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A CLINICAL APPROACH TO TANDAVA VATA (HUNTINGTON'S DISEASE) THROUGH PANCHAKARMA – A CASE STUDY

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ABSTRACT

Tandava vata is a condition related to a disturbance in vata dosha, often associated with involuntary, jerky movements similar to a dance, particularly a violent or frantic one like the Tandava dance of Lord shiva. Huntington's disease is a progressive Neurodegenerative condition characterised by movement disorders, cognitive impairment and behavioural symptoms. A 51 years male patient diagnosed with Huntington's disease by molecular genetic analysis and MRI of brain, presented to s.v. Ayurveda hospital, Tirupati, with complaints of involuntary movements in both upper limbs and lower limbs, difficulty in speech since 7 years. Associated with numbness in both lower limbs since 1 year. Ayurvedic treatment protocol planned with a course of Abhyanga and Svedana, Matra Vasti and Musatdi Yapana vasti for a period of 24 days. The results were being assessed on MDS UPDRS scale which has been noticed as marked improvement.

KEYWORDS: Tandava vata, Huntington's disease.

INTRODUCTION

The Tandava vata is understood to involve the depletion of tissues, particularly the nervous Majja dahtu, leading to increased vata and subsequently, involuntary movements. Tandava vata symptoms are flitting type of movements predominantly starts from left hand later proceeds to legs and other parts of the body with time, not be able to hold objects in hands, feed himself and give to anyone, different expression and movements of face, disturbed intellect, loss of movements during sleep. It is often correlated with Huntington's disease is a

progressive Neurodegenerative condition characterised by movement disorders, cognitive impairment and behavioural symptoms. It is inherited as an autosomal dominant trait and normally manifest in mid adult hood. Huntington's disease is common in India and parts of central Asia with a prevalence rate of 4-8 per one lakh in most European population. Juvenile onset affects around 5-10% of cases with signs appearing before the age of 20 years. Huntington's disease affects mainly brain cells, eyes and muscles by destroying the interneuron, motor and sensory Neurons. The movement disorders associated with Huntington's disease can include both involuntary movements and impairments in voluntary movements: Involuntary jerking or writhing movements(chorea), muscle problems(dystonia), slow or abnormal eye movements, impaired gait, posture and balance, difficulty with the physical production of speech or swallowing. Cognitive impairments often associated with Huntington's disease include: Difficulty in focusing on tasks, Lack of flexibility or the tendency to get stuck on a thought, behaviour or action(preservation), Lack of awareness of one's own behaviours and abilities, slowness in processing thoughts or "finding" words, Difficulty in learning new information. The most common psychiatric disorder associated with Huntington's disease is depression. Depression appears to occur because of injury to the brain and subsequent changes in brain function. Signs and symptoms may include: Feelings of irritability, sadness, Social withdrawal, Insomnia, Fatigue and loss of energy, Frequent thoughts of death, dying or suicide.

CASE REPORT

A 51 years male Patient who is Head constable by profession is asymptomatic before 7 years. Then he observed gradually weakness in left leg and unable to hold the keys with right hand. Then he consulted SVIMS hospital at Tirupati and took medications for 6 months but did not found any relief. Later he met with an accident in 2018 and admitted in local govt. hospital for 5 days. After discharge he came to SVIMS hospital, they advised investigations and diagnosed as Huntingtons disease and admitted for 15 days. After discharge he took medications, but did not found any relief. Gradually he had increased involuntary movements in both lower limbs and Progressed to both upper limbs, difficulty in speech. After that he consulted CMC hospital at vellore and took medications but didn't found any betterment. Hence approached S.V. Ayurvedic Hospital, Tirupati for better treatment.

PERSONAL HISTORY

- Diet: Vegetarian

- Appetite: Good
- Micturition: 5 - 6 times per day
- Bowel : severely constipated
- Sleep: Disturbed
- Addictions: Nil

GENERAL EXAMINATION

- Pallor : absent
- Icterus : absent
- Cyanosis : absent
- Clubbing : absent
- Lymphadenopathy : absent
- Edema : absent
- Built : Poor

VITALS

- Pulse Rate : 85bpm
- Blood pressure : 130/80 mm of hg
- Respiratory Rate : 16/ min.
- Temperature : Normal

SYSTEMIC EXAMINATION

Respiratory system: shape of the chest - B/L symmetrical, no added sounds heard.

Gastro intestinal system: soft, No tenderness, No abdominal distension.

Cardio vascular system: S1, S2 was normal, no murmur was heard.

Musculoskeletal system

CNS: Higher mental function examination: speech - difficulty in speech, cranial and sensory system were intact, coordination examination: finger nose test - can be performed, Heel - shin test - can not be performed, Romberg sign - Negative.

Motor system examination

Muscle tone

Limb	Right side	Left side
Upper limb	Normal	Normal
Lower limb	Normal	Normal

Muscle bulk

	Right side	Left side
Mid arm circumference	23 cm	23 cm
Mid thigh circumference	41.5 cm	42 cm
Mid calf circumference	32 cm	33 cm

Muscle power

Limb	Right side	Left side
Upper limb	Grade 5	Grade 5
Lower limb	Grade 5	Grade 5

Deep tendon reflexes

Jerks	Right	Left
jerk (C5- C6)	Normal	Normal
jerk (C6 - C7)	Normal	Normal
Knee jerk (L2-L4)	Exaggerated	Exaggerated
Ankle jerk (L5-S1)	Absent	Absent
Babinski sign	Plantar flexion	Plantar flexion

INVESTIGATIONS

Hb % - 13.4 gm/dl

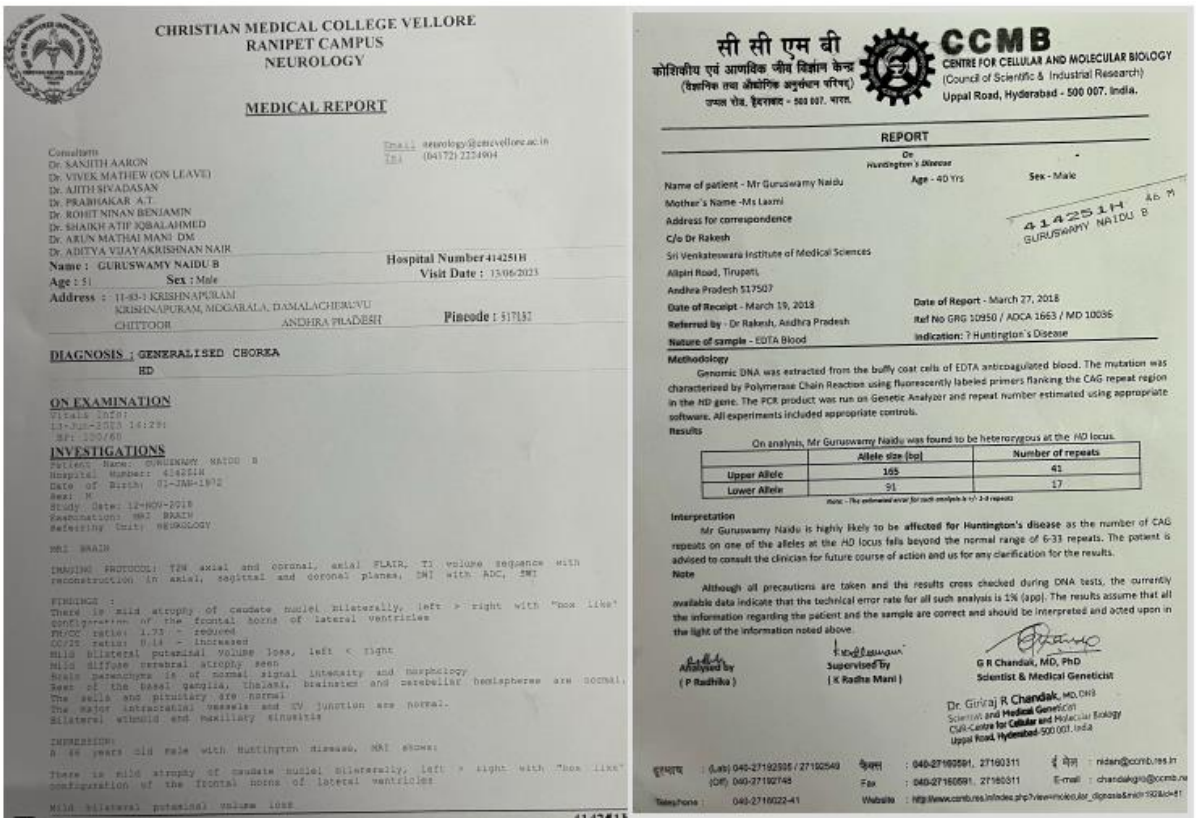
TC - 8,700 cells/cumm ESR - 60 mm/hr

FBS - 111 mg/dl PPBS - 86 mg/dl

MRI of brain

- Mild atrophy of caudate nuclei bilaterally, left >right with box like configuration of the frontal horns of lateral ventricles.
- Mild bilateral putaminal volume loss, Mild diffuse cerebral atrophy.

Molecular genetic analysis



CHRISTIAN MEDICAL COLLEGE VELLORE
RANIPET CAMPUS
NEUROLOGY

MEDICAL REPORT

Consultants
Dr. SANJITH AARON
Dr. VIVEK MATHEW (ON LEAVE)
Dr. AJITH SIVADASAN
Dr. PRABHAKAR A.T.
Dr. ROHIT NINAN BENJAMIN
Dr. SHAIKH ATIF IQBALAHMED
Dr. ARUN MATHAI MANI DM
Dr. ADITYA VIJAYAKRISHNAN NAIR

Name : GURUSWAMY NAIDU B
Age : 51 Sex : Male
Address : 11-83-1 KRISHNAPURAM
KRISHNAPURAM, MOGARALA, DAMALACHERUVU
CHITTOOR ANDHRA PRADESH

Hospital Number 414251H
Visit Date : 13/06/2023
Pincode : 517127

DIAGNOSIS : GENERALISED CHOREA
HD

ON EXAMINATION

INVESTIGATIONS

सी सी एम बी
कोशिकीय एवं आणविक जीव विज्ञान केन्द्र
(वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद्)
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CENTRE FOR CELLULAR AND MOLECULAR BIOLOGY
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Uppal Road, Hyderabad - 500 007. India.

REPORT
On
Huntington's Disease

Name of patient - Mr Guruswamy Naidu
Age - 40 Yrs
Sex - Male
Mother's Name -Ms Laxmi
Address for correspondence
C/o Dr Rakesh
Sri Venkateswara Institute of Medical Sciences
Alipiri Road, Tirupati
Andhra Pradesh 517507
Date of Receipt - March 19, 2018
Referred by - Dr Rakesh, Andhra Pradesh
Nature of sample - EDTA Blood
Date of Report - March 27, 2018
Ref No GRG 10950 / ADCA 1663 / MD 10036
Indication: ? Huntington's Disease

414251H 40 M
GURUSWAMY NAIDU B

Methodology
Genomic DNA was extracted from the buffy coat cells of EDTA anticoagulated blood. The mutation was characterized by Polymerase Chain Reaction using fluorescently labeled primers flanking the CAG repeat region in the HD gene. The PCR product was run on Genetic Analyzer and repeat number estimated using appropriate software. All experiments included appropriate controls.

Results
On analysis, Mr Guruswamy Naidu was found to be heterozygous at the HD locus.

	Allele size (bp)	Number of repeats
Upper Allele	165	41
Lower Allele	91	17

Interpretation
Mr Guruswamy Naidu is highly likely to be **affected for Huntington's disease** as the number of CAG repeats on one of the alleles at the HD locus falls beyond the normal range of 6-33 repeats. The patient is advised to consult the clinician for future course of action and us for any clarification for the results.

Note
Although all precautions are taken and the results cross checked during DNA tests, the currently available data indicate that the technical error rate for all such analysis is 1% (app). The results assume that all the information regarding the patient and the sample are correct and should be interpreted and acted upon in the light of the information noted above.

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Clinical findings

Speech - difficulty in speech Tremors at rest - present Handling utensils - difficult Handwriting - Difficulty in writing There is no hallucinations and delusion Have severe constipation Dancing like flitting movements

Treatment protocol

- Abhyangam and Nadiswedana for 3 days
- Matra vasti with Maha masha tailam(30ml) and Bala Tailam (30 ml) for 5 days
- Mustadi yapana vasti in kala vasti format for 16 days.

Treatment advised

- Cap. Maharaja Prasarini 21 Avarti 1-0-1
- Maha Rasnadi Kashayam 10 ml-10 ml with 20 ml Luke warm water
- Tab. Aswagandha 2-0-2
- Panchasakara churnam 1/2 tsp with Luke warm water at bed time

INGREDIENTS

- Abhyangam - Nirgundi tailam

- Nadiswedana - Nirgundi patra

Matra vasti

- Satapushpa churnam - 3 gms
- Saindhava lavanam - 6 gms
- Maha masha tailam(30ml) and Bala Tailam (30 ml) - Total 60ml

Mustadi yapana vasti in kala vasti format

- Madhu - 100 gms
- Saindhava lavanam - 12 gms
- Maha masha tailam(40ml) and Bala Tailam (40 ml)
- Mustadi yapana vasti kalka churnum - 30 gms
- Mustadi yapana vasti kwatham - 250 ml
- Mamsa rasa - 100 ml

Table No. 1: Matra vasti with Maha masha tailam and Bala Tailam.

Day of treatment	Date	Vasti retention time
1st day	21 - 10 - 2023	50 min
2nd day	22 - 10 - 2023	1 hour
3rd day	23 - 10 - 2023	2 hour
4th day	24 - 10 - 2023	1 1/2 hour
5th day	25 - 10 - 2023	2 1/2 hour

Table No. 2: mustadi yapana vasti in kala vasti format.

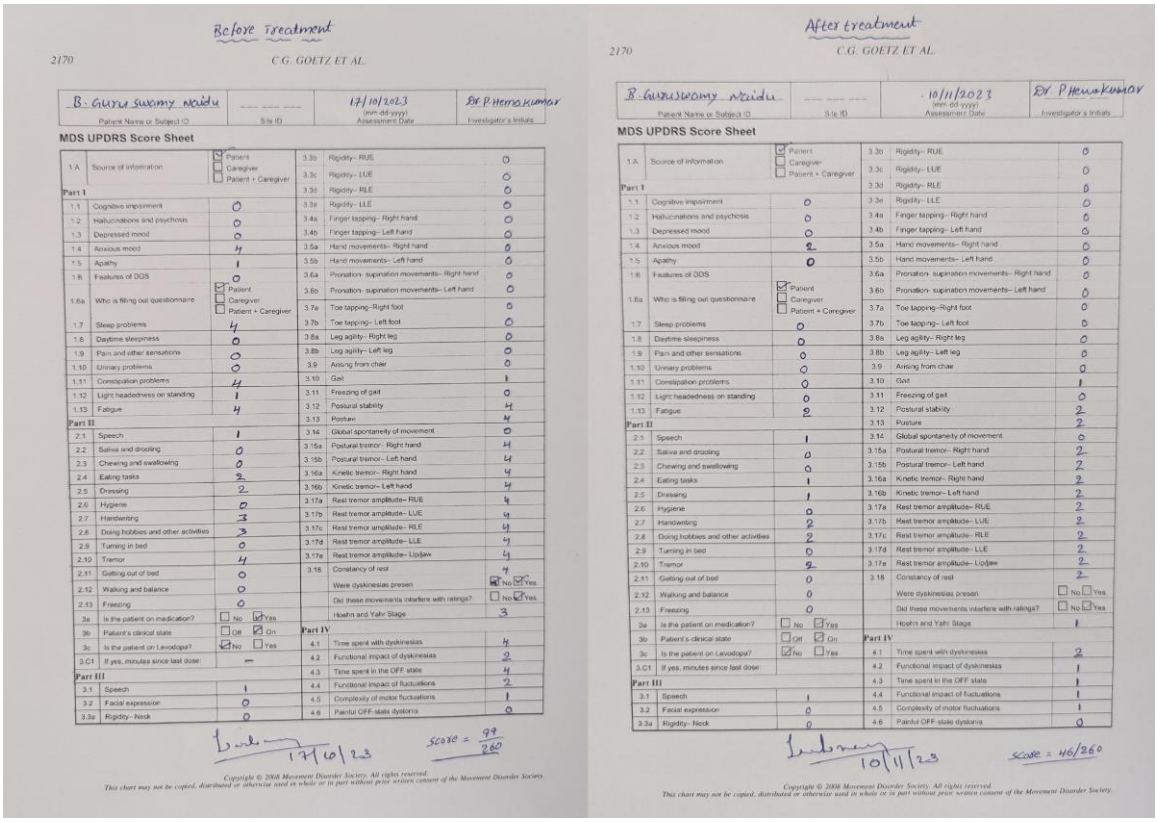
Day of treatment	Date	Vasti retention time
1st day (Anu)	26- 10 - 2023	1 hour
2nd day(Ast)	27 - 10 - 2023	15 min
3rd day (Anu)	28 - 10 - 2023	1 1/2 hour
4th day(Ast)	29 - 10 - 2023	10 min
5th day (Anu)	30 - 10 - 2023	2 hours
6th day(Ast)	31 - 10 - 2023	20 min
7th day (Anu)	01 - 11 - 2023	2 hours
8th day(Ast)	02 - 11 - 2023	15 min
9th day (Anu)	03 - 11 - 2023	45 min
10th day(Ast)	04 - 11 - 2023	10 min
11th day (Anu)	05- 11 - 2023	1 1/2 hour
12th day(Ast)	06 - 11 - 2023	20 min
13th day (Anu)	07 - 11 - 2023	45 min
14th day (Anu)	08 - 11 - 2023	2 hours
15th day (Anu)	09 - 11 - 2023	55 min
16th day (Anu)	10 - 11 - 2023	1 hour

Parameters: MDS - UPDRS Scale - Testing for Assessment of condition of the patient before and after treatment.

As per MDS - UPDRS Scale there was a marked Improvement

- At the time of admission - the score was - 99/260
- At the time of discharge - the score was - 46/260

MDS - UPDRS SCALE BEFORE AND AFTER TREATMENT



DISCUSSION

In parameters, MDS - UPDRS Scale was taken as Assessment Criteria to check efficacy of treatment. There is Marked Improvement in MDS - UPDRS scale. Abhyanga and svedana helped in reducing the excessive bodily movements caused by Tandava vata by managing the aggravated vata. Matra vasti with the combination of Maha masha tailam and Bala Tailam improved the symptoms of Tandava vata by countering the vitiated vata. Mustadi yapana vasti effectively ameliorated the symptoms of Tandava vata by virtue of its vatahara and mamsa bala janana properties. The internal medications Cap. Maharaja Prasarini 21 Avarti 1-0-1 before food and Maha Rasnadi Kashayam 10 ml-10 ml with 20 ml Luke warm water, effectively managed the vitiated vata. Tab. Aswagandha 2 tab twice a day after food, helped

in increasing muscle strength, as well as improving the sleep and anxiety, Panchasakara churnam in the dose 1tsp with Luke warm water at bed time managed the constipation.

CONCLUSION

A moderate improvement was noticed in the patient of Tandava vata (Huntington's disease) by the significant reduction of MDS - UPDRS Scale from the score 99/260 to 46/260, with the application of above stated therapeutic protocol, i.e Abhyanga - Svedana, Matra vasti and Mustadi yapana vasti. Thus we can say that with Ayurveda - Panchakarma therapies we can convincingly improve the quality of life in the patient of Tandava vata (Huntington's disease).

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