

MANAGEMENT OF MANYASTAMBHA (SPASMODIC TORTICOLLIS/CERVICAL DYSTONIA) THROUGH NASYA KARMA – A CASE STUDY

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ABSTRACT

Manyastambha [Spasmodic Torticollis / Cervical Dystonia (CD)] is a rare neurological condition characterized by sustained involuntary muscle contraction of neck leading to involuntary movement of the head. Cervical dystonia is one variety among various types of dystonia, in which pain, spasm, rigidity, abnormal posture of neck, inability to move or turn the head, mal-positioning of shoulder and chin occurs. All these symptoms point out towards aggravated Vata in causation and worsening of Manyastambha over a period of time.

Manyastambha is Nanatmaj Vata Vyadhi. Hence, the aim of treatment is to do 'Vata Shamana'. For the treatment of Vatavikara; Abhyanga, Swedana, Basti and Nasya are indicated as a general line of treatment. नासा हि शिरसो ऽर्ध्वजत्रुगत विकारः। and Nasya is indicated in Urdhvajatrugat Vikara. Thus in present study we selected Nasya karma for the management of manyastambha.

This is a single case study of a male patient aged 53 years old having symptoms of cervical dystonia was treated with combination therapy of Nasya karma and Shamana Chikitsa. The subjective parameters were assessed to see the efficacy of the treatment. Result was encouraging and patient was relieved from symptoms.

Keywords: *Manyastambha, Torticollis, Cervical Dystonia, Nasya karma.*

INTRODUCTION :-

Manyastambha (Cervical dystonia, also known as spasmodic torticollis,) is a neurological condition that specifically affects the muscles of the neck. In cervical dystonia, there are involuntary contractions of the muscles in the neck, leading to abnormal postures and movements. These muscle contractions can cause the head to twist or turn involuntarily, and they may be associated with pain and discomfort. It is a type of focal dystonia, meaning it affects a specific part of the body, in this case, the neck. There are numerous ways that cervical dystonia can present itself, resulting in a variety of aberrant head and neck postures and movements. Individual differences may exist in the precise kind and intensity of movements like Torticollis, Lateral Shift, Retrocollis, Anterocollis, Laterocollis, Head Tremor; as the name suggests, symptoms are likewise.

The specific etiology of cervical dystonia is unknown, however it is thought to be a mix of hereditary and environmental causes. Cervical dystonia can develop in individuals of any age or gender. The condition can significantly impact an individual's quality of life. While it is relatively unknown in comparison to other movement disorders, increasing awareness and understanding of this illness is critical.

In Ayurveda, Cervical dystonia can be compared to Manyastambha. Vata Dosha is the primary cause of this ailment, which manifests as stiffness and involuntary contractions in the neck area. Vata Dosha is responsible for

various movements in the body. *Prakupita Vata* (vitiated *Vata*) plays a major role in the manifestation of *Vata Vyadhi* (diseases of vitiated *Vata*). So *Ayurveda* aims to minimize the symptoms by following *Ayurvedic* principles of management. *Ayurveda* proposes *Shodhana* i.e, *Panchakarma* and *Shamana Chikitsa*. *Nasya* is one of the *Panchakarma* procedure in which the drug (Medicated oil/ *ghee/ Decoction/ Powder*) is administered through *Nasa*, essentially to eliminate the vitiated *Dosha* present in *Sheera*.

MATERIAL and METHOD: -

CASE REPORT :- A male patient aged 53 years, diagnosed with spasmodic *Manyastambha* on the basis of clinical features, visited in OPD of *Kayachikitsa* Department and was admitted in IPD of *Kayachikitsa* Department; OPD No.-7568, IPD No.- 645 of G.N.T. Hospital, Amravati, Maharashtra, India on 16/05/24. By occupation patient was a labourer in steel shop. He was suffering from Spasmodic Torticollis/ Cervical Dystonia correlated with *Manyastambha* in *Ayurveda*, involuntary rotation of neck towards right side, since 6 months.

ASSOCIATED SYMPTOMS: - Anxiety and Anger.

H/O PRESENT ILLNESS: - Patient was well before 6 months, then he gradually developed symptoms. He went to nearby Allopathic physician and took treatment but couldn't get relief, then he came to our hospital and get admitted for better treatment.

H/O INJURY:- no any

H/O Past illness :- No H/O past illness

No H/O – HTN/ DM/ Thyroid dysfunction

FAMILY HISTORY:- not significant

GENERAL EXAMINATION:-

1. Observation:

- Involuntary rotation of head towards right side visible muscle contractions.

2. Ashtavidha parikshna :

Table No. 1

<i>Nadi - Vata-Pittaja</i>	<i>Shabda - Spashta</i>
<i>Mala - Samyaka Pravritti</i>	<i>Sparsha - Samashitoshna</i>
<i>Mutra – Samyaka Pravritti</i>	<i>Drika - Prakrita</i>
<i>Jivha – Iashat Saam</i>	<i>Aakriti - Madhyam</i>

3. General Examination :

Tem. -	Afebrile	SLR test -	Rt. & Lt. 90 ⁰ Free
Pulse -	83/min	Knee Jt. Crepitus -	Rt. & Lt. Apsent

No. 2	BP -	130/80 mmhg			Table
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4. **Local Examination of Neck :** Tightness in the neck muscles was present.
No tenderness or nodule present

5. Muscle Strength :-

- Increased muscle tone and stiffness in the affected neck muscles, particularly the sternocleidomastoid (SCM)
- Pain or discomfort during movement, especially at the extremes of motion.
- Jerky, tremulous, or oscillatory movements, or a "catch" or "lock" sensation when moving the neck.
- Weakness or fatigue in the contralateral muscles (opposite side of the dystonic pull).

INVESTIGATION¹ :-

The diagnosis of cervical dystonia involves a thorough clinical evaluation. The process includes a detailed medical history, a physical examination, and, in some cases, additional tests to rule out other potential causes of symptoms.

Dystonia Rating Scales: such as the Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS), to assess the severity and impact of cervical dystonia.

Botulinum Toxin Test: It involves injecting a small amount of the toxin into specific neck muscles to observe the response. Improvement in symptoms after the injection can support the diagnosis of cervical dystonia.

X-ray cervical spine, CT Brain, MRI Brain - While not always necessary, imaging studies such as magnetic resonance imaging (MRI) may be ordered to rule out other potential causes of symptoms, such as structural abnormalities or lesions in the brain.

(But patient could not afford above investigation.)

The diagnosis of cervical dystonia is primarily clinical, relying on the characteristic features observed during the examination.

MATERIAL :-

Chikitsa :- 1) *Shodhan Chikitsa - Nasya Karma*

2) *Shamana Chikitsa*

1) Shodhan Chikitsa –

NASYA KARMA

"औषधमौषधसिद्धो वा स्नेहो नासिकाभ्यां दीयत इति नस्यम् ।"² (सु.चि.४०/२१)

Nasya is one among the *Panchakarma* procedures, where medicine is administered through nose. The medication can be *Taila*, *Ghrita*, *Swarasa*, *Dugdha* or *Churna*.

i) *Anu Taila* for *Nasya*

"जीवन्तीजलदेवदारुजलदत्वक्रसेव्यगोपीहिमम्
दावीत्वमधुकप्लवागुरुवरापुण्ड्राह्वबिल्वोत्पलम् ।
धावन्यौ सुरभि स्थिरे कृमिहरं पत्रं त्रुटिं रेणुकम्

किञ्जल्कं कमलाह्वयं शतगुणे दिव्येऽम्भसि काथयेत्
तैलाद्रसं दशगुणं परिशेष्य तेनतैलं पचेच्च सलिलेन दशैव वारान् ।
पाषः क्षिपेच्च दशमे सममाजदुग्धं नस्यं महागुणमुशन्त्यणुतैलमेतत् ॥³ अ.ह. सूत्र.२०/३८

ii) *Mahanarayan Taila for sthanik Snehnam*

Matra :-

Hrasva Matra = 6 Bindu in each nostril

"प्रदेशिन्यङ्गुलीपर्वद्वयान्मन्त्रसमुद्धतात् ॥

यावत्पतत्यसौ बिन्दुर्दशाष्टौ षट् क्रमेण ते ।

मर्शस्योत्कृष्टमध्योना मात्रास्ता एव च क्रमात् ॥⁴ अ.ह. सूत्र.२०/९,१०

0.7 ml = 1 Bindu of patients *anguli pramana*

∴ 0.7 × 6 = 4.2 ml = 6 Bindu matra for the patient

Kaal :- Purvanha

प्रावृत्शरद्वसन्तेतरेष्वाल्ययिकेषु रोगेषु नावनं कुयोन् कृत्रिमगुणोपधानात्; ग्रीष्मे पूर्वह्नि, शीते मध्याह्ने, वर्षास्वदुर्दिने चेति ॥⁵

च.सि. २/२३

Route of Administration :- Nasal

Procedures :-

Preparation of patient :

Nasya procedure was explained to the patient in detail & he was mentally prepared by giving assurance & consent was obtained for the treatment.

- Regimens was given to the patient to prepare him for *Nasya Karma*.
- Patient should have passed his natural urges like urine & stool.
- Should have completed his routine activities like tooth brushing, bath, etc.
- Light breakfast 1 hr prior to *Nasya karma* was advised.

Purva Karma :-

Nasya was performed in the '*Nasya Kaksh*' located in *Panchakarma Kaksh*, the place is having sufficient daylight & is devoid of direct atmospheric influences like dust, wind, etc. Blood pressure & pulse was recorded before the *Nasya Karma* for observation purpose.

Snehana: *Abhyanga* with Luke warm *Mahanarayan Taila* was done on face, scalp, temporal & neck region for about 10-15 minutes.

Swedana: *Mridu Swedana* was done for elimination of *Doshas* and liquification of *Doshas*. *Tapa sweda* given on *Shira, Mukha, Nasa, Manya, Griva* and *Kantha* region.

The Anu taila is slightly warmed in hot water bed, just before administration. It should not be too hot. It should just be lukewarm.

Pradhan Karma :-

1. After completion of *Purvakarma*, the position of patient was changed i.e. bending the head at about 45⁰ angles from the edge of the table.
2. Patient was instructed to be in a relaxed posture.
3. Patient was asked to close his eyes.

4. 6 Bindu Matra of the oil is instilled into each nostril.

Pashchat Karma :-

1. After performing the *Nasya karma*, patient was asked to remain in the same position till 100 *Matra*.
2. *Abhyanga & Swedana* were done in the regions specified formerly. Here time duration was changed to 3-5 minutes only.
3. Simultaneously rub both the hands (palm sole) vigorously raising them slightly, for 1 to 2 minutes, at the same time foot soles are also rubbed.
4. Medicated *Dhumapana* are advocated to expel out the residue mucus lodged in *Kantha* (gullet) and *Shringataka*.
5. The patient was advised to spit out the nasal secretions reaching the throat & to do *Kavala* with warm water.

2) Shamana Chikitsa

Table No. 4

Sr. No.	Aushadhi Kalp	Matra	Kaal	Kaal	Anupaan
1	<i>Vatavidhvansa Rasa</i>	250 mg	1 TDS	<i>Paschatbhukta</i>	with <i>koshna jal</i>
2	<i>Mahayograj Guggul</i>	250 mg	1 TDS	<i>Paschatbhukta</i>	with <i>koshna jal</i>
3	<i>Dashamularishta</i>	20 ml	TDS	<i>Paschatbhukta</i>	with <i>koshna jal</i>

OBSERVATION :-

After treatment Examination

1. Local Examination of Neck :- No Tightness in the neck muscles was present.
No tenderness or nodules.
2. Muscle Strength :-
-Normal muscle tone and no stiffness in the affected neck muscles, particularly the sternocleidomastoid (SCM)
- No Weakness or fatigue in the contralateral muscles (opposite side of the dystonic pull).
3. Range of motion (ROM) examination
- Limitation to range of motion on opposite side is reduced,
- 'catch' or 'lock' sensation when moving the neck is reduced
- Reduced discomfort during extreme motions'
- Muscle spasms markedly reduced.

Probable mode of action :

In *Ashtanga samgraha*, it is explained that *Nasa* being gate way to *Shira* (head), the drug is administered through nostrils reaches through nostrils to *Shringataka Marma*, a *Sira Marma* by *Nasa Strotas* and spreads in the *Murdha* (brain), taking routes of *Netra* (Eyes), *Shrotra* (Ears), *Kantha* (Throat) and stretches the morbid *Doshas* from

Urdhwajatru and expels them from *Uttamanga*⁶. According to *Acharya Charaka*, *Nasa* is the portal(gateway) of shira. The drug administered through *Nasa* as *Nasya* reaches to the brain and eliminates only the morbid *Doshas* responsible for producing disease.

DISCUSSION :

As our *Aacharya* stated *Nasa* is gate way to *Shirah*, it is considered as the route for administration of medicine for treating all *urdhwajatrugata vikara* hence *Anu taila nasya* was given. *Nasya karma* helps to clear the obstructions in the channels and thereby regulates flow of *vata* and stimulates the cranial system. It also helps to rejuvenate the senses. *Nasya* is indicated in imbalances of the head and neck. It is indicated in headaches, migraine, vertigo, dizziness and shoulder problems and so on⁷. *Anu taila* is an excellent remedy in the treatment of *vata vikara* when administered as *Nasya*. The patient was also subjected for *sthanik abhyanga*, *Mridu Tapa sweda* and *Shamana Aushadhi*. The internal medicines given are traditionally used in the treatment of *vata vikara* and *sandhi roga*. It helps to cure cervical spondylosis, neck pain, paralysis, numbness of hands etc. For *Abhyanga Mahanarayan Taila* was used which is considered as one of the best *vata shamana taila* used in the treatment of chronic rheumatic and nervous disorders. The *Dhumavarti* helps to remove *Kapha* after *Marsha Nasya Karma*. *Kavala* causes vasodilation after *Dhoomapana*, so remained *Doshas* are expelled out and better absorption of medicines. The selected *Ayurvedic* treatment has provided considerable relief to the patient and can be adopted in the management of Cervical Dystonia.

CONCLUSION :

In the present study *Nasya Karma* was selected for the management of *Manyastambha*.(Cervical Dystonia). As *Nasya* is known for its *Urdhwajatrigat Shodhan* and *Shamana* properties, proved better in the management of *Manyastambha* (Cervical Dystonia). After 20 days, the entire *Nasya karma*, which includes external karma like *Snehana*, *Sweda*, had shown marked improvement in all sign and symptoms i.e. *Manyastambha*, involuntary rotation of neck to right side, Anxiety, Anger. More-over the drugs used orally having additional effect in the relieving the signs and symptoms. Hence, from the present case study, it can be concluded that *Manyastambha* (Spasmodic Torticollis or Cervical Dystonia) can be effectively treated according to *Ayurvedic* principles. *Nasya Karma* along with certain palliative medicine, the patient experienced significant relief from all symptoms. As this is a single case study, similar large-scale studies should be performed to determine the statistical significance of present *Ayurvedic* management of CD.

REFERENCES :

1. <https://www.movementdisordersclinic.com/cervical-dystonia/>
2. Sushruta Samhita of Acharya Sushruta with Commentary of Shri Dalhanacharya and Shri Gayadasacharya edited by Vaidya Yadavji Trikamji, Chaukhamba Krishnadas Academy, Varanasi 2008, Chikitsasthan Adhyaya 40, verse 21, Pg. no. 554.
3. Vaidya Ganesh K. Garde, Saarth Vagbhata, Vagbhatakrit Ashtangahridaya Marathi edition, Chaukhamba Surbharati Prakashan, Waranasi, edition 2019. Sutrasthana Adhyay 20 Nasyavidhiadhyaya, verse 38. Pg. no. 87.
4. Vaidya Ganesh K. Garde, Saarth Vagbhata, Vagbhatakrit Ashtangahridaya Marathi edition, Chaukhamba Surbharati Prakashan, Waranasi, edition 2019. Sutrasthana Adhyay 20 Nasyavidhiadhyaya, verse 9,10. Pg. no. 86
5. Vaidya Vijay S Kale, Charaka samhita part 2, Marathi edition by Vaidya Manorama Hindi commentry, Vatavyadhi chikitsa 2014, Siddhisthan Adhyay 2 Panchakarmiya – siddhiradhyaya, Verse 23. Pg. no. 879

6. Astanga-Samgraha of Shrimad Vriddhavagbhata, Sutrasthana, Ekontrinshoadhyaya, Nasyavidhimadhyaya, verse 3. Pg. no. 528.
7. Vaidya Vijay S Kale, Charak samhita part 2, Marathi edition by Vaidya Manorama Hindi commentry, Vatavyadhi chikitsa 2014, Sutrasthana Adhyay 5 Matrashitiyaadhyaya, Verse 57,58,59. Pg. no. 101.

