PARIPEX - INDIAN JOURNAL OF RESEARCH Volume-6 Issue-9 September-2017 ISSN - 2250-1991 IF : 5.761 IC Value : 79.96					
30	urnal of the OR	IGINAL RESEARCH PAP	Ayurveda		
PARIPEX - INDIAN JOURN		IVERSE MYLOPATHY	KEY WORDS:		
Sha	Harihar alikram vgade	MD.Kayachikitsa-Intertna Kaychikitsa,(Retd). Govt.Ayu		or (ukekfHk/kkfur)Dept.of	
ABSTRACT	When he was riding on cycle he fall down on the road in village particularly on Gitty .havening lumbosecral Injuary .his friend, went to home with the patient and run to taluka place for treatment. he was injured with spinal leasion and develop a weakness of both extremities / both lower limbs, with Tranverse Mylopathy.Systoms like Paraplgia.with power gradation "0" degree. Nereby people / reletives of patient admitted to Govt.Medical College and Hospital Nagpur. Patient given modern Nuropatani medicine ,After Ct/MRI They diagnosed Trenverse Mylopahy.They started mesicine like multy vitamins and Nuropotenic Medicin up to 15 gays . There is no result or any other recovery within 15 to 30 days.Patient Systomatically detoreted day by day. there is no grantee for future. recovery. Heance he taken AMA dischard And additted in Govt.Ayurvedic College Nagour ,We trayed Ayurvedic Rasayan kaplas.And results comeout up to 60% wit power gradation 4.5%.with all Sytomatic results.				
Case report:- In my general OPD Patient approach for future treatment .he came with his reletive in four wheeler chair.his relative shown all documentation as well as his X-rays and MIR (spinal AP and Lt. There is incomplete fracture of L S Spial vertribras L2 to L4 and some vertribras of Spinal S1 to 2 of spine.			the lower legs. 6.Bowel:- Constipation may prevented by Ayurvedic Matra Basti .7 Or laxative medicine or Manual evacuation if necessary.8.Localised pain over the spine, and possibility root distribution.9. Pain aggregated by sneezing –starting coughing.foursally movemrnts		
Case aroun .at suc	History :- On cycle when d 30 days he fall down on dden patient having hea on another cycle his fi	n he was riding before incidence road in village particularly on Gitty viness over both leges.with back riends went to home with the ka place for treatment. he has a	 To study of effect of Sh Plan of Work :- 	ayana kalpa on Tranverse Mylopaty aman Chikitsa in Tranverse mylopaty. rch work was conducted in IPD of	

Clinical study the research work was conducted in IPD of Govt.Ayurvedic college and Hospital Nagpur.

- 1. Frist stop all Types of medication.
- 2. For Study and results of Internal Ayurvedic Medicine (Saman-Chikitsa) effect
- 3. No any types of pachakama treatment allowed.
- 4. Other Specially allowed for opinion.
- 5. After completion of Therapy Assessment of pre and post clinical asses.

Necessary Therapeutic:-

- 1. Prepration of Rasayan kalpas. Mixsture.
- 2. Medicin brought as per perception given by treating phycisian

Medicine Precsrition :-

- 1. B V Chitamany Ras 4 gms.
- 2. MY Gugulu(SSPath) 50 mg 30 tab
- 3. Palsinuron Cap 250 Mg TDS
- 4. above 1+2 mixed in Kharal (All aseptic measure taken)

Doges :- 75 mg of medicin Mixcture given three times a days(tds).

Anupanum(With):- Madhu.only On Examination (BT):-

- 1. Totally weakness of both lower limbs.
- 2. Autonomus bladder.
- 3. Blower not controlled.
- 4. mild sweet over the lower both limbs.
- 5. Even on prapad sensation and motornervenactivity lost
- 6. BP 130/80 mm of Hg.Pluse 72 PM regular.
- 8. ECG WNL
- 9. Hematology WNL
- 10. CT/MRI (brain) WNL.
- 11. Trividh, Panchavidha /Aststavidha Parikshana :- Except Paralysis of both lower Extermitis) WNL

Vikrity Shrots Parikshana:-

- 1. Rasasvaha WNL.
- 2. Raktavaha WNL
- 3. Masvaha : WNL

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Presenting Syndromes:-

injaury spinal leasions and develop a weakness of both extremities

/ both lower limbs, with power gradation, "0" degree.He Addmited Nereby people / reletives. to Govt.Medical College and

Hospital Nagpur.after the journey of 30 KM.from accidental

place.Villege to city.He treated GMC Nagpur.patient dignosed

Trenverse Mylopahy. They started medicine like MVT and

There is no result come out even than 30 days.Patient Systomatically detoreted by day by day.and no grantee for

Some relative and nearby patients asked go for Ayuevedic treatment. There may be possibility such types of paralysis patients.

Then he came to Govt. Ayurvedic College And Hospital, Nagpur. As

We asked the patients we may try and possibility of recovery cant.say.if yoy are insist we may try. They allowed and admitted in

Totally weakness of both lowew limbs Autonomous bladder.

Power ans sensory Systums Gradation are "o" drgree. No feelling

of Muturation and anus stool delivery .mild sweet over the lower

both limbs. . even No plam sencation of both foot as well as Motor

Past History :- No H/o any HTN ,DM.any other surgical illness, any

druge allergy,tobacoo chewing alcoholic.Starvation,Mentally

1.Totally weakness of both lower limbs. 2.Autonomus

bladder.³.Power of sensory /Motor Systems Gradation was "o" drgree.4.No Sensation of Maturation and Bowel. 5.mild sweet

over the both lower limbs.parathesia Numbness and cold

sensation specially with both lower limbs.which spread proximally

on the to wars trunks Weckness, heaviness of the limbs. most in

a OPD.Patient.Un fortunately I was there on my day duty.

Kayachikitsa – Internal medicine IPD ward. Present Illness:-

Nuropotenic Medication.

future. recovery.

action.

stress.

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- 4. Medovaha WNL
- 5. Majjavaha : Vikrit
- 6: Asthivaha : Vikrit
- 7. Sucravaha WNL.

CNS :- Transverse Mylopathy.(Total Paralysis of both Lower libs.

Table No.1.Clinical Examination of the Patient.(BT)

Systoms/ Truma 80%	Right lege		Legt Lege			
Sensary Nercv	No sensation		No sension			
Reflation	Absent		Absent			
Sension	Absent		Absent			
Wound No fresh		/Chronic	No fresh /Cronic			
	seen		seen			
Laceration Abs		sent	Absent			
Mental Statius. Abs		sent	Absent			
Pancha W		'NL	WNL			
Dhynendriyani						
Sensation of Bot	n lege	Absent				
Motour nerve Ser	nsation	Absent.				
Power Gratic	n	"0" degree				
Sprital and Autonom	us Bladder	Absent.				
Chest		WNL				
ECG		WNL				
Blood chemis	try	WNL				

Tablr No.2. Clinical Examination of the Patient. Sensation Scale:-

Sr.Nos.	Brefour Treatment	
Motor Nerve Action	Absent	
Sensesary Nerve Sention	Absent	
Rediology L3,4,5.S1 Injured sever	Positive,No pain Locally,No sewell,tenderness,No temp.High, Localy,Mild skin redness Seen	
Turn over rt to left self	Absent	
Bladder	Autonomus	
Sproctal contral	Absent	
Other than Nurological Systoms.	WNL	

Rediological Isvestigation:-

- 1. X rays L S Spinal Ap and latral
- 2. CT/MRI Spinal
- 3. THS
- 4. USG Abd.

Pathological Investigation:-

- 1. CBC
- 2. Urine .Alb.Sug,Micro.-WNL
- 3. USG-Abd. -WNL
- 4. Blood Suger R. -WNL
- 5. KFT, LFT, Lipid profile WNL

Manegment 1.:-

- 1.Keep patient supine position
- 2.No both lege forcefully movement upper-lower-left-righr

-WNL

- 3.No Massage of both limbs and lumbosacral lesion
- 4.Keepit this poisons 24 to 36 hours.
- 5. Medicin giver by oral root with 1 ml of mixture with madhu
- 6.75 mg of above mixture for QID for 24 Hrs.

Examination after 24 Hors.:-

Both foot palm/izikn reflactin by hammer, patient responding by movement of both lege's thumb.this medication continue upto 48 Hrs.

Medicine Manegment 2:-

1. After 48 Hrs.medicin doges reducted QID to TDS.This for one week.

Manegment 2:-

Mild movement given both lege to slowely fold knee joint.as well as both kneejoint mild wroted slowly legt and right's for 10 days.

Medicine Manegment 3:-

After one week medicine doge reducted to BD x 7 days .No any Ayurvedic Massege Allowed in the course.this medication for anather 15 days.

Manegment 4:-

Allowd to slowelly put the both lege towarts to floor and patient has some pressure given to the both leg.

Allowed stretcher to pressure on hand to pull stracture.

This types of medicine given for 90 days.

Result:-

He systematically Improved. The gradation parameters shows improment toll deree. He was moving into the Hospital with the support of structure. He was going daily vandan for lord Dhanvatary Murty.

Clinical Examination (AT):-

Sensoary /Motor Nerve/days	Gradation	Improvent in %	
Both lege 30	3 degree	30	
Sensoary Nerve 30	Pin Pointing	30	
Motor Nerve 30	Imigiat reflex	30	
Skin	WNL 100%	100%	
Bone Deformity	WNL 100%	100%	
Eruption Swell over L S Spinal	WNL 100%	100%	
Mental Status	Good 100%	Good 100%	
ECG	WNL	WNL	
BED Sore	WNL	WNL	
Nuratic Pain	WNL	WNL	

Management in Gradtion Wise:-

Systoms/in 90 Days	BT		AT	Result in %
Senaory Nerve	0 deree		Improved	30%
Motor Nerve	0 deree		Improved	30 %
Power Gradtion 03 Dregg		Improved	30 %	
Systoms/in 180 Days	BT	AT		Result in %
Senaory Nerve	0 deree	Improved		60%
Motor Nerve	0 deree	Improved		60 %
Power Gradtion	4 Dregg	Improved		60 %

Discusssion :-

Actually there is no totally brake down of vertebras and nerves of lumber lesion as well as their branches. They search severally and bulged with some branches of Sciatica nerve.patient Sheffield from accident spot towards to hospital he starched several times .There was no medical person for shafting to hospital, wrongly pool out this patient and badly rush to the Hospital, or may be possibility they went to villages for treatment.heance Nerves been damaged seriously.

After some days when they short out no treatment on this disease they admitted GMC Hosipital. After all Radiological examination specially asked to relative there are no possibility of recovery, even day by day systems will detorted. They taken discharge and admitted to GAC Nagpur.

Conclusion:-

After the truma bodies immunity immediately started naturally recovery.in Ayurvedic Hospital Patient stayed stay supine position for 3-4 days.the injured nerved roots-neurons naturally growth there roots. and confirmedly rejoined each others.Ayurvedic medicin which given by orally.for 100% absorption .and rapidly act on Nerve. as well as their growth developed faster ++ and rejoined to each other nerve branches hence they developed Motor and sensory nerved rapidly recovery up to 60 %.

Medicine continued for future. till (Course for 90 days given)systematic recovered.

Contraindication: - Massege, Any types of Panchakarma.and use

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of Basti and further truma on the injured side.

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