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EFFICACY OF YAPANA BASTI IN THE MANAGEMENT OF PARKINSON'S DISEASE

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ABSTRACT:

Parkinson's disease is a progressive disorder of the nervous system that affects your movements. It is estimated that 6.3 million people suffer from PD worldwide. According to Ayurveda it can be correlated to the Kampaavata, a disease described under the heading Vata- Nanatmaja disorders. As per Ayurveda the main chikitsa of Vata vyadhi is Basti. So, in present study Yapana Basti is taken as the line of treatment for the patients of Kampa Vata (Parkinson's disease). In the present case study a male patient of age 65 yrs, with long history of tremor in upper limb, stiffness in Neck and soulder region, slowness and difficulty in movement associated with slurred speech and diagnosed as Parkinson's disease came for treatment at P.G. Department of Panchakarma, IPGT&RA, Jamnagar. Significant relief was found after Panchakarma treatment which includes Snehna (oleation), Swedana (sudation) and Yapana Basti (therapeutic enema) along with oral medicines for 21 days.

KEY WORDS: *Kamp Vata, Parkinson's disease, Yapana Basti*

INTRODUCTION

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Parkinson's disease (PD) is a progressive degenerative disorder of the central nervous system that affects your movement. It develops gradually, sometimes starting with a barely

noticeable tremor in just one hand. But while a tremor may be the most well-known sign of Parkinson's disease, the disorder also commonly causes stiffness or slowing of movement, slurring of speech. The World Health Organization gives an estimated crude prevalence of 160 per 100,000, and an estimated incidence (the number of new cases each year) of 16-19 per 100,000.^[1] The Parsi community in Mumbai has the world's highest incidences of PD where it affects about 328 out of every 100,000 people despite living in a country, India, with one of the world's lowest incidence of PD (70 out of 100,000).^[2]

According to Ayurveda it can be correlated to the *Kampavata*, a disease described under the heading *Vata-Nanatmaja* disorders.^[3] Acharya Madhavkara for the first time mentioned the disease *Vepathu* which is characterized by *Shirokampa* (tremors in head). Further commentator Vijaya Rakshita has explained that in *Shirokampa* the tremors of limbs may also be included. This clearly indicates the cardinal clinical picture of *Kampavata* (Parkinson's Disease). However, it was the Basvarajiyam who for the first time gave a more detailed diagnostic approach by explaining the symptom of *Kampavata* as *Kara-pada-tala Kampa* (tremors in hands and legs), *Dehabhramana* (Rombergism), *Nidrabhanga* (sleeplessness) and

Kshinmati (dementia) and thus provided some new idea in understanding the disease^[4]

Modern treatments are effective at managing the early motor symptoms of the disease, mainly through the use of levodopa and dopamine agonists. As the disease progresses and dopaminergic neurons continue to be lost, these drugs eventually become ineffective at treating the symptoms and at the same time produce a complication called dyskinesia, marked by involuntary writhing movements. Some new stereostatic surgical methods are also employed but have great risk and there is chance of failure. So Parkinson's disease remained unabated at the face of scientific society. Thus there is a need for effective, rejuvenative therapy devoid of any side effect.

CASE HISTORY

A Hindu, male Patient of 65 years age admitted in IPD of Department of Panchakarma, IPGT&RA, Jamnagar, Gujarat.

Chief Complaint

1. Tremor in upper limb (resting tremor and pin-roll type) since 5 years
2. Stiffness in the neck and shoulder region since 4 years
3. Slowness in movement and can't walk without help since 4 years
4. Slurred speech 1 year

Associated Complaint: Disturbed sleep and altered appetite.

H/O Present Illness Patient was asymptomatic 5 years back. Gradually he noticed mild tremor in right upper limb. After few months tremor got aggravated and affect the left upper limb also and after 1 year found difficulty in the movements with stiffness in neck and shoulder region. Since 1 year he suffered from slurring of speech. Patient took allopathic treatment, found slight relief. After few years' condition got worsened.

H/O past Illness: There was no history of any trauma, any other chronic illness like diabetes, hypertension, tuberculosis etc.

Family History: Not relevant

History

Diet: Vegetarian, preferred spicy food

Time and Frequency of intake: Regular

Appetite: poor

Sleep: Disturbed

Habit: Tea (1 cup, 2-3 times per day)

Micturition : 7-9 times per day

Bowel: Constipated

Clinical Examination

Dashvidha Pariksha

Prakriti : Vata Pittaja

Vikriti : Vataja kaphaja

Sara: Madhyama

Samhana : Madhyama

Abhyarana Shakti : Avara

Jarana Shakti : Avara

Vyayam Shakti : Avara

Vaya : Vridha

Satva : Madhyam

Satyama: Madhyam

Bala : Avara

Astavidha Pariksha

Nadi : Vata Pittaja (68/min)

Jihva :Malavritta

Mala: Niram

Mutra: Bahumutrata

Sabda: Kshama (low tone speech)

Sparsa : Ruksha (dry, rough)

Drika : Samanya

Akriti: Samanya

Samprapti Vighatana

Dosha: Vataja kaphaja (Vata dominated)

Dushya: Ras, Rakta, majja.

Srotas : Rasvaha, Raktavaha, vatavaha.

Adhithana: Shira, hridaya

Samuthana: Pakvashya

Agni: Manda

General Physical Examination: Pallor –

Absent, Icterus – Absent, Clubbing –

Absent, Cyanosis – Absent, Oedema –

Absent, Lymphadenopathy – Absent,

Vitals: Pulse – 68/min, Respiratory Rate – 20/min, B.P. – 130/90 mm of Hg.

CVS: S1 S2 Normal

Chest: B/L equal air entry with no added sound (AEEBS)

CNS: Higher function normal

Neurological Examination

- Speech: slurred
 - Gate: shuffling, short step
- Motor modalities: fine, rhythmic tremors, rigidity, resting tremors

- Sensory Modalities: Slow speech, Rhombert test: positive
- Mask like face Gabelar tap: positive
- **Cerebelar examination -**
- Finger nose test: positive
- Dysdidokinesia: positive

Subjective Criteria: (Table No.1)

Table No.1 – Scoring pattern for assessing sign & symptoms of PD (*Kampavata*)

Grading	<i>Kampa</i> (Tremor)	<i>Gatisanga</i> (Bradykinesia)	<i>Vakavikriti</i> (Speech disorder)	<i>Stambha</i> (Rigidity)
0	No tremors	Can walk brisk without aid.	Normal speech.	No rigidity
1	Unilateral slight tremor present at rest, decreased by action, increases by emotions and stress and disappears during night	Can walk without assistance slowly but with shuffling gait.	Variable tone of voice, slight slurring of speech.	Cog-wheel rigidity feebly present and on continuous examination vanishes
2	Bilateral tremor	Can walk without assistance slowly with shuffling with retropulsion/propulsion.	No echoing, dysarthria present but speech is clearly understandable, monotony present.	Rigidity demonstrable in one of major joints.
3	Tremors not violent but present in less number of organs mentioned below	Can walk slowly but need substantial help, shuffling with retropulsion, propulsion with lack of associated movements.	Monotonous voice, split consonance but understandable, speaks freely with examiner.	Patients sits properly but cog-wheel rigidity demonstrable in all major joints, slow eye ball movements without staring appearance.
4	Bilateral violent tremors along with tremors in tongue and/or in eyelids, lips and not suppressed or diminished by willed movement	Unable to raise from bed and to walk without assistance.	Incomprehensible words, monotonous voice, echoing, speaks only on insistence of examiner.	Marked rigidity in major joints of limbs, patient maintains abnormal sitting postures, stared eyes.

Sign& Symptom grade before treatment

Gatisanga (bradykinesia) +3

Kampa (Tremor) +2 (R>L)

Vakavikriti (disturbance in voice) +2

Stambha (rigidity) +2

Investigations:

Routine Hematological, Urine and Radiographic investigations were carried out.

MRI of Brain:

Changes of Cerebral and cerebellar atrophy.

Few hypointense foci at lateral aspect of both putamen on SWI may suggest ferritinopathy.

Few tiny lacunar infarct in bilateral basal ganglia and in perisylvial cortex.

Diagnosis: Patient was diagnosed as case of Parkinson's Disease.

Ayurvedic Diagnosis: Based on the clinical presentation patient was diagnosed as case of *Kamp-Vata*.

Treatment Given

1. *Shivakshara Pachana Churna* for *Dipana-Pachana* and *Eranda Bhrista Haritaki* for *Vatanulomana* For 1st 7 days.
2. *Sarvanga Abhyanga* with *Bala Tail* and *Maha Vishgarbha Tail* and *Sarvang Vaspa Sveda* with *Nirgundi patra kvatha* for 7 days.
3. *Basti* with *Tritiya Baladi Yapana* for 7 days. (Therapeutic enema).

Ingredients for *Tritiya Baladi Yapana Basti* [5]

- *Madhu*(Honey) – 50 ml
 - *Saindhava lavana*(Rock salt) – 10 g
 - *Go-Ghritam* (Cow's ghee) – 50 ml
 - *Til-Tial* (Sesame oil)-50ml
 - *Guda*(Jaggery)-50gm
 - *Kalka dravya* –30g; *Kalka dravya* is consist of *Pippali* (*Piper longum*), *Yastimadhu* (*Glycerrhiza glabra*) and *Madanphala*(*Randia spinosa*) churna each 10 gms.
 - *Kvatha* – 300 ml and contents of *Kvatha dravya* are coarse powder of *Bala* (*Sida cordifolia*), *Atibala* (*Abuliton indicum*), *Apamarga* (*Achyranthes aspera*), *Kapikacchu* (*Mucuna pruriens*) 25 gms each and 50gm *Yava* (*Hordeum vulgare*).
 - *Go-Dugdha* (Cow's milk)-300ml
- Basti* was administered after *Sarvang Abhyang* and *Vaspa Sveda* for 7 days.

Oral Medicine

1. *Aswagandha Churna* 3gms with milk empty stomach at morning time .
2. *Balarista* 10 ml two times a day after food.

Oral medicines are given for 21 days.

RESULT

There was significant improvement found in the patient after seven days treatment with *Tritiya Baladi Yapana Basti*, Tremors were reduce (grade = 1), patient was able

to walk slowly without any help with shuffling gait (bradykinesia = 2 grade), the speech was also improved (grade=1) and there was marked improvement in rigidity

(grade =1) observed after completion of treatment. During the course of oral medication improvement in different symptoms of PD were maintained. There

was no side effect observed during the treatment as well as after the completion of treatment.

DISCUSSION

Parkinson's Disease can be clinically correlated with *Kampavata* described in Ayurvedic Classics. *Kampavata* is a *Nanatmaja* disorder of *Vata*. A more precise description of *Kampavata* was firstly found in *Basavarajiyam*. As in Ayurvedic classics syndromes are described rather than disease and therefore following the pattern *Kampavata* is not described as separate entity and described as a type of *Vatavyadi* that denotes that this symptom appears when there is defect in nervous system and may accompanied with many other symptoms according to involvement of different component of nervous system. Tremors found in Parkinson's Disease is due to decreased dopamine level in brain. *Kapikachhu* is a natural source of Dopamine which is the important ingredient of *Tritiya Baladi Yapana Basti* and this may have provided relief in the symptom of Tremor. Tremors are produced by *Vata Prakopa* especially of *Vyana Vayu* by its *Chala Guna* and probably due to *Vata-prakopak Nidana* and *Avarana* by *Kapha*. *Yapana Basti* possesses *Snigdha, Madhura, Tikta Rasa* and also having *Brimhana, Balya* and *Rasayana* property. So due to all these qualities, it might have alleviated *Vata* and

might have broken *Avarana* of *Kapha* which may have provided relief in *Kampa*. *Abhyanga* and *Swedana* also helps to bring back the vitiated *Vata Dosha* to normalcy by mean of its *Snigdha* and *Ushna Guna*. *Vak Vikriti* (Speech disorder) are occurred due to dysfunction of *Prana* and *Udana Vata*. The function of both these *Vata* may have improved after the treatment. According to *Charaka Basti* is advised for *Stambha* ^[6] and improvement in *Stambha* indicates towards breaking of *Avarana* of *Vyana* by *Kapha* and by the virtue of *Avaranahara* (destruct the *Avarana*) jaggery in *Basti* helps in pacifying rigidity. *Gativikriti* (Gait disorder) may be due to rigidity and bradykinesia which is commonly found in the patients of Parkinson's disease. As a result of effect of the therapy there may be breaking of the *Avarana* process of *Kapha* on *Vyana* and *Udana* which may be the cause for rigidity and bradykinesia. *Ashwagandha* is proved to be best anti-neurodegenerative herbal medicine ^[7] and *Bala* is best ameliorative herbal medicine proved by scientific studies.^[8] Therefore all the medicine choosen to maintain the ongoing process of neuro-regeneration.

CONCLUSION

Parkinson's disease can be clinically compared with *Kampavata* described in Ayurvedic Classics. The treatment of *Vata-yadhi* like *Abhyanga, Svedana, Basti* proved to be effective of the treatment in the management of Parkinson's Disease.

The oral medicines like *Ashwagandha* and *Balarista* which are indicated in the treatment of *Vata-vyadhi* are equally effective in relieving symptoms of Parkinson's disease.

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