



View of Ayurveda in the management of Transverse myelitis- A case study

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ABSTRACT:

A rare neurological disorder that effects the spinal cord causing the inflammation is called as transverse myelitis. The symptoms depends on the area of spinal cord affected. The causes can be numerous but the treatment is limited in contemporary science. In Ayurveda vatavyadhi treatment options are available in a wide range and the same is adopted in this article. A male patient aged about 50 years c/o difficulty in walking and loss of strength in B/L lower limbs along with reduced sensation since 12 years, also slow stream of urine since 3 years visited opd who was diagnosed with transverse myelitis. The patient was treated with Lashuna rasayana, abhyanga and vestana, found marked relief. This case study shows about 70% of relief in the symptoms of the disease through Ayurvedic management.

Keywords: Transverse myelitis, Abhyanga, Vestana

INTRODUCTION:

Vatavyadhi is one of the commonest type of disease which affects the patients, wherein dhatukshaya and margavarana being the two main causes, in this condition the dhatukshaya is causing the vatavyadhi. Hence can be diagnosed as the dhatukshaya Janya sarvanga vata ⁽¹⁾. That is vata affecting the body due to the involved pathology of depletion of dhatus (body tissues). In the contemporary science, Transverse myelitis (TM) is a rare neurological condition in which the spinal cord is inflamed. Transverse implies that the inflammation extends horizontally across the spinal cord. TM is characterized by weakness and numbness of the limbs, deficits in sensation and motor skills, dysfunctional urethral and anal sphincter activities, and dysfunction of the autonomic nervous system that can lead to episodes of high blood pressure. Signs and symptoms vary according to the affected level of the spinal cord. The underlying cause of TM is unknown. The spinal cord inflammation seen in TM has been associated with various infections, immune system disorders, or damage to nerve fibres, by loss of myelin ⁽²⁾

CASE REPORT:

A male patient aged about 50 years came to kayachikitsa opd of Sri Dharmasthala Manjunatheshwara Ayurveda hospital, Udupi on 2019, he presented with difficulty in walking and loss of strength in B/L lower limbs along with reduced sensation since 12 years and slow stream passage of urine since 3 years . Patient had history of respiratory viral infections 15 days back and a history of angioplasty in 2014. There is no any history of Diabetes or hypertension. The appetite is good, sleep is sound, and bowel is slightly constipated since 4-5 years, as slow stream of micturition since 3 years along with slight loss of control in evacuation.

All the vitals were under normal limits. Detailed musculoskeletal examination revealed that power in bilateral lower limbs was 2/5, reflexes were exaggerated, and Clonus was present. The patient could only stand with support, walking with support also was not possible. Also sensory examination revealed that there was absence of touch perception, only deep pressure and pain was preserved. There were no any significant changes in blood investigations. Previous MRI in 2012 revealed, subtle CSF signal intensity lesion in mid dorsal region. Subtle hyper intense lesion in adjoining spinal cord, suggesting cord oedema. Also cord atrophy in D8 level. Taking into consideration regarding the clinical presentation and the investigations, the patient was diagnosed with the transverse myelitis and treatment was planned.

TREATMENT:

The patient was treated with,

1. Abhyanga with mahanarayana taila for 20 days for 30 minutes
2. Vestana to B/L lower limbs with mahamasha taila for 20 days for 30 minutes
3. Lashuna rasayana, first 3 days 2-2-2 was given, later rasayana dosage pattern was followed

DAY 1- DAY 4	12capsules at 6am with milk
DAY 5- DAY 8	24 capsules at 6am with milk
DAY 9- DAY 12	36 capsules at 6am with milk
DAY 13- DAY 16	48 capsules at 6am with milk
DAY 17	15 grams trivrit leha at 6 with warm milk

Abhyanga with mahanarayana taila for 20 days for 30 minutes

2. Vestana to B/L lower limbs with mahamasha taila for 20 days for 30 minutes.

All these medicines were manufactured in Sri Dharmasthala Manjunatheshwara pharmacy, Udupi.

RESULTS:

After the treatment of 20 days the patient found marked relief in the symptoms

Power increased to 4/5 from 2/5

Slight touch sensation improved by 40%

Pressure and pain sensation improvement by 80%

Bowel and bladder control improved by 50%.

The patient was able to walk with support.

DISCUSSION:

Since the patient is suffering from dhatukshaya Janya vata Vyadhi, any kind of shodhana is contraindicated. Hence we have adopted abhyanga⁽³⁾ and vestana along with Shamana Aushada in this case. Here we have adopted mahanarayana taila for abhyanga.

The ingredients are moorchita tila taila, ksheera, shatavari, ashwagandha, and eranda etc vatahara drugs. All these are mainly vatahara and balya in nature acting upon on the dhatukshaya aspect of the disease.⁽⁴⁾

Vestana is a procedure where the gauze is soaked in mahamasha taila and then is wrapped around the limbs of the patient. It is left for 3-4 hours. Mahamasha taila consists of ingredients like that of tila taila, Masha, dashamoola, jeevaneeya gana dravya which is excellent to any conditions of vatavyadhi and also rectifies the dhatukshaya which has occurred in the patient⁽⁵⁾

Rasayana is one of the excellent drug of choice in vatavyadhi. Naimittika rasayana directly acts on the causes of the disease. Hence it is one of the best choice in this regard. Here we have selected Lashuna rasayana as it is best indicated any type of vatavyadhi as told by our Acharya.⁽⁶⁾ The guru snigdha qualities and Ushna Veerya (hot potency) of Lashuna mainly helps in balancing the vata in the body. The Madhura, Kashaya rasa and guru guna helps in dhatukshaya. It is given in increasing dosage to check the palatability of the patient and to check for any adverse reactions as Lashuna has Ushna Veerya (hot potency). And the end of the course, trivrit leha is given as an mrudu rechaka to expel put the excess pitta prakopa in the body. Also allium sativum is best known for its anti-inflammatory activity which has been already proven, hence

reduces the inflammation in the cord, hence reducing the signs and symptoms. (7) In this way the successful management of transverse myelitis was possible. The patient is still in regular follow up and is getting better.

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