

# When Nerves Fail

## Courage of Mrs. Manju Dutta

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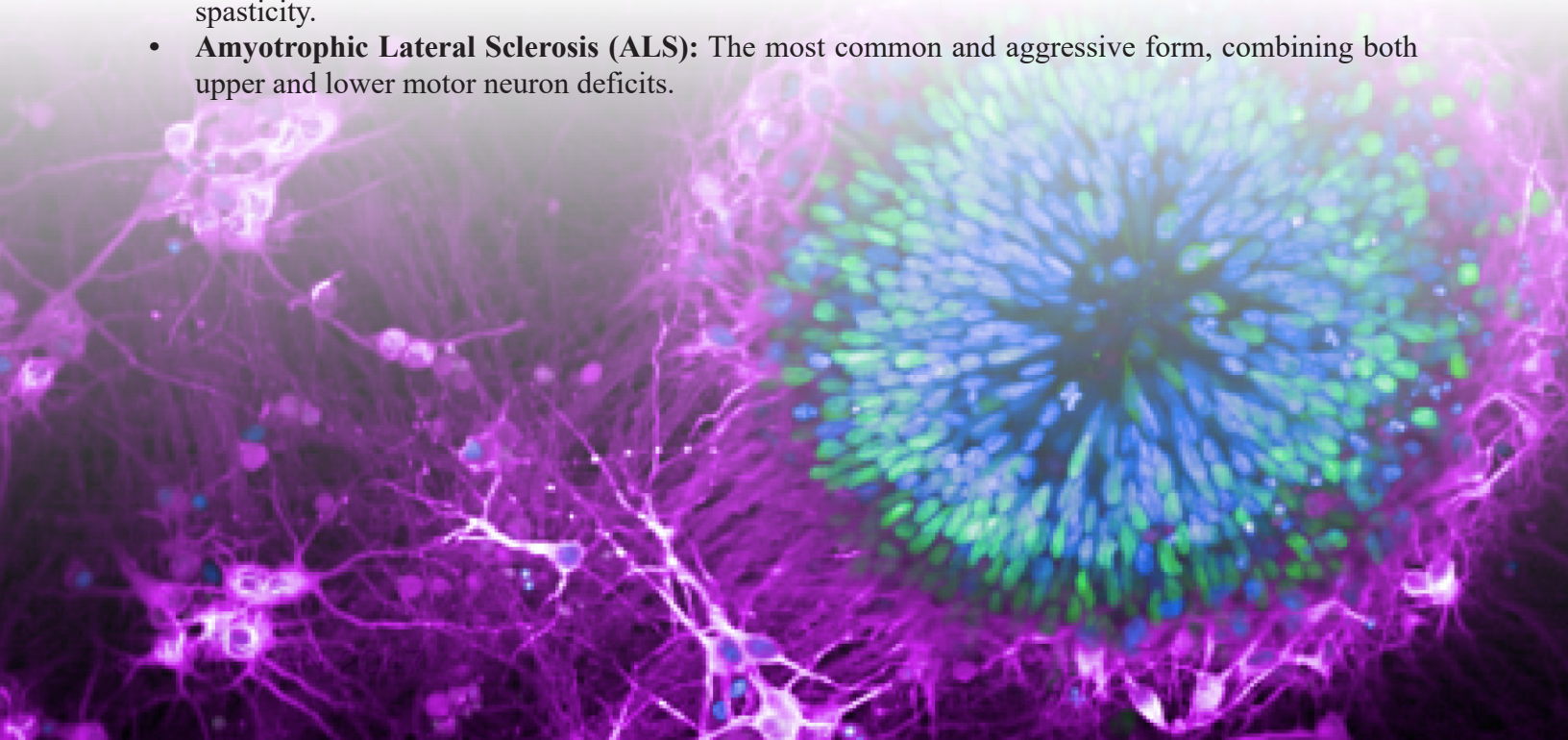
There are few illnesses that inspire as much fear and helplessness as Motor Neuron Disease (MND). Unlike infections or injuries that arrive suddenly, MND creeps in silently, manifesting as a weakness here, a stumble there, or a slurred word that refuses to clear. Over months and years, it grows into a condition that relentlessly strips away independence—stealing the ability to walk, speak, swallow, and ultimately even breathe—while the mind remains intact, painfully aware of every decline.

Motor Neuron Disease is not a single entity but a group of degenerative disorders that share a common feature: the progressive loss of motor neurons, the nerve cells responsible for controlling muscles. Without these vital messengers, muscles weaken, waste, and eventually fail. Unlike sensory nerves, which allow us to feel heat, pain, or touch, motor neurons are purely about movement. Their breakdown explains why patients with MND often retain sensation but lose control over their own bodies.

Globally, the most well-known variant of MND is Amyotrophic Lateral Sclerosis (ALS), popularized through the stories of physicist Stephen Hawking, who defied its prognosis by living for decades, and baseball player Lou Gehrig, whose name became synonymous with the disease in the United States. For most patients, however, the prognosis is far less forgiving.

Clinicians classify MND into several subtypes, depending on whether upper motor neurons (from brain to spinal cord) or lower motor neurons (from spinal cord to muscles) are more affected:

- **Progressive Bulbar Palsy:** Speech and swallowing are most severely affected. Patients choke easily and may lose their voice.
- **Pseudobulbar Palsy:** Emotional instability, bursts of uncontrollable laughing or crying, and spastic tongue movements are typical.
- **Progressive Spinal Muscular Atrophy:** Begins with weakness and wasting in the limbs.
- **Primary Lateral Sclerosis:** Rare, affects upper motor neurons alone, leading to stiffness and spasticity.
- **Amyotrophic Lateral Sclerosis (ALS):** The most common and aggressive form, combining both upper and lower motor neuron deficits.



The course is almost always progressive. Median survival is 3–5 years from symptom onset in ALS, though milder variants may allow longer survival.

In Allopathy (Conventional Medicine), modern neurology has long struggled to halt MND. Today, only a handful of drugs are approved worldwide. Riluzole, introduced in the 1990s, reduces glutamate toxicity in neurons and can extend survival modestly. Edaravone, an antioxidant, slows functional decline in some patients. Yet these are not cures, and the disease still progresses.

In parallel, homeopathy has approached MND with a focus on individualized treatment, looking not just at physical symptoms but also the patient's personality, fears, and emotional state. Remedies such as Plumbum Met. for paralysis and emaciation, Rhus Tox for stiffness, Causticum for speech and swallowing issues, Phosphorus for weakness, and Lachesis for choking and emotional lability have all been used. While critics debate the mechanisms, patients often report symptomatic relief, slower progression, and improved quality of life, which are invaluable in diseases with limited conventional options.

Ayurveda emphasizes strengthening the nervous system through a combination of Rasayana therapy (rejuvenation), Panchakarma detoxification, herbal medicines such as Ashwagandha and Brahmi, and dietary regulation. Yoga and pranayama are recommended to maintain breathing function and emotional balance.

Supportive Therapies: Across systems, physiotherapy, occupational therapy, speech therapy, counseling, and nutritional support are indispensable. Assistive devices — walkers, braces, speech boards—extend independence. Emotional support groups also play a vital role, both for patients and caregivers.

## A Patient's Journey

### *Case Study of Mrs. Manju Dutta*

Amidst these medical details, it is the personal stories that bring MND to life. One such story is that of Mrs. Manju Dutta, a 55-year-old woman from Bhubaneswar, Odisha, who bravely fought

the disease between 2005 and 2008 under the care of Prof. Dr. A.K. Gupta, MD (Hom.)

Her ordeal began shortly after a hysterectomy in 2003. She noticed weakness in her left hand and difficulty straightening her fingers. Soon, her legs weakened, and by 2005, she had frequent backward falls, imbalance, and slurred speech. Eating became hazardous; she choked while swallowing and felt a persistent “sand-like” irritation on her tongue.

By the time she presented her case online in October 2005—later followed up in person in January 2006—she was already unable to walk without support, her arms raised only to chest level, her tongue trembling, and her hands and legs visibly emaciated.

What made Mrs. Dutta's case deeply human was not just her physical suffering but her emotional vulnerability. She was terrified of being alone, frightened of darkness and thunderstorms, and frequently wept. Her sleep was disturbed by dreams of snakes, fire, and dead relatives. Once a commanding personality, she now wrestled with inferiority, pessimism, and the haunting belief that her disease was incurable. She had long harbored an ambition to become a writer—an ambition cruelly cut short by illness.

Yet, within these vulnerabilities lay resilience. She enjoyed company, loved the seaside, was sympathetic to others, and often laughed even amidst tears.

Her progress was tracked meticulously through follow-ups:

- **March 2006:** No more falling backwards, reduced choking, better tongue sensation.
- **June 2006:** Speech slightly improved, no further deterioration.
- **2007:** Emotional balance improved, sleep steadier, cough reduced, and mobility marginally better with support.
- **2008:** Voice weakened again, profound weakness returned, and new burning sensations emerged.

Despite the disease's natural progression, she experienced long stretches of stability—remarkable in a condition that typically advances rapidly.

In early 2008, after nearly three years of resilience, Mrs. Dutta's condition worsened. Her





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speech grew faint, she felt burning sensations across her body, and her weakness became overwhelming. Finally, in March 2008, she passed away suddenly due to cardiac arrest.

Her death was a tragedy, but her journey remains a testament: through integrative care, emotional support, and sheer willpower, she managed to live more meaningfully with MND than the prognosis usually allows.

Mrs. Dutta's story is not isolated. Across India and the world, thousands of patients live with MND—many undiagnosed, many untreated, and most struggling in silence.

Her journey illustrates several lessons:

- **MND is more than a physical disease:** It attacks identity, ambitions, and confidence as much as it does muscles.
- **Holistic care matters:** Whether through homeopathy, Ayurveda, physiotherapy, or counseling, every supportive intervention buys dignity and comfort.
- **Caregivers play a vital role:** Mrs. Dutta's son, who first reported her case, was a pillar of strength—as many family members are in such conditions.

- **Research and awareness are urgent needs:** With limited conventional treatments, India and the world must invest more in both scientific research and supportive care networks. Motor Neuron Disease remains one of the unsolved mysteries of medicine. While science works towards finding cures, stories like that of Mrs. Manju Dutta remind us that patients need more than medicines—they need empathy, attention, and holistic care.

Every therapy that slows decline, every intervention that reduces choking or restores sleep, every moment of emotional reassurance matters. For a disease with no cure, quality of life is the true measure of success.

Mrs. Dutta's courage, her family's support, and her doctor's persistence stand as a beacon for all those grappling with MND. While her life ended abruptly, her journey continues to inspire—reminding us that when nerves fail, it is the spirit that must carry on. ♦

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