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# Role of *Panchakarma* in the management of Parkinson's Disease : A Case Study

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## ABSTRACT

Idiopathic Parkinson's Disease is the most common akinetic rigid syndrome. Parkinson's Disease (PD) is more common in older people. Postural instability and gait difficulty are major problems in PD. Non-motor symptoms like depression, anxiety and insomnia can affect the quality of life of patients with PD. Long term use of Anti-Parkinson's drugs, has been known to have adverse side effects like, dry mouth, hallucinations, confusion, anorexia, nausea and diarrhea. An attempt is made here, to reduce the dose of allopathic medicines, manage their side effects, and improve the quality of life with *Panchakarma* procedures in a 58 year old male who was diagnosed with PD. The patient was examined on the basis of Hoehn and Yahr Scale and was found to be in stage 3 of PD. The patient exhibited symptoms like *Vaak-Swara Graha* (difficulty in speech) and *Gati Sanga* (difficulty in walking), which are the *Lakshanas* of *Kaphavrita Udana Vata* and *Kaphavrita Vyana Vata* respectively. Hence, the treatment was aimed at removing *Kapha Avarana* initially. Next procedure was aimed at *Brihmana* and pacifying *Vata*. The doses of allopathic medicines were tapered gradually. The patient was again examined on the basis of Hoehn and Yahr Scale and was found to be in stage 2.5 of PD. Repeated administration of the therapies, either same or different, based on the *Avastha* of the *Vyadhi* is advisable. Counselling the patient and modifying their home and workplace such that they can carry out their activities of daily living with ease, have to be given due importance.

**Key words:** *Parkinson's Disease, Shashtika Shali Pinda Sweda, Kaphavrita Vyana Vata, Kaphavrita Udana Vata, Kapikachu.*

## INTRODUCTION

Idiopathic Parkinson's Disease is the most common akinetic rigid syndrome. Parkinson's Disease (PD) is more common in older people. It affects 1% of adults over the age of 60 years, with increasing frequency in

older age. Both sexes - male and female are affected equally.<sup>[1]</sup> The major clinical abnormalities are tremor, rigidity, bradykinesia/akinesia, and postural disturbances. Pill-rolling tremor, Lead-pipe rigidity, Cog-wheel rigidity, mask-like face, festinating gait, are the distinct features of PD. Micrographia, hypophonic and monotonous voice, increased salivation, seborrhoea are commonly seen. Postural instability and gait difficulty are major problems in PD. Glabellar tap is often positive.<sup>[1]</sup> Rapid, repetitive and alternating movements are performed slowly and clumsily. Retropulsion is exhibited in Pull test. There is pronounced kyphosis. Non-motor symptoms like depression, anxiety, and insomnia can affect the quality of life of patients with PD. Constipation is a common and frequent complaint in patients with PD.

The pathology involves degeneration of the nigrostriatal tract. The degenerating neurons contain

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Lewy bodies which are highly sensitive markers for PD. Depletion of dopaminergic neurons of the substantia nigra results in the reduction of striatal dopamine. The etiology remains unknown, though environmental factors have been implicated.

In modern science, levodopa preparations, anti-cholinergics, dopamine agonists, apomorphine, amantadine, COMT inhibitors, MAO-B inhibitors are used in treating PD, with levodopa-carbidopa being the most effective combination. However, long term use of any of these classes of medicines, has been known to have adverse side effects like, dry mouth, hallucinations, confusion, anorexia, nausea, and diarrhea. Hence, an attempt is made here, to reduce the dose of allopathic medicines, manage their side effects, and improve the quality of life with *Panchakarma* procedures in a 58 year old male who was diagnosed with PD.

## CASE REPORT

A male patient aged 58 years, a K/C/O type 2 diabetes since 15 years was apparently normal 4 years back. He noticed slowness in walking, with his neck tilted to the left. He also noticed jerking of the neck while sitting. A month later, he went to an Ayurveda therapy center where he was given *Sarvanga Abhyanga* twice weekly, for 4 weeks. With this, the jerking of the neck was completely relieved. After a month, he noticed mild difficulty in performing fine movements like buttoning and wearing shoes. His movements were slow especially while drinking with his right hand; while praying, his hands tend to come down. Left hand appeared to be normal. He had complained to his wife that he was finding it difficult to speak. His wife had also noticed a change in his gait and different movement of the right hand. She also said that his handwriting had become illegible, which the patient denied. Two months later, on consulting an allopathic physician, he was diagnosed with Parkinson's Disease and was prescribed with trihexyphenidyl (2mg) one tablet, twice daily. With this, his symptoms were reduced to a certain extent. Two months later, his symptoms worsened and he found himself taking longer time to get up from sitting and to start walking.

On consulting the physician again, he was prescribed baclofen 25 mg one tablet, twice daily and the dose of trihexyphenidyl was increased to three times a day. With these, the symptoms were manageable to a certain extent but over a period of 6 months, the patient observed change in his mood and was not very enthusiastic in carrying out his daily activities like he used to. On further consultation with the physician, escitalopram 20 mg one tablet, once daily was prescribed and the dose of trihexyphenidyl was increased to 2 tablets, three times a day. With these medications, his mood improved but the other symptoms persisted. He also developed difficulty in passing stools and complained of excessive dryness of the mouth. With these complaints, the patient got admitted to SJIM on 09/01/2020 for better management of the condition.

## CLINICAL FINDINGS

### On Examination

Patient was *Vata-Kapha Prakriti* with *Dushta Vata-Kapha* involved, *Sthana Samsraya* in *Sarvanga*; having *Madhyama Saara* (moderate body tissue), *Madhyama Samhanana* (moderately built), *Madhyama Pramana* (normal body proportion), *Madhura Rasa Saatmya* (habitual to *Madhura Rasa*), *Madhyama Satva* (moderate mental strength), *Avara Vyayamashakti* (poorly capable of carrying out physical activities), *Avara Abhyavaharana Shakti* (poor food intake), *Avara Jarana Shakti* (poor digestion capacity).

### Systemic Examination

The patient was conscious, well oriented to time, place and person. Complete neurological examination was performed, which showed speech disturbance, while other aspects were normal. On motor system examination, the attitude of upper limbs was found to be semi-flexed at elbows and that of lower limbs was found to be mildly bent knees.

Mild nuchal rigidity was present. Upper and lower limbs were mildly hypertonic. Hand grip and finger tap were normal. The patient was able to walk on heels and toes. Romberg's sign was positive.

On examination of the gait, step length was found to be medium. Heel strike was absent, right arm swing

was absent with a mild stooped posture. The patient could turn with no loss of balance and had mild shuffling gait. The patient was examined on the basis of Hoehn and Yahr Scale and was found to be in stage 3 of PD.

**Table 1: Hoehn and Yahr Scale**

Stage 0	No signs of disease
Stage 1	Symptoms on one side only (unilateral)
Stage 1.5	Symptoms unilateral and also involving the neck and spine
Stage 2	Symptoms on both sides but no impairment of balance
Stage 2.5	Mild symptoms on both sides, with recovery when the 'pull' test is given
Stage 3	Balance impairment, mild to moderate disease, physically independent
Stage 4	Severe disability, but still able to walk or stand unassisted
Stage 5	Needing a wheelchair or bedridden unless assisted

#### Laboratory investigations

MRI brain done 4 years ago was found to be normal.

#### Diagnosis

By relevant history and clinical examination, the case was diagnosed as Parkinson's Disease.

#### Treatment principle

1. Pachana-Deepana, Rukshana
2. Snehana
3. Swedana
4. Brihmana
5. Rasayana

**Table 2: Therapeutic Interventions**

Date	Principle	Procedure
09/01/2020 - 11/01/2020	Rukshana	Sarvanga Dhara with Dhanyamla
	Pachana-Deepana	Vaishwanara Churna 5g-0-5g B/F
12/01/2020 - 21/01/2020	Snehana	Sarvanga Abhyanga with Balaashwagandha Taila

	Swedana, Brihmana	Shashtika Shali Pinda Sweda
	Brihmana	Matra Basti with Mahamasha Taila - 50ml
22/01/2020 - 28/01/2020	Snehana	Sarvanga Abhyanga with Balaashwagandha Taila
	Swedana, Brihmana	Shashtika Shali Pinda Sweda
29/01/2020 - 04/02/2020	Brihmana	Nasya with Ksheerabala Taila (6 drops into each nostril)

#### Advice on discharge

- 1) Amalaki Rasayana - 0 - 0 - 1tsp A/F with warm milk
- 2) Kapikachu Churna - ½tsp - ½tsp - ½tsp A/F mixed with ghee
- 3) Avipattikara Churna 0 - 0 - ½ tsp B/F with warm water
- 4) Abhyanga with Dhanvantaram Taila
- 5) Shiropichu with Ksheerabala Taila

#### DISCUSSION

Though *Kampavata* has been explained to be having symptoms like *Karapadatale Kampe*, *Nidrabhanga*, and *Ksheenamati*, in the book *Basavarajeeyam*,<sup>[2]</sup> it depicts only *Vataja Lakshanas*. Here, along with the above symptoms, the patient also exhibited symptoms like *Vaak-Swara Graha* (difficulty in speech) and *Gati Sanga* (difficulty in walking), which are the *Lakshanas* of *Kaphavrita Udana Vata*<sup>[3]</sup> and *Kaphavrita Vyana Vata* respectively.<sup>[4]</sup> Hence, the treatment was aimed at removing *Kapha Avarana* initially. For this, *Dhanyamla*<sup>[5]</sup> *Dhara* was administered. Along with this, *Vaishwanara Churna* was administered orally and *Yava*<sup>[6]</sup> (*Hordeum vulgare*) was advised as diet as it is *Agni Vardhaka* (increases digestive fire), *Sara* (increases intestinal motility), and *Purisha Jananiya* (promotes stool bulk). *Ama Harana* (removal of undigested material) and *Agni Deepana* (increase in digestive fire) were observed on the 4<sup>th</sup> day. Next procedure was aimed at *Brihmana* and pacifying *Vata*. Hence, *Sarvanga*

*Abhyanga* followed by *Shashtika Shali Pinda Sweda* and *Matra Basti* with *Mahamasha Taila* was administered for the next 10 days. With this, the patient found slight relief from tremors and there was slight improvement in speech. For the next 7 days, only *Abhyanga* and *Shashtika Shali Pinda Sweda* were carried out. *Ksheerabala Taila* in the form of *Nasya* was administered during the last 7 days of his stay at the hospital and this brought 30% improvement in his gait. The doses of allopathic medicines were tapered gradually. The patient was again examined on the basis of Hoehn and Yahr Scale and was found to be in stage 2.5 of PD. On discharge, *Amalaki Rasayana*<sup>[7]</sup> was prescribed to prevent further progress of the disease. Along with this, *Kapikachu*<sup>[8]</sup> (*Mucuna pruriens*) *Churna* was prescribed as its seeds are known to have Levodopa. *Avipattikara Churna* was advised to aid *Vatanuloma* and prevent constipation. *Abhyanga* with *Dhanvantaram Taila* was advised as it would help in pacifying *Vata*, and *Shiropichu* with *Ksheerabala Taila* was advised as *Brihmana* and to help combat depression.

Though the symptoms were reduced to a certain extent, the fear of relapse would always remain. Hence, repeated administration of the therapies, either same or different, based on the *Avastha* of the *Vyadhi* is advisable. Apart from the treatment, different occupational therapies like handwriting aids, computer modifications, etc. have to be given importance. The stiffness and slowness of movement require graded exercises - walking, fixed-bicycle or fixed-wheel exercises and deep breathing.<sup>[1]</sup> At home, grooming aids, eating and dinnerware adaptations, use of low-level visual cues to prevent gait freezing, and modification in toilet and bathroom will aid the patient in carrying out their activities of daily living independently.

## CONCLUSION

The physician should aim at making the life of the patient better from all approaches. Counseling the patient and modifying their home and workplace such that they can carry out their activities of daily living with ease, have to be given due importance.

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