

**A Case Study about the Effect Of Matra Vasti And Takradhara With Ashwagandha And Brahmi In Alzheimer Disease****¹Pillai Vignesh Madaswamy ²Tiwari Virendranath .J ***¹ Pg 2nd Year Panchkarma, Mail id: - vigfrndz@gmail.com. Phone No:- 9920683170² *Professor,

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ABSTRACT:-

Geriatric health care is the process of planning and coordinating care of the elderly with physical and mental impairments to meet their long-term needs, improve their quality of life and maintain their independence for as long as possible. India has, acquired the label of "an aging nation with 8.3% of its population being more than 60 years old. Due to increased elderly population, the prevalence of Geriatric specific disease condition is also increase number of psychiatric complications like Dementia, Delusional disorders, Hallucinations, Depression, Anxiety, Personality alterations, Alzheimer's disease and age related neurological problems.

A 65 year old male patient diagnosed as having Alzheimer's disease (AD) whose cognitive decline and behavioural and psychological symptoms of dementia (BPSD) where severe and showing symptoms of agitation, irritability, anxiety, urinary incontinence and wanderings. He was treated with Brahmi and Ashwagandha sidha tail matra vasti for 21

days along with Brahmi and Ashwagandha sidha takradhara for 7 days. A total of three settings of takradhara with gap of five days in between each settings were given to the patient and the results were assessed after completion of treatment. Significant results were noted in behavioral and psychological symptoms of the patient.

Keywords: - Alzheimer, Takradhara, Matravasti, Brahmi, Ashwagandha.

INTRODUCTION:-

The clinical presentation of dementia is characterized by impairment of intellectual functions, impairment of memory (predominantly recent memory in early stages), and deterioration of personality with lack of personal care. There is impairment of judgment and impulse control and also impairment of abstract thinking. Additional features may also present such as emotional liability, catastrophic reactions and thought abnormalities, e.g. delusions, perseveration etc., urinary and fecal incontinence may develop in late stages. Disorientation in

time, place and person develops in late stages.^[1]

This condition is not met as a disease entity in separate chapters of Ayurvedic classics and considered as a natural phenomenon, but sign and symptoms of dementia can be understood in terms of Ayurvedic concepts. In order to understand the etiopathogenesis of dementia in the light of Ayurvedic literature it is necessary to review the general physiology of Manas and Buddhi. According to Ayurveda, Manas and Indriyas are Panchbhautic and this concept is very useful regarding anatomical aspect of Mana. Acharya Bhela has stated that Manas is present in between Shira and Talu i.e. in the Mastishka. Now, it is very clear that all regulatory and cognitive functions are carried out by activity of the brain and human beings are different from other developed animals in that they have larger brain.

The report published in Alzheimer's and Dementia Journal supplement in 2007, has estimated that the number of dementia patients world over were 30 million in 2008, & could be 59 million in 2030 and 104 million in 2050. There will be an increase between 200 and 500% in different regions of world (Asian region 49.7%)^[2]. Dementia is 1.5 times more common in females than males. Thus, with this rate of increase, dementia is going to be an epidemic around the mid-21st century. The age is the most important risk factor for dementia; the incidence rises exponentially between the age of 60 and 80 and slows thereafter^[3].

Over the years, scientists have been working to find suitable ways of treating the condition, prevent its development, and manage it [4]. A number of attempts have been made for neurotransmitter replacement therapy in Alzheimer's type dementia, but these drugs cause hepatotoxicity, necessitating frequent

1. GENERAL EXAMINATION:

testing of liver function and adjustment of the dose. As the majority of causes of dementia are under the category of neurodegenerative diseases. In the Ayurvedic system of medicine, Rasayana and Panchkarma therapy are very useful in the management of dementia.

Studies show that Brahmi and Ashwagandha have natural chemicals that can help boost the patient's memory and improve cognition in AD patients [5]. On their own, each of these herbal medicines can help fight Alzheimer. However, as most studies show, they can function better when taken together as a combination than they do if used separately [4]. A combination of the two also provides a patient with the memory boosting capacity of Ashwagandha and memory and cognition enhancing capability of Brahmi. In addition, the energy boosting characteristic of Ashwagandha helps increase the immune level of a patient and results in the fast generation of new neurons and brain cells

CASE STUDY:-

A 65 year old male patient with his relative reported to o.p.d of DR.G.D.Pol Foundation's Yerala Medical Ayurvedic College and Hospital with,

Complaints of short term memory loss gradually developed over several years.

His BPSD were hallucinations, Delusion, Depression, Agitation, Anxiety, Irritability, urinary incontinence.

He was already prescribed tablet donepezil 5mg (Ache inhibitor) by his previous doctor for last 5 years

K/c/o: - hypertension was on medicine losartan potassium for past 30 years

No past surgical history

No past history of trauma

Pulse : 68/min

Blood Pressure: 140/90 mm of Hg

Pallor : -ve

Icterus : -ve

Clubbing: -ve

Cyanosis: -ve

2. SYSTEMIC EXAMINATION

N.A.D.

3. CARDIOVASCULAR SYSTEM

N.A.D.

4. RESPIRATORY SYSTEM

N.A.D.

5. PER ABDOMEN

N.A.D

6. AGNI :- visham

7. KOSTA:-murdu

MRI BRAIN REPORTS: - mild bilateral temporal atrophy with mild ischemic changes in deep white matter

OBJECTIVE CRITERIA

MINI-mental state examination (MMSE) score.

Score Out Of 30	Interpretation
>24	Normal Cognition
19-23	Mild Cognition Impairment
10-18	Moderate Cognition Impairment
<9	Severe Cognition Impairment

Materials and method:-

- Brahmi and Ashwagandha sidha tail was prepared according to the classics. The ratio of the ingredients is til oil four part, coarse powder of Brahmi and Ashwagandha - one part and water sixteen parts were used. During preparation, the fine paste and liquids are mixed together and then oil was added and boiled on mild fire and continuously stirred to ensure that the fine paste does not stick to the vessel. The boiling was continued till the liquid portion evaporated. The prepared oil was used for vasti.
- One and half liters of milk diluted with four times water and boiled with 100 gm each of crushed Brahmi and Ashwagandha and reduced to the one fourth. Thereafter, this ready milk ought to be soured overnight. Next morning the curd is churned to prepare takra for Dhara.

Treatment protocol:-

Sarvang snehan swedan with murchit til tailam

Brahmi and Ashwagandha sidha tailam matra vasti -60ml for 21 days

Takradhara with Brahmi and Ashwagandha for 7 days three settings were given with a gap of 5 days in between

Observation:-

MMSE SCORE	BEFORE TREATMENT	AFTER TREATMENT
	12 / 30	17 / 30

His BPSD (hallucinations depression delusion anxiety irritability) were relived and he calmed down and also his urine inconsistency showed marked improvement, at end of treatment.

Discussions:-

Probable mode of action:-

- Brahmi is useful reducing anxiety and stress, neutralizing allergic reactions, treating indigestion, and boosting a person's memory [6]. The ability of Brahmi to improve and boost memory makes it potentially beneficial in treating AD. Brahmi reduces the level of divalent metals in the patient's blood cells and alter the cascade of oxidative stress. Polyphenol and sulfhydryl are some of the chemicals present in Brahmi, and they are responsible for eliminating reactive oxygen particles and divalent materials. Through these processes, Brahmi helps improve the patient's cognitive capability and halt the destruction of the patient's brain cells.
- Ashwagandha results in reduction of amyloid plaques and the improvement of the cognitive capability. However, unlike Brahmi, Ashwagandha does not affect the brain directly. Instead, it



works by boosting a protein in the liver; the liver protein enters the blood system and clears amyloid in the brain. Its potent antioxidant capacity helps it scavenge some free radicals generated on the onset and throughout the progression of AD [7]. Ashwagandha helps increase the level of acetyl cholinesterase (AChE) in the brain cells. Usually, AD reduces the level of AChE, thus impeding cognition and memory. Ashwagandha and Brahmi are better AChE boosters than most conventional medications [7].

3. Takradhara stimulates Marmas (located in the head viz., Apanga, Avarta, Shanka, Utkshepa, Seemantha and Sthapani Marma) and improves circulation; Thereby improving their circulation which in turn improves the blood circulation of brain. The hypothalamus is the main regulator of endocrine system so effect of Takradhara on hormone secretion can also be postulated considering the effect on hypothalamus. The hypothalamic Neurons which secrete the regulatory hormones are themselves under the control of specialized Monoaminergic, neurotransmitter neurons which arise in the mid brain. These releases Dopamine, nor-adrenaline and Serotonin. In turn, these mid brain nuclei are under the control of visceral brain and are responsive to stress and emotional disturbances. The limbic system and hypothalamus regulates the feeling of rage, pain, aggression, pleasure and behavioural patterns. Chitta Nasha (psychological abnormality) and Bhaya (fear complex) is said to

cause due the injury of Seemantha Marma (joints of the skull). Thus Dhara can heal the Marma and it may reverse the Chitta Nasha and Bhaya, i.e. it might relieve stress, anxiety and depression. Due to its relaxing effect heart function and circulation improve and in turn it will also benefit in reversing the events in hypertension.

4. Susrutha has stated that the action of vasti is mainly due to its veerya. He further elaborates that the drugs used in vasti-karma will however spread in the body from pakwasaya due to their veerya through appropriate channels. In the same way, as water sprinkled at the root of tree, circulates all over the tree by its own specific property (veerya). So vasti karma eliminates the morbid dosas and dusyas from the entire body (by Srotosudhi) whether lodged in an part. So its effects are also tridosahara.



Conclusion:-

From the above case, it is concluded that takradhara and vasti with Brahmi and Ashwagandha are significantly effective in management of Alzheimer and also useful in management of behavioural and psychological symptoms of dementia.

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