic Correlation and Differential Diagnosis**

| Condition             | Diagnostic Consideration                                                                                                                        |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Mamsagata Vata</i> | Most appropriate correlation due to progressive muscle wasting, distal weakness, gait difficulty, and involvement of <i>Mamsa Dhātu</i> .       |
| <i>Pangu</i>          | Considered as differential diagnosis but excluded because it primarily describes locomotor disability rather than progressive muscular wasting. |
| <i>Khanja</i>         | Considered as differential diagnosis but excluded because it is usually asymmetrical and confined mainly to gait disturbance.                   |

### Therapeutic Intervention

Both internal and external interventions were advised.

**Table 6: Internal Medications**

| Dates                   | Oral Medication             | Dose                    | Frequency and Time of Administration | Anupanam        |
|-------------------------|-----------------------------|-------------------------|--------------------------------------|-----------------|
| 13/02/2026 – 25/02/2026 | <i>Ashtavargam Kashayam</i> | 10ml                    | 7 AM and 7 PM before food            | 40ml warm water |
| 13/02/2026 – 25/02/2026 | <i>Dashamoola Kashayam</i>  | 10ml                    | 6 AM and 6 PM before food            | 40ml warm water |
| 13/02/2026 – 25/02/2026 | <i>Tab. Eastakin</i>        | 1 tablet thrice daily   | After food                           | Water           |
| 13/02/2026 – 25/02/2026 | <i>Cap. Palsineuron</i>     | 2 capsules thrice daily | After food                           | Water           |
| 13/02/2026 – 25/02/2026 | <i>Tab. Neeri</i>           | 2 tablets twice daily   | After food                           | Water           |

**Table 7: External Therapies**

| Dates                   | Therapy                            | Duration            | Route    |
|-------------------------|------------------------------------|---------------------|----------|
| 13/02/2026 – 16/02/2026 | <i>Dhanyamla Dhara</i> (Full)      | 5 days, For 45 mins | External |
| 14/02/2026 – 16/02/2026 | <i>Jambeera Pinda Sweda</i> (Full) | 3 days, For 45 mins | External |
| 14/02/2026 – 19/02/2026 | <i>Nadi Sweda</i> (Full)           | 6 days, For 45 mins | External |

|                         |                                                           |                     |            |
|-------------------------|-----------------------------------------------------------|---------------------|------------|
| 14/02/2026 – 16/02/2026 | <i>Abhyanga with Prabhanjana Vimardhana Tailam</i> (Full) | 3 days, for 45 mins | External   |
| 17/02/2026 – 19/02/2026 | <i>Patra Pinda Sweda</i> (Full)                           | 3 days, for 45 mins | External   |
| 17/02/2026 – 25/02/2026 | <i>Matra Vasti with Dhanwantaram Mezbugupakam</i> 60ml    | 9 days              | Anal route |
| 20/02/2026 – 25/02/2026 | <i>Shastika Shali Pinda Sweda</i> (full)                  | 6 days, for 45mins  | External   |
| 20/02/2026 – 25/02/2026 | <i>Abhyanga With Mahamasha Tailam</i> (full)              | 6 days              | External   |

**Table 8: Discharge Medications**

| Medication                      | Route    | Dose and Anupana          | Time of Administration    |
|---------------------------------|----------|---------------------------|---------------------------|
| <i>Ashtavargam Kashayam</i>     | Oral     | 10ml with 40ml warm water | 7 AM and 7 PM before food |
| <i>Guggulutiktakam Kashayam</i> | Oral     | 10ml with 40ml warm water | 7 AM and 7 PM before food |
| <i>Cap. Palsineuron</i>         | Oral     | 2-0-2 with water          | After food                |
| <i>Tab. Eastakin</i>            | Oral     | 1-0-1 with water          | After food                |
| <i>Mahamasha Tailam</i>         | External | For external application  | Twice daily               |
| <i>Bala Ashwagandadi Tailam</i> | External | For external application  | Twice daily               |

Discharge medications were advised for a period of 30 days.

### Follow-up And Outcomes

The Barthel Index score at admission was 45/100, indicating significant dependency with immobility and the need for maximal assistance in transfers and toilet use. Following treatment, improvement was observed in mobility, transfers, and toilet use, with scores increasing from 0 to 5 in each domain. Consequently, the overall Barthel Index improved to 60/100, suggesting reduced dependency and partial functional recovery.

Clinically, the patient experienced reduction in stiffness, heaviness, and edema of the lower limbs, mild improvement in muscle strength, the ability to stand independently for approximately five minutes, and assisted ambulation, which patient had difficulty in the day 1 of admission.

There were no adverse drug reactions observed during the treatment period.

**Table 9: Assessment Tools**

| Scale         | Before Treatment | After Treatment |
|---------------|------------------|-----------------|
| Barthel Index | 45/100           | 60/100          |
| MMSE          | 30/30            | 30/30           |

### DISCUSSION

Our treatment resulted in an improvement in the patient's quality of life; however, complete reversal of the condition was not possible because of its progressive nature.

The treatment protocol included both internal and external therapies following the principles of *Vatavyadhi Chikitsa*, beginning with *Ama Pachana*, *Deepana*, *Pachana*, *Srotoshodhana*, *Snehana*, and *Brimhana*.

#### Rationale for Internal Medicines

*Ashtavargam Kashayam*, described in *Sahasrayoga*, contains ingredients such as *Bala*, *Sahachara*, *Eranda*, *Shunti*, *Rasna*, *Devadaru*, *Nirgundi*,

and *Lasuna*, which possess *Vatashamaka*, *Vedanasthapana*, *Shoola Prashamana*, *Tarpana*, *Balya*, *Rasayana*, and *Srotoshodhana* properties.<sup>[2]</sup>

*Dashamoola Kashayam* has anti-inflammatory and antioxidant properties and is traditionally used for disorders involving nerves, bones, muscles, and joints.<sup>[3]</sup>

*Cap. Palsineuron* contains classical Ayurvedic formulations including *Mahavata Vidhwamsa Rasa*, *Ekanagaveera Rasa*, *Sameera Pannaga Rasa*, and *Sootshekhara Rasa*, along with *Khurasani Ova* and *Lajjalu*. *Sameera Pannaga Rasa* and *Ekanagaveera Rasa* further contribute *Vatashamaka*, *Ushna*, and *Tikshna* actions, helping alleviate *Vata* imbalance, muscle

stiffness, numbness, and improving peripheral circulation.<sup>[4,6]</sup> *Mahavata Vidhwamsa Rasa*, a classical formulation indicated in *Vata Vyadhi*, possesses predominant *Vatashamaka* and analgesic properties that may help reduce pain and improve neuromuscular function.<sup>[5]</sup> *Khurasani Ova* and *Lajjalu* support muscle relaxation and neuromuscular coordination, while *Sootshekhara Rasa* contributes to pain relief. Collectively, these actions may improve neuromuscular function and functional capacity in adult-onset distal myopathy.

Tab. Eastakin is a proprietary Ayurvedic formulation containing *Kapikacchu*, *Jatamansi*, *Bala*, *Ardra*, *Amalaki*, *Shatavari*, and *Methi*. These ingredients provide *Brimhana*, *Balya*, *Rasayana*, *Deepana*, and *Vatashamaka* effects, promoting nerve nourishment, muscle strength, and neuromuscular function.<sup>[7,8]</sup> Collectively, the formulation may improve nerve conduction, reduce muscle weakness, and enhance overall functional performance in this condition.

Thus, proprietary formulations *Palsineuron* and *Eastakin* contain classical Ayurvedic ingredients and herbs with *Vatashamaka*, *Balya*, *Rasayana*, *Deepana*, and *Pachana* properties, which may support neuromuscular function, peripheral circulation, and muscle strength.

### Rationale for External Therapies

*Dhanyamla Dhara* was administered initially for its *Ushna Guna* and *Ushna Veerya*, which help alleviate aggravated *Vata* and *Kapha*, reduce *Ama*, and improve circulation.<sup>[9]</sup>

*Abhyanga* with *Prabhanjana Vimardhana Tailam* and *Mahamasha Tailam* was used for *Vata Shamana*, reduction of muscle stiffness, and improvement of range of motion.<sup>[10]</sup>

*Nadi Sweda* was employed to improve circulation and range of movements through localized heat therapy.<sup>[11]</sup> *Shastika Shali Pinda Sweda* was selected for its *Brimhana* and nourishing properties, which help prevent tissue degeneration and improve muscle strength.<sup>[12]</sup> *Jambeera Pinda Sweda* was used for relief of pain, inflammation, swelling, and stiffness through combined *Snehana* and *Swedana* effects.<sup>[13]</sup> *Matra Vasti* with *Dhanwantaram Mezbugupakam* was administered for systemic *Vata* regulation, *Brimhana*, and improvement of overall strength and functional capacity.<sup>[14]</sup>

Thus, Adult-onset distal myopathy is a progressive neuromuscular disorder with limited treatment options. This case suggests that an individualized Ayurvedic treatment approach based on the principles of *Vatavyadhi Chikitsa* may improve functional independence, as evidenced by an increase

in the Barthel Index from 45 to 60, while enhancing mobility and quality of life. Further clinical studies are required to substantiate these findings.

### CONCLUSION

This case suggests that Ayurvedic management may have contributed to symptomatic relief, improved functional capacity, and enhanced quality of life in a patient with adult-onset distal myopathy.

### Patient Perspective

At the time of admission, I was unable to stand on my own and experienced marked heaviness and stiffness in my lower limbs. After undergoing treatment, I could clearly notice a reduction in the spasticity and heaviness of my legs. I gained enough strength to stand independently, which I was unable to do earlier, and I am now able to stand for nearly five minutes without much difficulty. However, I still need assistance while walking.

### Declaration of Patient Consent

Authors certify that they have obtained a patient consent form in which the caregiver has consented to the case being reported in the journal. The caregiver understands that their name and initials will not be published, and efforts will be made to conceal their identity; however, anonymity cannot be guaranteed.

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