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Ayurvedic management of Intra Cranial Hypertension (IIH) - A Case Study

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ABSTRACT

A 36 year old female patient came to P. D. Patel Ayurvedic Hospital, Nadiad with confirmed diagnosis of Intra Cranial Hypertension (IIH). The patient presented with chief complaint of headache (more over left side), transient vision loss and ear ache. Clinical findings showed bilateral papilloedema (Lt>Rt). MRI showed possibilities of Idiopathic Intracranial Hypertension. The menometry showed the pressure of CSF-360 mm of water. After clinical evaluation Ayurvedic treatment was started and significant improvement was seen. The treatment during the hospitalization of one month included *Sarvanga Abhyanga*, *Sarvanga Swedana*, *Niruha Basti*, *Marsha Nasya* and oral medication. Later on after 19 days *Shirodhara* was started. During the stay patient was followed up for papilloedema. As a result of the treatment the severity of the headache was decreased and papilloedema started resolving. The menometry showed significant reduction in the pressure of CSF. The medicines were continued after discharge.

Key words: Panchakarma, Intra Cranial Hypertension, IIH, Headache.

INTRODUCTION

IIH – Idiopathic Intracranial Hypertension, previously known as benign intracranial hypertension and pseudotumor cerebri, usually occurs in obese young women. Raised intracranial pressure develops without a space occupying lesion, ventricular dilatation or impairment of consciousness. The usual presentation is with headache sometimes accompanied by transient diplopia and visual disturbance. Clinical examination reveals papilloedema. A palsy of 6th cranial nerve may also be present. The diagnosis is confirmed by LP (Lumber Puncture) which shows

raised CSF pressure and neuroimaging excluding the presence of a mass lesion. The management is acetazolamide which may help to lower CSF. Repeated LP (Lumber Puncture) can be considered, but it is often unacceptable to the patient. Patients failing to respond, in whom chronic papilloedema threatens vision, may require optic nerve sheath fenestration or a lumbo-peritoneal shunt.^[1]

This type of disease doesn't come to Ayurvedic physician very often. So when a patient of known case of IIH came to hospital for Ayurvedic management, *Lakshana Pratynika Chikitsa* was adopted. To manage the headache *Nasya*, *Basti*, *Shirodhara* were administered along with oral medication. A significant improvement was in CSF pressure and headache after treatment.

CASE PRESENTATION

A 36 year old female patient came to P. D. Patel Ayurvedic Hospital and J. S. Ayurveda Mahavidyalaya, Nadiad on Dt.31/1/17 with the chief complaints of left hemi-cranial pain since 8 months and transient vision loss in left eye before 1 month. She started headache before 8 months. Then she had undergone MRI brain.

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MRI brain revealed possibility of Idiopathic intracranial Hypertension. She also consulted an ophthalmologist, at that time she was having bilateral papilloedema (Lt> Rt).

Medicine history (Since December-16)

- Tab. Diamox (2 TDS)
- Peribulbar steroid injection was given once in left eye(to preserve the vision)
- Tab. Omnacortil (20 mg -1/2 OD), withdrawn after one month
- Lumber puncture was done on 23/1/17 to examine CSF
- Manometry was done to measure the pressure of CSF. It was 360 mm of water (Normal value-50-60 mm of water)

After that she was advised to go for surgery of shunting if CSF pressure is not controlled. The patient was admitted in P. D. Patel Ayurveda hospital, Nadiad on 31/1/17, with the complaint of persistent left hemi-cranial headache.

Treatment given during admission was;

1. *Pathyadi Kwatha* - 10 ml
2. *Varunadi Kwatha* - 10 ml
3. *Punarnavadi Kwatha* - 10 ml (Twice in a day)
4. *Saptamrita Loha* -1 gm
5. *Shweta Parpati* - 500 mg (Twice in a day)
6. *Sarvang Abhyang* with *Mahanaryana Taila*
7. *Sarvang Swedana* with *Nirgundi Patra Bashpa Sweda*
8. *Niruha Basti* - 200 ml (Ref- Ch.Si.8/8)
9. *Marsh Nasya* with *Shadbindu Taila* (8 drops in each nostril)
10. *Hingvashtaka Churna* - 2 gm
11. *Haritaki Churna* - 2 gm (As headache continued for 2 hrs) (after 15 days) (Twice in a day)
12. *Shirodhara* with *Dashmoola Kwatha* (As headache continued for 2 days) (after 18 days)

Tab. Acetazolamide (200 mg) was continued during the treatment.

Outcome of the treatment

- The severity of headache was decreased. During the hospitalization, direct ophthalmoscopy was done (on Dt.17/2/17 and 3/3/17) to observe papilloedema. Improvement was seen in papilloedema.
- The vision was normal before and after treatment
- Drastic fall in CSF pressure was observed
B.T. - 360 mm of water
A.T. - 190 mm of water (Normal value-50-160 mm of water)
- Quality of life improved (as headache was reduced)

DISCUSSION

As the visual function was preserved in this patient main focus of the treatment was to relieve the headache. According to Ayurveda it can be considered as *Vata* predominant disease. Orally *Vata Anulomana* along with *Shothahara* medicines were administered. *Basti* draws out the impurities from head to feet by its *Veerya*; as the sun takes away sap of the earth even staying in sky.^[2]

The action potential of *Basti* improves CSF dynamics which is helpful in lowering the intra cranial pressure. The same approach is adapted by the modern medicine to reduce the pressure by lumber puncture or by decreasing the production of CSF.

If there is *Toda* like pain in the *Shira* or upper clavicle region one should use *Shira Parisheka (Shirodhara)* as treatment.^[3]

Shiraodhara is one of *Murdha Taila* so it helps to reduce the pain and controls *Vata Dosh*.^[4] One should use *Nasya Karma* while treating upper clavicle (Head & Neck) disease.^[5]

Shadabindu Taila Nasya was selected for this patient as this *Taila* is indicated for all kind of *Shiraroga*.^[6] It is also having *Chakshushya* property, which is helpful to reduce the papilloedema.

CONCLUSION

IIH can be managed by *Panchakarma* therapy along with oral medicaments. Use the *Karma* which regulates and control the *Vata*, particular *Urdvajatrugata Vata*, like *Nasya*, *Shirodhara*, etc. *Panchakarma* plays an important role in rapid relief. Only oral medicines might have not given this result. Surgery can be prevented in IIH by Ayurvedic treatment, which can be considered as an achievement. Because the surgery is also not the sure cure for this disease

REFERENCES

1. Davidson, Davidson's principles and practice of Medicine, Ch.26 Neurological diseases, Reprinted 2010, Elsevier publication, 21st edition, 2010;p.1221
2. Vaidya Yadavaji Trikamji, Acharya Sushruta, Shushruta Samhita, Chikitsa Sthana 35/27, print 2010, Varanasi, Chaukhambha Surbharati Prakashan, 2010;p.527

3. Harisadasiva Shastri, Acharya Vagbhatt, Astang hridayam, Shutrasthana 22/24, print 2014, Varanasi, Chaukhamba Sanskrit Prakashana, 2014;p.301
4. Harisadasiva Shastri, Acharya Vagbhatt, Astang hridayam, Shutrasthana 22/23, print 2014, Varanasi, Chaukhamba Sanskrit Prakashana, 2014;p.301
5. Harisadasiva Shastri, Acharya Vagbhatt, Astang hridayam, Shutrasthana 20/1, print 2014, Varanasi, Chaukhamba Sanskrit Prakashana, 2014;p.287
6. P. V. Sharma, Acharya Cakradatta, Cakradatta, Shiroroga 32-34, First edition, Varanasi, Chaukhamba orientalia, 1994;p.519

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