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INTEGRATIVE MANAGEMENT OF CERVICOGENIC VERTIGO-A CASE REPORT

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ABSTRACT

Cervicogenic Vertigo is a disorder that involves a sensory mismatch between perceived spatial orientation and real orientation, resulting in vertigo and dizziness. Postural injury of the cervical spine can cause soft tissue edema and abnormal proprioceptive signals from the neck. A 40-year-old male came to OPD with the c/o of vertigo, Nausea, cervical stiffness, and soreness in his neck followed by long hours of chair work. The patient was diagnosed as varma kshatha of porchai kalam and kakkatai varmam and treated with moosambara pattru, nasyam along with Ilakkumurai, and oral medication pathyakshadhathradi kashayam and gorochanadi gulika. Hridayarenjini for external application. after 5 days of treatment, the patient found complete relief from vertigo.

**Keywords: Cervicogenic vertigo (CV)Varma kayam, Moosambara Pattru, Ilakkumurai,
Gorochanadi Gulika, Hridayarenjini**

INTRODUCTION

Cervicogenic vertigo is a type of dizziness that originates in the neck. It occurs when the joints, muscles, or nerves in the neck are affected, Symptoms include dizziness,

nausea, and imbalance, often triggered by head movements. Cervicogenic vertigo (CV) affects individuals of all ages, with a peak incidence between 40-60 years old. It is more common in females and also estimates suggest that CV accounts for 5-10% of all vertigo cases.

The majority of CV cases are associated with whiplash injuries, neck trauma, or degenerative changes in the cervical spine. Interestingly, studies show that individuals with chronic neck pain are more likely to experience CV. Moreover, a link has been found between CV and migraine headaches, suggesting a possible shared neurological pathway.

There is a direct correlation of disease in Siddha medicine as varma kayam, it is a type of varma kayam characterized by restricted movements with pain in the lower neck radiating to the upper limbs, characterized by the heaviness of the body, giddiness, vertigo, and burning sensation of the eyes, vitiation of Tharpaga kapha which inturn blocks the channels of prana vata and causes spasm and later triggers vertigo, dizziness, burning of eye etc

PATIENT INFORMATION

A 40-year-old male, presented with complaints of vertigo associated with cervical pain since 2 days. Vertigo is characterized by

an occasional spinning sensation lasting for a few seconds, Aggravated while lying down and also experienced during postural changes, Patient also experienced anxiety and palpitation.

HISTORY OF PRESENT ILLNESS:

Cervical pain and vertigo has developed followed by maintaining sitting posture for a prolonged duration and symptoms were associated with nausea, anxiety, and palpitation.

PAST HISTORY: The patient had a h/o of Ischemic Heart Disease (IHD) and he is on medication.

PERSONAL HISTORY:

Sleep: Disturbed (patient reported difficulty sleeping)

Appetite: Decreased

Bowel movements: Normal

Micturition: Normal

Habits: Smoking 15 sticks a day, Off alcohol for 5 years

Vegetarian/ married/no history of allergy

PHYSICAL EXAMINATION

Blood Pressure: 120/80 mmHg

Pulse Rate: 72 bpm

SpO2: 98%.

SUBJECTIVE SYMPTOMS

Pain, Vertigo, Stiffness.

OBJECTIVE SYMPTOMS.

Tenderness in Craniocervical junction.

NEUROLOGICAL EXAMINATION:**CRANIAL NERVES:**

CN I: Normal sense of smell

CN II (Optic): Visual acuity is intact, and the visual fields are full of confrontation.

CN III, IV, VI (Oculomotor, Trochlear, Abducens): Extraocular movements are full and smooth, and there is no ptosis or nystagmus.

CN V (Trigeminal): Facial sensation intact to light touch and pinprick in all three divisions (ophthalmic, maxillary, mandibular). Masseter and temporalis muscle strength normal. The jaw jerk reflex is normal.

CN VII (Facial): Facial symmetry at rest and with movement. No weakness was noted.

CN VIII (Vestibulocochlear): Hearing intact to whispered voice bilaterally. Weber test midline. Rinne test AC > BC bilaterally. The patient has no history of ear ailments.

CN IX, X (Glossopharyngeal, Vagus): Palate elevates symmetrically. Gag reflex intact.

CN XI (Accessory): Trapezius and sternocleidomastoid muscle stiffness and tenderness noted

CN XII (Hypoglossal): Tongue protrudes midline, no fasciculations or atrophy.

Motor Examination: Muscle strength 5/5 in all four limbs

Sensory Examination: Intact to light touch and pinprick in all four limbs.

Cerebellar Examination: Finger-to-nose and heel-to-shin tests were normal

Nystagmus: Absent

Romberg Test: Negative

Hallpike-Dix Test: positive for the reproduction of vertigo when the head is turned to the right and the patient is brought rapidly from a sitting to a supine position with the head hanging over the edge of the examination table. Nystagmus was absent, and vertigo lasted for approximately 5 seconds.

GENERAL EXAMINATION**CERVICAL SPINE:**

Inspection: No obvious deformities.

Palpation: Tenderness present in the cervical paraspinal muscles, cervico-occipital stiffness noted.

Range of Motion: Restricted range of motion in all planes, especially rotation and lateral flexion

Flexion - limited to 30 degree.

DIAGNOSIS:

Cervicogenic Vertigo - ICD M 10 CM Code - H81.4

Porchai varma kayam.

DIAGNOSTIC ASSESSMENT:**ENVAGAITHERVU**

Naadi pitha vatha

Sparsam - porchai varma [1] and kakkattai varmam 1+ tenderness and grade 1 edema noted on Rt side of neck, Naa-pale swelling dry,mild leukoplakia

Mozhi- low-pitch voice
Niram - dark complexion
Malam - normal frequency and consistency.
Moothram - Quantity color normal

Table 1: Showing The Assessment Scale

SL No	Criteria	Score
1	Neck disability Index	10
2	vertigo severity scale	15

TREATMENT INTERVENTION

Initially Moosambara pattru (herbal paste of mossabar) was done for 3 days, The pattru was made up of moosambar [2], juice of moringa leaves, egg white and nagaradi lepanam,

Nasyam [3] with chukkuthailam [5] followed by a gentle marma massage on face along with Ilakkumurai [4] were performed for 7 days. Externally Hridayarenjini lepanam was advised.

Table 2: Showing Internal Medication

S L No	Medicine	Dose
1	Pathyakshadhathryadi Kshayam	45 ml: 1-0-1 (one dose before each meal) for 10 days
2	Gorochanadi Gulika	1-0-1 for 10 days

RESULT AND OUTCOMES:

Pain and vertigo reduced and a significant improvement had observed within 7 days of treatment. Neck disability index and

vertigo severity scale assessment was done after the treatment. Results is shown in the **Table 3.**

Table 3: Showing The Assessment Scale

SL No	Criteria	Score (BT)	Score (AT)
1	Neck disability Index [6]	10	4
2	Vertigo severity scale [7]	15	0

DISCUSSION:

This case report highlights the presentation of the symptoms and integrative management of a patient with cervicogenic vertigo. Symptoms, including vertigo, neck pain, confirmed the diagnosis. In sidha system of medicine it is considered as Varma kayam based on the involvement of porchai Varma, kakkattai kalam, and kaichulukki Varma. The

etiological factors like maintaining the sitting posture contributed the manifestation of the disease and it adversely affected the Varma in the neck (porchai kakkattai and kai chulikki varmam) resulting varma vega with the symptoms like muscle spasm, nausea, and finally, vertigo. Nasyam helps to release neck stiffness. and balance excess Kapha dosha,Pattru (Herbal paste or lepanam) helps

to reduce inflammation and drains soft tissue edema resulting from Varma injury, Ilakkumurai improves . stability and strength of the neck by relieving vega from Varma. Moosambarapatturu/kariyabola pattru are herb-infused aloevera latex(moosambaram) pastes, there are different kinds of moosambara pattru based on disease and area of application, In this patient, we selected dry ginger, vasambu-sweet flag, Moringa oleifera juice,etc Nasyam is an effective treatment in managing thannilai valarchi of kaphadosha, ‘Nasyanjanathal kapham thazhum’. Chukkuthailam is an effective medicine for kapha valarchi management. Nasyam stimulates the airway, and leads to the relaxation of CN IX,X,XI, dilating the airway helps to improve the efficiency of breathing and posture. Varmakayam leads to stagnation of prana in varma sthana., Ilakkumurai are techniques used to mobilize prana from such varmas, it leads to normal flow of prana and restoration of normal functions, Ilakkumurai of porchai, kakkattai and kaichulukku varmam helps in relieving cervical spasm. The condition of the patient was monitored on an OPD basis and a review of symptoms was assessed for a period over 7 days. On observation the patient was feeling symptomatically better after Moosambarapattu, Nasyam, and Ilakkumurai

over 3 days. Episodes, duration and intensity of vertigo reduced in this period, and nausea was relieved within 3 days of therapy and medication. After 7 days of treatment patient was free from vertigo, nausea. Further follow-up is necessary to assess the effectiveness of the treatment and document the patient's progress.

CONCLUSION:

Pain management is very crucial step in the management of any disease especially one which is neurological origin. Varma manipulation is an age old practices which relieves pain instantaneously. Combination of Varma manipulation with the panchakarma therapy provides good results in such painful condition especially in spine disorders. This case report provides the management of cervicogenic vertigo by integrating Ayurveda and Sidha medicine along with Varma manipulations. Further research is needed to evaluate the efficacy of AYUSH therapies in treating this condition.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained all patient consent forms. In the forms, the patient gives his consent for relevant clinical information to be used in the journal.

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