

A 5 years old female child recovered from Moyamoya Disease with Unani formulation: A Case Report

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Case Report

Open Access & Peer-Reviewed Article

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Keywords:

Moyamoya, Unani, Ustukhuddoos (Lavandula stoechas), Nilofer (Nymphaea alba Linn), Gule Banafsha (Viola odorata).

Received: Feb 07, 2023

Accepted: Mar 10, 2023

Published: Mar 30, 2023

Academic Editor:

Sunder Goyal, Department of Minimal Invasive and General Surgery, Kalpana Chawla Government Medical College, Haryana, India.

Citation:

Md Shafat Karim, Fauzia Khatoon, Wasim Firoz, Mohd Zulkifle (Mar) A 5 years old female child recovered from Moyamoya Disease with Unani formulation: A Case Report. International Journal of Medical Practitioners - 1(1):4-6 .

Abstract

Moyamoya disease is a very rare chronic circulatory occlusive disorder of the blood vessels of the brain, in which patients complain of headache, seizure, weakness, and sometimes paralysis. A 5 years old female child with a complaint of headache and seizure was admitted elsewhere and during the treatment, she was diagnosed with Moyamoya disease. Further, she went to AIIMS Patna, where the neurosurgeon advised Digital Subtraction Angiography (DSA) and after the final diagnosis, they suggest the surgical intervention of the brain. During the search for an alternative treatment, they consulted my center for Unani treatment. We advised a semiliquid Unani polyherbal formulation containing *Gule Banafsha* (*Viola odorata*), *Ustukhuddoos* (*Lavandula stoechas*), and *Nilofer* (*Nymphaea alba* Linn) for three months. After the completion of the treatment schedule, she went for DSA again in Patna AIIMS and they find that there is no sign of occlusion in the blood vessels of the brain. The patient has no complaints and the report also showed that she gets improved.

Introduction:

Moyamoya disease is a circulatory disorder of the brain's blood vessels characterized by irreversible vascular occlusion of the branches of the Circle of Willis. The process of narrowing of cerebral vessels seems to be a reaction of brain blood vessels to a wide variety of external stimuli, injuries, or genetic defects. The process of blockage, once it begins, tends to continue despite any known medical management unless treated with surgery¹. It is a very rare disease with a reported incidence of 0.086 per 100,000 populations and it is idiopathic, chronic, and progressive in nature². The common symptom of Moyamoya is recurrent migraine-like headaches. After a long time, it causes stenosis of intracranial internal carotid arteries resulting the reduced blood supply to the anterior surface of the brain, thereby leading to the formation of collaterals near the apex of carotids³. nani classical literature explains the disease in which partial or complete narrowing of the blood vessels occurs due to *yaboosat* (dryness) in a particular organ.

Case History

A five years old female baby complained of headaches on 11th November 2021. She consulted a pediatrician but was not relieved in the Darbhanga District of Bihar. The doctor suggests a CT scan of the brain and they found a brain hemorrhage. Then she was admitted to a higher neurology center in Patna and after 15 days she got relieved. Then after neuro physician advised for DSA of the brain to rule out any other pathology. The patient went to AIIMS Patna for DSA of the brain and was diagnosed with Moyamoya disease. The neurosurgeon advised the parent of the patient, that only surgical intervention is an option. Then parents came to Unicare Unani Health Care Centre, Patna for alternative and non-invasive, non-surgical treatment.

We advised a Majoon-like compound formulation containing *Gule Banafsha* (*Viola odorata*), *Ustukhuddoos* (*Lavandula stoechas*), and *Nilofer* (*Nymphaea alba* Linn) in equal proportion prepared in honey to administer 3 grams twice daily. She was also advised to take *Sikanjbeen sada* 1 teaspoon twice a day. These all drugs were advised to continue for three months. During the treatment period, she did not have any previous complaints like headaches or seizures. After completion of three months, the patient went for DSA, and then the doctor found that there was not any sign of Moyamoya disease.

Discussion

The basic pathophysiology of Moyamoya disease is the circulatory deficiency in the brain. This circulatory deficiency results from the progressive narrowing of blood vessels. The precipitating factor for narrowing is not known, genetic and external factors are blamed for it. The only hope for the patient is a surgical intervention for reperfusion of affected brain tissue. Unani medicine relies more on qualities and their effects. *Yabusat* (dryness) is considered responsible for narrowing and its consequences. The brain reacts differently to the relative ischemia of the Moyamoya phenomenon. The most common manifestation is a migraine-like headache followed by seizures. In severe form, it may cause paralysis. The parents of under discussion patient refused surgery and decided to opt alternate healing system. The parents with the patient and medical records came to unicare health center Patna. After a thorough study, it was decided to put the patient on such medicine which reduces dryness and removes occlusion if any. For this purpose, *Ustukhuddoos* (*Lavandula stoechas*), *Gule Banafsha* (*Viola odorata*), and *Nilofer* (*Nymphaea alba* Linn) based semisolid preparation was prepared in honey and 5 gm of this was advised orally with 20 ml *Sikanjbeen sada*. *Gule Banafsha* (*Viola odorata*) and *Nilofer* (*Nymphaea alba* Linn) along with *Sikanjbeen sada* reduce dryness and produce moisture which overcomes the narrowing of vessels by relaxing them. *Ustukhuddoos* (*Lavandula stoechas*), *Gule Banafsha* (*Viola odorata*) along with *Sikanjbeen sada* remove vascular occlusion and improve circulation by thinning the blood. They also ease the flow of blood through vessels. *Ustukhuddoos* (*Lavandula stoechas*) is one of the drugs of choice for the disease of the brain and the plant has been credited with cephalic virtue and is called “*Jarub-i-Dimagh*” which means broom of the brain. It is useful to treat many ailments of the brain and nerves like epilepsy, tremor, flaccidity, chorea, migraine, and even concussion of the brain⁴. *Gule Banafsha* (*Viola odorata*) has sedation and pre-anesthetic effects⁵ effective in migraine headaches⁶ depression⁷ inflammation⁸ and pain⁹. It is employed as an anti-inflammatory, anodyne, astringent, antiscrophulatic, cardiogenic, demulcent, sedative, and aphrodisiac^{10, 11, 12}. In this disease, there is shrinkage or stenosis of blood vessels resulting in the blockage of the blood vessels. The basic pathophysiology of Moyamoya disease is the circulatory deficiency in the brain. This circulatory deficiency results from the progressive narrowing of blood vessels. The precipitating factor for narrowing is not known, genetic and external factors are blamed for it. The only hope for the patient is a surgical

intervention for reperfusion of affected brain tissue. Unani medicine relies more on qualities and their effects. *Yabusat* (dryness) is considered responsible for narrowing and its consequences. The brain reacts differently to the relative ischemia of the Moyamoya phenomenon. The most common manifestation is a migraine-like headache followed by seizures. In severe form, it may cause paralysis.

Conclusion

The cause of the disease is the dry temperament of the particular part of that organ. After treatment, causative factors of the disease have decreased and further, they nourished the affected part of the organ by the drugs having wet temperament.

Patient consent

Informed written consent for publication of clinical details was obtained from the patient

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