AYURVEDIC TREATMENT OF URUSTAMBHA
(\textregistered ACUTE TRANSVERSE MYELOPATHY, BROWN SEQUARD SYNDROME WITH DEMYELINATING PROCESS)

A CASE STUDY

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Abstract: A 20 year old girl suddenly developed Kriyahani and Supti (\textregistered loss of movements and sensations) in both legs. She was diagnosed as suffering from acute transverse myelopathy, Brown sequard syndrome with demyelinating process at the Goa medical college hospital. But no improvement was observed with steroid treatment. She was diagnosed as Urustambha as per Ayurvedic perspective. She was then treated with drugs like Trailokyachintamani, Suvarnasameerapannaga, and Navajeevana Rasa by which her movements and sensations were restored.

Key words: Acute transverse myelopathy, Ayurveda, Brown sequard syndrome, demyelinating process, Navajeevana Rasa, Suvarnasameerapannaga, Trailokyachintamani, Urustambha

Introduction: As per modern medicine, Brown sequard syndrome is a rare disease.\(^1\) There are various causes attributed to it, most common being injury to spinal cord.\(^2\) But in this case there was no apparent injury to the spinal cord. The neurologists opined that most probably it is Brown sequard syndrome, as the manifestation of acute myelitis along with demyelinating process. Cervical disc herniation was also considered as the cause of Brown sequard syndrome.\(^3\) Usually surgical treatment is advised in such cases.\(^4,^5\) In non traumatic cases steroid therapy is administered\(^\text{6,7,8}\), however, it could not produce results in this case. Moreover, motor recovery in such cases is expected in 1 to 2 months and sensory, motor strength and functional gait recovery continues over 2 years.\(^9\) But in this case the patient was successfully treated with purely Ayurvedic therapies and medications. She could walk with support within 2-3 weeks. She could walk without support in 2 months and sensations improved. Thus, motor recovery started in 2-3 weeks and within 2-3 months major sensory, motor strength and functional gait recovery occurred. The case was selected for presentation to highlight the fact that with pure Ayurvedic diagnosis and treatment quick recovery can occur even in acute conditions.

Case presentation: In December 2008, a 20 year old student of III rd BAMS suddenly developed Padagaurava (\textregistered heaviness in legs), Kriyahani, and Supti in both legs at night. She was first taken to a local private hospital from where she was referred to ICU of Goa
Medical College hospital for further investigations and treatment. She and her parents wished to take Ayurvedic treatment from the author, however it was decided that further course of action shall be decided only after all the investigations as per modern medical parameters are completed. At the hospital the MRI revealed demyelinating process in C2 to D2 levels and small focal central disc protrusions at C5-C6 and C6-C7 levels. The neurologist diagnosed that most probably this was the case of Brown equard syndrome with demyelinating process. Even before reports of all the investigations were available, as a part of treatment, wysolone 10 mg was started being the recommended treatment of these diseases. But since there was no improvement, the parents approached the author again for further treatment and medications.

At this stage neither complete history from Ayurvedic perspective was available nor was clinical examination possible. The exact nature of Hetu (causative factors) was also not known. Girls in the college were given rubella vaccinations just before this incidence. Whether this had to do something with the present condition was also a doubt, because MMR vaccine has been reported being a probable antecedent to myelitis as per studies. Since the onset was sudden, it was also feared that the disease may further progress and gradually even the upper parts of the body also may show Kriyahani. Considering that both the legs were affected and there was UruGaurava (~heaviness in thighs) Urustambha was suspected. The condition involved a range of different possible pathogeneses responsible for this condition and hence Margavarodha, probably Avarana to the movements of Vata; KaphavritaVyana, Meda or MamsavritaVata; or involvement of Majja were also considered. Probability of Sankramaka Vyadhi was also considered. At this stage it was Atyayika Avastha so involvement of Prana also needed to be considered.

Keeping all these factors in mind, Trailokyachintamani 60 mg was given to her after every three hours. Next day she was able to make little movement of her feet. On the third day she could sit in the bed and was able to move her legs slowly. Afterwards she took discharge against advice and was taken home. All the modern treatment, except physiotherapy was discontinued. Later on she was brought up for examination to the author.

aurava in dakshin paada(right leg), whereas Supti was more in vaama paada(left leg. There were certain patchy areas on left leg where the symptom of supti was more pronounced. Sensation for pain as well as temperature both was diminished at that time. Overall there was more sweating on the left side of the body. The symptom of auravas was more pronounced in the morning after getting up. Gatisanga (~feeling of obstruction while walking) was especially in the morning. Grathita vibaddhamalapravritti (~hard stools and constipation), mostly ruteeyehnimalapra-vartana (~bowel movements on alternate days), ootravegadharane shaktih (feeling of urge in micturation), lambita ajah ravrutti (~delayed menstruation) and shudhamandya (~loss of appetite) were also observed. Gandakapola
shotha was indicative of asa and Mamsadushti by Kaphapradhana Samadosha. The symptom of ukhadooshikotpatti (~pimples) was also found increased.

Although in this case all the causative factors in the form of Ahara- Vihara could not be completely found out initially, but later on it was found that she had consumed ‘Idli’ in large quantity last day and she was exposed to direct fan air. Idli contains Masha (black gram ) which is Brimhana, therefore might have increased Vikrita Meda. Also being Guru, it might have caused Ajeerna giving rise to Ama. It also causes Apanadushti leading to Udovartana and Gativikriti of Vata. Also exposure to fan air also helped in Vataprakopa and Srotorodha. All these factors might have led to Meda and Ama producing Avarana of Vata. But the the factor of side effect of vaccination also can not be ruled out.

**Management and Outcome:**

Trilokyachintamani 125 mg was continued now morning and evening with Madhu and Ardraka Svarasa (honey and ginger juice) for a week. Triphala+ Ajamoda+ Saindhva were administered in Apanakala (twice, before both the meals) with warm water. The drug Tailokyachintamani was later discontinued and Suvarnasameerapannaga+ Navyasootashekhara+ Tapyadi loha were administered at Niranna kala and Vyanodana kala (morning, on an empty stomach – and twice, after both meals) with Madhu and Ardraka Svarasa( honey and ginger juice ).

The patient then started standing, and gradually walking with support after two- three weeks and she could walk without support within next two months. The symptom of supti was reduced. Mootravegadharanashakti was improved. Kshudha was increased.

Since the symptom of Malavibandha was not much improved, in between for two weeks, Gandharvahareetaki was added instead of Triphala at anakala which helped. At this stage, Nirooha Basti with Dashamoola Kwatha 900 ml, along with Erandasneha (castor oil)10 ml, Saindhava(rock salt) 5 gm, and Madhu( honey) 20 ml; and matrabasti with Dashamoola Taila 50 ml, with addition of 10 ml of Erandasneha were also given with Yoga Basti method. This therapy not only reduced the Vibandha but also helped improve on the Gatisang. The classics advise against the administration of any panchakarma therapies to the patient suffering from Urustambha. However, in this case after having administered the medicines for Rukshana and Shoshana of Kapha, the Panchakarma therapies were deemed necessary at this stage and Basti was administered to the patient .

Symptoms like Gaurava, Gatisanga persisted for little longer and for these symptoms, instead of Suvarnasameerapannaga, Navojeevana Rasa was added later on. This additional drug helped reduce the symptoms significantly in following two weeks. With this change in medications there was some improvement in Ushna- Sheeta Sparshajnana (sensation of
temperature). For improving the sensation at this stage, *vishatinduka taila* was used for local application. *Charakasamhita* describes that if by mistake one applies oil in *Urustambha*, it can result into *Urusadana, Krichrat uddharana* and *Supti*. It is noticeable that in this case, right at the beginning these symptoms had developed. At this stage after initial *Kaphaghna* treatments use of this oil was considered useful and practically also results were observed accordingly. The *vishatinduka* oil contains *Kaphashoshaka, Amapachana* and *Srotorodhanashaka* medicines. The important ingredient of *Kupeelu* performs *Shoshana of Kapha* and *Pitta* and increases the *Vatagati*. As a result, obstruction to the *Vatagati* is forcibly removed and *Vatagati* is normalised. *Sparshajnanam asamshayam* is the function of *Vatavaha sira*. Since with *Kupeelu, rodha to vatagati in sira* is removed, the symptom of *supti* is simultaneously reduced.

For vilambita vrjah pravritti chandraprabha was added to the combination of medications administered at *apanakala*, it acted as expected and also helped reduce the *Mukhadooshika*. After this the patient discontinued treatment.

Presently she works as an Ayurvedic consultant. While walking slight heaviness is felt and she walks bit slowly. The sensation for temperature is not completely normal. For which still some treatment is required and she has to take some *Rasayana*.

**Discussion:**

*Trailokyachintamani* is a wonderful medicine. As explained by Guneshastri, it is *Vatakaphaghna*. Being *Ushna and Teeksha*, it performs *Vilayana* and *Chedana* of *Kapha* and thus removes obstacle and helps normalize the *gati* of *vata*. This results in better control of *vyanavyu* on the movements of *peshi* and *kandara* (as per *SharngadharaSamhita, kandara* help in producing movements). It also results in removing accumulated *kapha in sira*, which is the important event in the *Samprapti of Urustambha*. It is also *agnideepana, hridya, sadyah ajaskara, balya*, protects *indriyas* (thus the *karmendriya - ‘pada’ also* and *prana* and is *vishagha*. With these *Gunakarma*, it is one of the ideal medicines for *atyayika and sankramaka vyadhi*.

*Suvarna sameerapannaga rasa* is specially used in *vatavyadh*. It acts on *sookshma srotas* and removes the obstacle of *kapha by performing vilayana and Chedana*, and removes the *srotorodha. Hartala and manahshila, contents of Sameerapannaga*, are *snigdha* hence help in *vatashamana* directly. Thus the movements of *vata* are normalised. In this case it helped to remove *kapha* accumulated in *sira*.

*Navyasootashekhara* is an extraordinary *kalpa* prepared by late Vaidyaraja Mukundrao Gayakwad of Solapur. *Sootashekhara* is here fortified with addition of *jaharmohra, untakatari moolatvak ghana, kukkutanakhi, dhamasa* and manganese *bhasma*. To understand more about it the readers are requested to go through Marathi book.
‘Navyasootashekhara ani Shatayogaprabandha’. Navyasootashekhara also acts on sira. It regulates the movements of vyana vayu. Because of its ingredients like vatsanabha, it quickly removes the obstacle of kapha, without aggravating the itta. To avoid increase in Pitta was necessary since symptoms like Mukhadooshika were there and the Dushya Sira being Upadhatu of Rakta is closely linked with Pitta. The medicine also has an evident action on all the Indirya and hence helps to restore the activity of the karmindriya of Paada.

After having achieved a control over the state of the Dosha, Tapyadi Loha was used in later stages to provide bala to sira. Because of its ingredients like shilajatu it removes the obstacle of Kapha from sira. To avail the advantage of the ingredient shilajatu and to provide bala to sira, tapyadi was deemed necessary. But its Srotorodhanashaka and kaphaghna actions are mild. So such a combination was necessary. Together this combination had better Gamitva at the Dushyas. In emergency or acute conditions many newly graduated Vaidyas (and some senior modern minded Vaidyas) tend to think that they are helpless and everything is to be done by modern doctors only. But at least in such cases where the modern treatment could not provide desired effects, Vaidyas have to handle the situation. Ayurvedic diagnosis is must for Ayurvedic treatment and then the classical line of treatment can be applied. In this case initially when the exact details were not known, based on considerations of Dosh-Dooshya-adhishthana etc., a safe and immediately effective way could be found out as per the guidance in Charaka Sootra 18. While applying the Chikitsasootra, the Karma mentioned by texts are mandatory, but based on doshabala and vyadhibala etc., various kalpa suitable to perform that karma may be selected. Charaka siddhisthana 2nd adhyaya also gives freedom to the Vaidya who is actually attending the case to have minor deviations from the one mentioned in the texts. This liberty was taken at certain stages of this case. But overall the validity of textual guidelines is reaffirmed in all such cases.

Conclusion:

From a single case study like this, it would be farfetched to actually draw definite conclusions. Because as per the definition of Siddhanta, it takes a tedious and long process before a theory is established. But from many such cases which the author and many other Vaidyas have treated it may be concluded, that especially for such rare diseases where there is hardly any established treatment as per modern medical science, or the modern treatment has not worked, when we think purely on the basis of Ayurvedic principles, the patients can be successfully treated.

References:


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