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 impairment, 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 text². Kampavata was first narrated by acharya madhavkara under the name of vepathu. Kampavata is described with symptoms like karapadatala Kampa (upper & lower limbs tremors), Stambha (rigidity), chestasangha (bradykinesia & akinesia), vakavikruthi (disturbance in speech)³.
**Dosha Dushya Sambandha**


**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 since 3 years
- Difficulty in speech

**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**

<table>
<thead>
<tr>
<th>1 Nadi</th>
<th>5 Drik</th>
<th>Samanya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nadi</td>
<td>Drik</td>
<td>Samanya</td>
</tr>
<tr>
<td>Mala</td>
<td>Niram</td>
<td>6 Shabda</td>
</tr>
<tr>
<td>Mutra</td>
<td>Samanya</td>
<td>7 Sparsha</td>
</tr>
<tr>
<td>4 Jiwha</td>
<td>Saam</td>
<td>8 Akruthi</td>
</tr>
</tbody>
</table>

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

**Intervention**

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

<table>
<thead>
<tr>
<th>S NO.</th>
<th>CHIKITSA</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gandharvastadi kwath + Dashmool kwath 40ml +40 ml bd</td>
<td>Reduction in tremors</td>
</tr>
<tr>
<td></td>
<td>Yograja guggulu 2 tab tds</td>
<td>Wakefulness reduced</td>
</tr>
<tr>
<td></td>
<td>Brahmr rasayana 1 tsf bd</td>
<td>Appetite improved</td>
</tr>
<tr>
<td></td>
<td>Ashwagandharista 15 ml bd</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shilajatvadi loh 1 bd</td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Shodhana chikitsa (26 Feb – 16 March)

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

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

<table>
<thead>
<tr>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3</td>
<td>Stage 1</td>
</tr>
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</table>

Table 5: Athens Insomnia Scale

<table>
<thead>
<tr>
<th>BT</th>
<th>AT</th>
</tr>
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<tbody>
<tr>
<td>Score 9</td>
<td>Score 5</td>
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</table>

DISCUSSION
According to Ayurveda the disease kamapavata 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. In Gandharv hastadi kwath churna, Erand synonym of Gandharv hasth has ushna virya, madhura rasas and vipaka and snigdha guna. It is vrisya vatahara guna; 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. 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. 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 properties. Also shilajit is helpful in fighting old age diseases and makes body strong. It was used here in patient to improve bala.

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. Also according to charka vayu dominates sparshaendriya, abhyanga is extremely beneficial for vata vyahiti as per charka. Swedana is vata hara, cures stiffness and heaviness. Swedana is ushna, tikshna and suksham in guna hence helps in pacifying vata dosha. Matra Basti has been described as Vatarognashak. 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 utkshpea 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.

REFERENCES


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