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# AYURVEDIC MANAGEMENT OF VEPATHU (PARKINSON'S DISEASE): A CASE STUDY

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## ABSTRACT

**Introduction:** Parkinson's disease is a progressive degenerative neurological disorder that mainly affects the motor system of the body and is the most common extra-pyramidal crippling disease with a prevalence of 1% of the total population. Among various types, the genetic form of Parkinson's disease should be considered in patients with a positive family history. Resting tremors, slowness of movements, rigidity, and gait disturbances/postural instability characterize it. It can be correlated to *Vepathu*, as explained by *Acharya Madhava*. The disease is characterized by *Sarvanga kampa/Shiro kampa*. **Materials and Methods:** This case study involves a 57-year-old female patient presenting with complaints of *Kampa* in the head, both upper limbs and right lower limb, slow limited movement, and difficulty with walking and balance for 2-3 years. She has been associated with slurring of speech and rigidity of the neck for the last 6 months. Investigations revealed raised ESR and RA factors. The patient was treated with *Panchakarma* therapies like *sadhyovirechana*, *shirodhara*, *bahya karma* (*Pottali sweda,Parisheka)*, *Rajayapana basti*, *Navana Nasya* and *Shamana Aushadhis*. **Results:** The patient experienced remarkable relief from symptoms and improved quality of life. Assessment was done using the Parkinson's disease composite scale (PDCS) which changed from 34 to 24 after treatment. **Discussion:** In the current case, the onset of *Vepathu* is due to the vitiation of *Vata pradhana Kapha samsrushta dosha* in *Snayu*. *Chikitsa* was planned based on the grounds of *Dosha*, *Vyadhi Avastha*, and the *samprapti* involved.

**KEYWORDS:** *Vepathu*, Parkinson's disease, *Kaphavruta vata*.

## INTRODUCTION

Parkinson's disease is a long-term progressive degenerative neurological disorder that mainly affects the motor system of the body and is the most common extrapyramidal crippling disease[1] with a prevalence of 1% of the total population.[3] The mean age of onset of this disease is 60 years.[2] Among various types, the genetic form of Parkinson's disease should be considered in patients with a positive family history. It is caused by the deterioration of neurons in an area of the brain known as substantia nigra. These neurons produce dopamine which helps in communication between the substantia nigra and other areas of the brain. The communication coordinates smooth and balanced muscle movement but lack of dopamine results in abnormal nerve functioning, causing disease symptoms. In early stages, symptoms like tremors, rigidity, gait impairment, and difficulty in walking are seen and in later stages, dementia, sleep disturbances, speech difficulties, dysphagia, constipation, urinary function disturbances, urge incontinence, and nocturia are seen. It can be correlated to *Vepathu,* explained by *Acharya Madhava.*[4] The disease is characterized by *Sarvanga kampa/Shiro kampa.* In *Charaka Samhita, Vepathu* has been described as one of the eighty types of *Vataja nanatmaja vikara.*[5]

Parkinson's disease tends to deteriorate as the disease state advances progressively. Current drug therapies for Parkinson's disease with Levodopa or various dopamine receptor agonists offer symptomatic relief and appear to have little effect on the neurodegenerative process. Over some time, patients treated with Levodopa will develop complications such as motor fluctuations and dyskinesia. So, Ayurvedic treatment can make the life of the patients much easier/ symptomatically better and drastically increase their quality of life.

Presenting a case of 57year old female patient diagnosed as *Vepathu, who* was treated with *Sadhyovirechana, Sarvanga Jambeera Pinda Sweda, Sarvanga Dashamoola Parisheka, Shirodhara, Rajayapana basti* and *Nasya* followed by *Shamanoushadhi.* There was remarkable improvement in both subjective and objective parameters after the treatment.

## CASE REPORT

A 57-year-old female patient who is not a K/C/O Hypertension/Diabetes Mellitus/Thyroid dysfunction gradually developed pain in the right hip joint, imbalance, and used to drag their right foot while walking. Pain was aggravated during day-to-day activities and relieved when

rest is taken. After 6 months, the patient consulted NIMHANS hospital, Bengaluru on an opd basis for these complaints where she was suggested Tab. Syndopa plus Qid. Gradually, the patient developed tremors in the head, both upper limbs, and right lower limb, on & off associated with rigidity of the right side of the body over 2-3 years. In the past 6 months, the patient developed slurring of speech, and rigidity of the neck followed by pain and restricted movements in the left shoulder joint for 2 months. On 14/3/24, the patient consulted at OPD of SDMIAH, Bengaluru, and was admitted for the same.

The personal history revealed that the patient was nonvegetarian, had a good appetite, a normal sleep pattern, and a normal micturition. The patient's paternal grandfather had similar complaints. Treatment history revealed that the patient was on TAB.SYNDOPA PLUS1-1-1-1 (levodopa100mg+carbidopa 25mg). Blood picture showed raised ESR (25mm/hr) and RA factor (32 IU/l).

On general examination, vitals were normal without pallor, icterus, clubbing, and cyanosis. The patient had a masked face with a festinating gait. Systemic examination revealed all systems to be normal except for changes in the nervous system.

**Table No. 1: Nervous System Examination.**

| **Higher mental function** | **Motor system Examination and coordination** |
|---|---|
| Conscious<br>Oriented to time, place, person<br>**Attention**-attentive, memory - intact<br>**Judgement & Reasoning** -normal<br>**Speech & language**: Phonation, vocalization, Articulation – intact<br>speech – slurred<br>**Cognitive assessment** - Mini-mental status Examination (MMSE Score) - 25/30 - no cognitive impairment<br>**Cranial nerve examination** – intact | **Muscle tone**-Cogwheel Rigidity in both limbs,<br>**Muscle power** - 4/5 in both upper and lower limbs<br>**Reflex** – exaggerated reflex in biceps and triceps<br>**Involuntarymovements**-present (resting tremors)<br>**Forearm rolling test**- Not possible<br>**Rapid finger tapping, Heel tapping** –Slower<br>**Toe tapping** – Slower tapping in both Feet<br>**Dysdiadokokinesia**- Slower<br>**Straight line walking** – Not possible,<br>**Tandem walking** – Not possible,<br>**Romberg test** -Negative |

**Table 2: Score in Parkinson's disease composite scale (PDCS)[6] before treatment.**

| **Symptoms** | **Total score** | **Score before treatment** |
|---|---|---|
| Bradykinesia | 4 | 3 |
| Tremors | 4 | 3 |
| Gait | 4 | 2 |

| | | |
|---|---|---|
| Balance / postural disability | 4 | 2 |
| Freezing | 4 | 0 |
| Nocturnal akinesia | 4 | 3 |
| Fatigue | 4 | 3 |
| Urinary | 4 | 0 |
| Cognitive impairment | 4 | 4 |
| Depression/anxiety | 4 | 2 |
| Symptomatic/ orthostatic hypotension | 4 | 0 |
| Hallucination or thought disorder | 4 | 0 |
| Dyskinesia | 4 | 3 |
| Dystonia | 4 | 3 |
| ON/0FF | 4 | 3 |
| Dopamine dysregulation syndrome | 4 | 0 |
| Disability | 4 | 3 |
| Total | 68 | 34 |

**Table No. 3: Therapeutic intervention.**

| Date | Treatment | Remarks |
|---|---|---|
| 14/03/24 (Day1) | *Sarvanga Dashamoola Kashaya Pariseka*<br>Orally,<br>1. *Bruhat Vata Chintamani Rasa* 1bd b/f<br>2. *Agnitundi Vati* 1 bd b/f<br>3.*Dhanadhanayanadi Kashaya* 3tsp bd a/f | Cogwheel rigidity +<br>Bradykinesia +<br>Resting tremors +<br>Festinating Gait +<br>The mild heaviness of the body + |
| 15/03/24(Day2) | *Sadhyovirechana* with *Gandharvahastadi Eranda Taila* 60ml + *shuntijala Anupana* | Total No. of Vegas- 4<br>BP- 130/90mmhg,<br>*Kshuth Pravrutti* @ 3.00pm |
| 16/03/24 - 18/03/24 (DAY3 -DAY5) | 1.*Sarvanga Jambeera Pinda sweda*<br>2.*Sarvanga Dashamoola Parisheka*<br>3. *Shirodhara with KB Taila*<br>4. Physiotherapy<br>5.Continued with the same medications | Persisting<br>Cogwheel rigidity +,<br>Bradykinesia +,<br>Resting tremors +,<br>Festinating gait+<br>Heaviness in the body is reduced |
| 19/03/24-23/03/24 (Day6-Day10) | 1.*Sarvanga Jambeera Pinda sweda*<br>*2.Sarvanga Dashamoola Parisheka*<br>*3. Shirodhara with KB Taila*<br>*4.Rajayapana Basti* in *Modified Yoga basti* schedule<br>5.Physiotherapy | Rigidity in the upper and lower limb ↓<br>• Gait stabilized than before<br>• Frequency of onset of Resting tremors↓<br>*Sharira Laghavata* maintained |

| | | |
|---|---|---|
| | 6.Continued with the same medications | |
| 24/3/24-30/30/24 (DAY11- DAY17) | 1.*Sarvanga Jambeera Pinda sweda*<br>2.*Sarvanga Dashamoola Parisheka*<br>3.*Mukhabhyanga (KB Taila) +Nasya (Avartita Ksheera Bala*) 8/8 drops.<br>4. Physiotherapy | Rigidity in the neck is reduced<br>• O/E, Antecollis↓for about 10 degrees, on 27.03.2024.<br>• Antecollis↓ for about 30 degrees, on 30.03.2024 |
| Discharge medications | 1.*Bruhat Vata Chintamani Rasa*<br>2.*Dhanadhanayanadi Kashaya*<br>3.*Ashwagandha Choorna+ Kapikacchu Choorna* | 1-0-1 B/F<br>3tsp-0-3tsp with *ushnajala* B/F<br>1/2tsp-0- 1/2tsp with *ksheera* A/F |
| Follow up1 (2/5/24) | 1.*Bruhat Vata Chintamani Rasa* 1-0-1 B/F<br>2.*Dhanadhanayanadi Kashaya* 3tsp-0-3tsp with warm water B/F<br>3.*Ashwagandha Choorna+ Kapikacchu Choorna* 1/2tsp-0- 1/2tsp with warm thin milk A/F | Antecollis↓for about 50 degrees at Rest in an erect posture<br>Gait stabilized with 40%↓in festination |
| Follow up2 (29/5/24) | Continued with the same medications<br>4. Neurocare drops 2drops with using *ksheera*, at bedtime A/F | Antecollis↓for about 70 degrees at Rest in an erect posture<br>Gait stabilized with 70%↓ in festination |

Outcome and follow-up

Assessment was done using the Parkinson's disease composite scale (PDCS) where the score changed from 34 to 24. Post-treatment showed a remarkable reduction in symptoms like cogwheel rigidity, bradykinesia, resting tremors, festinating gait, antecollis and dosage of Tab. Syndopa Plus was reduced to TID after the treatment. The patient was symptomatically better even after reducing the dosage.

## DISCUSSION

*Kampa* is a cardinal symptom of *Vepathu* and is enumerated in *vataja nanatmaja vyadhi*. In the current case, the *vruddha tarpakakapha* causes *avarana* of *vyanavata*, leading to the presentation of *Vepathu*. Therefore, the patient was administered the initial treatment of *srotoshuddhi* and *vatanulomana*. This was followed by *vatahara, bruhmana* and *rasayana* therapy.

The treatment began with *Sadhyovirechana* for *kostashodana and vatanulomana.* Following this, the patient was administered *Sarvanga Dashamoola Kashaya Pariseka.*[7] and *Sarvanga Jambeera Pinda sweda*[8] does *vatakaphahara, stambhaghna,* and *gouravahara*. Internally, the patient was advised to take *Agnitundi Vati*[12] for *Deepana* and *Amapachaka. Bruhat Vata Chintamani Rasa.*[13] is an excellent *rasayana, balya, and vatahara drug,* especially in neurological debilities. *Dhanadhanayanadi Kashaya*[14] ingredients are predominantly *laghu, ruksha, ushna virya, katu vipaka,* and pacifies *vatakapha.* This resulted in a reduction of heaviness of the body.

Following *ama pachana, the* patient underwent *Shirodhara with Ksheerabala Taila[9]* as it does *manashaheera balavrdikara and* induces *Sthairyavaak. Basti* is *shresta chikitsa* to regulate the *vata* dosha. *Rajayapana Basti.*[10] advised to patient acted as *Sadhyobalajanaka and rasayana.* This resulted in a reduction of Rigidity in upper and lower limbs, Frequency of onset of Resting tremors and festinating gait stabilized than before. *Nasya* with *Avartita Ksheera Bala*[11] has *guru, snigdha, ushna guna,* pacifies *vata. Madhura rasa* and *Madhura vipaka* of the drug acts as *bruhmana* and reduces *dhatukshaya.* The drug easily enters *sukshma* level within a very short period which results in a reduction of antecollis.

*Bruhat Vata Chintamani Rasa, Dhanadhanayanadi Kashaya, Ashwagandha Choorna, Kapikacchu Choorna,* and Neurocare drops were advised during discharge. *Kapikacchu* Choorna.[15] contains Levodopa and Gallic acid, increasing Dopamine levels and thereby reducing the symptoms in the patient.

## CONCLUSION

Parkinson's disease can be clinically compared with *Vepathu*. Considering the *kapha avruta vyanavata* pathogenesis in the current case, the patient was treated with *Amahara, vatakaphahara* chikitsa followed by *vatahara, bruhmana,* and *rasayana chikitsa*. This proved to be effective in *Vepathu's* management. The patient experienced remarkable relief in symptoms with a reduced PDCS score.

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