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A Ayurvedic management of *Pittavruta Vata* w.s.r. to Cervical Myelopathy - A Case Study

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ABSTRACT

Cervical myelopathy involves spinal cord dysfunction from compression in the neck. Patients report neurological symptoms such as pain and numbness in limbs, poor coordination, imbalance, and bladder problems. Owing to its mobility, the vertebral column of the neck is particularly prone to degenerative changes such as disc herniation, ligament hypertrophy or ossification, and osteophyte formation. *Avarana* is a unique concept in *Ayurveda*. *Avarana* is the route along which the pathogenesis of many diseases proceeds. It is one of the most complicated fundamental concepts to understand, teach and incorporate in clinical practice. There are so many conditions which mimic *Avarana*. It is either least observed, diagnosed or goes unidentified due to lack of skill. To understand and analyse the *Avarana*, meticulous knowledge of basic concept of *Avarana* is essential. Since *Avarana* comprises of many different clinical conditions, it is difficult to plan a general treatment schedule. Repeated *Panchkarma* and *Rasayana* therapies will help a lot in various types of *Avarana* management. Here we have to incorporate the concept of *Avarana* in treating cervical myelopathy for better results. Unravelling the spectrum of manifestations of *Avarana* will not only help to have a better understanding of the disease, but also enable the physician to have a differential diagnosis in each and every case he is going through. This article strives to put forward the correlation between treatment aspects of the cervical myelopathy and *Pittavruta Vata.*

Key words: *Cervical myelopathy, Avarana, Pittavruta Vata, Panchakama, Rasayana*

INTRODUCTION

Cervical myelopathy is defined as a series of signs and symptoms that result in anatomical and physiological changes in the vertebral column, leading to spinal cord compression. The clinical symptoms are characterized by progressive deterioration of the spinal cord functions. In most cases, the natural progression occurs in bursts of exacerbation of symptoms followed by periods of stability.[1] The clinical symptoms rarely improve; however, there have been reports of cases in which this period of stability was not present, and the patient's condition declined continuously and slowly. On the other hand, in a small number of cases, the progression may be acute and rapid. The cause is not well-defined, but it is known that changes in the bones, ligaments and discs act as a trigger for progressive spinal cord degeneration, which leads to direct compression often associated with circulatory damage.[2]

The treasures of knowledge are often buried within very complicated conceptualizations. There are certain concepts in Ayurveda that can never be understood in their true sense. *Avarana* is such a concept that opens newer and newer areas of clinical interest when we go deeper and deeper into the matter. Unravelling the spectrum of manifestations of *Avarana* will not only help to have a better understanding of the disease but also enable the clinician to have a differential diagnosis in every case we are going through.[3] This is because, in all the diseases involving *Vata*, *Avarana* is one of the differential diagnosis. Many questions arise among us when we go through our concepts but beyond any doubt that knowledge never create a problem

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provided it is used in the right way. *Avarana* is one of the most difficult concepts to understand, teach and incorporate in clinical practice. *Acharya* has elaborately explained different varieties of *Avarana* which is one of pathology in different diseases. If, correctly observed and diagnosed the treatments will be quite effective. Sometimes it goes unidentified or mistaken as associative *dosha* in many conditions due to lack of observations and skills. But once identified it helps in designing the management protocol of a particular disease.

Case Report

A 58 years old male patient was consulted in Out-Patient Department of Charitable hospital Kottakkal, for complaint of gradually progressive weakness of both upper and lower limbs. He was not able to walk and hold things without the help of others and Numbness and tingling sensation were also present in both upper and lower limbs since 1 year.

History

Patient had suffered from intermittent neck stiffness and neck pain since 6 years. The patient also reported intermittent numbness and pain over the past 2 years which radiated to bilateral lower limbs. One year back the patient had fall on ground, after the fall he was presented with weakness of both upper and lower limbs associated with incontinence of bowel. At that time, he lost all sensations on his body. The patient had undergone neurologic and orthopaedic consultations in a tertiary care hospital and conservative and surgical management was recommended. Cervical orthosis was given for immobilisation& bladder was catheterised. After 2 weeks of admission he could move his both lower limbs though weak also he could feel sensations but the weakness existed as he was unable to stand without support and hold things. He could wipe his face but eating, bathing toileting, transfers all need assistance. Then he was admitted here for better management.

Personal history

- Appetite - Increased
- Bowel - Regular
- Micturition - Regular (4-5times /day)
- Sleep - Disturbed due to abnormal sensation
- Habit - Alcohol 2 times in a week, Cigarette smoking (10-15 per day)
- Diet - Mixed

Physical Examination

H/O HTN, DM

BP - 140/90 mm of Hg

PR - 78 / min

Central nervous system

Higher functions - Consciousness: fully conscious to time place and person.

Memory Intact Behaviour Friendly Orientation fully oriented to time, place and person.

Cranial nerves

Optic nerve

Visual acuity - difficulty in distant reading

Accessory nerve

- Shrugging the shoulder-not possible against resistance
- Neck movement-not possible against resistance

Motor System

Muscle bulk - Atrophy of muscles of hand-myelopathic hand

Muscle tone - Hypertonic

Muscle power	Rt	Lt
Elbow; Flexion	3/5	3/5
Extension	3/5	3/5
Wrist; Flexion	3/5	3/5
Extension	3/5	3/5
Knee ; Flexion	2/5	2/5
Extension	2/5	2/5
Ankle; Dorsiflexion	2/5	2/5

Plantar flexion	2/5	2/5

Co-ordination

Upper limb - finger nose test - not able to perform

Lower limb - knee heel test - not able to perform

Involuntary movements - absent

Reflex	Rt	Lt
Biceps jerk	+++	+++
Triceps jerk	+++	+++
Knee jerk	+++	+++
Clonus	Absent	

Babinski reflex - present

Locomotor System

Range of movements of all joints - Restricted.

Spine examination

Range of movements - Cervical spine possible but with difficulty

Others not possible

Ashta Sthana Pareeksha

- *Nadi* - 80/min
- *Mutra - Sadharanam*
- *Mala - Sadharanam*
- *Jihwa - Sadharanam*
- *Sabdha - Aspashtam*
- *Sparsa - Ushnam*
- *Druk - Aspashtam*
- *Aakruti - Madhyama*

MRI

Degenerative disc disease with osteophytic disc bulge

Reduction in disc height, spinal canal narrowing at multiple levels

Myelopathy at C3-C5 level

Nidana	*Viruddhahara, Vishamasana, Atichankramana Seela, Abhighata, Madyapana.*
Poorvaroopa	Pain on *Greeva, Bhrama, Karapada Daha*
Roopa	*Balakshaya* of *Sarvanga, Aswapnata, Bhrama*

Vyadhi Nirnayam

- *Asthivaha Strotas - Asthi-Sandhi Soola, Balakshaya*
- *Majjavaha Strotas - Aswapna, Stabdhata, Asthiruja, Asthi Saushirya*

Astimajjagata Vata

The *Samprapti* we assessed was due to the above *Nidana Ghataka* occurs in *Asti Majjagata Srotas* initiate the *Saushirya* and *Mruduta* of *Asti* and this leads to the *Purana* of that *Rikta Srotas* with *Vayu* results in *Astimajja Gata Vata.* In this case *Asti* and *Majja* are affected.

That is the provisional diagnosis at that time was *Astimajjagata Vata.*

Treatment

Vatasamana - Snehana, Swedana, Vasti

Asthiposhaka Dravya - Internally

Rooksha Swedam - Choorna Pinda Swedam

Snigdha Swedam - Pizhichil

According to *Charaka* treatment of *Asthimajjagata Vata* is *Bahya Abhyantara Sneha*. In this condition as per the *Asthivaha Strotas* & *Vayu Vrudhi, Snehan, Swedana, Basti Chikitsa* & *Abhyantar Asthiposhak* & *Vata Shaman Chikitsa* were given. So, we have given the first treatment as *Rooksha Sweda* to reduce the spasticity of the muscles for 3 days with *Kottamchukkadi Choornam* and *Vata Shamana Kashya* was given internally. After that pizhichil was started as *Snigdha Swedam*. At that time patient felt severe burning sensation in his body and his sweat and appetite was also increased and he couldn't sleep at night due to this burning sensation. Then we have suspect an *Avarana* behind this because the symptoms of *Pitta Avrana Vata* was present clearly in this condition.

Pittavaruta Vata

In *Pittavruta Vata* there will be *Dravatmaka Vrudhi* of *Pitta* occurs. It hampers the function of *Vata* causes the symptoms like *Daha, Trushna, Shola, Bhrama, Ushnai Vidhaha, Sheetakamita.*[4] These were present in this patient at that time. Then treatment was given according to this condition.

Medicine	Dose	Duration
1. *Punarnnavadi Kashayam*	60 ml Bd	10 days
2. *Kaisora Guggulu*	1-0-1	20 days
3. *Ksheera Kashaya Pana (Bala, Sahachara, Eranda, Devadaru)*	1 glass Bd	20 days
4. Ksheerabala (101 A)	10 drops with Kashayam	5 days
5. *Chandraprabha Gulika*	1-0-1	20 days
6. *Trivrit Leham*	1 tsp Bt	5 days
7. *Dhanwantharam Kashayam*	60 ml Bd	10 days
8. *Dasamoola Ksheera Dhara*	QS	7 days
9. *Abhyanga* with *Pinda Thailam*	QS	7 days
10. *Shastika Pinda Sweda - Karppasasthyadi Tailam* and *Pinda Tailam*	QS	7 days

Discussion

In classics, some of the application of *Vyatyasa Chilitsa* are clearly described in different diseases like *Arsha, Grahani, Hikka, Kasa, Vatavyadhi* etc.

Pittavruta Vata is a type of *Anyonyavarana*, in which obstruction of *Vayu Marga* by *Pitta Dosha* takes place. Treatment of this *Avarana* is *Sheeta* and *Ushna Chikitsa*, it is adopted as alternative form or repeated form. These alternative treatments do not increase the *Pitta* and *Vayu* simultaneously. *Sheeta Chikitsa* suppresses the increased *Pitta* and similarly *Ushna Chikitsa* decreases the *Vata* alone. These *Vyatyasa Chikitsa* removes the obstruction and helps in normal movement of *Vata*. So, we can select these types of treatment in *Avarana* according to the condition.

These treatments were also mentioned by *Acharya* for *Pitta Avruta Vāta*

- *Yapana Vasti*
- *Ksheera Vasti*
- *Virechana*
- *Ksheerapana - Bala, Panchamula*
- *Sechana - Ksheera (Madhuyashti, Bala, Panchamula),* cold water

In this case we got an idea only by *Upashaya Anupashaya*. As per *Acharyas* among the identification of *Avarana* pathology is the *Upashyas* and *Anupashaya*.

In this condition the patient get *Vidaha* by *Vata Upashamana* and shows *Shita Kamita* (desire for cold things) which is *Upashaya* of *Pitta*.

In *Pittavruta Vata* there will be *Shula, Daha, Trushna, Bhrama, Tama Laxanas.* By seeing *Shula* if one given the *Vatahara* treatment like *Ushna Amla Lavana* (which are antagonistic to *Pitta*) may worsen the condition. So, here to pacify the dominant *Lakṣana* of *Vata, Pittahara Chikitsa* should be undertaken because the basic pathology is due to the increased *Pitta*.

Conclusion

Concept of *Avarana* can incorporate in every disease. We must assess each patient differently. Categorise the diseases into *Gatavata, Avarana Vata, Ama Vata, Anubandha Doshas* etc. in every case comes to us. *Avarana* is a clinical condition where the dynamic equilibrium of *Vata* is lost, either due to the impact of other *Doshas* or due to untoward movement of any type of *Vata*. The *Avarana* is least observed diagnosed

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or goes unidentified due to lack of skills. To understand and analyse *Avarana* meticulous knowledge of Ayurveda is essential. If we can trace out the exact *Avruta Dosha* and the *Aavaraka* factor, it becomes easier to treat the case and the results become more encouraging.

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