



MANAGEMENT OF ARACHNOID CYST: A RARE CASE REPORT

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ABSTRACT

Spine is the most important part of the human being responsible for locomotion. Low back ache is a common presenting problem involving it. Underlying cause can be varying from according to different individuals. Arachnoid cyst is a rare cause for the low backache. In this case Study, a 35-year-old female patient presented with pain in low back radiating to whole extent of both lower extremities, associated with pricking, tingling sensation for 2 years. On evaluation, clinically had kyphoscoliosis, paraspinal muscle spasm was evident. No mass, scars were seen. Palpation revealed tenderness at L₅-S₁ region. Special tests- SLR both active and passive-30 degrees, lasegue-bregards-bowstrings-flip test- coin test was positive, MRI revealed thin walled cystic lesion within the subarachnoid space of sacral spinal canal- arachnoid cyst. The case was diagnosed as *Vatakaphajagridhrasi*. Patient was treated with *Bahya Snehana*, *Swedana* and *Basti karma* was prescribed as prime management. The subject got relief from pain, pricking and tingling sensation, by applying principles of *Vataupakrama*, *Gridhrasi Chikitsa*.

Keywords: Arachnoid cyst, *Gridhrasi*, *Basti*, Pain

INTRODUCTION

Sciatica is a very painful condition characterised by radicular pain which begins in lumbar region along the poster-o-lateral aspect of thigh and leg. Because of which, movement of the affected leg is restricted, and

patient is unable to walk properly. The condition is so disabling that at some point of time the patient even may be confined to the bed. The treatment in the modern parlance for Sciatica is unsatisfactory and includes

use of analgesics and complicated surgical procedures which are often associated with many secondary complications. The condition has many implications on the social, emotional, economical life of the patient, causing distress to the patient and absenteeism at work.

Gridhrasi is a pain dominant illness, characterised by pain in the buttock region radiating along the back of the pelvis, thigh, leg and foot¹. This may be associated with pin prick sensation and fasciculation. These manifestations of the *Gridhrasi* match with the clinical presentation of Sciatica of conventional medicine. More to add, the straight leg raising test which confirms Sciatica is described as ‘*Sakthikshepanigraha*’ meaning restriction of leg flexion². This occurs due to morbidity of *Vatadosha* which is caused by indulgence of unique dietary and behavioral factors that are incriminatory of *VataDoshha*. Henceforth *Vatahara* line of treatment is the treatment of choice, further depending on the pathogenesis either *dhatukshaya* or *margavarana*.

Case Report:

Main Complaint:

Low back radiating to whole extent of right lower extremity, associated with heaviness, pricking, tingling sensation reported to outpatient department of Muniyal Ayurveda hospital and research institute on 7th January 2019

History of Present Illness:

A female patient not a k/c/o DM/HTN had gradual onset of pain 2 years back, there was no history of trauma. Site was low back, Onset was gradual, Character was pulling type, radiate to the right limb, Aggravating factor was lifting heavy weights, relieving factor was rest, severity is said to be moderately severe. She had consulted various places and was advised surgery for which she refused and reported to OPD of Muniyal Institute of Ayurveda Medical Sciences, Manipal.

History of Past Illness:

No significant medical or surgical history.

Table 1: Personal History

Diet-mixed	Appetite -good
Sleep- disturbed	Bowel-once a day
Habits- nothing specific	Micturition-4-5 times/day

Table 2: Physical Examination

Built: normosthenic	Lymphadenopathy: Absent
Pallor: Absent	Pulse: 78 bpm
Cyanosis: Absent	Weight: 45 kg
R/R: 18/min	Nourishment: moderate
Icterus: Absent	Nails: No clubbing
Edema: Absent	BP: 130/90 mmHg
Height: 142 cm	BMI: 22

Systemic Examination:

Cardiovascular system- S₁, S₂ heard, no added sounds
 Respiratory system-normal vesicular breath sounds
 Gastrointestinal system- per abdomen-soft, no organomegaly
 Central nervous system-
 Higher mental functions-within normal limits
 Motor system-Motor-power Grade- (4-) Right lower limb

Sensory system- Sensory examination–Superficial-Touch, Temperature, Pain-Decreased. Deep-Vibration, Joint Position, Pressure sense -Present, Cortical-Tactile Localisation, Tactile Discrimination - Present.
 DTR-Knee –Right-+++, Left-++, Ankle-Right-+++, Left-++
 Locomotor System-

Spine-Lumbar spine- Kyphoscoliosis-Present, Paraspinal Muscle Spasm-Present, Tenderness-L₅-S₁ Gait-Antalgic Gait, Special tests- Right Lower Limb SLR both active and passive-Positive-30 degrees, La-segue-Bregards-Bowstrings-Flip test- Coin test was Positive.

Organic reflexes of Bowel and Bladder -Intact

Investigations:

MRI LS Spine-10/01/18

Disc bulge L₄- L₅, L₅-S₁

Revealed thin walled cystic lesion within the sub-arachnoid space of sacral spinal canal causing scalloping of posterior aspect of S2 vertebrae measuring approximately 3x1.8cm suggestive of arachnoid cyst.

Diagnosis-Lumbosacral Radiculopathy- Secondary to Arachnoid cyst- *VataKaphaja Gridhrasi*=

Treatment Protocol:

First phase- 07/01/2019-28/01/2019

Shamana Aushadhi

Tab *Shilajatu*, Dosage-1-1-1., *Anupana-Ksheera.*, Tab. *Trayodashangaguggulu.*, Dosage -1-1-1., *Anupana -Jala.*, *Rasna Erandadi Kashaya* 15-15-15ml., *Anupana- Jala*-15 ml

Second phase: *Nitya Virechana-ErandaTaila* 20 ml - 7.00 AM for 7 days (29/01/2019-05/02/2019)

ShamanaAushadhi (29/01/2019-19/02/2019)

Tab *Shilajatu*, Dosage-1-1-1., *Anupana-Ksheera.*, Tab. *Trayodashanga Guggulu* 1-1-1., *Anupana -Jala.*, *Rasna Erandadi Kashaya* 15-15-15ml., *Anupana-Jala*-15 ml

Kati Basti (20/02/2019-27/02/2019)

Shaman Aushadhi (20/02/19-13/03/2019)

Tab *Shallaki MR.*, Dosage 1-1-1, *Anupana-Jala.*, Tab. *Trayodhashanga Guggulu* 1-1-1., *Rasna Erandadi Kashaya* 15-15-15ml., *Anupana - Jala*-15 ml

Third phase-

Sarvanga Abhyanga with *Mahanarayanataila* followed by *BashpaSveda* (01/04/19-08/04/19)

Balavarnakara Basti-Asthapana, *Anuvasana* with *DhanvantaraTaila.*, Dosage-50 ml.,

Shamana Aushadhi-

Tab *Shilajatu*, Dosage-1-1-1., *Anupana-Ksheera.*, Tab. *Trayodashanga Guggulu* 1-1-1., *Anupana - Jala.*, Tab. *NityanandaRasa* 1-1-1., *Anupana-Jala*, *RasnaErandadiKashaya+Sahacharadi Kashaya* 30-30-30ml., *Anupana- Jala*-30 ml

Table 3: Basti Pattern

Date	01/04/19	02/04/19	03/04/19	04/04/20	05/05/20
<i>Basti</i> type		<i>Asthapana</i>	<i>Asthapana</i>	<i>Asthapana</i>	<i>Anuvasana</i>
	<i>Anuvasana</i>	<i>Anuvasana</i>	<i>Anuvasana</i>	<i>Anuvasana</i>	<i>Anuvasana</i>

Table 4: Results

Date	Symptoms	Severity
28/01/2019	Pain reduced, Heaviness, Tingling Sensation-Reduced-50%	Severe
06/02/2019	Pain, Heaviness, Tingling Sensation-Reduced-60%	Moderate
19/02/2019	Pain, Heaviness, Tingling Sensation-Reduced-70%	Moderate
13/03/2019	Pain aggravates, Tingling sensation Increased, Heaviness- no change	Moderate
01/04/2019	Pain, Heaviness, Tingling Sensation-Reduced-60%	Mild
08/04/2019	Pain, Heaviness, Tingling Sensation-Reduced-70%	Mild
13/05/2019	Pain, Heaviness, Tingling sensation- Reduced-90%, Muscle Power-right lower limb-Improved to 5	Relieved

Repeat MRI –June-2019 L₄-L₅ disc bulge, L₅-S₁ with mild spinal canal stenosis., Tarlov cyst-18X15mm.

DISCUSSION

The Case was Pathologically diagnosed belonging to the category of *Avarana Samprapti*. In the first phase,

the initial focus was towards causing *Vatanulomana*. Hence medications which would do *Vatanulomana* and *Vatashamana* were adopted. Further in the second

phase, as there was not much relief, as per *VataUpakrama- MruduSamshodhana* was adopted which further helped in *Vatanuomana*, *Shoola Prashamana* and encouraging results were obtained. *Basti* is always the considered *ArdhaChikitsa*³ in treatment of *Vatadosha*. Hence in the Third phase., *Basti Karma* was adopted along with measures like *Sarvanga Abhyanga* followed by *BashpaSveda*, which gave Excellent Results. The patient was advised to continue *Shamana Aushadhi*. As the patient was almost symptom free, she was advised to undergo MRI-LS Spine, which revealed reduction in the cyst size. Hence the treatment protocol of *VataDosh*a like *VataUpakrama*, *GridrasiChikitsa*⁴ can be applied for the management of *VataKaphajaGridhrasi- Lumbosacral Radiculopathy Secondary to Arachnoid cyst*.

CONCLUSION

Low back ache is the most common clinical problem come across in day to day clinical practice. This being the rare case where in, an arachnoid cyst was the culprit. The patient was advised surgical removal of the cyst, refused by her owing to cost factor. The treatment protocol of *Avarana Samprapti* of *Vatadosha- VataUpakrama*, *Gridrasi* has not only helped to reduce the symptoms, but also has worked at the core cause of the clinical presentation. This proves the efficacy of the treatment protocol, which gave encouraging results at the fraction of the cost of surgery. Further long-term studies and follow up are required in such cases to understand the extent of reduction of cyst size.

REFERENCES

1. Agnivesha. Charaka Samhita, Elaborated by Charaka & Dridabala With Ayurveda Deepika Commentary by Chakrapani Datta, Vaidya Yadavji Trikamji Acharya ed., Varanasi; Choukamba Sanskrit Sansthana, 2008edition. Pp 738; Pg No 619
2. Sushruta. Sushrutha Samhita, Elaborated by Dalhan Acharya With A Commentary by Dalhan Acharya And Nyayachandrikapanjika Of Gayadasa, Vaidya Yadavji Trikamji Acharya, Narayana Ram Acharya Ed., Varanasi; Choukamba Orientalia, 2007 Edition. Pp 824; Pg No 268
3. Agnivesha. Charaka Samhita, Elaborated by Charaka & Dridabala With Ayurveda Deepika Commentary By Chakrapani Datta, Vaidya Yadavjitrikamji Acharya ed., Varanasi; Choukamba Sanskrit Sansthana, 2008edition. Pp 738; Pg No 683
4. Agnivesha. Charaka Samhita, Elaborated by Charaka & Dridabala With Ayurveda Deepika Commentary By Chakrapani Datta, Vaidya Yadavjitrikamji Acharya ed., Varanasi; Choukamba Sanskrit Sansthana, 2008edition. Pp 738; Pg No 621

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