A REVIEW OF ROLE OF PANCHAKARMA PROCEDURES IN THE MANAGEMENT OF PARKINSON’S DISEASE

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ABSTRACT
The term ‘Panchakarma’ refers to a set of specialized therapeutic procedures that are meant for Bio-purification. They possess multidimensional effect on the body and play key role in both preventive and curative aspect of management. Classical Panchakarma refers to 5 types of Sodhana procedures i.e. 1. Vamanam, 2. Virechanam, 3. Vasti, 4. Nasyam, 5. Raktmokshanam. External Panchakarma procedures include Abhyangam, Nadiswedam, Shirodhara, Shirovasti, Pizhichil etc. Parkinson’s disease is typically considered a chronic progressive neurodegenerative movement disorder. It is disease of extrapyramidal motor system characterized by rigidity, tremor and hypokinesia, bradykinesia, akinesia with secondary manifestation like defective posture abnormal Gait and mask face. According to Ayurveda it is correlated with Kampavata. It is described under Vatananatamaj vyadhi. Kampavata being Vatavyadhi, mainly need Snehana and Swedana to pacify Vata dosha. Virechana causes Vatanulomana and eliminates Pakvasayagata Vata very effectively. Vasti is important sodhana treatment intended to alleviated Vata dosha and with its multidimensional effect, help in systematic management of Parkinson’s disease. External Panchakarma procedures are aimed for the symptomatic relief of rigidity, gait etc. Thus by the rational prescription of both internal and external Panchakarma procedures, Parkinson’s disease will be managed in both system and local levels.

Keywords: Panchakarma, Bio-Purification, Parkinson’s disease, Vatanulomana.

INTRODUCTION
Parkinson’s disease is typically considered a chronic progressive neurodegenerative movement disorder. It affects individuals worldwide. Incidence of Parkinson’s disease 4.5-19/100,000 persons per year. It is progressive disorder characterized by insidious onset. The first clinical sign occurs when about 60% of the dopamine-producing cells in the substantia nigra have degenerated¹.

The condition occurs in all ethnic groups and there is a 1.8times greater risk of Parkinson’s disease in men. The cause of disease remains uncertain but it is likely to be due to a combination of genetic risk factors and environmental agents.
It is disease of extra pyramidal motor system characterized by rigidity, tremor, and hypokinesia, bradykinesia, akinesia with secondary manifestation like defective posture abnormal Gait and mask face. The non motor symptoms are of crucial importance since they have a major impact on quality of life. Neuropsychiatric symptoms are anxiety disorders, apathy, depression, psychosis, visual hallucinations, and dementia and sleep disturbances.

The autonomic disturbances are urinary dysfunction, constipation, sexual dysfunction, postural hypotension, weight loss, dysphagia, sweating and excessive salivation.

According to Ayurveda Kampavata is a Vata Nanatmaja vyadhi explain by Acharya Charaka Sutra (20). As a separate clinical entity Kampavata was first narrated by Acharya Madhavakar under the name of Vepathu. Basavarajeeyam explained the symptoms of Kampavata are Karapadtalkampa (tremors in hands and legs), Dehabramana (postural instability), nidrabhagna (insomnia) and Matiksheen (dementia). The symptom like Stambha (rigidity), Cestahani (slowness of the movement), Vinaman (flexed posture), Vakvikriti (speech disorders) have been mentioned in other pathological conditions of Vatavyadhi which can also be grouped under the feature of Kampavata. In Kampavata Avarana of Vata and Dhatukshaya are the chief pathological processes. There are depletion of rakt dhatu and avarana of prana, vyana and udana vata. In elderly, apan vayu get vitiated. Acharya Charaka has mentioned Asthapanasthi for Vepana. Charaka has stressed on Srotoshuddhi, Vatanulomana and Rasayana in general management of Avarana. Vangasena has clearly mentioned the treatment of Kampavata as Svedana, Abhyanga, Anuvasana vasti, Niruha vasti, Shirovasti, Virechana and Shamanaushadhi.

**MATERIALS AND METHODS**

Here, the sources of data’s for conceptual study are taken from Ayurvedic text like Charak Samhita, Ashtang Hridaya, Madhava Nidanam, Vangasena samhita, Basvarajiyam Basavraj.

Parkinson’s disease review is done with the help of Harrison's Principle of Internal medicine and Internet browsing from Pub Med.

**ROLE OF PANCHAKARMA PROCEDURES IN THE MANAGEMENT OF PARKINSON’S DISEASE:**

No satisfactory treatment is seen in contemporary system of medicine for Parkinson’s disease. Its conventional treatment includes Levodopa preparations, anticholinergic drugs etc. A current priority is to move beyond symptom control to neuroprotective therapies. Unfortunately, no such therapy is yet available. So a multi-modality treatment in the form of Panchkarma procedures is boon for Parkinson’s disease Patient by giving satisfactory results in the treatment of disease.

**Abhyanga:**

Abhyanga is best therapeutic module for pacify the vata. It helps the promotion and regulation of proper functioning of vata. It helps in nourishment of the dhatu. It stimulates the sensory nerve endings and provides strength to the muscles.

**Svedana:**

It is useful in pacifying vata. Svedana relives Stambha (Stiffness). Vyana vayu, Shleshaka kapha, Amarasa, Mams, Meda are mainly responsible for Stambha. Vata by Ruksha guna absorbs snigdhata and so causes stambha. Svedana is snigda and ushna guna so it relieves stambha in Parkinson’s patient. Svedana enhance local microcirculation, by increasing the diameter and blood flow velocity of peripheral arterioles, delivering higher level of oxygen and nutrients to the injured cells.

**Vasti:**

Among the Panchakarma, Vasti is important Shodhana type of treatments intended to alleviate vata dosha and also plays nourishing action on the nervous system. Acharya Charaka has mentioned Asthapanasthi for Vepana. Acharya Vangasena has also mentioned Anuvasana, Niruha vasti for treatment of Kampavata. Vasti especially alleviates
**Avarana** of Vata by Kapha, reduction in this **Avarana** was seen as there was improvement in symptomatology of Kaphavrita Vyana and Kaphavrita Udana was evident. Vasti having Rasayana, Balya and Dhatu Vridhikara properties. The effect of Vasti on Stambha, Gatisanga and Smriti, may be due to improvement in the function of Prana, Udana and Vyana. Thus role of vasti is crucial in the management of Kampavata (Parkinson's disease).

**Virechana:**
Among the Panchakarma, Virechana is important Shodhana type of treatments intended to alleviate pitta dosha. Though the Virechana is a specific purification for pitta disorders, but it is also advised in various vata diseases to bring the vata dosha into Anulomavasta. Virechana is also indicated for the treatment of Kaphavrita Vata. That’s why Virechana is given in the management Kampavata (Parkinson's disease).

**Shirovasti:**
In Shirovasti the oil is made to retain on the scalp for a prescribed time. It is beneficial in vata disease. It promotes the sleep and calm the mind. It nourishes the brain. Thus role of Shirovasti is crucial in the management of Kampavata (Parkinson's disease).

**Shirodhara:**
Shirodhara with Til tail (lukewarm) has found to have anxiolytic, and tranquilizing effects resulting into kind of relaxation response. It calms down the hyper action of vitiated Vyana vata dosha. Shirodhara showed significant improvement in Kampa (tremor).

**Nasya:**
Nasya is most important therapy as it is used for treatment of urdhvajatrugata disease but it is also used in some systematic diseases such as Kampvata, Hikka etc. Acharya Vagbhata described Snigdha Nasya is indicated in Shirokampa disease. It is capable to normalize Vatadosha.

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**CONCLUSION**
Parkinson’s disease can be lessened with early Panchakarma therapy as gains are made in musculo-skeleton flexibility, alignment and functional movements. It also suggests that Panchakarma therapy offer a cure for Parkinson’s disease and help to ease symptoms and make coping with disease easier. Patients with Parkinson’s disease may often turn to Panchakarma therapy with the hope of improving their quality of life.

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