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, ²Principal & 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 1months. 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 symptoms\textsuperscript{1}.

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.
   - Bilaterally affecting both limbs & both sides of the body, difficulty in walking & balance.
   - Stage 3- severe stage, inability to walk straight or to stand.
   - Stage 4- muscular rigidity, bradykinesia, & postural instability.
   - Stage 5- not able to stand or walk, requires nursing care.

Understanding Pathology in Brief

<table>
<thead>
<tr>
<th>Age factor/ chemical exposure &amp; others</th>
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</thead>
<tbody>
<tr>
<td>Degeneration of substantia Nigra cells which releases chemical dopamine</td>
</tr>
<tr>
<td>Lack of dopamine</td>
</tr>
<tr>
<td>Abnormal nerve functioning</td>
</tr>
<tr>
<td>Loss of ability to control body movements, &amp; extra pyramidal symptoms</td>
</tr>
<tr>
<td>1. Muscular rigidity 2. tremors 3. postural instability</td>
</tr>
</tbody>
</table>

**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* (~Vertigo & insomnia)

1. *sampurna shareera* (~Whole body) & *shirah kampana* (Resting tremors of head) this is also as called *vepatu & kampana* \textsuperscript{3}(Tremors)

**Doshadushyalakshana sambandha**

- Tremor- *Kampa- Vataprapkopa*
- Rigidity- *Stambha- Kaphavatavrdhdi*
- Akinesia- *Cestahani- Udanavrtavyana* \textsuperscript{4}

- Gait disturbance- *Gatisanga*
- Bradykinesia- *Ceshtasanga* \textsuperscript{5} *Kaphavrtyana*
Dysphasia-Vakgraha
Dysarthria- Svaragraha
\[
Kaphavrtaudana^{4a}
\]

Dementia- Smrtiksaya
Depression- Visada.

**PRESENTING COMPLAINTS**

- A 65 years 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 10 months associated with Gradual decrease in memory, blurred vision, irregular bowel habit, increased frequency in micturation since 6 months.

- Past history- k\c\o-HTN since 1 year
- Personal history:
  - Appetite-decreased
  - Sleep-disturbed
  - Occupation-Agricultural work
  - Habits-Alcoholic, tobacco smoking since 15 yrs
  - 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-katursa pradhana shadrasa, Samhanana (moderately built)-Madhyama, Pramana (body proportion)-Madhyama, Abhyavarana shakti (Food Intake capacity)-madhyama, Jarana shakti (Digestion capacity)-madhyama,Vyayamashakti (capability to carryout physical activities)-Madhyama ,Vaya (Age)-Vruddha.

**Nidhana panchaka’s**

Nidana (Cause) – Ati vyayama (Exessive exertion), Nitya katu rasa sevana (Consuming pungent things), ati dhumapana (excessive smoking), ati madyapana (Excessive Alcohol intake), chintha (worries), Purvaroopa (Premonitory symptoms)–mandacheshta (Reduced 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


 лечение HISTORY

PANCHAKARMA-
Amapachana with Ajamodadi churna 3days until niraama avaatha (“kaphagnastu maruta-syanulomana”) then shodhana Karma is adopted

1) Kaya seka with kanji, alternate days Sarvanga abhyanga with karpashastyadi taila x 5days Stiffness & Heaviness of body Improved
2) Shirodhara with mahamashadi taila, brahmi taila, dhanvatara taila x7days Tremors reduced, Routine Activities Improved
3) Mustadiyapana basti-In Kala Basti schedule Anuvasana basti-sahcharadi taila-60ml Mustadi raja yapana basti-Madhu-60ml, Saindhava-10gm, Saraswathagrutha+Sahcharadi taila-120ml, Shatapushpa churna kalka-20gm, Mustadi kashayam-200ml for 10days
4) Pratimarsha nasya with Maharaja Prasaarini taila for 15 days

SHAMANOUSHADI’S: on discharge
1. Zandopa Powder- 5gm bd with warm water x 1 month
2. Makaradhwa ja rasayana, 1 tab bid/after food x 1 month
3. Brahmi vati 1 bid/after food x 15days
4. *Naladadi ghruta* internally 1 tsp in empty stomach BD

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

<table>
<thead>
<tr>
<th>Sl no</th>
<th>Parameters</th>
<th>Before Rx</th>
<th>After Rx</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Tremors</td>
<td>Resting tremors- increased</td>
<td>Resting tremors-intensity reduced</td>
</tr>
<tr>
<td>2.</td>
<td>Tone</td>
<td>Hypertonic (rigidity)</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Walking speed</td>
<td>Reduced 50mtr -2mins</td>
<td>Improved 50mtrs -1min</td>
</tr>
<tr>
<td>4.</td>
<td>Handwriting</td>
<td>Abnormal</td>
<td>Normal – small letters</td>
</tr>
</tbody>
</table>

**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 *Sarvasthanavurateapyashu tat karyam marutam hitam* because it is *marmasta vyadhi* prognosis is not good (*Asadhya*).

**REFERENCES**

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2. Basavarajeevam- He Explained *Vepatu* as Separate Disease Under Vatarogaadhikara 6/128

**Source of Support:** Nil

**Conflict Of Interest:** None Declared