

A CASE STUDY ON WALLENBURG SYNDROME WITH AYURVEDIC LINE OF MANAGEMENT

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ABSTRACT

Wallenburg syndrome which is also called as lateral medullary syndrome is a rare condition in which an infraction or stroke occur in lateral medullary region of brain stem is most frequent cause. Wallenburg syndrome is easily diagnosed on the basis of specific neurological findings and radiological investigations. Although the combinations of various signs and symptoms are helpful for clinical diagnosis of Wallenburg syndrome, the presence of signs and symptoms vary from patient to patient. Among these signs and symptoms, dysphagia has been reported in wide number of patients. Considering these features of Wallenburg syndrome a unique *Ayurvedic* line of treatment has been planned and patient showed marked improvement significantly.

Keywords: Wallenburg syndrome, Dysphagia, Ayurvedic management.

INTRODUCTION

Wallenburg syndrome was first described in 1808 by Gaspard vieusseux, often called as lateral medullary syndrome or posterior inferior cerebellar artery syndrome¹. Wallenburg syndrome is the clinical manifestation associated with ischemia caused by occlusion of vertebral artery or infarction in the distribution of posterior inferior cerebellar artery (PICA).² The syndrome is also a prototype lesion involving the nuclei of cranial nerves IX and X.³

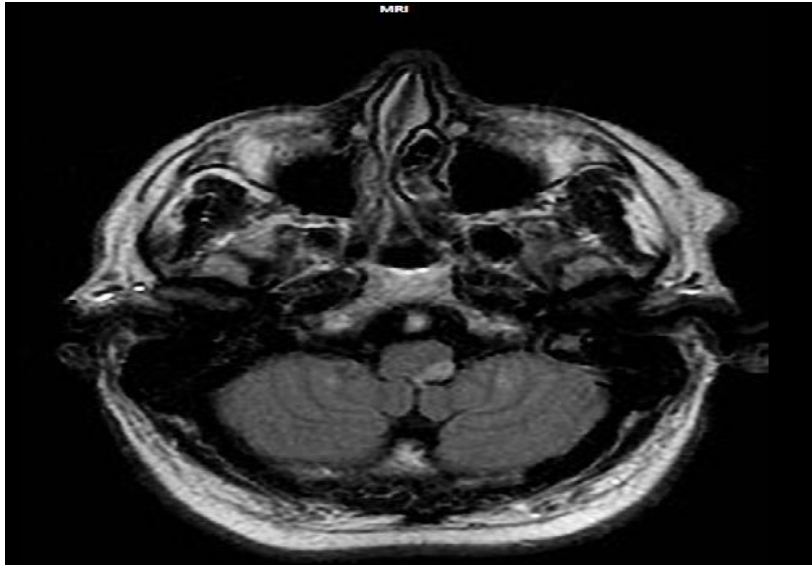
The presenting symptoms in Wallenburg syndrome often include a stabbing pain in face or ear, ipsilateral to the side of infarction presumably as a result of involvement of the descending tract of cranial nerve V. Nausea, vomiting are often accompany-

ing symptoms and they may also arise from vestibular nuclei involvement.³ The involvement of nucleus ambiguus causes ipsilateral vocal cord palsy, weakness of palate and pharynx which cause dysphagia and a hoarse voice.³ The syndrome is characterized by sensory deficits affecting the trunk and extremities on the opposite side of the infarction and sensory deficits affecting the face and cranial nerves on the same side of the infarct. Specifically there is a loss of pain and temperature sensation on the contralateral side of the body and ipsilateral side of the face, other clinical symptoms and signs are dysphagia, slurred speech, ataxia, facial pain.¹ The affected persons have dysphagia resulting from involvement of nuc-

leus ambiguus as well as dysarthria. Among these symptoms and signs, dysphagia in Wallenburg syndrome is initially severe enough to require non oral feeding. However, in some patients dysphagia does not recover for many months to years.

CASE REPORT: A 35 years old male patient, who is a bus driver by occupation, is known hypertensive since 4 years and non diabetic. Habit of regular alcohol intake is present since many years. Patient have history of brain stroke (ischemic), associated with vocal cord palsy 3 years back and also history of Psoriasis since 12years. Patient came to our O.P.D of Kayachikitsa department at Govt. Ayurvedic Hospital, Erragad-

da, Hyderabad, complaining of weakness of both lower limbs and loss of sensation on ipsilateral side of face and contralateral side on body along with severe dysphagia where patient is being fed with Nasogastric tube only. On examination of patient shows that all the vitals are stable, patient is conscious and coherent, all deep tendon reflexes and plantar reflex are normal. Investigations like MRI of brain showed infarct on lateral aspect of medulla (right sided) other investigations like ECG, Chest X ray shown normal study. Routine investigations like CBP, ESR, CUE and RBS are within normal limits.



MRI slide of the patient showing infarct in lateral medullary region.

TREATMENT SCHEDULE:

1. *Mahavatavidhwamsiniras*⁴ -60tabs + *Abhrakabhasma*⁴ -10gms+ *Pravalabhasma*⁴ -10gms+ *Pippalichurna*⁷ -10gm. Mix all and make 60 equal packets and each packet is given twice a day with honey on empty stomach.
2. *Bruhatvatachintamani ras*⁵ - 30tabs 1bid before food with crushed garlic.
3. *Dashamoolarishta*⁶ -15ml bid with equal quantity of water.

4. *Vachachurna*⁷+*triphala churna*⁷+*guduchi churna*⁷+*yastimadhu churna*⁷-mix all in equal ratio and given for gargling with warm water twice a day.

Duration of Treatment: 4 months

DISCUSSION

Lateral medullary syndrome is an uncommon stroke caused by Thrombosis or Embolism of the vertebral artery or posterior inferior cerebral artery. Among the signs

and symptoms, dysphagia is troublesome and has been reported in 51% to 94% of the patients with Wallenburg syndrome. In this syndrome mainly there is involvement of higher center like brain. Drugs used in the treatment schedule like *Bruhathvatachintamani ras* contain *swarna bhasma* as the main ingredient which is *rasayana*, *vakshudhikara* and *medhya*⁸. *Mahavatavidhwamsiniras* is *vatahamana*⁴ and the *Bhasmas* like *Abhrakabhasma*, *Pravalabhasma* are *sarvarogahara*⁹. *Pippalichurna* which is *rasayana*, *medhya*, *rechana*⁷ will enhance the therapeutic action of drugs. Since prolonged dysphagia is the dominant complaint in this patient, combination of drugs like *Triphala*, *Guduchi*, *Yastimadhu* and *Vacha*⁷ mixed in equal ratio are given for gargling with lukewarm water. This entire treatment schedule is planned considering the Wallenburg syndrome as *avaranajanya vata vyadhi*¹⁰. There is no textual reference for the combination of oral medicines as it is an *anubhutha yoga* practiced since times. With this planned treatment schedule patient who was on nasogastric tube for feeding before the treatment gradually came back to oral feeding along with decreased intensity of classical Wallenburg syndrome signs and symptoms.

CONCLUSION

Wallenburg Syndrome shows peculiar characteristic feature of sensory and motor function deficit and can be considered as a *avaranajanya vatavyadhi*¹⁰, where its site of origin is at higher center, brain. In this case study the combination of oral medicines will probably improve the microvascular circulation, causing the reversal of ischemia/infarction to its original form and thereby improving the neuronal activity, sensory, motor and cranial nerve function.

Apart from this, since Wallenburg syndrome will cause dysphagia in 50% - 90% of patients for prolonged periods. In this case study, gargling with drugs like *triphala*, *vacha yastimadhu* and *guduchi* because of their *rasayana*, *lekhana* property, will act on the lesion involving cranial nerves particularly cranial nerves IX, X (Glossopharyngeal nerve and Vagus nerve) and showed marked improvement on patient with dysphagia who is on Nasogastric tube feeding for long time before treatment.

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