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An Ayurvedic Approach to Cervical Vertigo with Special Reference to *Bhrama*: A Case Report

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ABSTRACT

Introduction: This is a case report of 52 year old female with the chief complaint of dizziness since 2 years, associated with pain and stiffness in neck since last 3 years. The subject was a diagnosed case of cervical spondylosis since 3 years and not a known case of Diabetes mellitus, hypertension, seizures, stroke or any other systemic illness. After clinical examination and plain CT brain investigation, all other causes of vertigo were ruled out and it was diagnosed as cervical vertigo. The condition was co-related to *Bhrama* explained in Ayurveda classics. Treatment was planned based on the *doshic* components of *bhrama*.

Materials and methods: The subject who approached *shalakya tantra* OPD of GAMC, presenting with dizziness, pain and stiffness in neck, was systemically reviewed, *doshas* involved are assessed and the treatment protocol was planned for *doshik* components involved in *Bhrama*.

Results: The subject showed subjective improvement as depicted by Dizziness Handicap Inventory (DHI) score from severe handicap to mild handicap.

Discussion: There is no established treatment for cervical vertigo in contemporary science, hence an attempt is made to understand the disease under the umbrella of *Bhrama* explained in Ayurveda classics. The treatment was planned to pacify the *doshas* involved in *Bhrama*. This study throws light on holistic approaches like *Nasya* and *Shiropichu* which would be beneficial in treating the condition and improving the quality of life.

KEYWORDS

Cervical vertigo, Dizziness, cervical spondylosis, Bhrama, neckpain.



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INTRODUCTION

The term vertigo or dizziness is described as an unpleasant disturbance of spatial orientation or the erroneous perception of movement. Vertigo includes a perceived movement either of one's own body like swaying or of the environment or both. Vertigo is considered as one among the most common complaints in medicine which affects approximately 20-30% of general population. There are various causes of vertigo which includes disturbances of the ear, nose and throat, central nervous system, cardiovascular system, and benign positional paroxysmal vertigo (BPPV). Diagnosis of the disorder requires specialist facilities, even though these conditions can be successfully diagnosed and treated, a group of patients remains and is suspected that the cause for the vertigo is cervical spondylosis.

Cervical vertigo can be defined as the presence of dizziness or unsteadiness related to the movements of the cervical spine or which occurs along with stiff or painful neck. 65% of the subjects who are suffering from cervical spondylosis are prone to develop cervical vertigo. The pathophysiology of cervical vertigo is difficult to understand, diagnosis is based on exclusion of all other causes of vertigo¹.

Management of cervical vertigo remains challenging in contemporary science.

Based on symptoms it can be co-related to *Bhrama* explained in *Ayurveda* classics. *Bhrama* is a *vataja nanatmaja vyadhi*². There is also an explanation that the *Bhrama* is caused by the confluence of *Rajas, pitta* and *vata*^{3,4}. *Bhrama* has also been explained as a symptom in various stages of many diseases. In this case main attention is given to tackle *vata*, *pitta* and *raja* and the treatment is planned accordingly.

OBJECTIVES

1. To understand the pathophysiology of Cervical vertigo in the perspective of *Bhrama* explained in *Ayurveda* classics.
2. To find a better *Ayurvedic* approach in Cervical vertigo.

MATERIALS AND METHODS

Case report: Basic information of the patient

Age: 52 years

Gender: Female

Religion: Hindu

Occupation: Housewife

Socioeconomic status: Middle class

Chief complaints: dizziness since 2 years, associated with pain and stiffness in neck since 3 years.



History of present illness: The patient was apparently healthy three years ago. Gradually she started developing pain in neck associated with stiffness, which used to aggravate by doing house hold works and relieve on taking rest and in supine position. Gradually, within a span of one year, when patient was experiencing severe pain and stiffness of neck, she also developed dizziness which used to aggravate with head movements and come down with rest. She consulted a physician for the same and was diagnosed as having cervical vertigo which has developed as a consequence of chronic cervical spondylosis. She underwent three sittings of physiotherapy for the cervical spondylosis and did not find much relief. Hence she approached *Shalakyta tantra* OPD of GAMC, Bangalore for further treatment.

History of past illness:

The subject was a known case of cervical Spondylosis since 3 years.

No past history of diabetes mellitus, hypertension, seizures, stroke or any other systemic illness.

Personal history:

Aharaja- diet is predominantly *katu* and *amla* rasa, untimely food habits.

Viharaja- patient involves in household work continuously, and even she works in the field 2-3 hours a day under the sun.

Examination:

1. *prakriti*: *vata pittaja prakriti*
2. Vitals were normal.
3. Respiratory system, cardiovascular system and gastro intestinal system has shown no abnormality.
4. Central nervous system: Romberg's test- Negative.
5. Musculoskeletal system:
Examination of cervical spine
 - a) Inspection- no loss of curvature, no visible mass and no signs of inflammation.
 - b) Palpation- tenderness present throughout the course of cervical spine, step up sign is negative.
6. ENT examination:
 - a) Examination of Ear:
 - i. Right ear- External Auditory canal is clear, Tympanic membrane is intact.
 - ii. Left ear- External Auditory canal is clear, Tympanic membrane is intact.
 - b) Tests of hearing:
 - i. Rinne's test- Rinne positive for both right and left ear.
 - ii. Weber's test- no lateralisation.
 - c) Tests for balance:
 - i. Unterberger's stepping test- no vestibular pathology
 - ii. Dix-Hallpike test-negative for both ears
 - iii. Supine roll test-negative for both ears

Investigations: Nil

Diagnosis: Cervical vertigo

Treatment adopted:

Phase 1: (from 13/05/2019 to 27/05/2019)



1. *Marsha nasya* (from 13/05/2019 to 19/05/2019) with *karpasasthyadi taila*, 8 drops into each nostril for 7 days.

2. *Shiro pichu* (from 21/05/2019 to 27/05/2019) with *Balaguduchyadi taila* for 7 days.

3. Internal medicine (from 13/05/019 to 27/05/2019)

Kamaduga rasa plain 1-0-1 after food for 15 days.

Phase 2: (from 12/06/2019 to 26/06/2019)

1. *Marsha nasya* (from 12/06/2019 to 18/06/2019) with *karpasasthyadi taila*, 8 drops into each nostril for 7 days.

2. *Shiro pichu* (from 20/06/2019 to 26/06/2019) with *Balaguduchyadi taila* for 7 days.

3. Internal medicine (from 12/06/2019 to 26/06/2019)

Kamaduga rasa plain 1-0-1 after food for 15 days.

Assessment criteria: subjective criteria
Dizziness Handicap Inventory (DHI)⁵-questionnaire score was assessed and compared before treatment, after treatment and during follow up period for about 3 months.

RESULTS

The DHI score showed severe handicap (score-58) before phase 1 of treatment.

1. After phase 1 of treatment the DHI score showed moderate handicap (score-40)

2. After phase 2 of treatment the DHI score showed mild handicap (score-32)

3. During follow up period for about 3 months the DHI score showed mild handicap (score-30)

DISCUSSION

It is of prime importance to understand the *samprapthi*, to do *sampraptivighatana* and treat the disease accordingly.

In this clinical trial, considering all the symptoms that is painful neck, stiffness of neck, dizziness, an attempt is made to understand the disease under the umbrella of *Bhrama. Vata* is the main culprit which is responsible for *Greeva shoola* and *Sthabdhata* of *greeva. Prakriti, ahara, vihara* and *vaya* of the patient are favouring for the vitiation of *vata* and *pitta*. Therefore main attention was given to pacify *vata* and *pitta*, an attempt is made to treat the disease from its root cause and following treatment is adopted. Rationality behind choosing the treatment and medicines is explained below.

i. *Marsha nasya* with *karpasasthyadi taila*- *Nasya* is the superior treatment for the supraclavicular disorders. *Taila* is best *vatashamaka, snehana nasya* is specially indicated in *vataja vikaras. karpasasthyadi*



taila is indicated in *sarva vataroga*. Especially *Apabahuka and Ardita* which are *urdhwa jatrugata vyadhis*.⁶

ii. *Shiro pichu* with *Balaguduchyadi taila*- *Shiro pichu* is one among the *Murdhni taila* explained in *Ayurveda* classics which is indicated in *vataroga, pittaroga*, and can also be beneficial in psychosomatic disorders. *Balaguduchyadi taila* is indicated in *shiroruja* and *vata pittaja rogas*⁷, so to tackle *vata, pitta* and *rajas* this treatment was adopted.

iii. *Kamaduga rasa* plain internally- the herbo mineral drugs used for the preparation of *kamaduga rasa* are *vata pittahara* in nature, and it is directly indicated in *Bhrama*.

Same treatment protocol was repeated for one more sitting with a gap of 15 days in between. Results were observed during the course of treatment and during follow up period and marked improvement was observed in this condition.

CONCLUSION

Although vertigo is not a life threatening disease it will cause major disability in routine life and make the patient psychologically feeble. In contemporary medicine many research works are being conducted apropos of pathophysiology of cervical vertigo. There are many theories to

explain the same. But there is no established treatment for this condition. This is the area where we need to explore better treatment options through *Ayurveda* by considering the symptoms and the *doshas* involved. In this study an attempt is made to adopt better *Ayurveda* treatment and the results shows tremendous improvement in the disability of the patient. By observing results during follow up period the condition can be maintained without disability and repeated administration of same treatment may give no disability or no handicap or complete cure from the disease. Hence further studies have to be conducted with this perspective considering maximum sample size and should reach all the needy to improve their quality of life.



REFERENCES

1. Sanjeev Attry, Vijay Kumar Gupta, Ektha Guptha (2016). Cervical vertigo-pathophysiology and management: An update. IOSR Journal of Dental and Medical science. Volume 15, Issue 7(July 2016),page number 98.
2. R.K. Sharma, Bhagwan Dash, English translator. (Reprint Edition 2018). Charaka Samhita of Agnivesha, Volume 1, Sutrasthana; Vataja Nanathmajavikaras: Chapter 20, Verse 11.Varanasi: Chowkhamba Sanskrit Series Office: Page 363.
3. G.D. Singhal, English translator. (Reprint Edition 2018). Sushruta Samhita of Sushruta. Volume 2. Delhi: Chaukhamba Sanskrit Pratishthan: Page 46.
4. K.R. Srikanta Murthy, English translator. (Reprint Edition: 2011). Madhava Nidanam of Madhavakara, Chapter 17, Verse 19/1. Varanasi: Chaukhambha Orientalia: page 63.
5. Jacobson GP, Newman CW(1990). The development of the Dizziness Handicap Inventory, Arch Otolaryngol Head Neck Surg, 116: 424-427. Retrieved from <https://southampton.stonybrookmedicine.edu/sites/default/files/Dizziness%20Hanica%20Inventory%20-%20English.pdf>
6. K. Nishteshwar, R. Vidyanath, English translator. (Reprint Edition 2017).Shasrayogam. Varanasi: Chowkhamba Sanskrit Series Office, page 119.
7. K. Nishteshwar, R. Vidyanath, English translator. (Reprint Edition 2017).Shasrayogam. Varanasi: Chowkhamba Sanskrit Series Office, page 116.