

A CASE REPORT ON MANAGEMENT OF KAMPAVATA (PARKINSON'S DISEASE) THROUGH PANCHAKARMA

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ABSTRACT

Parkinson's disease is a progressive degenerative neurological disorder mainly affecting geriatric population, which makes the prognosis of the disease even more worse. In this case study a female patient came to AIIA and was diagnosed for *kampavata*. She was given treatment like *Matra Basti*, *Shirodhara*, *Abhyanga*, and *Swedana* for 20 days. The patient got marked improvement in her symptoms. It was concluded with the study that Ayurveda Panchakarma therapies has been found beneficial in improving quality of life patient.

Keywords: *Panchakarma, Matra Basti, Abhyanga, Swedana, Shirodhara.*

INTRODUCTION

Parkinson's disease is a long term progressive degenerative neurological disorder that mainly affects motor system. The mean age of onset of this disease is 60 years. It is estimated that, there are 5 million people all over the world suffering from this disease.¹ The clinical features are resting tremors, cog wheel rigidity, bradykinesia & postural instability. It is caused by deterioration of neurons in an area of brain known as substantia nigra. These neurons produce dopamine which helps in communication between substantia nigra and other areas of brain. The communication coordinates smooth and balanced muscle movement. Lack of dopamine results in abnormal nerve functioning, causing symptoms of the disease. In early stages symptoms like tremors, rigidity, gait im-

pairment, 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.

In Ayurveda due to similar disease presentation Parkinson's can be compared with *kampavata*. *Kampavata* has been described under *vataja nanatmaja vyadhi* in *Ayurveda text*². *Kampavata* was first narrated by *acharya madhavkara* under the name of *vepathu*. *Kampavata* is described with symptoms like *karapadataala Kampa* (upper & lower limbs tremors), *Stambha* (rigidity), *chestasangha* (bradykinesia & akinesia), *vakavikruthi* (disturbance in speech)³.

Dosha Dushya Sambandha

Kampa – vata prakopa, Stambha – kapha vata prakopa, Gatisangha & chestanasha - kapha avruth vyana vayu, Nidranasha – vata prakopa Swara sangha- kapha avruth udana vayu.

CASE REPORT

A 70 year old female patient came to OPD of All India Institute of India, sarita vihar, New Delhi on 26 February 2019.

Patient name – xyz, Age/ sex – 70/F, UHID – 354034, IPD no – 2348, Address – Kanpur, Uttar Pradesh

Chief Complaints –

- Difficulty in walking
 - Involuntary tremors
 - Sleep disturbances
 - Difficulty in speech
- } since 3 years

H/O of present illness - Patient was asymptomatic 3 years ago, she developed tremors in right side of upper & lower limb, difficulty in walking without support, and gradually she developed difficulty in sleep initiation & wakefulness.

H/O of past illness & family history –No significant history was found.

DISEASE PRESENTATION**General examination**

Weight – 47 Kg
Height – 4.9 ft.
BP – 120/70 mm of hg
Pulse – 76/min

Respiratory rate – 16/min

Pallor – no

Jaundice- no

Appetite – reduced

Bowel/bladder habit – constipation on / off with increased micturition

Sleep- reduced sleep with increased episodes of wakefulness

Systemic Examination

Gastro intestinal system – soft abdomen, no tenderness and organomegaly was found.

Respiratory system – symmetrical chest, no added sound

Cardio vascular examination – s1, s2 was normal, no murmur was found

Loco motor examination – Patient was unable to walk properly without support. Fascinating gait with tremors in right upper and lower limb was found.

CNS Examination

Higher mental function – slow, slur speech

Muscle movements Coordination – poor

Tandem walking - normal

Romberg's sign – normal

Knee heel test – normal

Finger to nose test –Negative, patient was not able to do it perfectly due to tremors.

Involuntary movements – resting tremors in right upper & lower limb were found.

Table 1: ASHTAVIDHI PARIKSHA

1 Nadi	Vataj	5 Drik	Samanya
2 Mala	Niram	6 Shabda	Ksheena
3 Mutra	Samanya	7 Sparsha	Khara
4 Jiwaha	Saam	8 Akruthi	Krish

Diagnosis – *Kampavata* (Parkinson's disease stage – 4)

Intervention**Table 2: Shamana chikitsa (26 Feb – 16 March)**

S NO.	CHIKITSA	Observations
1	<ul style="list-style-type: none"> • Gandharvhastadi kwath + Dashmool kwath 40ml +40 ml bd • Yograja guggulu 2 tab tds • Brahm rasayana 1 tsf bd • Ashwgandharista 15 ml bd • Shilajatvadi loh 1 bd 	<ul style="list-style-type: none"> • Reduction in tremors • Wakefulness reduced • Appetite improved

Table 3: Shodhana chikitsa (26 Feb – 16 March)

S no	Panchakarma	Observation
1	<i>Sarvanga abhyanga</i> * 13 days	• From the very first day resting tremors reduced.
2	<i>Sarvanga baspa swedana</i> *13 days	• She started walking without support after 1 week of therapies.
3	<i>Matra basti</i> * 10 days	
4	<i>Shirodhara</i> *11 days	• After 2 sittings of <i>Shirodhara</i> her sleep index also improved.

Total duration of treatment – 20 days

Assessment criteria

- Hoehn & Yahr scale
- Athens insomnia scale

Results

The condition of the patient improved with gradual course of treatment. Before the onset of treatment she was unable to walk and after the treatment course completed she could walk easily without support, her sleep quality index also improved.

Following is the improvement in the scale used for assessment

Table 4: Hoehn and Yahr Scale

BT	AT
Stage 3	Stage 1

Table 5: Athens Insomnia Scale

BT	AT
Score 9	Score 5

DISCUSSION

According to Ayurveda the disease kampavata is described under Vatavyadhi which is broad term that includes 80 diseases. The main line of treatment was to pacify *vata* by *vata hara chikitsa* and remove *kapha avarana* by *deepana pachana chikitsa*. As *Dashmool* is *tridosha nashaka* and *ushna in virya*; hence it helps in pacification of *vata vyadhi*.⁴ In *Gandharvhasadi kwath churna*, Erand synonym of *Gandharvhasth* has *ushna virya*, *madhura rasa* and *vipaka and snigdha guna*. It is *vrisya vatahara guna*⁵; it helped in pacification of *vata dosha prakopa*. In *Yograja guggulu* the main ingredients of *Yograja* is *guggulu, triphala, chitraka, vidanga* which makes it *yogavahi, vatahara* and *aam dosha nashaka*.

Guggulu is *vatahara shodhak rochaka* due to its *ushna guna*. It helped in calming *vata* & removing *kapha avarana*.⁶ In *Ashwgandharista*, *Ashwagandha* has been known for its tranquilizing properties, *Ashwagandha* is also known as *kaphavata hara, balya and rasayana* in *bhavaprakasha*. It helped in improving sleep index and *bala* of the patient.⁷ In *Shilajatwadi loha*, *shilajit* has been known as a rejuvenator since ages, it is a rich source of fulvic acid and selenium which are very well known for its *rasayana* properties⁸. Also *shilajit* is helpful in fighting old age diseases and makes body strong. It was used here in patient to improve *bala*.⁹

Sarvanga Abhyanga with *Balaashwagandha Taila* was used here due to its properties of *VataPittahara, madhura vipaka, snigdha pichila guna*, also *Abhyanga* has been told as *Vata Shamaka* by *Acharya Shushrut*.¹⁰ Also according to *charka vayu* dominates *sparshaendriya*, *abhyanga* is extremely beneficial for *vata vyadhi* as per *charka*.¹¹ *Swedana* is *vata hara*, cures stiffness and heaviness. *Swedana* is *ushna, tikshna and suksham in guna* hence helps in pacifying *vata dosha*.¹² *Matra Basti* has been described as *Vatarognashak*.¹³ *Ksheerbala taila* has also been told as *vatapitta shamaka* by *acharya*. *Shirodhara* has been described by *acharya vagbhata* in *anidra*; *Shirodhara* stimulates *sthapani, sankha, and utkshepa and adipati marma*. Pouring hot oil causes vasodilation, improvement in circulation to hypothalamus, pituitary gland, pineal body and subcortical structures of mid brain which improves the autonomic nervous system function. *Taila* has been described as *vatahara* but not *kapha vardhaka* in Ayurveda text. *Tila* (*sesamum indicum*) being *ushna in virya* has been taken to pacify *vata dosha*.

CONCLUSION

Based on clinical signs and symptoms Parkinson's disease can be correlated with *kampavata*. Ayurvedic oral medications and *panchakarma* therapies are found to be beneficial in improving the quality of life of the patient. Line of treatment must be from removing *avarana* to *Shodhana* followed by *shamana* to pacify *vikrutha vata*, although prognosis is not so good but it can be a ray of hope for bed ridden geriatric patients. The results attained were encouraging and were worth documenting.

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