

A HOPE IN THE MANAGEMENT OF CERVICAL MYELOPATHY THROUGH PANCHAKARMA

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ABSTRACT

Cervical myelopathy involves spinal cord compression at the cervical level of the spinal column, resulting in spasticity, hyperreflexia, pathologic reflexes, digit/hand clumsiness, and gait disturbance¹. The spontaneous course of myelopathy is characterised either by long periods of stable disability followed by episodes of deterioration or a linear progressive course. The presentation of cervical myelopathy varies by the severity of the spinal cord compression as well as its location. Without treatment, patients may progress toward significant paralysis and loss of function. Any space-occupying lesion within the cervical spine with the potential to compress the spinal cord can cause cervical myelopathy. Cervical myelopathy is predominantly due to pressure on the anterior spinal cord with ischemia as a result of deformation of the cord by anterior herniated discs, spondylitis bone spurs, an ossified posterior longitudinal ligament or spinal stenosis. In Ayurveda, it can be correlated with kaphavruta vyana vata as both signs and symptoms are similar.

Objectives--By considering cervical myelopathy as Kaphavritta vyana vata, the present study has attempted to evaluate the efficiency of Ayurvedic formulation in the conservative management of cervical myelopathy.

Method--A case of cervical myelopathy, Initially the patient was treated with *Dashamoola kaya seka* followed by *Shastika Shalipinda sweda*, followed by *Madhutailika basti*² and *Anuvasana basti* with *Murchita tila taila* as per *Kala Basti* schedule, followed by *Shamana aushadhi*. **Result--**Patient was observed for symptomatic improvement based on the questionnaire over graded signs & symptoms, also observed for clinical examination before & after treatment. **Conclusion:** The study has shown that conservative management of cervical myelopathy can be managed effectively through the Ayurvedic principle and improve quality of life.

Key words: Cervical myelopathy, Panchakarma, Kaphavritta vyana vata, Basti

INTRODUCTION

Cervical myelopathy, otherwise Called cervical spondylotic myelopathy, is a common spinal cord disorder³. It is estimated to affect 5% of people older than 40, and the incidence is expected to rise in the ageing population⁴. Although myelopathy is common, it is often underdiagnosed, or the diagnosis is delayed due to multifactorial reasons. Mainly the absence of a diagnostic algorithm, poor awareness and subtle and non-specific symptoms like pain and numbness in limbs, poor coordination, imbalance and bladder problems that are often attributed to ageing. In *Ayurveda*, there is no direct correlation for cervical myelopathy. Based on pathology, it can be understood under Kaphavritta vyana vata Gatisanga and shareera guruta are the lakshanas of impaired functioning of vyana vata. Symptoms such as dourbalya, Gatisanga, and Gurugatrata are seen in kaphavritta vyana. Hence, based on the clinical symptoms and the pathology involved, a diagnosis of kaphavritta vyana can be considered and treated accordingly.

Here, we present a case of cervical myelopathy that was treated through panchakarma, and a significant result was obtained.

CASE REPORT:

A Male patient of age 43 years with no co-morbidities came to the hospital c/o reduced strength in b/l upper and lower limbs for one year. It was said to be normal 1year back. One day, while travelling to his home back after his routine work, he fell from the vehicle and got hit over the nape of the neck with no head injury and bleeding seen; there was a history of intake of alcohol before the incident. After that, he consulted a nearby hospital and received treatment. Soon after a few months, he gradually noticed reduced strength and heaviness in the bilateral upper and lower limbs. For this complaint, he was admitted to a nearby hospital and received treatment; there was no satisfactory relief, so he was accepted to GMC Bangalore for further management.

Habits – chronic alcoholism – 20years stopped since 1year, smoking – since 10years stopped since 1year
bowel and bladder - urgency present

PHYSICAL FINDINGS: Shown in table no. 01

Table no 01: SHOWING PHYSICAL FINDINGS

Gait	Broad based		
Higher mental function	Intact, well oriented to time, place and person		
Cranial nerves	Within normal limits		
Sensory system	No abnormality detected		
Motor system	Limb attitude	Left upper limb - NAD Right upper limb and lower limb- NAD	
	Muscle power	Right	Left
		Upper limb	3/5
		Lower limb	3/5
	Reflexes	Biceps	+++
		Triceps	+++
		Knee	+++
		Ankle	+++
		Plantar	Extensor
			Extensor

Sensory system	Touch, pain, temperature	Intact
	joint proprioception- upper limb	Intact
	Lower limb	Intact
	Vibration	Intact

COORDINATION

ROMBERGS TEST	POSITIVE
DYSMETRIA	Slight Impaired
DYSDIADOKOKINESIA	Slightly Impaired

MJOA SCORE - Modified Japanese Orthopaedic Association

CATEGORY	SCORE	DESCRIPTION	SCORE
	0	Unable to move hands	
Upper Extremity motor sub score	1	Unable to eat with spoon but able to move hands	
	2	Unable to eat with spoon but able to eat with a spoon	
	3	Able to button a shirt with great difficulty	
	4	Able to button a shirt with mild difficult or other mild fine motor dysfunction	<input checked="" type="checkbox"/>
	5	Normal hand coordination	
Lower extremity score	0	Complete loss of movement and sensation	
	1	Complete loss of movement, some sensation present	
	2	Inability to walk but some movement	
	3	Able to walk on flat ground with walking aid	
	4	Able to walk without walking aid, but must hold a handrail on stairs	<input checked="" type="checkbox"/>
	5	Moderate to severe walking imbalance but able to perform stairs without handrail	
	6	Mild imbalance when standing or walking	
Upper extremity sensory score	7	Normal walking	
	0	Complete loss of hand sensation	
	1	Severe loss of hand sensation or pain	
	2	Mild loss of hand sensation	
Urinary function score	3	Normal hand sensation	<input checked="" type="checkbox"/>
	0	Inability to urinate voluntarily	
	1	Frequent urinary incontinence	
	2	Urinary urgency or occasional stress incontinence	<input checked="" type="checkbox"/>
	3	Normal urinary function	

M JOA score =Mild myelopathy = 15-17, Moderate = 12 - 14, Severe = 0 - 11

DASHAVIDHA PAREEKSHA: Shown in table no. 02

TABLE NO. 02: SHOWING DASHAVIDHA PAREEKSHA

Prakriti	Vata kapha
Vikriti	Kapha vata
Sara	Madhyama
Samhanana	Susamhita
Satmya	Madhura pradhana sarvarasa
Satva	Madhyama
Vyayama shakti	Avara
Ahara Shakti	Madhyama
Pramana	Madhyama
Vaya	Madhyama

NIDANA PANCHAKA, SHOWN IN TABLE No. 03

TABLE NO 03: SHOWING NIDANA PANCHAKA

Nidana	Vishamaashana, Vegadharana, Chinta, Dadhi sevana at night, nitya madya sevana, Abhigataja
Poorva Rupa	Avyakta
Rupa	Cheshta haani, Gatisanga along with gourava
Upashya & Anupashya	Nothing specific

SAMPRAATI GHATAKA: Shown in table no. 04

TABLE NO 04: SHOWING SAMPRAPTI GHATAKA

Dosha	Kapha vata
Dushya	Rasa, Rakta, Mamsa, Majja
Agni	Jatharaagni, Dhatvaagni
Agni dushti	Mandaagni
Srotas	Rasavaha, Mamsavaha
Srotodushti	Sanga
Udhhavasthana	Pakwashaya
Sancharasthana	Sarvashareera
Vyaktastana	Manya
Adhistana	Shiras
Rogamarga	Madhyama
Sadhyaasadhyata	Krichra sadhya

TREATMENT PROTOCOL ADOPTED: Shown in table no. 05

A comprehensive treatment plan was employed, involving both Panchakarma procedures and the administration of oral medications.

Table no 05: SHOWING TREATMENT PROTOCOL ADOPTED.

Treatment	Duration
Sarvanga dashamoola pariseka	7 days
Sarvanga abhyanga with murchita tila taila followed by shastika shali pinda sweda	14 days
Koshta Shodhana ⁵	1 day
Madhutailika basti	Kala basti pattern ⁶

KALA BASTI SCHEDULE: Shown in table no.6

DAY	1	2	3	4	5	6	7	8	9	10
MORN		N	N	N	N	N	N			
EVEN	A	A	A	A	A	A	A	A	A	A

MADHUTAILIKA BASTI	DOSAGE
Makshika	80ml
Saindhava lavana	10gm
Sneha – Murchita tila taila	80ml
Shatapushpa + ashwaganda kalka	20gm
Kwatha – Balamula ksheerapaka	320ml
	Total = 510ml

ANUVASANA BASTI with MURCHITA TILA TAILA – 70ml

INVESTIGATION: Shown in table no. 07

MRI CERVICAL SPINE WITH WHOLE SPINE SCREENING

IMPRESSION - Cervical spondylosis with degenerative changes, focal disc bulge, disc protrusion and disc extrusion causing compressive neuropathy at multiple levels predominantly involving C3-C4 and C4-C5 levels with underlying cord showing myelomalacia changes as described

ASSESSMENT BEFORE AND AFTER TREATMENT

TABLE NO .08

<u>Domain name</u>	<u>Before the treatment</u>	<u>After the treatment</u>
<u>Muscle power</u>	<u>3/5</u>	<u>5/5</u>
<u>Romberg test</u>	<u>positive</u>	<u>negative</u>
<u>Gait</u>	<u>Broad based</u>	<u>normal</u>
<u>dysmetria</u>	<u>Positive</u>	<u>negative</u>
<u>mJOA score</u>	<u>12</u>	<u>17</u>

DISCUSSION

Cervical myelopathy, which can be understood as kaphavrita vyana vata, manifests due to margaavarana, further leading to dhatukshaya. In cases where margaavarana is involved, its removal becomes the primary focus of management, so rukshana, followed by brimhana, is the line of treatment adopted for this case.

Dashamoola pariseka:

- Any disease that manifests is due to either Sama or Nirama Avastha. Rukshana's line of treatment mainly helps manage Sama's transition into Nirama Avastha. Rukshana treatment has more effect on Kapha, Medhaja Vyadhi, Ama, and Avarana conditions. The warm medicated liquid is poured over the whole body (Sarva Shareera) or
- affected part in a uniform stream. The procedure is called Seka or Pariseka
- Hence, the initial treatment approach involves Seka for seven days.
- Dashamoola mainly has Laghu, Ruksha Guna, Ushna Virya, Shula, Shothahara and Tridoshagna properties; hence, it acts as Rukshana.

Shastika shali pinda sweda:

- It is a type of bahya sweda and maha sweda, which results in vasodilation and increases blood flow to the affected site. Thus, it is helpful in reversing the pathology. It consists of go dugdha, shastika shali, and balamulakwatha churna, which acts as vatahara. Brumhana strengthens the surrounding muscle tissue and nourishes the

nervous system. In this case, ssps were done for 14 days, which increased tissue extensibility and thus helped expand the range of movement.

Madhutailika Basti:

Madhutailika Basti, by its effects of *Brimhana*, *Deepana*, *Bala-Varna Kara* and *Rasayana* properties, increases *Bala* and *Utsaha*, replenishes *Dhatu* by acting on *Dhatuhani*, and pacifies *Vata Dosh*, and *Rasayana Karma* acts on overall degenerative changes. The content of *Madhutailika Basti* has some specific properties that enhance its effect. *Madhu* and *Taila* are the two main ingredients of *Madhutailika Basti*. *Madhu* is "Saukumaryakaram". *Tila Taila*, another main ingredient of *Madhutailika Basti*, is mainly *Vatashamaka* (pacifies *Vata*), which breaks the process of *Vatavruddhi* and pacifies the increased *Vatadosha*. One of the main properties of *Tila Taila* is that it is *Balya* in nature, which restores the *Balahani*. *Rasayana* property of *murchita tila taila* restores *Dhatukshaya* and other degenerative changes. *Kashaya* added *Erandmooladi Kwatha*, which is *vata kaphahara* and *brimhana* in nature.

CONCLUSION

Cervical Myelopathy can be correlated to kaphavrita vata; in the beginning, removing avarana will be the first step of treatment, followed by adopting vatavyadhi chikitsa. Contemporary medicine's therapy includes laminectomy, spondylectomy, and corticosteroids, which are costly and have poor prognoses. In this light, ayurveda can help improve

the quality of life and make people independent of routine activities, thereby reducing complications.

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