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Case Study

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THE EFFECT OF KALYANAK GHRITA AND VACHADI GHRITA NASYA IN DEMENTIA WITHSPECIAL REFERENCE TO SMRITIBHRANSHA-A SINGLE CASE STUDY

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ABSTRACT

Dementia is a chronic mental disorder, characterized by progressive, usually irreversible global cognitive deficit The memory impairment is the essential feature of this disease .the other cognitive function that can be affected in dementia include general intelligence, learning, language, problem solving, orientation, perception, attention and concentration, judgement and social abilities. the sign and symptoms along with pathogenesis of dementia can be understood in terms of Smriti nasha, Smritibransha. Dementia of Alzheimer's type (DAT) is most common form of dementia among middle age and older adults which account for 60-80 percent of dementia cases. In Ayurveda, disease involving mental faculties has been broadly classified into two

through, those affecting intellectual capacities (buddhinasa) and those affecting consciousness (sanja nasa) under the headings of unmad and apasmar. unmad is characterized by vibhramsa of mana, budhi sanja (consciousness), smriti, bhakti (desire), sheela (manner), chesta (behavior) and achara (conduct). as pathogenesis of dementia involves neurodegeration; the role of rasayan therapy, panchakarma and the medicinal formulations including rasayan drugs attain greater significance in its management. A 65 year female patient, housewife by profession came to ayurveda hospital OPD; history of repitativenes, forgetting things in daily activities, confusion since 2 years.continued 3 months of Vachadi

ghrita nasya in the form of pratimarsha nasya was administered along with oral kalyanak ghrita and observation was done.

KEYWORDS: Dementia, Smritibhransha, Kalyanak Ghrita, vachadi Ghita nasya.

INTRODUCTION

Dementia is a chronic mental disorder, characterized by progressive, usually irreversible global cognitive deficit. The memory impairment is the essential feature of Dementia .the other cognitive function that can be affected in dementia include general intelligence, learning, language, problem solving, orientation, perception, attention and concentration, judgement and social abilities. Impairment of all these functions occurs globally, causing interference with dayto day activities and interpersonal relationships. There is impairment of judgement and impulse control and impairment of abstract thinking. Additional features may also present such as emotional liability, catastrophic reactions and thoughts abnormalities, urinary and fecal incontinence, disorientation in time, place and person develops in late stages.[1]

Dementia of Alzheimer's type (DAT) is most common form of dementia among middle age and older adults which account for 60-80 percent of dementia cases. Alzheimer 's dementia is progressive relentless loss of mental function characterized by degeneration of brain tissue including loss of nerve cells and development of senile plaques and Neurofibrillary tangles. [2]

Dementia "originally meant" out of one's mind, from the latin de (out of) and mens (the mind). Alzheimer's dementia has characteristic neuro pathological and neuro chemical feature.it is usually insidious in onset can be in middle adult life or even earlier, but the incidence is higher inlater life. The statistical meta-analyses using logistic model shows that the odds of having Alzheimers dementia increase by 18 % for every year of age. These are progressive disorder.

Dementia in Ayurveda

In Ayurveda, disease involving mental faculties has been broadly classified into two through, those affecting intellectual capacities (buddhinasa) and those affecting consciousness (sanja nasa) under the headings of Unmad and Apasmar. unmad is characterized by vibhramsa of mana, budhi sanja (consciousness), smriti, bhakti (desire), sheela (manner), chesta (behavior) and achara (conduct). [3] In the early stages of AD, smriti bhramsa (memory loss) is the main

symptom. The sign and symptoms along with pathogenesis of dementia can be understood in terms of smriti nasha, smritibransha In order to understand the etiopathogenesis of Alzeimer's disease in light of ayurvedic literature it is necessary to review the general physiology of manas and buddhi.in process of knowledge, mental faculty that determine the nature, merits and demerits of an object of knowledge is buddhi. buddhi and mana are realted with karya karana sambandha as in the first entity (tatva), which is responsible for further development of Indriyas and manas.^[4]

Charak define (prajnya) buddhi as "nichayatmakamjnam". prajnya is further described under the three forms —dhi, dhriti and smriti.^[5] In smritivibhransha, when on account of the psyche (manas) being clouded with passion and delusion i.e Rajomohavritatmanah, the retention of true knowledge is destroyed.the state is called the derangement of memory (smriti);for indeed the memorable things abode in the memory.^[6]

At present time, no treatment is available to alter the relentless deterioration of this disease .a number of attempts have been made for neurotransmitter replacement therapy in alzheimer's type dementia, but these drugs cause hepatotoxicity, the overall management is very difficult and frustrating as there is no specific treatment. In ayurvedic system of medicine, rasayana and panchakarma therapy; are very useful in the management of dementia. Ghrita kalpana has an upper hand in the treatment dementia. Ghrita has vatapittahara, yogavahi and medhya properties.

Patient Information

A 65 year female Patient, housewife by profession came visited to OPD of SMBT hospital; history of memory loss, Repitativeness, forgetting things in daily activities, confusion and loosing temper since 2 years. The complaints started 2 years back as confusion in her daily activites like forgetting names and misplacing objects. Gradually started emotional out breaks such as loosing temper. Hence she was taken her to a neurologist as per the advice of her familyphysician. But symptoms continued to worsen.

The personal history of the patient was as follows-General Condition: dull –confused look Appetite –decreased Diet –Non vegeterain. Urine-Normal.

Bowel-Normal. Thrist-Normal. Sleep-disturbed.

The findings of local and systemic examination revealed following points.

Pulse rate-76/min, BP-120/84 mmhg, not present cyanosis, not present oedema, not present lympnode swelling.height-160 cm, weight-62 kg.

Investigation –MRI brain was indicative of age related cerebral atrophy.

MATERIAL AND METHODS

Patient was selected for single case study for OPD of kaychikista in hospital. Patient was given Kalyanak Ghrita (triphala, vishala, bhadra ela, devdaru, elavaluka, sariva, haridra, daruharidra, shalaprani, prishnaparni, phalini, nata, brihati, kushta, etc)^[7,8] and Vachadi Ghrita nasya (pratimarsha).^[9]

Drug, dose, duration and diet

The Dementia patient were prescribed Kalayanak Ghrita 10 gm twice daily in morning and evening for 3 month in empty stomach with lukewarm water.

Vachadi ghrit pratimarsha nasya two bindus in each nostril onece a day in the morning were also administreted for 3 months. before taking the medicine patient was advised to take haritaki churna in dose of 3-4 gms at bed times for 3-7 days for kosthasuddhi. advised to take satvikaahar to correct dietary habits and to avoid unhygienic and stale food.

Follow up study

Clinical Assessment criteria

Taking into account the presenting complaints, detailed history and MRI findings, the case was diagnosed as dementia with Alzheimer's type as per WHO's international classification disease 10 criteria of mental and behavioural disorders. assessment was done by dementia severity ratingscale^[10] and mini mental status examination^[11] before and after the treatment.

Observation –score before and after treatment

Dementia severity rating scale	BT	AT
Memory	2 +	2+
Speech and language	2 +	1+
Recognition of family members	0	0
Orientation to time	0	0
Orientation to place	0	0
Ability to make decisions	3+	2+
Social and community activity	3+	2+
Home activities and responsibilities	2+	1+

Personal care –cleanliness	1+	0
Eating	1+	0
Control of urination and bowel	1+	0
Ability to get from place to place	4+	2+

Scores before and after treatment.

Scale	BT scale	AT Scale
Dementia severity rating scale	18	10
Mini mental status examination	20	23

RESULT AND DISCUSSION

Here the clinical presentation referes to smruti nasa. according to Ayurveda, learning of knowledge is a result of successive and complex interaction and coordination of atma, indriyas and indriyartha. The functioning of these factor is governed by tridosha and triguna in a specific coordination and balance. any disturbance in these tridosha and triguna in specific coordination and balance. Any disturbance in these tridosha and triguna will cause disordered functioning of indriya. Mana and Buddhi leading to impaired memory. Doshas plays vital role in maintaining cognitive functions. Any factor that impair the sareerika bhavas will affect the manasika bhavasalso. Vata regulates the proper functioning of buddhi, indriya and mana. while pitta enhances medha and kapha nurture dhee, dhriti and smruti. Thus, the normalcy of tridosha is essential formaintaining the cognitive condition.

As per Ayurved pranavata, udana vata, vyana vata, sadaka pitta, tarpaka kapha, rajo and tamo gunas were involved in samprapti of this case. Rasa, rakta and majja dhatus are vitiated. the affected srotajas are manovaha, rasavaha, raktavaha and majjavaha.

Kalayanak ghrit is a polyherbal drug formulation used in ayurvedic medicine for the treatment of daurbalya (debility), smritidaurbalya (impairement of intellectual activities), bhutonmad and balgrah roga. Its therapeutic properties pacify vata and pitta dosha. Kalyanak Ghrita has been used to manage physical and cerebral development damage, the word Kalyanak means the superior one kalynaka ghrit is a medical preparation of herbs cantains various herbs like haritaki, bhibhitaki, amla, vishala, bhadra ela, devdaru, sariva etc.). Kalyanak Ghrit has been mentioned in treating various psychiatric condition. Most of the ingredients of kalyanak ghrit have ushna virya, katu and tikta rasa, laghu and ruksha gun, these drugs pacify vata and pitta dosha.

Vachadi ghrit administered as nasya contains vacha, pipalli, kustha. these drugs have

shirovirechak property which can remove vitiated kapha dosha from shiro sthana and thus absorption of nutrients at tissue level may be increased.

Kalyanak ghrit and vachadi ghrit nasya (pratimarsha) provided relief in pitta vridhi lakshanas and kapha vridhi lakshans most of the drug have vata and kapha shamak properties and also has tikta rasa predominace. Go-ghrit has yogavahi property and is also medhya recent clinical studies establishes that antioxidant drugs can retard aging process by eliminating free radicals from thebody and improve mental functions deterioted due to aging.

In present study it has been found that patient responded positively in short term course of treatment (90) days and the positive effect continued even after stopping the treatmet (follow upperiod). this may be due to the long term and cumulative effect of the drug. There were no side effects or adverse reactions reported. The drug is effective in improving assessment parameters, safe for long term use and cost effective.

CONCLUSION

The present study concludes that depressed mood, negative thoughts and abstinence from sadvritta, swasthavritta disturb one's psychological health and play an important role in dementia in old age by vitiating rajas and tamas manasika doshas, prana, udan, vyanavayu, rasavahsrtotas, majjavah srotas, manovaha and ojas.

Patient who reported manovighatakarabhava like bhaya, chinta, shoka, dvesha, krodha, and moha and taking vata kapha prakopa ahara vihara are at a high risk for developing smritibhransha. Dementia is a progressive degenerative disease of brain. There is no definitive treatment for this disease till now. Under such circumstances, kalyanak ghrit with vachadi ghrit nasya (pratimarsha) may definitely be efficacious in the management of dementia and can enblethe senior citizens to laed a healthy and happy life.

REFERANCES

- 1. Niraj A.A short textbook of psychiatry.5th ed.ch 3 new delhi; jaypee brothers' medical publisher, 2005; p24.
- 2. Ahuja N A short textbook of psychiatry. 7th ed, New Delhi; jaypee brothers medival publishers private limited, 2011; p23.
- 3. Agnivesha, charakasamhita, chikitsasthana, vidyotinihindi commentary by Pt.kashinathashastri and Dr.gorakhnatha chaturvedi, Part -1, chaukhambhabharati

- academy, Varanasi, 2016. unmad nidana adhyaya, 6/5.
- 4. Sushruta samhita, with sushruta varmarsini hindi commentary by anantram Sharma.sharira sthana, 1/4; 2 vol 2 varanasi; chukukhambha subharati prakashana, 2009.
- 5. Charak samhita with vidyotini hindi Commentary; shastri KN, chaturvedi GN, sharira sthan ch 1.shoka 100.varanasi; chukhamba bharti, academy, 2003; p824.
- 6. Charak samhita with vidyotini hindi Commentary; shastri KN, chaturvedi GN, sharira sthan ch 1. shoka 101. varanasi; chukhamba bharti, academy, 2003; p824.
- 7. Anonymous. the ayurvedic formulary of india, part -1, section -6.2nd revised English ed, delhi; dept. of ayush, ministry of H and FW, govt. of india, pp.240-242.
- 8. Pandit hari sastri paradakara, editor. ashtang hridya of vagbhat, uttarsthana, ch.6 ver .26, 281-2, reprint ed. varanasi: chaukhamba orientalia, 2000.
- 9. Tejal shah: A clinical study on ayurvedic aspect of dementia and its management. MD (Ayu) thesis (Manas roga), GAU, Jamnagar, 2002.
- 10. Christopher M clark, alzheimer's disese core center department of neurology, universityof pennsylvania, Philadelphia, Pennsylvania: USA.
- 11. Niraj ahuja.(2011): a short textbook of psychiatry. jaypee brothers medical publishers (p) Ltd, new delhi, 11.