ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 07 | July - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A CASE STUDY - AN AYURVEDIC MANAGEMENT OF KAMPAVATA WSR PARKINSON'S DISEASE.

Ayurveda

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KEYWORDS

Introduction

Parkinson's disease is defined as Chronic, progressive neurodegenerative disease characterized by both motor and non-motor features. The most important signs and symptoms of Parkinson's disease occur when the nerve cells in basal ganglia, an area of brain that controls the movement become impaired or die. When these neurons die or get impaired, they tend to produce less amount of important chemical in the brain called as Dopamine which causes various symptoms like Tremors, Rigidity in muscles, Akinesia and postural disability associated with various Cognitive, Behavioural and other Psychological symptoms. In Ayurveda presentations of this disease can be corelated with the Kampavata in which both Sarvanga Kampa and Shiro Kampa are important Lakshanas that are seen. The Vata that is responsible for controlling the various functions of the body is responsible for causing the Kampavata manifestations have the similarities in presentations with Parkinson's disease. Kampavata is one among the Vataja Nanatmaja Vyadhi explained in Charaka Samhita[4] and same is explained as Vepathu by various other Acharyas. In Madhava Nidana, Vepathu is explained in a separate chapter which is characterized by Sarvanga Kampa and Shiro Kampa.In Basavarajeeyam, the symptoms of Kampavata provides the diagnostic clue regarding the disease Parkinson's presented by symptoms such as Karapadatale kampa, Deha Bhramana, Nidrabhanga and Ksheenamati.[6] Kampavata being one of the Vatavyadhi, general line of management of the Vatavyadhi can be adopted considering the specific nidanas

MATERIALS AND METHODS

Case study:

This is a case of 64 yrs old male who was Journalist complaining of resting Tremors in palms, forgetfulness, lack of sleep, difficulty in movements and unsatisfactory motion. He came to opd of kayachikitsa department of M. A. Podar ayurvedic hospital . Patient had history of irregular food habits, consumption of junk food, irregular sleeping patterns, work related stress.

N/K/C/O –DM/ HTN/ BA/ THYROIDISM
Family History – Nil
Past medical history – N/H/O dengue/malaria/typhoid
Past surgical history - Nil
Drug Allergies - Not yet known.
Addiction - Nil
O/E - Blood pressure – 120/80 mmHg
Pulse rate - 86/m
Temperature - 97.2 F
P/A – Soft , Non tender with mild gaseous distention

General Examination:-

On the day of examination patient was found to be Moderately nourished, Moderately built, Afebrile, Other parameters like Pallor was present, Icterus, Clubbing, Cyanosis, Lymphdenopathy, Edema was absent.

Systemic Examination

CVS: S1 S2 Heard, No murmur.
GIT: P/A Soft, non-tender, no organomegaly.
RS: NVBS heard, No added sounds.
CNS:
Higher Motor Function
Consciousness - Conscious
Orientation to time - Intact
Orientation to place - Intact
Orientation to person - Intact
Memory immediate - Intact
Memory recent - Intact
Memory remote - Intact
Intelligence - Moderate
Hallucination - Absent
Delusion - Absent
Emotional disturbance - Absent
Speech Disturbance - Absent
Tone-Rigidity seen in Upper limb .

Co-ordination:-

Romberg Sign - positive
Upper limb: Finger to nose test - possible
to finger test - possible
Rapid alternate movements - B/L upper limb - difficult to perform
Lower limb: Heel shin test - possible
Tandem walking - possible
Involuntary movements - Present in B/L upper limb
Gait - normal

Superficial reflexes:-
Corneal reflex - positive
Abdominal reflex - positive
Plantar reflex - positive

Deep reflexes

Biceps jerk : 2+
Triceps jerk : 2+
Supinator jerk : 2+
Knee jerk : 2+
Ankle jerk : 2+

Clonus - Patella - Absent
Clonus - Ankle - Absent
Jaw jerk : 2+

NIDAN (HETU):

Ruksha aahar sevan, ratri **jagrana, atichintan, atipravas**

SAMPRAPTI GHATAKA : [1]

Dosha:Vata: Vyana vayu
Dushya:Dhatu: asthi ,majja
Mala: purisha
Agni: Jatharagni
Srotasa:Asthivaha, majjavaha, Manovaha
Udbhava: mastishka
Vyaktisthana: Shakha
Rogamarga: Mastishak Rogamarga

TREATMENT GIVEN-

1. Sarvanga snehan and swedan for 15 days
2. Pratimarsha Nasya with Brahmi ghrit 2-2 drops daily
3. Krauncha beeja churna + Ashwagandha churna + guduchi churna ksheer paka for 1 month
4. Tb Brahmi vati 2bd rasankali for 1 month

5. Cap palsineuron with Brahmi ghrut (1tsf) bd vyanodane
6. Gandharva hartaki churna 3gm hs with lukewarm water for 15 days

Assesment criteria:-

Diagnosis of parkinsons disease is based on clinical presentation. As the patient had no other underlying comorbidity and fulflled the cardinal features of parkinsons disease the case has been diagnosed as PD. The four cardinal features of the disease, i.e., Tremor (Kampa), Rigidity (Stambha), Akinesia/bradykinesia, and Postural instability(Asthirtha) were presented in the case. For the evaluation of the effect of treatment grading of subjective parameters has been adopted

TREMOR:-

Grade	Tremor
0	No tremor
1	Unilateral slight tremor present at rest decreased by action
2	Bilateral tremor
3	Tremor is not violent but involves few body organs
4	Bilateral violent tremor not suppressed or diminished by the desired movement

Rigidity:

Grade	Rigidity
0	No rigidity
1	Rigidity is present but vanishes on continuous examination
2	Moderate rigidity was demonstrable and remained throughout the examination
3	Marked rigidity and full range of motion achieved easily
4	Severe rigidity and full range of motion achieved with diffculty

Akinesia/ Bradykinesia

Grade	
0	Can walk without aid
1	Can walk without assistance slowly but with a shuffing gait
2	Can walk with assistance slowly
3	Can walk slowly but need substantial help, shuffing with retropulsion/propulsion lack of associated movement
4	Unable to walk without assistance

PATHYA- APATHYA-

Along with the medication, healthy food and lifestyle modifications were adviced such as intake of freshly prepared and easily digestible food, fresh fruits; avoidance of junk food, food additives, black gram, fried items, curd and sesame, as these can cause vitiation of Kapha, Pitta and Vata (-three body humors). Instructions to do proper physical exercise and avoidance of stress were given. Any number of stressful situations can trigger hair loss, so to counteract stress, practicing relaxation techniques such as deep breathing, meditation, or yoga regularly is advised.

Results-

On the basis of assessment criteria

Symptoms	Before treatment	After treatment
Bilateral tremor	2	0
Moderate rigidity was demonstrable and remained throughout the examination	2	1
Can walk without assistance slowly but with a shuffing gait	1	0

Discussion-

The Majority of the symptoms of Parkinson's Disease can be correlated with the classical symptoms of Kampavata told in Ayurvedic literature. The main pathology involved here is due to Dhatukshayajanya Vata Vyadhi and line of management should be adopted based on Nirupasthambita Vata Vyadhi Chikitsa.[8] Therefore, it becomes very much necessary to adopt the Brihmana line of management to relieve the symptoms caused due to Apatarpana pathology.
So, the first line of management that was given as

Snehan swedan- We used Mahamahsa taila for snehan and Bala dashmoola kwtha for Swedana chikitsa In Parkinson's disease vata Dosha gets vitiated by it's rukha and shita Guna so we had planned snehan and Swedana which helps in shaman of vata Dosha by it's singdha and ushana gunas.

Pratimarsha Nasya - Nasya is said to be the main doorway to shiras nasyaaushadhi reaches to brain via nasal route and acts on higher centers of brain.we had used bramhi Ghrita for nasta which helps in releaving the ruskshta of vitiated vata Dosha by it's singdha Guna and helps in samprapti bhanga of kampavata.

Ksheerpaka- We used Krauncha beeja churna + Ashwagandha churna + guduchi churna ksheer paka.In Parkinson's disease patients straital dopamine levels can be increased either with precursor substitution and or by reducing its breakdown and is the mainstay of treatment but there is steady increase in the doses of levodopa as the disease progress. At higher doses it causes motor complications.Hence, drugs such as kapikachhu are said to be a good natural source of 3,4-dihydroxyphenylalanine.The seed extract shows a potent antiparkinsonian effect as it enhances the level of catecholamine,improves motor activities,reduces free radical generation,and attenuated the activation of astrocytes.Thus, significant releif in symptoms is seen in these case.

Guduchi –Giloy is known as “rejuvenate herb” because of its medicinal properties. It is a multipurpose plant used to treat number of diseases. Guduchi / giloy is best to cause astringent effect, promoting digestion (Agnideepan), alleviating Vata, Kapha, constipation. It is Balya (improves strength) Amahara (relieves toxins) Guduchi has anti-stress activities.

Ashwagandha-- Ashwagandha is a potent Rasayana and it has several pharmacological actions such as neuroprotective, analgesic and anti-inflammatory.Considering it's neuroprotective activity,Ashwagandha powder is used in this study.

Cap.palsineuron- It activates neuromuscular communication.

Bramhi ghrit- It acts as neuro-proctectivev,anti-oxidant and memory enhancing effect.

Gandharwa haritaki churna- It helps in anuloman of dosha so by this mechanisam it detoxify the body and helps in clearence of vata dosha.

Conclusion -

Kampavata and its treatment principles has been adopted in this case as majority of the symptoms are similar to that of Parkinson's disease. Bahya Chikitsa along with the abhyantar shaman chikitsa can create wonders and miracles in treating various Vata Vyadhi. After proper assessment and diagnosis Sarvanga snehan swedan, ksheerpaka, bramhi Ghrita Nasya which was adopted helped in bringing back the vitiated Vata Dosha to normalcy and Brihmana nature of these chikitsa helped in rejuvenation of body and strengthening the neurological functions of the body. Shamana Oushadhi's that were adopted like Ashwagandha, guduchi along with combined effects of Kapikachu are useful in improving the day to day activities of patient as it balances Vata Dosha and Kapikachu acts as the supplementation of the L-DOPA which makes it special in the management of Parkinson's Disease.[13] As the Parkinson's disease is neuro degenerative this study paves a way for further research in larger samples to understand the various other Panchakarma procedures in treating this condition.

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