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Case Report

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MANAGEMENT OF CERVICAL DYSTONIA - A CASE REPORT

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ABSTRACT

Cervical Dystonia also called spasmodic torticollis, is a painful condition in which your neck muscles contract involuntarily, causing your head to twist or turn to one side. Cervical dystonia can also cause your head to uncontrollably tilt forward or backward. A rare disorder that can occur at any age, Cervical dystonia most often occurs in middle-aged people, women more than men. Symptoms generally begin gradually and then reach a point where they don't get substantially worse. There is no cure for cervical dystonia. The disorder sometimes resolves without treatment, but sustained remissions are uncommon. Injecting botulinum toxin into the affected muscles often reduces the signs and symptoms of cervical dystonia. Surgery may be appropriate in a few cases. Aim & Objectives: To study the role & efficacy of *Panchakarma* in Cervical Dystonia. Methods: According to *Ayurveda* it can be treated as *Manyagata Vaatvyadhi*. Applying *Vaatvyadhi Chikitsa*, specially *Patra pottali Swedana*, a special type of *swedana*, *ManyaBasti*, *Nasya* & with some supportive treatments as holistic approach patient is treated. Result: Patient got remarkable improvements & patient got quite complete relief to do daily routine as usual which was disturbed before. Conclusion: In this study, *Patrapottali swedana*, *Manyabasti & Nasya* revealed practically workable, effective & proved significant efficacious in so harmful untreatable Cervical Dystonia.

Keywords: Cervical Dystonia, Patrapottali Swedana, Manyabasti, Nasya

INTRODUCTION

Neck dystonia (the medical name is Cervical Dystonia or sometimes spasmodic torticollis) is uncontrollable & often painful muscle contractions in the neck which cause awkward postures & discomfort. The head generally pulls to one side of the neck.

Spasmodic torticollis is an extremely painful chronic neurological movement disorder causing the neck to involuntarily turn to the left and/or right, upwards and/or downwards. The condition is also referred to as "Cervical Dystonia". Both agonist & antagonist muscles contract simultaneously during dystonic movement. Causes of the disorder are predominantly idiopathic. A small no. of patients develops the disorder as a result of another disorder or disease. Most patients first experience symptoms in midlife. The most common treatment for spasmodic torticollis is the use of botulinum toxin type A.

Materials & Methods

Case Description:

A male patient of age 33 yrs old came to our *Pan-chakarma* OPD with the complaints of acute neck deviation to right side, unable to move neck properly, neck pain, swelling over neck left side with left sided cervical stiffness, bilateral upper limbs tingling numbness & headache on/off since 15 days.

Concerned patient was having police job with sitting duty for 12 hrs. Patient was apparently all right 15 days before the admission. Then patient had acute onset of neck deviation to right. It is associated with severe pain in neck. Then patient consulted at allopathy hospital, but he didn't get any relief there. Patient had continuous severe pain over left side of neck with continuous shaking movement of neck. After entry at our hospital patient has been started *aushadhi shaman chikitsa* at OPD basis. The shaking movements of neck stopped with these tablets. But as soon as the tablets stopped, the shaking movements of neck again started. Then the patient has advised to admit in IPD & patient got admitted.

On Examination:

N/H/O- Fall/Accident N/H/O- Fever Mala-Normal Mutra-Normal Jivha- Saam BP-140/100 mmHg P-76/min Urine Sugar- 215.0 mg/24 hr Range of Neck Movements-Right- 45- painless Left- 20- painful HLA-B 27- Negative MRI Brain--No significant abnormality in brain parenchyma -No abnormal leptomeningeal & parenchymal enhancement. MRI L.S. Spine - NAD X-RAY Cervical Spine- NAD MRI Cervical Screening--Scoliosis of cervical spine with convexity to left. -Marginal osteophytes at multiple levels

-C3-C4, C4-C5 disc degenerated & reveals posterocentral protrusion compressing subarachnoid space bilateral nerve roots.

Therapeutic Intervention: -

A. Shaman Chikitsa- (for a month)

- 1. Aarogyavardhini 500 mg bd
- 2. Chandraprabha Vati 500 mg bd
- 3. Sanjivani Vati 500 mg bd
- 4. Kaishor Guggul 500 mg bd
- 5. Sinhanad Guggul 500 mg bd
- 6. Gandharv Haritaki Churna 5 gm HS
- B. Shodhan Chikitsa- (for 14 days)
- 1. Patrapottali Swedan with Sthanik Snehan
- 2. Manyabasti with Nirgundi taila
- 3. Nasya with Ksheerbala taila

RESULT-

The results observed after the treatment are as follows. Improvement in sign & symptoms, relief was near about 90 % found in the patient. Neck deviation - Almost removed Neck movements- proper, normal Neck pain- Almost removed Swelling over Neck- Nil Cervical stiffness- removed Tingling sensation- removed Headache- Absent Neck deformity- Almost removed....

DISCUSSION

Patrapottali sweda is used in Upstambhita Vatavyadhi. Patrapottali sweda reduces shula (pain) & stambha (stiffness). This procedure of swedana worked due to Ushna guna to stimulate the sympathetic nervous system & perform vasodilation. Due to effect of Sara & Sukshma guna of swedana dravya the lina dosha are liquefied in our body & they came out through micropores which are present over the skin as pores Sweat Gland results in more excretion of liquefied Vitiated Dosha from body.

Patrapinda Sweda is used mainly to provide relief from pain, inflammation, swelling & stiffness associated with bone, joint or musculoskeletal pains. It helps in strengthening the muscles, bones, nerves & tissues. It improves the circulation of blood and helps in reducing pain, stiffness & inflammation. It pacifies the *vata dosha*.

Manyagata Vata is described as a Vatavyadhi in all Samhita & Sangrahagranthas.

Common line of treatment of *vatavyadhi* also says about *Snehana Nasya* which includes *Brumhana Nasya*. As per *Charaksamhita*, *Nasya* is one of the main treatment modalities when *Vata* is lodged in between head & shoulders. *Ksheerbala taila* is very effective in all 80 types of *vata* vitiated conditions. It can be used as *Nasya*, *Abhyanga*, *Pana & Basti*.

It acts as *Rasayana, Indriyaprasadana, Jeevana & Brumhana*. It contains *Balamula, Ksheera & Tiltaila. Balamoola* is having qualities like *Snigdha, Pichchila, Vatashamaka &* indicated in *vatavyadhis. Ksheera* is *Brumhaniya & Vata Pitta Shamaka. Tiltaila* is the best among oils.

Nasya is the prime treatment in Urdhwajatrugata Vikaras. The heen matra of Brumhana Nasya is 16 bindus, Madhyama is 32 bindus & Uttam is 64 bindus. Vaghbhata has described 4 types of oil application on head under Murdhnitaila which are Shiroabhyanga, Shiroseka, Shiropichu & Shirobasti. Manyabastis evolved from Shirobasti procedure. It is a Bahya Snehana & Swedana therapy & more over it is a Sthanik Shamana Chikitsa.

Manyabasti is kind of Bahya snehana & swedana procedure. Snehana mainly acts against Ruksha guna caused by vata & swedana mainly acts against Shita guna. It also reduces Stambha & Gauravata.

Nirgundi has Vatashamak & Vedanasthapan property due to shamana of vata which is prime reason for shoola, that shoola (pain) is subsided. Joint stiffness is due to ruksha, sheetaguna of vata. It is reduced by ushnaveerya of nirgundi & warmth produced during the procedure. Thus, reduced in pain & stiffness of the neck. Acharya Charak has advocated use of Nirgundi in vatajvyadhi as follows.

Nirgundi tail is used in vatajvyadhi for massage & puran, here in Manyabasti this oil is used as puran (retention of oil). In nirgundi tail Manyabasti oil is absorbed through skin & produces an action according to the properties of nirgundi. Nirgundi has ve-danasthapana, shothahar & rasayan properties. This

helps in *vata shaman* & nourishes *dhatu* due to its *Brumhan* property; because of *shoolahara, shothaha-ra* & *rasayana* property.

CONCLUSION

Cervical Dystonia is type of *Vatavyadhi* in which *Patrapottali swedana, Manyabasti & Nasya* are good among the treatments. These treatments are much beneficial in the patient of Cervical Dystonia by relieving the local pain as well as helps in the neck movements. But study needs further evaluation on large no. of patient to finally conclude this treatment.

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