

AN AYURVEDIC APPROACH FOR MANAGEMENT OF *KAMPAVATA* W.S.R TO PARKINSONISM - A CASE STUDY

Sushma M¹, Shridhara B S², Ananta Desai³

¹Final year MD, ² Principal & Professor, ³ HOD
Dept of Panchakarma GAMC Bengaluru, Karnataka, India

Email: drsushmaayurveda09@gmail.com

ABSTRACT

Parkinsonism is a clinical syndrome characterized by tremors, muscular rigidity, bradykinesia, & postural instability. Parkinsonism shares symptoms found in Parkinson's disease. In Ayurveda the symptoms of parkinsonism simulates with that of features of *kamapavata* considered to be *dhatu kshayaja vatavyadhi* condition in which there is vitiation of *vata & kapha dosha* which further leads to *Chestahani* (~Loss of movements) *stambha* (~Stiffness), (*kaphavrutavyana*) Symptoms. If this *anyavarana* is not treated it may further lead to *annyonyavarana* which means there will be sensorial loss, even at this stage if it is not treated then there may be sensory motor involvement. Here we present a case study of Parkinsonism, Which was treated by Panchakarma Therapies & various Ayurvedic drugs for the duration of 1 months. The treatment aim at alleviating symptoms, improving quality of life and further preventing the deformities.

Keywords: Parkinsonism, *Dhatukshayajavatavyadhi*, *annyonyavarana*, *anyavarana*

INTRODUCTION

Parkinsonism is a progressive neurodegenerative illness with a presenting symptoms of resting tremors, Cog wheel rigidity, bradykinesia, & postural instability, affecting 1% of the population over age 65 & is the 4th most common neurological degenerative disorder found in the elderly people, parkinsonism is caused by deterioration of neurons (nerve cells) in an area of the brain known as *substantia nigra*. when functioning normally, these

neurons produces a vital brain chemical known as dopamine. Dopamine serves as a chemical messenger allowing communication between the *substantia nigra* & another area of the brain called corpus striatum. This communication coordinates smooth & balanced muscle movement. Lack of dopamine results in abnormal nerve functioning, causing a loss in the ability to control body movements,

which further produces the extra pyramidal symptoms¹.

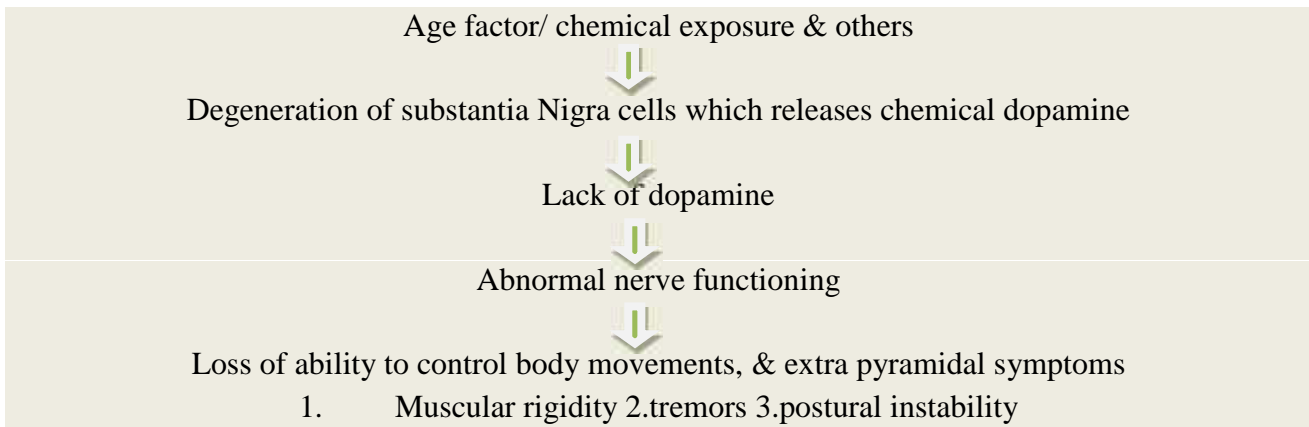
Management of Parkinsonism plays significant role to improve the quality of life, Parkinsonism is diagnosed based on the neurological examination & medical history.

Signs and symptoms

Parkinsonism symptoms are classified based on 5 stages of disease.

1. Stage 1- initial phase of disease includes tremors in a limb, loss of balance, abnormal facial expression.
2. Stage 2- Bilaterally affecting both limbs & both sides of the body, difficulty in walking & balance.
3. Stage 3- severe stage, inability to walk straight or to stand.
4. Stage 4- muscular rigidity, bradykinesia, & postural instability.
5. Stage 5- not able to stand or walk, requires nursing care.

Understanding Pathology in Brief



Ayurvedic view of PARKINSONISM

Parkinsonism can be compared to “*kampavata*”

Kampavata -

Without *vata doshas* tremors are not possible symptom.

Due to *vata parkopa* there will be *Karapadatala kampa* (~upper & Lower limbs tremors) and also *dehabramananidranasha*² (~Vertigo & insomnia)

sampurna shareera (~Whole body) & *shirah kampana* (Resting tremors of head) this is also as called *vepatu & kampana*³ (Tremors)

Doshadushyalakshana sambandha

Tremor- *Kampa- Vataprakopa*

Rigidity- *Stambha- Kaphavatavrddhi*

Akinesia- *Cestahani- Udanavrtavyana*⁴

Gait disturbance- *Gatisanga*

Bradykinesia- *Ceshtasanga*

} *Kaphavrtavyana*⁵

Dysphasia-*Vakgraha* }
 Dysarthria- *Svaragraha* } *Kaphavrtaudana*^{4a}

Dementia- *Smrtiksaya*

Depression- *Visada*.

PRESENTING COMPLAINTS

- A 65years old Indian, Married male got admitted In-patient Department of Government ayurvedic medical college Bengaluru. Complaining of Gradual onset of Tremors in left hand, slow speech, difficulty in walking since 10months associated with Gradual decrease in memory, blurred vision, irregular bowel habit, increased frequency in micturation since 6months.

- Past history- k\c\o-HTN since 1 year

- Personal history:

Appetite-decreased, Sleep-disturbed, Occupation-Agricultural work

Habits-Alcoholic, tobacco smoking since 15yrs, Bowel-Constipated

Micturation- Increased frequency of micturation.

- GENERAL EXAMINATION:

Gait- Festinating gait Wt-74kg Ht-5.3ft

- SYSTEMIC EXAMINATION RS, CVS-NAD

- CNS EXAMINATION-

Higher mental functions – Memory-short term memory loss, speech-slow & scanning speech, hand writing- Abnormal, Writer's cramps +ve Tone- Hypertonic.

Co-ordination –

Samprapti

Tandem walking- Normal, Romberg's sign-Normal,

Finger to nose test- Possible, unable to do due to tremors

Knee heel test- Normal

Involuntary movements- Resting tremors in left hand.

- **DASHAVIDHA PARIKSHA**

Prakruthi-Kaphavata, Vikruthi-Chirakari, Sara (Body tissue), *-Madhyama, Satva* (mental strength)-*Madhyama, Satmya-katurasa pradhana shadrasa, Samhanana* (moderatelybuilt)-*Madhyama, Pramana* (body proportion)-*Madhyama, Abhyavarana shakthi* (Food Intake capacity)-*madhyama, Jarana shakthi* (Digestion capacity)-*madhyama, Vyayamashakthi* (capability to carryout physical activities)-*Madhyama, Vaya* (Age)-*Vruddha*.

Nidhana panchaka's

Nidana (Cause) – *Ati vyayama* (Excessive exertion), *Nitya katu rasa sevana* (Consuming pungent things), *ati dhumapana* (excessive smoking), *ati madyapana* (Excessive Alcohol intake), *chintha* (worries), *Purvaroop* (Premonitory symptoms)–*mandacheshta* (Reduce activities), *bhrama* (Vertigo).

Rupa (Symptoms)-*HastaKampa* (upper limb tremor), *stambha* (Stiffness), *chestasanga & chestahani* (Reduced Activities), *vakgraha* (Difficulty in speech), *gatisanga* (Reduced movement), *Smrtikshaya* (Dementia), *Anupashaya* (Reliving factors) –On physical activity.



SAMPRAPTI GHATAKA

Dosha- vata kapha pradhana tridosha vyana, udana vata, tarpaka kapha, sadhaka pitta Dushya-rasa, raktha, snayu, majja, shukra, Agni-dhatwagni,

Srotas-rasavaha, manovaha, majjavaha, shukravaha, Srotodushti-sanga, Udbhavasthanapakwashaya, Sanchara sthana-sarvashareera, Rogamarga-madhyama, Adhistana-Marma, Sadyaasadyatha-Asadhya.

○ TREATMENT HISTORY

PANCHAKARMA-

Amapachana with Ajamodadi churna 3 days until niraama avaatha (“kaphagnastu marutasyanulomana”)^{4b} then shodhana Karma is adopted

- 1) Kaya seka with kanji, alternate days Sarvanga abhyanga with karpashastyadi taila x 5 days Stiffness & Heaviness of body Improved

- 2) Shirodhara with mahamashadi taila, brahmi taila, dhanvatara taila x 7 days Tremors reduced, Routine Activities Improved

- 3) Mustadiyapana basti-In Kala Basti schedule Anuvasana basti-sahacharadi taila-60ml Mustadi raja yapana basti-Madhu-60ml, Saindhava-10gm, Saraswathagruha+Sahacharadi taila-120ml, Shatapushpa churna kalka-20gm, Mustadi kashayam-200ml. for 10 days

- 4) Pratimarsha nasya with Maharaja Pra-saarini taila for 15 days

○ SHAMANUSHADI'S: on discharge

1. Zandopa Powder- 5gm bd with warm water x 1 month
2. Makaradhwaja rasayana, 1 tab bid/after food x 1 month
3. Brahmi vati 1 bid/after food x 15 days

4. *Naladadi ghruta* internally 1tsp in empty stomach BD

Table 1: showing the result of improvement before and after treatment

Sl no	Parameters	Before Rx	After Rx
1.	Tremors	Resting tremors- increased	Resting tremors-intensity reduced
2.	Tone	Hypertonic(rigidity)	
3.	Walking speed	Reduced 50mtrs -2mins	Improved 50mtrs -1min
4.	Handwriting	Abnormal	Normal –small letters

ON DISCHARGE –Patient was symptomatically improved with rigidity, involuntary movements, memory, and was able to walk stable with his gait, good appetite, improved his sleep with regular bowel habits, reduced frequency of micturation.

DISCUSSION

Bastikarma & Nasya karma may cross the Blood brain barriers by its lipid molecules.

So we have to still explore doing more research in approaching the disease.

CONCLUSION

Parkinsonism compared with *avruthavata* W.S.R to *Kampavata*. The Main Aim of treating Parkinsonism is to improve the Quality of life, Further preventing deformity. Line of treatment must be from *shodhana* to remove *avarana* & then to pacify *vikrutha vata* i.e *Sarvasthanavruteapyaashu tat karyam marutam hitam* because it is *marmasta vyadhi* prognosis is not good (*Asadhya*).

REFERENCES

1. www.wikipedia.org/wiki/parkinsonism
2. Basavarajeeyam- He Explained *Vepatu* as Separate Disease Under Vatarogaadhikara 6/128

3. Yogaratnakara.Vidyothini Hindi Commentary By Vaidya Lakshmipathi Shastri, Edited By Bhishagratna Brahma Shankar Shastri, Pub. Chawkambha Sanskrit Sansthan, Varanasi, p540
4. Agnivesha. Charaka Samhita - Revised by Charaka and Dridhabala with Ayurveda Deepika commentary of Chakrapani Datta, sReprint 2014. Varanasi: Chaukhambha Sanskrit Sansthan; 2014. p 626-627, 4a.cha chi 29/224 pn-626, 4b.cha chi 29/245 pn-627.
5. Sushruta. Sushruta Samhita - With Nibandha Sangraha Commentary Of Sri. Dalhanacharya And Nyayacandrika Panjika Of Sri. Gayadasa On Nidana Sthana, Reprint 2014. Varanasi: Chowkhambha Sanskrit Sansthan; 2014. p263

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Sushma M Et Al: An Ayurvedic Approach For Management Of Kampavata W.S.R To Parkinsonism - A Case Study. International Ayurvedic Medical Journal {online} 2017 {cited June, 2017} Available from: http://www.iamj.in/posts/images/upload/2247_2251.pdf