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CASE REPORT

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Effect of Shashti Shali Pinda Swedan and Sahchar Tail Matra Basti in the management of Young Onset of Parkinson Disorder (YOPD) - A Case Report

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ABSTRACT

The young onset Parkinson disease is a progressive neurodegenerative disease characterized by both motor and non motor features. The diseases affect families and caregivers through its progressive degenerative effect on mobility and the muscle control. The main difference between young onset of Parkinson disorder (YOPD) and the late onset of Parkinson disorder (LOPD) is genetic etiology and clinical symptoms e.g., dystonia and levodopa induced per dyskinesia are common in YOPD. YOPD person carrying a greater social economic burden compared to late onset of Parkinson disease due to age factor. YOPD Patients more prone to levodopa related motor complication. Parkinson's disease is referred to in the ancient Indian medical system of *Ayurveda* under the name *Kampavata* which is characterized by *Kampa* (Tremors), *Stambha* (Rigidity), *Chesthahani* (Akinesia) & *Gativikriti* (Gait Disorders). The case study is of a 45 years old male who has been diagnosed with early stage idiopathic Parkinson's disease. No satisfactory treatment is seen in contemporary system of medicine so treatment is planned in here study.

Key words: Shashti Shali Pinda Swedan, Sahchar Tail Matra Basti, Young Onset of Parkinson Disorder, YOPD.

INTRODUCTION

Young onset Parkinson's disease is a subtype of Parkinson disease occurring at a young age with specific symptoms, genetic correlation and treatment plan. YOPD is a rare genetic Parkinson's disorder characterized by an age of consent between 21 to 45 prevalence of young onset Parkinson's disease (YOPD) in Europe is estimated to be 1/5000-8000 (5-10% of all

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PD patients) male are more affected than females (1.7:1). Women develop the disease 2 year later than men.^[5] The distinction between young onset Parkinson's disease and late onset Parkinson's disease is supported by genetic differences (a genetic etiology is more common in people with YOPD) and clinical differences (eg., dystonia and levodopa induced dyskinesia's are more common in YOPD) Young onset Parkinson's disease is characterized by motor symptoms and non-motor symptom. Motor symptoms include tremors, rigidity Bradykinesia and non-motor symptoms psychosis, confusion, hallucination can be present. The early indication of the disorder multiple out searching of bradykinesia such as micrography, mobility problem, decreased facial expression, decreased blinking rate are common in young onset Parkinson disease. In Ayurveda due to similar disease presentation YOPD can be compared with Kampavata. Kampavata has been described the under Vataja Nanatmaja Vikara. The term Kampavata was explained for the first time in the text Basavarajeeyam.

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Kampavata is a Vata Vyadhi which occurs due to pathological increase of Chala Guna of Vata. Treatment consists of both internal and external administration of different forms aimed to reverse pathology of Vata imbalance.

CASE REPORT

A 45 year old male patient apparently quite well before 10 years, gradually tremors appear in lower limb after having symptoms he goes under supervision modern allopathic treatment where he diagnosed with YOPD. After taking initial medications such as drugs like tab clonazepam (0.5 mg), tab Pantop (40mg), tab propranolol and Levadopa & carbidopa (110 mg) since 2018. He got temporary relief later on symptoms aggravated and he developed tremors in both upper and lower limbs, disturbed mental condition, slurred speech, constipation, cervical pain and disturbed sleep. So, he came to Pt KLS Hospital Bhopal date on 20/07/21 for Ayurvedic treatment.

Personal history

Diet - Mixed

Addiction - Tea

Appetite - Normal

Bowel - Constipation

Sleep - Disturbed

Assessment criteria

Bradykinesia

Absent	0
Minimum slowness	1
Moderate slowness poverty of movement	2
Marked slowness and poverty of movement	3
Severe slowness, unable to move all four limb simultaneously	4

Insomnia Sleep questionnaire packet (glass gour scale)

No clinically significant insomnia (0-7)	0
Sub-threshold insomnia (8-14)	1
Moderate (15-21)	2

Constipation

No constipation	0
Mild constipation	1
Moderate constipation	2
Severe constipation	3

Speech

Normal	0
Mildly affected, no difficulty in understand	1
Moderately affected, sometime asked to repeat statement	2
Severely affected, frequently asked to repeat statement	3

Tremor

None	0
Minimal	1
Moderate	2
Severe but still able to read	3
Severe, unable to read, unable to watch TV	4

Intellectual impairment

None	0
Mild consistent forgetfulness with partial recollection of events and no other difficulties	1
Moderate memory loss with disorientation	2
Severe memory loss with disorientation for time and often place	3
Severe memory loss, unable to make judgements or solve problems requires much help with personal care	4

ISSN: 2456-3110 CASE REPORT June 2023

Treatment regimen

SN	Treatment	Dose	Frequency	Duration
1.	Kampavatari Rasa	250 mg	b.d. with honey	3 weeks
2.	Ashwagandhadi Leham	15 gm	b.d. with milk	3 weeks

Panchakarma procedure

SN	Procedure	Duration
1.	Shashtishali Pinda Swedan (45min)	3 weeks
2.	Matra Basti with Sahchara Tail after meal	3 weeks

RESULT

SN	Symptoms	ВТ	AT	Percentile
1.	Bradykinesia	3	2	33.3%
2.	Sleep pattern	4	0	100%
3.	Constipation	3	2	33.3%
4.	Speech	2	0	100%
5.	Tremor	3	2	33.3%
6.	Intellectual impairment	2	0	100%

DISCUSSION

YOPD is a neurodegenerative illness. About 10 to 20 percentage of people with PD experience symptoms before age 50 which is called young onset PD. The cause is still unknown exact some factor like genetic factor, environment factor etc. The treatment both PD and YOPD are same but younger people may experiences the disease differently. The progration of the disease in general is slower specially for dyskinesia younger people can take medication other than levodopa. Other medications are MAO-B inhibitor, Amantadin, a dopamine agonists or when tremor is particularly prominent an anticholinergic drug. According to the *Ayurveda* the disease *Kampavata* describe under *Nanatmaja Vatavyadhi*. In *Kampavata*

Avarana of Vata and Dhatukshya are the main pathological manifestation. Acharya Charaka has mentioned Srotoshuddhi, Vatanulomana and Rasayana Chikitsa in management of Avarana. In this disease our intension is given to the treatment with the help of Ayurvedic formulations and Panchakarma therapy in motor and non-motor symptoms and complications of YOPD.

In this study we used *Matra Basti* of *Sahchara Tail*. *Matrabasti* is a type of *Sneha Basti* in which the *Sneha* administration is minimal. *Basti* is administered through *Guda* which enters in *Pakwashaya* and pacifies the *Vata Dosha* in its main *Sthana* and expels *Kapha*, *Pitta*, *Mutra* and *Mala* with its potency it reaches all over the body to perform the action. *Sahchara Taila* having specific property like (*Madhur*, *Tikta Rasa* & *Ushna Viryatmaka*) *Gati Visheshatvam* (help to move), difficulty in walking, pain and stiffness.^[3]

Shashtishali Pinda Swedan is the bolus of boiled Shashtika Shali with Balamoola Kwath and Ksheera. The main property of Shashtika are Snigdha, Guru, Sthira, Sheeta & Tridoshgna though a Swedana Karma. Superficial layer of skin is generally impermeable, to most of the things. Phospholipids are present in milk, which is an important component of cell membrane. It pacifies the morbidity of Vata, afflicted joints, muscles and soft tissues it also enhances the flexibility of the body, soothes the nerves and improve blood circulation. In YOPD Shashtika Shali Pinda Swedan are provided heat, massage and pressure which nourish muscle and stimulate nerve ending.

Shaman drugs like Kampavatari Rasa and Ashwagandhadi Leham are used in present study. Kampavatari Rasa is a unique herbomineral formulation mentioned in the classics Rasa Raja Sundar in Vatavyadhi and indicated mainly in Kampavata and it has property like Tridoshashamaka and Rasayana.

Ashwagandhadi Leham is described in the Nighantus and recommended for rheumatism, cough, dropsy and debility. It is also Balya, Rasayana, Vajikaran, strong appetizers, digestive and carminate in nature.

ISSN: 2456-3110 CASE REPORT June 2023

CONCLUSION

In YOPD Ayurvedic oral medications like Ashwagandhadi Leham, Kampavatari Rasa and Panchakarma therapies like Shashtika Shali Pinda Swedan, and Shahachara Taila Matra Basti are found to be beneficial in improving the quality of life of the patient. While treating YOPD the main aim of the therapies is to slow or stop progression of the symptoms and finally, in this case study by above treatment, moderate improvement was seen.

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