



## Role of Maashbala Taila in The Management of Kampavaat With Special Reference To Parkinson's Disease

Dr.Rajender  
Kumar Soni

RMO,Ch.Brahm Prakash Ayurved Charak Sansthan,Khera Dabar,  
New Delhi-110073

Dr.Subash Sahu

Associate professor &HOD, Dravyaguna, Ch.Brahm Prakash Ayurved  
Charak Sansthan, Khera Dabar,New Delhi-110073.

### ABSTRACT

To study the role of Maashbala taila in the management of kampavaat with special reference to Parkinson's Disease, randomly 30 patients were selected and divided into two groups (15 patients in each group) for the study. Maashbala taila was administered as paan in Group- A for 20 days and as nasya and basti in Group- B for 15days. The study revealed that Maashbala taila used as nasya and basti (Group- B) showed better effect in comparison to paan(Group- A).

**KEYWORDS :** Kampavaat , Parkinson's disease, Maashbala taila.

### Introduction:

Kampavata (Parkinson's disease) is a progressive neurodegenerative disorder. This disease has an annual incidence of about 0.2/1000 and a prevalence of 1.5/1000 in the world expect china and west Bengal (lower rate has been reported), and most often develops after age of fifty, whilst 10% of the patient are under 45year at presentation, the incidence and prevalence both increase with age, the clinical course is chronic and progressive with severe disability attained after approximately ten years. Sex incidence is about equal. It is less common in cigarette smokers.

According to Ayurveda, Kampavata is a Nanatmaja disorder of Vata. In era of Charaka and Susruta, cluster of symptoms like Kampa (tremor), Stambha (rigidity), Chestasanga (bradykinesia and akinesia), Vakvikriti (disturbance in speech) etc are described in different contexts, but they are not clubbed as part of one disease. Majority of the symptoms of Kampavata are found in Kaphavrita Udana and Kaphavrita Vyana. Even so no single Avarana process completely covers all symptomatology of Kampavata. As a separate clinical entity of Kampavata was narrated by Acaraya Madhavakara under the name of "Vepathu". However, it was the Vasvarajiyam who for the first time gave an unabiguous description by explaining the clinical picture of Kampavata as

अथैव कम्पवात च ह्यूरुस्तम्भ तथैव च । कम्पादतले कम्पो देहभ्रमणदुःखिते निद्र।  
नापो मतिःश्रीण कम्पवातस्य लक्षणम् ।।  
(शश्ट प्रकरण अपीतिवातनिदानचिकित्से)

### AIMS AND OBJECTIVES:

- To evaluate the role of Maashbala taila as paan in kampa vaat.
- To evaluate the role of Maashbala taila as nasya and matrasthi in kampa vaat.
- To compare the effects of Maashbala taila administered as paan with nasya and matrasthi in kampa vaat.

### MATERIALS AND METHODS:

In this study, 30 patients of Kampavata fulfilling the criteria of diagnosis were selected between the age group of 40 – 70 years irrespective of their sex and caste. All the patients were studied at O.P.D and I.P.D of Rajvaidya Premshankar Rajkiya Ayurved College Chikitsalaya, Udairpur, Rajasthan.

### Criteria for Diagnosis:

Patients were diagnosed on the basis of sign and symptom of Kampavata available in Ayurveda as well as in modern medicine. A special proforma was prepared incorporating all the signs and symptoms of the disease and Dushti of Dosha, Dushya, Srotasa etc. Detailed clinical history was taken and complete neurological examination was carried out on the basis of proforma. Certain clinical tests evolved for the assessment as usually for the confirmation of diagnosis of Kampavata (Parkinson's disease) were also included.

### Diagnostic Criteria:

- Chestasanga (akinesia and bradykinesia) : Slowness and poverty of movements.
- Kampa (resting tremor): At least in one limb.
- Stambha (rigidity): In any group of muscles in extremities.
- Avanamana (postural changes) : Which includes signs like Rombergism.
- Gatisanga: Slow, shuffling and festinating gait (Marché a petits pas) with propulsion and retropulsions.
- Vak Vikriti: Ekshruti (monotony) and Kala (low) speech.

### Exclusion Criteria:

- Marked mental impairment.
- Patients having other serious illnesses like hyperthyroidism etc.

### Investigations:

Hematological examination like Hb gm%, TLC and Biochemical investigation like FBS and PPBS were carried out to exclude other pathological conditions. Routine examination of stool and urine were also carried out in every patient.

### Plan of study

This research work has been carried out in 30 patients. The patients were randomly divided into two groups having 15 patients in each group.

Serial No	particulars	Group-A (Maashbala taila paan)	Group-B (Maashbala taila given as Nasya and Matra basti)
1.	Total no. of patients	15	15
2.	Medicine applied	Maashbala taila	Maashbala taila
3.	Dose	20 ml once daily	6 drops of Maash bala taila in each nostril for Nasya karma and 60 ml of medicine for basti karma
4.	Duration	20 days	15 days for Nasya karma and 15 days for Basti karma
5.	Route of drug administration	Oral (Paan)	Nasal(Nasya) and Recta (Basti). In this group patients were treated with Sarvanga Abhyanga with narayana Taila and Bashpa Sweda followed by Nasyakarma and Matrasthi for 15 days.
6.	Anupana	Yoosha and Ushnodaka(hot water)	
7.	Follow up	At each 10 days interval and complete evaluation after 20 days.	

**Contents of Maashbala taila :**

This medicine is prepared hypothetically by observing many chikitsa granthas. The contents of Maashbala taila are Maashbala taila, Dash-mool, Cow's milk, Atmgupta, Eerand's mool, Mishreya, Saindhava lavana, Sauvarchala lavana, Vida lavana, Manjistha, Chavya, Chitrak's mool, Shunti, Marich, Pippali, Pippali mool, Rasna, Madhuka, Amrita, Ashwagandha, Vacha and Shati.

**Criteria for the Total Effect of the Therapy:**

For the assessment of the total effect of therapy the following six categories were taken into consideration.

**Complete Remission**-100% relief in sign, symptom and clinical test was considered as cured

**Markedly Improved**- More than 50% average relief

**Moderately Improved**- The patients showing improvement below 50%

**Less improved**- The patient showing improvement below 25%

**Stable**- Checking of the progress without improvement in signs, symptoms and clinical tests

**Deterioration**- Increase in the signs and symptoms

**OBSERVATION:**

Observation is made on following basis.

**(A) On Demographic data:**

**Table-1 shows the observation on Demographic data**  
**Table-1**

Demographic Data	Class	Percentage
Age	31-60 years	73.33%
Sex	Male	73.33%
Religion	Hindu	90%
Marital status	Married	100%
Socio economical status	Middle class	60%
Dietary habit	Vegetarian	90%
Education	Graduation	30%
Addiction	Alcohol	30%

**(B) On The Basis Of Dashvidh Pariksha:**

**Table no- 2**

Sr. no.	Class	Particular	Percentage
1	Prakriti	Pitta kapha	33.33%
2	Vikriti	Vikriti visam samvet	100%
3	Sara	Asthi sara	26.66%
4	Samhana	Madhayam	50%
5	Praman	Madhayam	76.66%
6	Satyam	Sarvarasa	80%
7	Satwa	Madhayam	66%
8	Jaran shakti	Madhayam	56.66%
9	Vyayam shakti	Avar	53.33%
10	Vaya	Madhayam	73.33%

**(C) General Symptoms Wise Distribution of 30 Patients of Kampavata (Parkinson's Disease):**

**Table No. - 3**

General symptoms	No. of patients		Total	Percentage
	Group A	Group B		
Kampa	15	15	30	100%
Cestahani	13	14	27	90.00%
Stambha	12	12	27	80.00%
Gati Vikriti	8	10	18	60.00%
Vak Vikriti	7	11	18	60.00%
Smritihani	5	4	9	30.00%
Vishada	6	9	14	46.66%

**(D) Signs Wise Distribution of 30 Patients of Kampavata (Parkinson's Disease):**

**Table No. - 4**

Signs	No. of patients		Total	Percentage
	Group A	Group B		
Pill Rolling	9	11	20	66.66%
Marie Sign	9	10	19	63.33%
Micrographia	11	12	23	76.66%
Rombergism	7	14	21	70.00%
Glabella Tap	12	6	18	60.00%
Slowness Of Eye Movement	10	13	23	76.66%

**RESULTS:**

**Effect of trial drug on relieving the signs and symptoms is shown in table -5**

**Table No. - 5**

Symptoms and Signs	Group A (percentage of relief)	Group B (percentage of relief)
Kampa	20%	21.42%
Stambha	21.05%	42.10%
Gati vikriti	23.07%	20.00%
Vak vikriti	42.85%	35.00%
Smiriti	0	14.28%
Picking of pin	19.04%	22.22%
Marie sign	13%	29.41%
Buttoning time	13%	17.64%
Rapid alternation movement	11.11%	17%
Chest expansion	10%	13%
Walking time	0%	8.33%
Hand grip	20%	25.00%
Foot pressure	7.7%	23.07%
Pill rolling	17%	13%
Micrographia	7.14%	17.64%
Glabella tap	25.00%	27.29%
Vibandha	41.17%	45.83%
Gurugatrata	23.07%	47.00%
Angamarda	44.44%	44.44%
Sexual dysfunction	4.76%	4.54%

**OVERALL EFFECT OF THERAPY:**

**The overall effect of Maashbala taila in both the groups was mentioned in table-6**

**Table-6**

Effects	Group A		Group B	
	No. of Patients	Percentage	No. of Patients	Percentage
Complete Remission	0	0.00%	0	0.00%
Markedly improved	0	0.00%	0	0.00%
Moderately improved	2	13.33%	4	26.67%
Less improved	12	80.00%	10	66.66%
Stable	1	6.67%	1	6.67%
Deterioration	0	0.00%	0	0.00%

### Discussion and conclusion:

In majority of patients were having kampa (100%), chestahaani 90%, sthambha 80% was observed. On examination it was found that 76.66% of the patients had micrographia followed by slowness of eye movement in 70.00% (Table-3). It was found as mentioned above, because these are the cardinal features of Kampvaat.

The overall effect of therapy in Group- A (Maashbala taila paan) provide moderate improvement in 13.33%, less Improvement in 80% and Stable in 6.67% where as the overall effect of therapy in Group- B (Maashbala taila given as Nasya and Matra basti) provide moderate improvement in 26.67%, less Improvement in 66.67% and Stable in 6.67% (Table-6)

Nasyam and matrasthi Group (Group-B) showed better relief in Parkinson's disease than the maashbala tail paan (Group-A). Parkinson's disease is a chronic, progressive and incurable type of Vata disorder. Basti being the best treatment for Vata disorder, especially matrasthi is more suitable for such type of geriatric disorders which has been proved better than oral administration of maashbala tail paan in this study. Basti when administered directly strikes at the very root of morbid Vata and thus has potential to eliminate even most difficult Vata disorders like Parkinson's disease. The best route of drug administration for brain is nasya. The nasya of Maashbala taila may prevent the degenerative changes of brain.

The overall results showed that no group has curing potential to treat disease completely or markedly improvement. Thus overall result was mildly effective.

As excess severity or chronic neurological condition like Kampavata may need long term therapy for better results.

### References:

1. Agnivesh, Charaka Samhita, revised by Charak and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta edited by Vaidya Jadavaji Trikamji Acharya, Chaukhambha Sanskrit Sansthan, Varanasi, 5<sup>th</sup> edition, 2001
2. Sushruta, Sushruta Samhita with the Nibandhasangraha Commentary of Shri Dalhanacharya edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhambha Orientalia, Varanasi, reprint edition; 2009
3. Vriddha Vagbhata, Astanga Samgraha with Shashilekha Sanskrit commentary by Indu edited by Shivprasad Sharma, Chaukhambha Sanskrit series office, Varanasi, 2008
4. Vagbhata, Astanga hridaya with Sarvanga Sundara commentary of Arundatt and Ayurveda Rasayan commentary of Hemadri, edited by Pt. Hari Sadashiva Shastri Paradakara Bhisagacharya, Chaukhambha Surbharati prakashan, Varanasi.
5. Sharangadhar, Sharangadhar Samhita, Purva khanda, 2/1-12, edited by Brahmananda Tripathi, Chaukhambha Surabharati Prakashan, Varanasi
6. Bhavaprakash, Bhavaprakash nighantu commentary by K.C. Chunekar edited by G.S. Pandey, Chaukhambha Bharati Academy, Varanasi, reprint -2002.
7. P.V. Sharma, Dravyaguna Vigyan, Vol-2, Chaukhambha Bharati Academy, Varanasi, reprint -2001.
8. Vaidhya H.S. Kasture, Ayurveda panchkarm vigyan, Shri Vaidyanath Ayurveda Bhavan Ltd, Alhabad, reprint-2006.
9. Madhav, Madhav nidan, madhukosh commentary with hindi vidyotini comm. by S. Shastri, Vol-1 & 2, Chaukhambha Sanskrit sansthan, Varanasi.
10. Bhaishajya Ratnavali, edited by Rajeswar Dutta Shastri, Chaukhambha Sanskrit sansthan, Varanasi.
11. Harrison's Principle of Internal medicine, 17<sup>th</sup> edition. Vol-1 & 2, Mc Graw Hill, 2008.
12. Davidson's Principle and Practice of Medicine, 20<sup>th</sup> edition, Churchill Living stone Elsevier, reprint-2008.
13. Harsh Mohan Text book of Pathology, sixth edition, Japee Brothers Medical Publishers pvt, ltd, 2010.
14. A.F. Golwala medicine for students, 20<sup>th</sup> edition, Mumbai.