Case Report

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Ayurvedic Intervention of Primary Torsion Dystonia W.S.R to *Snayugatavata:* A Case Study

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Abstract

Dystonia is used to describe sustained involuntary contraction that causes abnormal posture or movement. This may be generalized in various diseases of the basal ganglia. Based on the cause which is classified into primary & secondary. A 14 years old girl with moderate built came with parents with the complaint of forward bending of the body ,Unable to stand without support since 15 month and Slurred speech since 15 days. The treatment given was *Sarvanga abhyanga, Nadi sweda, Matra basti, Shamanoushadhi* and after 15 days *Mridu virechana* was adviced every alternate day along with *Shamanoushadhi.* In subsequent follow ups the *Shamanoushadhi* were continued for 3 months by which there was change in posture, she could stand with support and improvement in speech is also seen.

Keywords: Antarayama; Primary Torsion Dystonia; Snayugatavata; Vatavyadhi Chikitsa.

Introduction

Hyperkinetic movement Disorder are characterized by involuntary movements that may occur in isolation or in combination. Dystonia is a disorder characterized by sustained or repetitive muscle contractions frequently associated with twisting or repetitive movements and abnormal postures. It can range from minor contractions to involvement of an individual muscle group to severe and disabling involvement of multiple muscle groups. Dystonia can be classified according to age of onset (childhood vs adult), distribution (focal, multifocal, segmental or generalized), etiology (primary, secondary).

Classification

By Distribution of Body Parts

- Focal dystonia: involvement of one part of body
- Segmental dystonia: involvement of two contiguous body parts
- Generalised dystonia: involvement of two or more contiguous body parts and trunk.

By age

- < 25 years: generalised and disabled
- >25 years: remain anatomically restricted.e.g. writer's cramp

By Aetiology

- Primary (idiopathic)
- Secondary: presence of other neurological sign & symptoms

Primary Dystonia several gene mutations are associated with dystonia. Idiopathic torsion dystonia (ITD) or Oppenheim's dystonia is a predominantly a childhood-onset form of dystonia with an autosomal dominant pattern of inheritance. Caused by Mutations in the THAP1 gene (DYT 6) on chromosome 8p21q22 which codes for protein TORSIN majority of patients have an age of onset younger than 26 (mean 14 years) [1]. Females are more affected (4:1) ratio. Primary dystonia are inherited and occur at a specific age group [2]. Patients are more likely to have dystonia beginning in the brachial and cervical muscles, which later becoming generalized and associated with speech impairment[1]. Expressions can vary from severe generalized dystonia to just focal limb dystonia [2].

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Treatment

Treatment of dystonia is for the most part symptomatic except in rare cases where treatment is available. Levodopa should be tried, high dose of anticholinergics & oral baclofen may be beneficial. But benefits are transient and repeat injections rae required at 2-5 month intervals. Surgical therapy is an alternate for patients with severe dystonia who are not responsive to other treatments [1].

Case Report

A 14 years old girl with moderate built came with parents with the complaint of forward bending of the body, Unable to stand without support since 15 month and Slurred speech since 15 days. The child was apparently healthy 2 yrs back then she gradually developed tilting of neck & later involuntary movements of both the hands. All of sudden, forward bending of body is noticed by parents. For above said complaints they took her to many hospital but there was no relief. Hence they approached our hospital.

Past History

No history of major illness in past.

Family History

All family members are said to be healthy.

Birth History

Full term, Type of delivery: Normal Vaginal Delivery Place: Home delivery, *Birth* weight: not known

Post Natal History

Not significant

Developmental History

All Gross Motor, Fine Motor, Social Motor and Cognitive developmental milestones attained at normal age.

Personal History

Diet–Mixed, Appetite–moderate, Sleep–good, Exercise–good, Bowel & micturation–normal, Residential area–Town.

General Examination

Gait: equinovarus dystonic gait , Built: Moderate, Weight- 28 kg

Vital Signs

Temp- Afebrile, Pulse-68 / min regular, R.R-20 / min, B.P-90 / 70mm of Hg

Anthropometric Measurements

HC:19 cms , MAC: rt:6.5 cm lt: 6cm,CC: 24 cms MTC:rt:12cm lt:11.5cm

Dashavidha Pariksha

Pakruti- vata pitta, Vikruti- vata, Samhanana-avara, Pramana- Wt 28 kg, *Satmya- Madhyam, Satva- Madhyam, Ahar shakti - Madhyam , Vyayam shaki –Madhyam, Vaya* -14 yrs, *Nadi*-68 / min, *Mootra*-6-7times / day, *Mala-prakruta, Jivha-niraama, Shabda-aspashta bhashana Sparsha-prakruta, Drika-Pakruta, Akruti-madhyam.*

Systemic Examination

R.S- clear

CVS-S1 S2+ no added sounds

CNS-conscious, well oriented

Motor: Muscle bulk: equal bilaterally

Muscle Tone: Bilateral Hypertonic, spasticity.

Reflexes: diminished deep tend on reflexes

Differential Diagnosis

Primary torsion dystonia.

Parkinsons disease in young adults.

Wilson‘s disease.

Progressive myoclonic epilepsy.

Investigations

CBC: Hb- 10.2gm%,W.B.C -10,400 cells, ESR-40 mm, Sr. Calcium: 9.7

CRP : Negative, RA test: Negative, ASLO: Negative.

EEG: not done due to involuntary movements.

X-ray LS spine: right side scoliosis.

MRI of Brain: No significant intracranial abnormality is detected.

Treatment Given: External Medication For 8 Days

Sarvang abhyanga: Ksheerbala taila

Nadi sweda with *dashamoola kashya*

Matra basti: Bala taila 40 ml. for 8 days

Shamanoushadhi for 15 days

Cap vathapy 1 BD after food

Cap *ksheerabala* 1BD after food for 15 days

Follow up

Involuntary movements: reduced

Speech: not clear

Treatment given is:

Trivrit avaleha 10 gm at night along with milk on alternate days

Sahacharadi taila for *abhyanga*

Shamanoushadhi continued…… for 1 month & next 3 months

Discussion

Snayugatavata is one among the *vata vyadhi* & the symptoms manifest when vitiated *vata* lodges in *snayu* in the any one form like *abhyantarayama* (inward bending of the body), *khalli, kubja* (dwarft), *sarvangavata* (affects whole body), *ekangavata* (any one part of the body)[8]. The clinical manifestations of *antarayam* are such as *manya & greeva sthambha* (stiffness of neck), *Lalasrava* (drooling), *Prishta akshepa* (forward bending of back) & *Vadana sanga* (inability to speak).

General treatment of all types of *vatavyadhi* are *snehana* (oleation), *swedana* (sudation),*mriduvirechana* (mild laxative) and *basti* line of treatment [8]. Treatment principle of *Snayugata vata* is *snehana* (oleation), *upanaha* (poultice), *Agnikarma* (cauterization), *Bandhana* (bandage) and *Unmardana* (massage) [3] . Treatment of *aayam*(interior or exterior bending of the body)both external & internal should be done similar to that of *ardita* (facial palsy)[9]. *Sarvanga abhyanga* with *ksheerabala taila* [5] followed by *nadi sweda* helped in control *vata*. *Abhyanga* which increases the blood circulation. *Bala taila* (ingredients *bala* [S cordifolia] *guduchi* [Tinospora cordifolia] *rasna*[pluchea lanceolata] *dadhimastu* etc [4]. *Matra basti* brings the muscle tone to normalcy in turn decreases the stiffness and spasticity.

Sahacharadi taila [11] ingredients *sahachara* (sida rhombifolia), *bilva* (Aegle Marmelos), *shyonaka* (Oroxylum indicum), *gambhari* (gmelina arborea), *brahati* (solanum indicum), *kanthakari* (solanum nigra), *gokshura*(tribulus terrestris), *kushta* (sausseria lappa), *godugdha,tila taila* etc. Help in relieving stiffness and control the movements.by virtue of their *rasa & guna* which pacify the aggravated *vata* & maintain the normalcy. Most of the drugs of *sahachara taila* are beneficial in neurological diseases. *Snehana* and *swedana* are beneficial specially in *vakram* (curved), *stabdha* (rigid) & *stambha* (stiffness) of body parts [10]. Internal medication like capsule Vathapy[6]. (contains sida cordifolia, barberia prionitis, dashamoola etc) *ksheerbala*[7] (contains *bala, ksheera, taila*) are prone to reduce the vitiated vata.

Mridu virechana with *trivrit leha* helps in bringing the abnormal *vata* to normal, further shamanoushadhi played important role as nervine tonic helped in improvement in the child.

Follow up Assessment

Reduced involuntary movements

Clear speech

Tone: normal

Posture: improvement

Deep tendon reflex: normal

Conclusion

Dystonia causes abnormal posturing due to contraction of agonist & antagonist muscles. No curative treatment for dystonia is available. Most common cause is PTD (primary torsion dystonia) & some secondary dystonia are treatable. Early diagnosis and intervention may improve the quality of life or alleviate the disability of the child with dystonia by treating *vata* and getting into normal function of *vata* to make the child independent.

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