



Case Study

AYURVEDIC MANAGEMENT OF ACUTE TRANSVERSE MYELITIS

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ABSTRACT

Acute Transverse Myelitis (ATM) is a neurological disorder caused by inflammation of the spinal cord, leading to motor, sensory, and autonomic dysfunction. In Ayurveda, this condition correlates with *Kaphavrutta Vata*, characterized by progressive weakness, sensory loss, and bladder-bowel disturbances. **Case Description:** A 52-year-old male auto-driver presented with a 10-month history of bilateral lower limb weakness (Left>Right), chronic lower backache, and an inability to walk without support. Associated symptoms included constipation, urinary retention, and poor appetite. Clinical examination revealed a muscle power of 3/5 in the lower limbs, generalized hypotonia, and sensory numbness below the upper trunk, though coordination remained intact. **Intervention:** The patient underwent a structured *Panchakarma* regimen. The protocol began with *Sthanika Udwartana* (*Triphala* and *Kushtha* Powder) followed by *Dashamoola Kashaya Dhara* for 7 days. This was followed by *Sarvanga Abhyanga* (*Bala* oil) and *Patra Pinda Sweda* for 8 days to improve muscle tone. The internal cleansing phase involved *Dashamoola Yoga Basti* for 8 days, followed by *Matra Basti* (*Ksheerabala Taila*) for 7 days to pacify *Vata* and nourish the nervous system. Treatment concluded with 15 days of *Shamana* (palliative) medicines. **Outcome:** Post-treatment, the patient showed significant improvement in muscle power and tone. Numbness below the upper trunk was reduced, and the patient reported a marked decrease in generalized weakness and improved mobility. **Conclusion:** This case demonstrates that a multi-modal Ayurvedic approach- focusing on *Srotoshodhana* (cleansing) and *Brimhana* (nourishment)- is effective in managing the neurological deficits associated with Acute Transverse Myelitis.

INTRODUCTION

Acute Transverse Myelitis (ATM) is a rare but debilitating neurological disorder characterized by acute inflammation of the spinal cord. This inflammation disrupts the myelin sheath, the protective coating of nerve fibers, leading to a breakdown in communication between the brain and the rest of the body.

In Ayurveda, ATM can be compared with *Kaphavruta Vata*, a condition where the *Vata dosha* is obstructed by *Kapha dosha*. Within the *Majjavaha Srotas* (nervous system), this *Avarana* (occlusion) manifests as: 1. *Stambha*: Profound stiffness and

paralysis. 2. *Suptata*: Numbness and sensory loss. 3. *Gaurava*: A sense of heaviness in the limbs. Treatment focuses on *Srotoshodhana* (clearing channels) to remove the *Kapha* obstruction, followed by *Vata Shamana* to restore neurological function and *Rasayana* treatment. The incidence of ATM is approximately 1.34 to 4.6 cases per million people per year.

Point Prevalence: Modern population-based studies have identified a prevalence of approximately 7.86 to 7.9 cases per 100,000 individuals.

This case report is unique because it demonstrates the efficacy of Ayurvedic interventions in treating *Kaphavruta Vata*, a rare and complex neurological condition. It validates Ayurveda as a systematic approach for improving motor recovery and quality of life in patients with Acute Transverse Myelitis.

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Case Report

Patient Information

A 52-year-old male patient working as auto driver, visited to OPD of Panchakarma department on 12th September 2023 with chief complaints of weakness at bilateral lower limbs (Lt>RT.), unable to walk without support, retention of urination, generalized weakness since 10 months and associated complaints of constipation, poor appetite, lower back ache. As per patient he was alright, 10 months back one day he experienced lower back ache, feverishness with episodes of nausea and vomiting, burning and itching sensation at urination.

Patient primarily consulted to a family doctor and took medicines then consulted to multispecialty hospital Junagadh and started allopathy medicine, he consulted at 2-3 multi-specialty hospital of Junagadh and Rajkot. While routine investigation neutrophil count is raised 77%, Lymphocytes decrease 19%, CRP is slightly raised 6.12%, While urine investigation epithelial cells are present. To rule out infection history other investigation was done: Varicella zoster, CSF, HSV1 & 2, ADA, Mycobact. tb- normal. 1) C.T. scan of abdomen done on 10/11/22 which s/o: Multiple distal ileal loops appear filled with fecal matter, possibility of changes of chronic obstruction, Boarder line enlarged prostate, Small left inguinal hernia. 2) MRI of cervical and dorsal spine (11/10/22): Demyelinating etiology of acute transverse myelitis/ acute disseminating encephalon myelitis 3) Cervical spine: diffuse disc bulge of c4-c5-c6-c7 disc indenting the thecal sac.

Patient was admitted at genesis multispecialty hospital, Rajkot for foley's catheterization. Plasma therapy was taken then patient's relatives want to take discharge against medical advice on 11/11/22. After that he discontinue all the medication and started physiotherapy treatment since 6-7months. Patient said that he felt somewhat relief in bilateral lower limb weakness and can walk with support. Therefore, better management he admitted in IPD of panchakarma department.

Personal History

Appetite: Decreased
Abhyavarana shakti: Madhyama
Jarana shakti: Avara
 Diet: Mixed (non-veg.-fish)
 Bowel: once/day (after taking purgative)- Hard stool with straining, non-satisfactory
 Micturition- Catheter in situ
 Sleep- Adequate, sound
 Temperament- Angry
 Addiction- Smoking/ chewing pan-masala
Prakriti: Vata-Kapha
Agni-Vishamagni
Kostha- Krura
 B.P.- 130/90 mm-hg (at the day of admission)
 Pulse: 68/min.
 R.R.- 20/min.

General Examination

Pallor- Present on conjunctiva, nails. Icterus, cyanosis, clubbing, lymphadenopathy is absent.
 Tongue coating is present

Systemic Examination

P/A: tenderness+
 Genito-urinary - Catheterization in situ
 CVS/RS- Normal
 CNS examination: Well conscious oriented to time, place and person.
 Touch- Fine touch: Absent at both foot and left thigh, present at right thigh.
 Crude touch- present at right foot, absent at left foot, absent at left thigh.
 Tone: Hypotonia
 Power: +3 on B/L L/L
 Co-ordination movement
 Rapid alternative movement- Intact
 Finger nose test- Intact
 Rhomberg's test- Intact
 Heel-to-shin test- Intact

Table 1: Differential Diagnosis

Acute transverse myelitis	Multiple sclerosis	GB syndrome:
Neuro immune spial cord disease.	Disabling disease of brain and spinal cord.	Autonomic dysfunction of cardi vascular.
Pain begins with lower-back ache	Numbness at U/L & L/L	
Weakness in legs and arms- rapid onset	Numbness at U/L & L/L Tingling sense and electric shock sense with certain neck movement. Lack of co-ordination	Cranial neuropathy is present (facial weakness).

Bladder bowel dysfunction		Urinary retention is less common
MRI- focal is increased t2 signal with or without gadolinium enhancement		MRI- Normal
CSF- pleocytosis, raised IgG index	Blurry vision, slurred speech	

Table 2: Therapeutic Intervention

Date	Treatment	Duration
15/12/23 to 21/12/23	<i>Sthanika Udwartana</i> with <i>Triphala & Kustha Churna</i>	7 Days
22/12/23 to 05/01/24	<i>Sarvanga Abhyanga</i> with <i>Bala taila</i> <i>Sarvanga Patra pinda swedana</i>	15 days
22/12/23 to 29/12/23	<i>Dashamoola Yoga basti</i> A) <i>Niruha basti</i> (500 ml)– <i>Madhu, Saindhava, Bala Taila, Putoyavani Kalka, Dashmoola Kwatha</i> B) <i>Anuvasana Basti- Bala Taila</i> (100 ml)	8 days
30/12/23 to 05/01/24	<i>Matra Basti- Ksheera Bala Taila- 60 ml</i>	7 days
06/01/24 to 06/02/24	<i>Shamana</i> : 1. <i>Tab. Vatavidhvansa Rasa</i> 1 BD After food 2. <i>Ashvagandha Churna</i> 3 gm After food 3. <i>Dashmoola Kwatha</i> 50 ml Before Food	1 month

RESULTS

The integrated Ayurvedic treatment protocol yielded significant objective and subjective improvements over the course of the therapy:

Motor Functions: There was a marked increase in muscle power (From +3 to +4) and a normalization of muscle tone in the affected limbs. Strength in lower extremities improved from 3/5 to 4/5 bilaterally.

Autonomic Control: There was no considerable improvement incontinence of urine but able to hold urine better.

Gait: from walking with support to alone walking for 20 feet.

Sensory Improvements: The patient reported a significant reduction in numbness (hypoesthesia) below the upper trunk level, indicating improved nerve conduction and sensory processing.

Functional Mobility: The patient experienced a decrease in generalized weakness, leading to enhanced independent mobility and better performance in activities of daily living (ADLs).

Stability: Post-treatment, the patient demonstrated better neurological stability during the 1-month *Shamana* (palliative) phase.

QOL Score increase from 55 to 70.

DISCUSSION

The treatment of Acute Transverse Myelitis (ATM)- interpreted as *Kaphavruta Vata* (*Vata* obstructed by *Kapha*)- requires a specific sequence: first removing the "cover" (*Avarana*) and then treating the underlying neurological deficit.

The combination of *Sthanik Udwartana* and *Dashamoola Kashaya Dhara* acts as a powerful

"obstruction-clearing" phase. Here is the probable mode of action:

1. *Sthanik Udwartana* (*Triphala-Kustha Churna*)

Udwartana^[1] is a specialized rubbing massage using dry powders (*Ruksha Churna*). Its action in ATM is primarily focused on *Avarana-Vighatana* (breaking the blockage).

Removal of *Kapha-Medo Avarana*: *Triphala* and *Kustha* are inherently *Lekhana* (scraping) and *Ruksha*^[2] (dry). The friction and heat generated by the upward massage strokes help "liquefy" the stagnant *Kapha* and *Meda* (fatty/inflammatory exudates) that obstruct the flow of *Vata*.

Stimulation of Peripheral Nerves: The mechanical pressure on the skin stimulates sensory nerve endings and increases local blood circulation, which helps in "awakening" the dormant nerve pathways below the level of the lesion.

Synergistic Action of Drugs: *Kustha*^[3]: Has *Srotoshodhana* and *Vata-hara* properties. It is specifically mentioned in Ayurveda for neurological disorders and pain. *Triphala*^[4]: Acts as an anti-inflammatory and antioxidant, reducing the oxidative stress on the spinal tissues.

2. *Dashamoola Kashaya Dhara*

Once the dry massage has "opened" the pores and sensitized the area, the *Kashaya Dhara* (pouring of decoction) provides anti-inflammatory action.

Shothahara (Anti-inflammatory) Action: *Dashamoola* is the premier Ayurvedic formulation for reducing *Shotha*^[5] (inflammation and edema). In ATM, the warm decoction helps reduce this internal swelling, thereby relieving pressure on the spinal

nerves. The continuous stream of warm liquid maintains a steady temperature on the skin, causing vasodilation. This improves the delivery of the herbal active principles to the deeper tissues and the spinal column.

Nervine Tonicity: *Dashamoola* has a direct affinity for the nervous system (*Majja Dhatu*). It acts as a *Shulaprashamana* (analgesic) and *Vata-shamaka*^[6].

If oil (*Abhyanga*) were used first, it might further increase the "heaviness" (*Kapha*). By using *Kashaya* (water-based decoction) after dry massage, maintain the "lightening" effect needed to clear the blockage while still providing the medicinal benefits of the herbs.

In the management of Acute Transverse Myelitis, once the initial obstruction (*Kapha Avarana*) was cleared by the *Udwartana* and *Dhara*, the second phase of treatment- consisting of *Sarvang Abhyanga*, *Patra Pinda Swedana*, and *Basti*- focused on *Vata-shamana* (pacification) and *Dhatu-poshana* (tissue nourishment).

Here is the probable mode of action for this phase:

3. *Sarvang Abhyanga* with *Bala Taila*

Abhyanga (medicated oil massage) is the primary therapy for *Vata* disorders^[7].

Neuro-protective and Nervine Tonic: *Bala* (*Sida cordifolia*) is renowned as a *Balya* (strength-giving) and *Vata-hara* herb^[8]. It contains alkaloids like ephedrine (in natural trace amounts) that act as peripheral nerve stimulants^[9].

The skin is the seat of *Sparshanendriya* (sense of touch), which is directly connected to *Vata*. The mechanical action of *Abhyanga* stimulates sensory receptors, sending positive signals to the spinal cord to "reset" neural pathways.

Dermal Absorption: Medicated oils are absorbed through the *Siramukha* (capillary openings). The *Sneha* (oil) reaches the *Majja Dhatu* (nervous tissue), providing the essential lipids required for myelin sheath repair.

4. *Patra Pinda Swedana* (PPS)

PPS involves boluses filled with medicinal leaves (like *Arka*, *Eranda*, *Nirgundi*) fried in oil.

Therapeutic Heat (*Ushna Guna*): The heat from the boluses counteracts the *Sheeta* (cold) and *Stambha* (stiffness) of *Vata*. It causes vasodilation, which increases blood flow to the spinal region, flushing out inflammatory cytokines.

Enhanced Drug Penetration: Heat increases the permeability of the skin. The anti-inflammatory and analgesic properties of the leaves (like *Nirgundi*^[10]) penetrate deeply into the musculoskeletal and nervous tissues.

Muscle Tone Regulation: In ATM, muscles may be flaccid or spastic. PPS helps in normalizing motor neuron excitability, thereby improving muscle power and tone.

5. *Dashamooladi Yoga Basti*

Basti is considered the "*Ardhachikitsa*" (half of all treatments) for *Vata*^[11].

Systemic *Vata* Control: The enteric nervous system is closely linked to the central nervous system. By administering *Dashamoola* (a potent anti-inflammatory compound) via the rectum, the treatment bypasses digestive degradation and directly influences the autonomic nervous system.

Breaking the Pathogenesis: *Dashamooladi Niruha* (decoction enema) cleanses the channels, while the *Anuvasana* (oil enema) provides internal lubrication. This dual action is vital for treating *Avaranajanya Vata* (obstructed *Vata*) and *Dhatukshaya* (tissue wasting).

Restoring Conductivity: The *Basti* regulates the *Apana Vayu*, which in turn helps in the *Anulomana* (proper downward flow) of all other *Vata*, including *Vyana Vayu*, which governs circulation and motor movement in the limbs.

6. *Ksheerabala Taila Matra Basti* (Final 7 days)

Neuro-Regeneration: *Ksheerabala* is prepared with milk, *Bala*, and Sesame oil. This combination is highly *Brimhana* (nutritive).

It focuses purely on remyelination and strengthening the spinal cord to ensure that the gains in muscle power and sensory reduction (numbness) are permanent^[12].

7. Probable mode of action of *Shamana* medicine

Dashamoola kwatha acts as a potent anti-inflammatory and *Vata-anulomana*, it reducing spinal cord oedema and ensuring the clear flow of nerve impulses.

Vatavidhvansa rasa^[13]: A herbo-mineral drug-stimulate the nerve conduction and alleviate sensory disturbances like numbness and tingling. *Ashwagandha churna*: Functions as a *Balya* adaptogen that promotes protein synthesis in muscles to improve power^[14].

CONCLUSION

The management of Acute transverse Myelitis through the lens of *Kaphavruta Vata* demonstrates the profound efficacy of principle of first removing the inflammatory "cover" and then rejuvenating the nervous system, the patient achieved significant recovery. no adverse reaction or adverse events were observed during the course of this case study.

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