Original Research Paper

Volume - 14 | Issue - 10 | October - 2024 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Ayurveda

AYURVEDIC MANAGEMENT OF KAMPAVATA THROUGH PANCHKARMA AND SHAMAN CHIKITSA-A CASE STUDY

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ABSTRACT Parkinson's disease known as KampaVata in Ayurveda, is a degenerative neurological disorder of central nervous system, mainly affecting the motor system,most prevalent in geriatric population On the basis of sign and symptoms; Parkinson's disease is described under Vata Nanatmaja vikara in Ayurveda. Symptoms like Kampa (Tremor), Stambha (Rigidity), Chestasanga (Bradykinesia and Akinesia), Vakvikriti (disturbance in speech) etc were described in different contexts of Charaka Samhita, Susruta Samhita and Basavarajeeyam. Because of non-availability of curative treatment in modern science, this disease has remained as a great problem in the aging society making its prognosis even worse. A 70 year old male patient presented with complaints of tremors in upper limbs and head tremors, slow limited movement, difficulty with walking and balance, sleeplessness, depression and face appearing without expression (mask face) and impairment in his Activities of Daily Living (ADL) like bathing, cooking, talking etc,unable to hold bolus in mouth and has bullered speech , brought by his relative in indoor patient department (IPD) of K.C,JIAR,Jammu.This case study is about management of known case of Parkinson's disease with multimodality treatment in the form of Panchkarma procedures such as Sarvanga Abhyanga with Dhanwantaram Tail followed by Patra Pinda Sweda.Sarvanga Churna Uddvartan with Rasna Churna + Triphala Churna. Shiropichu with bhrami ghrita .Matra basti with Maha masha taila 80 ml. Nasya (Ksheerbala Taila) . Significant improvement was found with Panchkarma along with oral medicines. Assessment was done on the basis of signs and symptoms, bradykinesia and functional activities.

KEYWORDS : Parkinson's disease, KampaVata, Kampa, Vata Nanatamaja Vikara, Ksheerbala Tail, Matra basti

INTRODUCTION

Parkinson's disease (PD) is the most common form of a group of progressive neurodegenerative disorders characterized by bradykinesia, rest tremors, muscular rigidity, shuffling gait and flexed posture. Most of the features match with the Ayurveda description of KAMPAVATA. Worldwide incidence of PD is estimated to be around 7 to 10 million.,Its peak onset is in the early 60's The word KampaVata means the disorder of impaired Vata, in which the prime clinical manifestation is Kampa. "Na kampo vayuna vina"[1] In Charaka Samhita, Vepathu has been described as one of the eighty types of Vataja nanatamaja vyadhi.[2] The term KAMPAVATA was explained for the first time in the text Basavarajeeyam with most of its clinical features similar to that of PD. The main clinical feature of KampaVata is KAMPA (Tremor). Tremor is particularly important in diagnosing PD, as it is present in 85% of patients with true PD. PD can be accompanied by a variety of non-motor symptoms, including autonomic, sensory, sleep, cognitive and psychiatric disturbances. ,Nidrabhanga- sleep disturbances Matiksheena- Dementia Acharaya Charaka noted tremors in different organs like head.

The basic pathological is degeneration of a group of nerve cells deep within the centre of the brain in an area called substantia nigra. These cells use Dopamine as their neurotransmitter to signal other nerve cells. As these cells degenerate and stop functioning, Dopamine fails to reach the areas of brain that affect motor functions. Therapy for Parkinson's disease is aimed at replacing dopamine and to prevent the degeneration which is caused due to impaired Vata.

A multi-modality treatment in the form of Panchkarma procedures is selected for Parkinson's disease by giving satisfactory results in the treatment of disease. KampaVata correlated with Parkinson's disease which is Dhatukshyaja, Vatavydhi, and Apatarpana in nature. Hence the principle of treatment is Santarpana Chikitsa. Santarpana includes Bahyopakramas such as Sarvanga Abhyanga with Dhanwantaram Tail followed by Patra Pinda Sweda. Sarvanga Churna Uddvartan with Rasna Churna + Triphala Churna. Shiropichu with bhrami ghrita .Matra basti with Maha masha taila 80 ml.Along with this, various classical Ayurveda formulations were used as oral medicine. Remarkable results were observed after the administration of multimodality management.

Case Report

A 70 year old male patient living in urban area, with Vata-pitta Prakriti came in the IPD of JIAR Jammu on 26/02/2024.. He came with complaints of tremors in upper,lower limbs and head tremors, and slightly slurred speech. Patient also complaint of difficulty in walking without support , unable to hold bolus in mouth and has bullered speech . He had problem in writing. He had problems in her activities of daily living (ADL). These symptoms developed since 2 years and had slow progression. Patient consulted other physicians and taken allopathic treatment (Syndopa-100mg+25mg, Gabapentin) but symptoms had not shown any improvement.

Patient was apparently well before two years, but he developed gradual complaints of tremors in both lower limbs, difficulty in walking, balance and slurred speech and difficulty in writing. He was unable to start his walking (Cog Wheel Rigidity). He did not have any history of DM/IHD/PTB/Addiction or any major surgical procedure. He had a history of HTN for which he was taking allopathic medicine and was under control. No history of any trauma or any drug abuse was present.

On examination under Dashvidh Pariksha, he had Madhyam Sara, Samhana, Aahar Shakti, Abhyarana Shakti, Jarana Shakti, Satva, Satmaya. He had Avara Vyayam Shakti, Avara bala and with Vridha Vaya.

On examination under Astavidh Pariksha, Nadi – 92/min (Vata-pitta), Jivha – Sama, Mala -Malabaddhata , Mutra – Samyaka , Shabda – Ksheen (low tone speech), Sparsha – Ruksha , Drik – Samanya , Akriti – Madhyam .

On General Physical Examination, findings were, P/R – 92/min, B.P – 140/90 mm of Hg, Pallor – Negative, Icterus – Negative, Cyanosis – Negative, Clubbing – Negative, Edema – Negative.

On Systemic Examination, RS – B/L equal air entry with no added sound, CVS – S1 S2, Normal, CNS – Conscious and Oriented, P/A – Soft, Non tender. Liver, Kidney and Spleen not palpable, Bowel sounds were present. Pupillary reaction to light was normal. On examination of Reflexes, Deep Tendon Reflexes: Ankle jerk - ++, Knee jerk- ++, Biceps jerk - ++, Triceps jerk - ++, Planter reflex - Extensor were found. On examination of Muscle power grade, RT upper limb 5/5 and lower limb 5/5, LT lower limb 5/5 and upper limb 5/5 were found. On examination of Muscle Tone, Cog wheel type Rigidity was seen in B/L lower limbs. He had a flexed posture with masked face. On examining Muscles, no Atrophy was seen. On assessing Samprapti Vighatana, Dosha - Vataja Kaphaja, Dushya - Ras, Rakta, Majja, Srotas - Rasavaha, Raktavaha, Adhisthana - Shira, Hridaya was assessed. All the blood paramerters are under normal range. Diagnosis was done the basis of Kampa (tremor) - Bilateral tremor in "lower limbs", Gatisanga (Bradykinesia) - Can walk without assistance slowly but with shuffling gait, Vatavikriti (disturbance in voice) - Slight slurring of speech, Stambha (Rigidity) - Cog wheel rigidity, Sleeplessness - Disturbed Sleep, masked faced and flexed posture (Avanamana Patient was given the

following treatment Bahya Snehana Dhanwantaram Tail followed by Patra Pinda Sweda each for 15 min.

Sarvanga Churna Uddvartan with Rasna Churna + Triphala Churna.
Shiropichu with bhrami ghrita for 45 min.
Matra basti with Maha masha taila 80 ml.

At last Nasya was done with Ksheerbala Tail in dose of 6 drops /nostril for 7 days after the completion of the above procedures.
Along with the above Panchkarma procedures, Shamana treatment with Tab Bruhat Vata Chintamani Ras 2 BD
Aswagandharista 15 ml with equal amount of water BD
Kapikachu Churna 1 tsp OD with milk
KampVatari Ras- 1Tab. twice a day, Mashbaladi Kwath - 10 gm, twice a day, was given. Allopathic medicines were continued during the procedures for first seven days but were discontinued. After the completion of the procedures, there was significant improvement found in patient after Panchkarma procedures and administration of formulations

Table 1: Treatment Plan.

Session I	Abhyanga and patra pinda sweda , Shiropichu,udvatrtan,matra basti	16 days
Session II	Nasya	7 days

Table 2: Sign and Symptoms Assessment.

Sr. No	Sign and Symptoms	B.T	A.T
1	*Kampa* (Tremor)	B/L Tremor in lower limbs	Unilateral Slight Tremor Present at rest decreased by action and increase by emotion
2	*Gatisanga* (Bradykinesia)	Can walk without assistance slowly but with shuffling gait	Can walk brisk without aid
3	*Stambha* (Rigidity)	Cog wheel Rigidity	Markedly improved
4	*Vakvikriti* (Disturbance of Voice)	Slurring of Speech	
5	Sleep	Disturbed Sleep	Normal Sleep
6	Facial expression	None	Markedly improved

B.T. – Before Treatment, A.T. – After Treatment.

Assessment of bradykinesia [Table 3] was done by applying the following tests:

s.no	Test	Mean score	
		BT	AT
1	Picking of pins with Hands	72 sec	56sec
2	Buttoning time	34sec	19 sec
3	Marie sign (Blink rate / min)	08 / min	12/ min
4	Rapid Alternating Movements	13 movements/min	21 movements/min
5	chest expansion	0.7 cm	1.8 cm
6	Walking time	56sec	42 sec

DISCUSSION

KampaVata is Nanatmaja disorder of Vata as per Ayurveda texts condition can be correlated with Dhatukshya Vatavyadhi as well as Vata vitiated due to Avarana.[5] Ayurveda provides such patient with its miraculous treatment of Panchkarma and Shamana Chikitsa.[6] In KampaVata Avarana of Vata and Dhatukshaya are the chief pathological processes. Charaka has stressed on Srotoshuddhi, Vatanulomana and Rasayana in general management of Avarana. For the first time Vangasena Samhita,[7] stated the principles of the treatment of KampaVata. It clearly mentioned that, Abhyanga, Swedana, Nasya, Niruha, Anuvasana, Virechana and Shirobasti are the useful measures that can increase the life expectancy of the patient. Among the Panchkarma procedures Shiropichu[8] and Nasya (with Ksheerbala Taila) is chosen for the management of KampaVata as it may not interfere with the problems arising due to the disease and it can be done with ease irrespective of the age of the patient. Ksheerbala Taila is indicated in the management of eighty types of Vata Vyadhi.[9] It is cost effective and is chosen with consideration of socio-economic status of the patient. As Kapikacchu is having Dhatuvriddhikara, Vatashamaka and Sukraviddhikara properties.[10] So it also acts against the process of degeneration and may be beneficial in the condition of Dhatukshaya. It also corrects the function of Indriyas, which are found impaired in KampaVata In addition, kapikachu churna was prescribed, having L-dopa which has antiparkinsonism activity.[11] Basically KampaVata (Parkinson's disease) needs the rejuvenation therapy. The role of Basti is crucial in the management of KampaVata (Parkinson's disease). It promotes Bala, Mansa and Shukra. It is Sadyobalajanana and Rasayana. It is Balya, Vrishya, Sanjivana, Chakshushya and energizes the body,[12]

CONCLUSION

Parkinson's disease can be clinically compared with KampaVata according to Ayurveda. Among the various Ayurveda treatments, various Panchkarma procedures such as Abyanga, Svedana, Nasya, Shirobasti, Basti proved to be effective for treating PD patient. Drastic improvement can be seen from the above case study. Both Samshodhana and Shamana Chikitsa play animportant role to improve the Activities of Daily Living of a PD patient.

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