



AN AYURVEDIC PERSPECTIVE ON MANAGING A RARE COEXISTING CONDITION: CERVICAL DYSTONIA AND COLPOCEPHALY W. S. R TO VATAVYADHI – A CASE REPORT

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ABSTRACT

Background: Cervical dystonia, characterised by involuntary neck muscle contractions, and colpocephaly, a congenital brain anomaly. Although their relationship is not well understood, both conditions lead to significant functional impairment. This case report explores the Ayurvedic management of a patient with both conditions, focusing on the Ayurvedic aspect of *Vata vyadhi*. **Case Presentation:** A 36-year-old male farmer presented with a 12-year history of involuntary neck contractions, stiffness, left-sided neck deviation, and speech slurring for the past 5 years. He was diagnosed with colpocephaly in childhood after CT imaging revealed enlarged lateral ventricles. Despite undergoing Botox injections, the patient experienced minimal relief and sought Ayurvedic treatment. **Methods:** The patient was treated with internal and external medications of *Samanya vatavyadhi* and *Akshepa vata chikitsa* to balance *Vata dosha*, relieve symptoms, and improve overall quality of life. Results: After three months of treatment, the patient experienced significant pain reduction, decreased involuntary movements, and improved mood. **Conclusion:** This case demonstrates the potential of Ayurvedic medicines in managing cervical dystonia and colpocephaly by restoring *Vata* balance.

Keywords: cervical dystonia, colpocephaly, vatavyadhi

INTRODUCTION

Cervical dystonia, a neurological disorder marked by involuntary neck muscle contractions, and colpocephaly¹, a congenital brain anomaly, can coexist as a unique clinical challenge. While cervical dystonia is not directly referenced in Ayurvedic texts, both conditions can be understood as manifestations of *Vata vyadhi*. Ayurveda emphasises the importance of *Shodhana*, *Shamana* and *Rasayana* therapies in managing such situations, mainly through *Snehapana* and *Vasti*². Treatments aimed to improve the quality of life rather than cure as it is a congenital disease.

Case Description

A 36-year-old male farmer presented with involuntary neck muscle contractions, stiffness, and deviation of the neck to the left side for 12 years, along with speech slurring for the past 5 years. He was born to consanguineous parents via caesarean section. A CT scan at the age of 1 year revealed enlarged lateral ventricles, suggesting colpocephaly. Developmental milestones were typical. At 24 years, he began experiencing neck stiffness, followed by deviation and involuntary contractions on the left side of the neck. Despite undergoing Botox treatment three times, he experienced minimal relief. The patient also reported slurring of speech around 5 years ago, with no identifiable triggers. Currently, his symptoms include persistent neck contractions, stiffness, and speech issues, though he feels better while lying down. He had mild

relief with Ayurvedic medications, prompting him to seek further Ayurvedic treatment.

Medical History and Examination

Past Medical History: No significant history of type 2 diabetes, hypertension, dyslipidaemia, or thyroid dysfunction.

Family History: Second child of consanguineous parents.

Personal History: Mixed diet, regular bowel movements, normal appetite, and sound sleep. No known allergies or addictions.

General Examination:

Vital signs: HR 71 beats/min, Pulse 71 beats/min, RR 14 breaths/min.

Neurological Findings:

Dystonic posture with left-sided torticollis and shoulder elevation.

Prominent and involuntary contractions of the sternocleidomastoid muscle.

Stiffness and limited range of movement in the left neck, with grade 2 tenderness.

Affected coordination with difficulty in finger-to-nose and tandem walking.

Motor System:

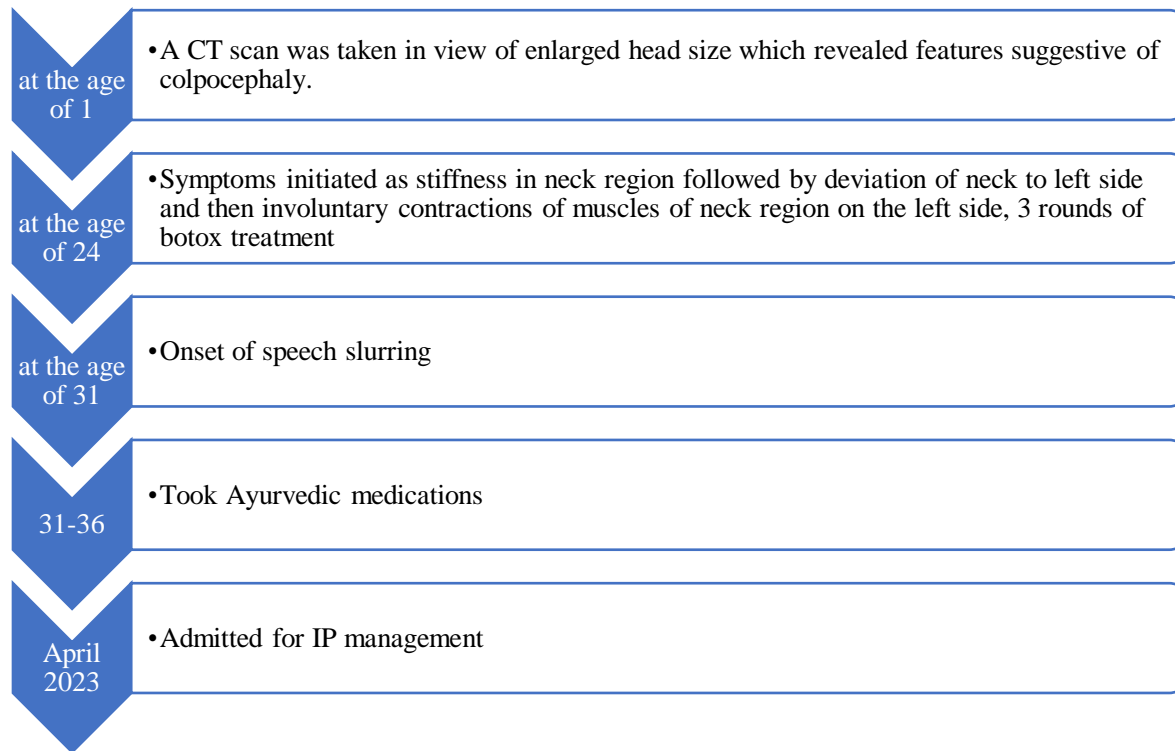
Right upper limb: 5/5 muscle power, isotonic

Left upper limb: 4/5 muscle power, hypertonic

Involuntary Movements:

Frequent, repetitive neck movements

Timeline



Diagnosis and Pathogenesis

Nidana: The condition is likely *Sahaja vyadhi* (congenital disorder), aggravated by *Vata prakopakara ahara* and *vihara*.

Samprapthi: The genetic predisposition combined with *Vata*-aggravating factors has vitiated *Vata*, ac-

cumulating in the *Rikta srotas* and causing the disease.

Poorvaroopam: *Greeva sthambha*

Roopam: *Akshepa* in the region of *Greeva*, *Vak graha*

Diagnostic Imaging

CT in 1991- (at the age of one)- features suggestive of colpocephaly.

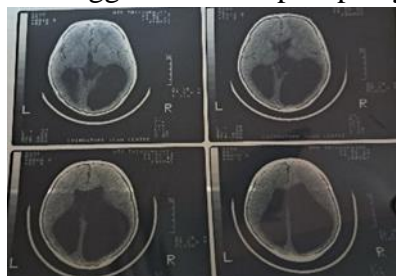


Figure 1

CT on 31/12/2012

Both the lateral ventricles are grossly dilated, the right more than the left - colpocephalic features. The occipital horns of both lateral ventricles are grossly dilated, right more than left. The temporal horns of the right lateral ventricle are also dilated. Thinning of brain parenchyma in the parieto-occipital region on both sides. Mildly dilated third ventricle.

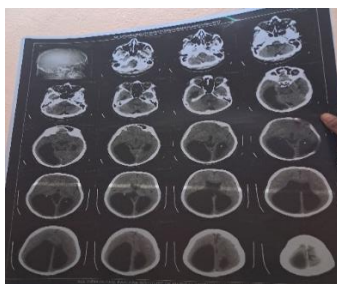


Figure 2

Ayurvedic Plan of Care

Treatment protocol

The *Samanya vata vyadhi chikitsa*, *Snehana* and *Svedana* and procedures specific to the disease are done. The internal medications were also selected by considering *Rogabala*, *Rogibala*, *Agni*, and various factors.

Internal Medications:

Kalyanaka ghritam (7 pm-8pm)- 25 ml- Day 1, 30 ml- Day 2, 40 ml- Day 3, 50 ml for the rest of the days

Dhanwantaram gulika: 1 tablet twice daily.

Satavari gulam: 10g at bedtime.

Ksheera kashaya (*Bala*, *Eranda*, *Devadaru*, *Sundi*): 4 pm.

Therapeutic Procedures:

Siropichu with *Ksheerabala tailam* for 14 days at 4 pm

Dasamoola ksheeradhara + *Abhyanga* with *Dhanwantaram tailam* for 7 days.

Shashtika sali pinda sweda with *Sahacharadi tailam* and *Dhanwantaram tailam* for 7 days.

Matravasthi with *Dhanwantaram tailam* for 4 days.

Ksheeravasthi with *Dasamoola kashayam*, *Tiktaka ghritam*, *Dhanwantaram tailam* and *Ksheera*.

DISCUSSION

In this case, the treatment modalities primarily focussed on *Samanya chikitsa* of *Vata vyadhi* along with *Vishesha chikitsa* of *Akshepa vyadhi* by considering all the factors related to *Roga* and *Rogi* and the *Sahaja* aspect of causation.

Ksheera kashaya: Aimed at balancing *Vata* and the *Anubandha pitta*, especially in neurological conditions.

Siropichu: The mode of action occurs both locally and systemically. Locally, the medicinal oil is absorbed through the skin. Systemically, it enters the body, affecting the CNS through circulation. *Siropichu* relieves symptoms caused by muscle contractions.³

Ksheerabala taila combines *Bala*, *Ksheera*, and *Tilaitaila*, which possess *Madhura rasa* and *Madhura vipaka*. This combination helps pacify *Vata* and *Pitta doshas*, promoting nourishment and reducing inflammation, making it practical for neurological conditions.³

Matra vasti: *Matra vasti* is an effective treatment for balancing *Vata dosha*, mainly targeting *Pakvashaya*, where *Vata* is primarily located.

Dasamoola ksheeradhara: *Dasamoola*, with its *Ruksha guna* and *Ushna virya*, effectively alleviates *Vata* disorders by reducing inflammation and pain. Combined with *Ksheera*, which has *Madhura*, *Seeta* and *Snigdha* properties, it balances both *Vata* and *Pitta doshas* and manages *Sula*.

Shashtika shali pinda sweda: *Shashtika shali* has *Snigdha* and *Balavardhana* properties, which help strengthen the body. Combined with *Bala* and *Godugdha*, which are *Balya* and *Rasayana*, it effectively relieves *Vata*. The warmth of the procedure enhances blood circulation, reduces muscle stiffness, and alleviates pain.⁴

Ksheera vasti: *Ksheera vasti* serves as a *Dosha shamana* and *Brimhana* therapy. *Ksheera*, with its *Madhura*, *Sheeta*, and *Snigdha* properties, helps balance *Doshas* while nourishing the body.

Progress and Results

Pathya advised at the time of discharge.

Advised to avoid *Vata prakopakara ahara* and *Viha-ra* like *Ratri jagarana* and to ensure meal intake at the proper time.

First 3 Months:

- *Rasnerandadi kashyam*- 60ml- before food- 6am, 6pm
- *Ksheera kashaya of bala*- 60 ml- 11 am, 4 pm
- *Satavari gulam*- 5g at night
- *Kaisora guggulu vatika*-1-0-1 with *Kashayam* 6am, 6pm
- *Ksheerabala tailam*+ *Karpasasthyadi tailam*-E/A
- *Kalyanaka ghritam*- 5 gm at bedtime

Resulted in a reduction of pain and frequency of involuntary movements.

Next 3 Months: *Rasnerandadi kashyam*- 60ml- before food- 6 am, 6 pm

- *Kaisora guggulu vatika*
- *Parushakadi leham*
- *Ksheerabala tailam*+ *Karpasasthyadi tailam*
- *Vidaryadi ghritam*

Continued medications improved overall mood and relaxation, reducing the frequency of involuntary movements.

CONCLUSION

This case underscores the potential of Ayurveda in managing cervical dystonia and colpocephaly by addressing the underlying *Vata* imbalance. Integrating

Ayurvedic therapies with conventional treatments can offer promising outcomes in managing complex neurological conditions. Further research is needed to standardise Ayurvedic protocols for *Vata vyadhi* and validate these therapeutic approaches.

REFERENCES

1. Parker C, Eilbert W, Meehan T, Colbert C. Colpocephaly Diagnosed in a Neurologically Normal Adult in the Emergency Department. *Clin Pract Cases Emerg Med*. 2019 Oct 21;3(4):421-424. doi: 10.5811/cpcem.2019.9.44646. PMID: 31763604; PMCID: PMC6861018.
2. Yadavji Trikamji ed. *Agnivesa. Caraka Samhita Cikitsasthana*. [Ayurveda Dipika, Chakrapanidatta, (comm) (Sanskrit)]. Varanasi: Chaukhamba Sanskrit Samsthan; 2013; p.617.28
3. Kiran Raj: A Conceptual Study of Shiropichu in The Management of Shirahshoola. *International Ayurvedic Medical Journal* [online] 2017 [cited May 2017] Available from: http://www.iamj.in/posts/images/upload/1588_1594.pdf.
4. Ritu Jyani, Mohar, Keerti Verma, Reena Dixit. Effect of Shashtika Shali Pinda Sweda & other Ayurvedic Intervention in Cerebral palsy: A Case Report. *AYUSHDHARA*, 2023;10(3):51-53. <https://doi.org/10.47070/ayushdhara.v10i3.1222>.

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