



KAMPAVATA WITH SPECIAL REFERENCE TO PARKINSON'S DISEASE - A REVIEW

Dr. Rajendra 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

kampavata is a one type vatic disorder which is mentioned as vepathu in eighty type of nanatma vyadhi in charak samhita. The description of kampavata is found from vedic period to morden era. The sign and symptoms of kampavatamay be similar to parkinson's disease. Hence an attempt has been made to review tha kampavata.

KEYWORDS

Kampavata, Vepathu, Parkinson's disease

Introduction– Ayurveda the Ancient Science of life deals with physical, mental and spiritual wealth of mankind. It aims to preserve the health of healthy persons and cure the diseases of the patient. Ayurveda has fulfilled its aim by its Tridosha Siddhant (three constitute i.e. Vata, Pitta and Kapha are responsible for health and disease). When these three constituent are in equilibrium state it maintains the healthy condition and it produce disease when it is on imbalance state.

It is mentioned in the Charak Samhita (ancient classical ayurvedic text)that if Vata dosha becomes imbalance then it produces 80 types of vata nanatmaj vyadhi (vataja disease). Vepathu is a one of them which is commonly known as Kampavata. Kampavata is mainly associated with tremor (kampa), rigidity (sthambha) bradykinesia (chestasanga).

In Rigveda, it is mentioned that the lord Indra was suffered from Vepathu. It is also available in the literature of Atharveda in many places.

Charak mentioned Vepathu as separate disease among 80 types of vataj nanatmaja vyadhi, besides this kampa (tremor) is found as symptoms of many disease like vataja jwara, vataja unmanda, vatika kustha, vatic pandu urustambha etc. Unlike Charak, Acharya Sushrut has not mentioned Vepathu as a separate disease. But he mentioned it as a symptom of many disease conditions and also complication of Ardita (facial paralysis). As per Astanga Hridaya, kampa is found as a symptom in vata prakop (vitiation of vata) and sarwanga vata. kampa is noted in raktkshaya, pittakshaya and kaphkshaya condition according to Astanga Sangraha.

For the first time Acharya Madhava has mentioned the disease Vepathu in a separate chapter in his work "Madhava Nidan" in which he mentioned that Vepathu is characterized by Sarvang kampa (tremor all over body) and shirokanpa (tremor in hand). Chakrapani has mentioned treatment of kampavata in his work chakradutta. Vangasen has first time mentioned treatment principle of kampa. Sharangha Samhita has mentioned the kampavata in the nanatmaja vyadhi of vata. Bhasajya Ratnavali mentioned the many medicines for the treatment of kampavata.

Basavaraja – Author of this text has explained symptoms of kampavata, firstly provided diagnostic clue of the symptoms of Parkinson's disease i.e. "Karpadatale Kampa" (i.e. tremor in hands and legs), Deha Bhramana (whirling sensation), Nidrabhanga (sleeplessness) and Kshinmati (loss of intellect) (6th chapter), and thus he definitely provided some new ideas in understanding of the disease.

Sign & symptoms –

If we study the literature of Ayurveda it is observed that following are the key symptoms of kampavata

- 1) Kampa (Tremor)
- 2) Sthambha (Rigidity)
- 3) Chestasanga (Slowness Of Movement)
- 4) Vak Vikriti (Speech Disorder)
- 5) Avanamana (Flexion Posture)
- 6) Kshinamati (Dementia)
- 7) Smritihani (Loss Of Memory)
- 8) Vivandha (Constipation)

Kampa (tremor) is found in many part of body like Shirakampa (tremor in head), Hasta kampa (tremor in hands), Pada kampa (tremor in legs)

Management:

Kampavata is included in eighty type of vatavyadhi. There is no separate description of treatment of kampavata is available in samhitas. That is why general ayurvedic treatment of vatavyadhi is considered for kampavata also. The exposition of the line of treatment of the diseases due to the provocation of Vata has been given in all the major Ayurvedic texts.

1. Snehana: It means oleation of the body by external and internal intake of medicated oil, ghee, vasa and majja. External oleation is done by abhyanga or massage of the body by medicated oils while internal medication is performed by internal intake of medicated oil, ghee, vasa and majja. Few effective oils used for Abhyanga are Balataila, Laghuvishagarbha taila, Maha vishagarbha taila, Narayan taila, Prasarini taila, TilaTaila, Ksheerabala Tailam and Mahamasha Tailam

2. Swedana (Fomentation therapy) – Swedana is a treatment procedure in which sweating is induced. Swedana is usually done after Abhyanga and or Snehana. When patient becomes well oledated with Snehana therapy he should be given Svedana treatment. After oil Abhyanga the patient may be subjected to the suitable type of Sveda like Nadi Sveda, Prastara Sveda, Samkara Sveda etc. in, which unctuous articles should be mixed. (Ch. Chi. 28/78-79, A.H. Ci. 21/4).

3. Basti Chikitsa: Basti is said to be the best treatment for vitiated Vayu, which is the chief cause of Kampa Vata. When Vayu is controlled by the action of Basti all the other disturbed body elements fall into rhythm and equilibrium. Basti strengthens the joints and soft tissues, rejuvenates health, aids fast healing and prevents recurrence. Basti is of two types

1. Asthapana Basti (Kashaya Basti) – Herbal decoctions or milk

(ksheera Basti) processed with decoctions is given as enemas in this type of Basti.

Below mentioned are some of the best Asthapana Basti's in Parkinson's disease –Erandamuladi Kashaya Basti, Dashamula Kashaya Basti, Dashamula Ksheera Basti, Raja Yapana Basti, Mustadi Yapana Basti etc.

2.Sneha / Anuvasana Basti – Medicated oils or ghee is used for enemas. With above mentioned treatment many oral medications are also employed for better result. Sometimes only oral vata shamak medicines are given for the same. Few oral medicine are mentioned below-

Single Drug- Ashwagandha, Kakoli, Ksheerakakoli, Brahmi, Mandukaparni, Shankapushpi, Vidari, Jivanti, Punarnava, Guduchi, Amalaki, Pippali, Shatavari, Shilajit and Yashtimadhu

Compound Formulation –

Asava /Arishtam: Dashamularishtam, Balarishtam, Saraswatharishtam, Ashwagandharishtam, Punarnavasavam and Draksharishtam.

Vati / Gulika (Tablets): Yogaraja Guggulu Mahayogaraja Guggulu Trayodashanga Guggulu, Panchatikta ghrita guggulu, Brahmi Bati, Smritisagar Rasa, Vatakulantaka Ras, Vatagajankush Ras, Brihatvatachintamani Ras, Mahavata-vidhwans Ras, Chandraprabha vati, Trailokya chintamani Ras Chaturbhujia Ras and Tapyadi loha

Rasayana medicines- Vanari kalpa, Vajikara Rasayanam, Ashwagandha Rasayanam, Ajamamsa Rasayanam, Drakshadi Rasayanam / Drakshadi Lehama, Kushmanda Rasayanam, Chyavanaprasham, Dashamula Haritaki

Parkinson' S Disease

Parkinsonism is a disorder of extra pyramidal system, characterized by tremor, rigidity, bradykinesia and postural disturbance.

Causative Factor:

1. Environmental Risk Factor –pesticides, consumption of well water. Exposure to herbicides and proximity to industrial plants or quarries.

2. Occupational Hazards: Person working in following centers are more prone to this diseases.

Petroleum, Plastic, Rubbers, workers, Exposure to Metals, Painters, Lacquers, Furniture, Textile workers, weavers, Farmer, Engine mechanics, Refrigerating system workers, Leather workers

3.Drugs: Drugs that deplete the presynaptic store of dopamine such as reserpine, tetrabenzine, zinc and drug that block the dopamine receptor such as phenothazine, butyrophenone, thioxanthene or benzamide class and antiemetic drugs such as metaclopramide, prochlorperazine and various antidepressant anxiolytic neuroleptic combination can cause Parkinsonism syndrome clinical indistinguishable from idiopathic Parkinsonism.

Signs and Symptoms:

TREMOR: - Onset of Parkinson's disease is typically asymmetrical and Tremor usually begins in one upper extremity and initially may be intermittent. As with most tremors, the amplitude increases with stress or emotion and resolves during sleep.

- usually first in finger/thumb
- may affect arm, leg, feet, jaw, tongue
- intermittent, present at rest and when distracted
- appear as a 'pill-rolling' motion of the hand Postural .

BRANDYKINESIA: - Bradykinesia (in its most severe form akinesia) refers to slowness of movement but also includes a paucity of spontaneous movement and decreased amplitude of movement .

Bradykinesia is also expressed as micrographia (impaired and small handwriting), fine movement of hand are also markedly affected (such as needle work, fastening buttons, shaving, dealing card and taking money from pocket), hypomimia (decreased facial expression), decreased blink rate and hypophonia (Soft speech).

Saliva is not swallowed as fast as produced and seborrhea results. Normal gait may be affected as the result of loss of muscle power, alternation of muscle tone, in co-ordination of movement. Movement in a series of small, flat-footed shuffles is best typified by extra pyramidal syndrome particularly Parkinson's disease. In Parkinson's disease the patient with the head and trunk bent forward and limbs (hips and knees) partially flexed, walk with short, rapid shuffling steps. There is loss of swinging of arms. When walking, the step becoming quicker as the movement progresses "festination" there may cause rapid forward movement. He gives the appearance of "chasing his center of gravity" . Sudden change of direction cannot be made.

RIGIDITY: - Rigidity is a prominent feature of many extrapyramidal diseases such as the advanced form of paralysis agitans. Parkinson-type extra pyramidal syndrome produces "plastic rigidity" also known as "lead-pipe rigidity" Characterized by an increased resistance to passive movement. The agonist and antagonist contract alternately rapidly and regularly during movement, producing the so-called "Cog-wheel rigidity" this may be present only during the first moments of testing.

Postural disturbance: - Difficulty in rising from chairs or rolling over in bed, stooped posture are found PD. Disturbance of balance may be seen in the pull test. Instead of moving the arms forward and swaying the trunk, parkinsonian patients may take steps backwards (retropulsion) or even fall back into the examiner's arms, without any attempt to maintain balance.

Mental disturbances: -

(a) Anxiety.

(b) Depression - Some clinical symptoms of depression in-patient Parkinson's disease are found like as:-

Persistent sad, anxious, empty mood, sleeping too much or too little, middle of night or early morning walking. Reduced appetite and weight loss or increased appetite and weight gain. Loss of pleasure and interest in activities. Difficulty in concentrating, remembering and making decision.

© **Dementia** - generally occurs late in Parkinson's disease.

(d) Speech disorder: - The speech becomes low, monotonous. Due to defective pronunciation of consonants and lack of Variation can be very easily observed.

(e) Constipation: - Constipation is a common and major symptom of Parkinson's disease and cause of great distress to many patients.

Discussion and conclusion: kampavata or vepathu is characterized with Kampa, Sthambha, Chestasanga, Vak Vikriti, Avanamana, Kshinamati, Smritihani and Vivandha etc. In parkinson's disease also symptoms like tremor, bradykinesia, rigidity found. Hence it gives a chance to compare kampavata with parkinson's disease. Vat samak treatment like snehana, swedana and basti chikitsa is given in kampavata. This treatment also relieves the symptoms like tremor, rigidity etc. which indicate the similarity of management in both cases. Kampavata or parkinson's disease is serious alarming condition hence medication and treatment may be given under supervision of concern physician.

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