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Ayurvedic Management of Oro-mandibular dystonia (*Hanugraha*)- A Case study

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Abstract-

Life without movements is impossible to think ofin a healthy person's normal life. *Oromandibular* dystonia[1]is a movement disorder characterized by involuntary muscle contractions of varying severity resulting in sustained spasms of masticatory muscles, affecting the jaws, tongue, face and pharynx. Dystonia is either idiopathic (primary) or follows a peripheral injury. Cranio-cervical manifestations of dystonia affect the person's quality of life by interfering with the ability to speak and mastication and in social interaction.

Oromandibular dystonia can be correlated with *hanusthambh. Hanusthabh* or *hanugraha* is one of the commonest problem that affects irrespective of sex, age, and socioeconomic status etc. The disease has the symptoms like stiffness of jaw with or without pain. In *hanusthambh*[2] *vata* is predominantly involved.

We present a case of 66 year old female patient who suffered repetitive bouts of hemifacial muscle contractions for 2 years which interfered inpatient's wellbeing and quality of life by hampering her ability to eat and talk.

Keywords: *Hanusthambh*, Dystonia, *Vata*, *Hanugraha*, *Mastication*, Jawclosing.

Introduction

Oromandibular dystonia (OMD) is a rare focal neurological disorder affecting the lower part of the face and jaws. The dystonic activity may look similar to idiopathic sleep bruxism but usually ceases during sleep. It is characterized by sustained or repetitive involuntary movements of jaw and tongue and facial grimacing caused by involuntary spasms of the masticatory, facial, pharyngeal, lingual, and lip muscles. OMD is typically classified as jaw opening, jaw closing, jaw deviating, or lingual dystonia or combinations of these.

Oral mandibular dystonia consists of prolonged spasms of contractions of the muscles of the mouth and jaw. Primary idiopathic forms and secondary forms exist. Secondary dystonia develops due to environmental factors, some cases of cranial dystonia after dental procedures have been reported,but the casual relationship between these procedures and dystonia remains unclear. Traumatic situations in the mouth, such as poor aligned dentures or multiple teeth extractions may cause an impairment of proprioception of the oral cavity, leading to subsequent development of dystonia. It is important for the dentist to be familiar with *Oromandibular* dystonia, as it can develop after dental treatment and is often misdiagnosed as a dental problem.

Oromandibular dystonia can be correlated with *hanusthambh. Hanusthabh* or *hanugraha* is one of the commonest problem that affects irrespective of sex, age, and socioeconomic status etc. The disease has the symptoms like stiffness of jaw with or without pain[3]. In *hanusthambh*[2] *vata* is predominantly involved.

CASE STUDY-

- Name-xyz
- Age-66 year
- OPD NO-2021SP11593
- Gender-female
- Residence-Mumbai
- Occupation-Housewife

History of present illness- A female patient of 66 years old, presently living in Mumbai, Maharashtra was complaining of lock jaw during eating, deviation of mouth to left side while eating, unable to have solid food since 2 years. She visited the *Kayachikitsa* OPD of Seth R. V. Ayurvedic Hospital, Sion, Mumbai for the same. According to symptoms patient was diagnosed was diagnosed with *hanusthambh.* Patient had taken allopathic medication for 1 year but was not fully satisfied with treatment. Hence she wanted to start *ayurvedic* treatment.

Past history- history of extraction of 18 teeth 4 years ago.

Family history- no relevant family history.

Personal history- Allergies-none
Addiction-none
Occupation-Housewife

Ashtavidh pariksha-

- *Nadi*-74/min
- *Mala-samyak* (once in a day)
- *Mutra-samyak* (5-6times/day)
- *Jeevha-niram*
- *Shabd-prakrut*
- *Sparsh-samyak*
- *Druk-samyak*
- *Akruti-Madhyam.*

Local Examination-

Face examination-spontaneous fasciculations with respect to right side of face with an appreciable bulge associated with diffuse swelling.

Nidanpanchak-

Hetu- removal of 18 teeth, *shushka charvana,jivha nirlekhana*[2]due to this there is vitatiation of *vata dosha* which is located near *hanumool*.

Purvaroop- nil

Roop-lock jaw during eating, deviation of mouth to left side while eating,unable to have solid food.

Upshay- Ushna vihara

Samprapti-

Hetusevana(extraction of 18 teeth)

⬇

Vitiated *vayu*

⬇

Lodged in *hanusandhi*

⬇

Leads to difficulty to open or close mouth

⬇

Hanusthambha.

Aacharya *charaka* explains as when *vayu* is located at the root of the jaw, it causes jaw too slip down from it'sjoints and consequent opening of mouth, which is characterized by stiffness and abscence of pain.

Type of study-Single case study.

Center of study-APM'S Ayurved Mahavidyalaya, Sion, Mumbai.

Treatment-

1. Aabhyantar chikitsa
2. Bahya chikitsa

Aabhyantar chikitsa-1.cap. palsineuron (*Mahavatvidhwans, Sameerpannag, Ekangveer Ras, sootshekhar, khurasani owa, lajari*) 1-0-1 after food.

2. *Nirgundighan*^{2}-2-2-2 after food.

Bahya chikitsa-1. *Sthanik Snehan*– By *Prasarini tail.*

2. *Sthanik swedana*-steam inhalation.
3. *Nasya- panchendriyavardhan tail*.
4. *Gandush*- By *goghrut*
5. *Shiropichu*-By *Brahmi tail.*

RESULT-

Rating scale used to comprehensively evaluate *Oromandibular* dystonia

Points	Mastication scale	Speech Scale	Pain Scale	Discomfort Scale
4	Only able to consume liquids	Inaudible(more than 50% of speech)	Severe pain (visual analog scale score>75%)	Severe discomfort
3	Finds it difficult and takes long time to eat soft food	Inaudible(less than 50% of speech)	Moderate, intermittent to continuous pain (visual analog scale score.50-75%)	Moderate to severe discomfort
2	Only able to eat soft food	Audible, but difficult to comprehend	Mild continuous to moderate intermittent pain (visual analog scale score 25-50%)	Mild to moderate discomfort
1	Able to eat anything, but it takes a long time	Finds it hard to speak clearly	Mild, intermittent pain (visual analog scale score <25%)	Mild discomfort
0	Normal	Normal	No pain	No discomfort

	Before treatment	After treatment
Mastication scale	4	0
Speech scale	1	0
Pain scale	1	0
Discomfort scale	2	0

Aahar-Puran shali, Mansras, kanji, dugdh, dadim, padwal, khichadi, snigdh, ushna aahar
Vihar-Relaxation

DISCUSSION-

Oromadibular dystonia can lead to secondary complication. Bruxism, often associated with markedly increased dental wear, weight loss, therefore, to prevent these and other complications, prompt and appropriate treatment of OMD is important. By *ayurvedic* internal and external therapy for 2 months there was significant relief in symptoms noticed and also patient is able to take solid food thereby increase in weight by 2 kg was also there.

Mode of action of treatment protocol-

In *hanusthambh vata* is predominantly involved, *udbhavstan* in *hanusthambh* is *mastishk* (brain) *nasya* by *panchendriyvardhan tail* acts as brain stimulant and *shiropichu* by *brahmi* tail acts as *majjashamak. Vyaktistan* is *hanusandhi gandush* by *goghrut* acts as *vatshamak* therby relieving *snayusankoch*and relief in *hanugrah.*

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