



AYURVEDIC MANAGEMENT OF KAMPAVATA- CASE REPORT
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ABSTRACT:

Due to the changing lifestyle compared to olden days, maximum number of people in the present era are under esteemed stress. This is due to over duty, night shifts, excess of traveling, over thinking, reduced quality of food, so population in the present era are suffering from different degenerative disorders in early ages. Parkinson's is one among the degenerative disorder which is correlated with *Kampavata* in Ayurveda. The pathological hallmarks of Parkinson disease are depletion of the pigmented dopaminergic neurons in the substantia nigra and the presence of alpha synuclein with other proteins. It is recognised as a synucleinopathy alongside multiple system atrophy and dementia with lewy bodies in the basal ganglia brain stem & cortex. There is no effective treatment in alternative medicine, also levodopa which is the drug of choice for Parkinson's having severe side effects. Ayurveda system of science not only treats the disease also says about maintaining lifestyle in a healthy condition. *Snehana* (oleation therapy), *swedana* (fermentation therapy), Basti (enema therapy) etc helps in treating *Kampavata* and helps in maintaining *vata* dosha in *samya avastha* (balanced state). This also helps in promoting health and maintaining degeneration in the body. Panchakarma procedures are helpful in treating various degenerative disorders along with maintaining and promoting health.

Keywords: Degenerative, Parkinson's, *Kampavata*, *Basti*, *Nasya*, *Snehana*.

INTRODUCTION

Movement disorders present with a wide range of symptoms, they may be genetic or acquired and the most important is Parkinson's disease. Parkinson's is a clinical syndrome characterised primarily by bradykinesia with associated increased tone, tremor and loss of postural reflexes. Age has a critical influence on incidence and prevalence. 300-400 out of 100000 after 80yrs of age. Average age of onset is about 60yrs and fewer than 5% of patients under the age of 40yrs. [1] The loss of dopaminergic neurotransmitters in the basal ganglia brain stem and cortex, these are the pathological hall marks of Parkinson's disease. It is progressive and incurable with a variable prognosis and significantly reduce quality of life gradually. There are limitations of treatment in allopathic science, Levodopa is a drug of choice for Parkinson's also various dopamine agonists are available but are least effective compared to levodopa. [2]

CASE REPORT

Treatment conducted in 2018 in the month of January at Dhanwantri Arogyaashrama Nanjanagudu, Karnataka. Unit of B.V.Pandith Company. Medicines used here are from this company.

Male patient aged 72yr

Occupation: Retired high school principal

Chief Complaints: C/O Tremors in both upper and lower limbs, stiffness of all joints, loss of wt with progressive memory loss since 6months.

Associated Complaints: Loss of sleep, stiffness in whole body, Constipation.

History of present illness: Pt was normal 8 months past, gradually developed difficulty in mobility and holding objects due to tremors before 8 months patient was able to walk independently up to 3 to 4 kms per day. Now able to walk for 100 to 200mts with difficulty with support of stick. Difficulty while sitting and standing up from the chair. Unable to recall the memories gradually progressed now that unable to remember a day before events. Unable to hold pen and write. Unable to spell a short sentence in a single flow, used to break the sentence in single word with difficulty. Loss of sleep. Able to sleep for 2 to 3 hrs at night with difficulty. Loss of smile on face. Reduced intake of food, gross weight loss with dryness of skin with wasting of muscles.

Chikitsa Vrittanta (Treatment history): Consulted neurologist and was diagnosed as Parkinson's disease, prescribed Tab- Levodopa but patient choose Ayurveda treatment.

Kautumbika Vrittanta(Family history): Nothing significant.

Vayaktika Vrittanta: (Personal history) Nidana:

Aahara (Food): Ruksha [without oil], katu[spicy] aahara Frequent upavasa (fasting), irregular food habits.

Vihara (lifestyle): Excessive Walk. Over time work with over workload.

Manasika (Mental): Excess of stress.

Diagnostic criteria: Unified Parkinson's Disease Rating Scale as per Movement Disorder Society [3]. Under which assessment is categorised into 4parts

MDS UPDRS Score Sheet: [3]

Source of information: Patient & Caregiver

Table no. 1 Intervention and timeline:

Sl no	Treatment	Course of treatment	Oral medications	Dosage	Anupana	Aushadhi sevana kala	Follow up
1	Deepana	8days	Hingwastaka churna	3gms BID	Ghee	First bowel of meal	8days
	Nithya snigdha virechana	8days	Gandharva hastadi eranda taila	30ml HS	50ml Hot milk	After food	8days
2	Shirodhara Shiro abhyanga with Dhanwantara taila + Ksheerabala taila Takra dhara	5days	1)Balarista 2)Bhrit vata Chintamani rasa (gold) Shiro pichu with ksheerabala taila.	20mlTID 1BID	Ushna jala Ushna jala	After food After food	15days
3	Nasya karma Shiro & mukha Abhyanga- Ksheerabala taila Nasya- Bhrami Gritha 12drops in each Nostril daily increased by 2 drops	7days	1)BVC gold 2)Balarista 3)kapiccachu churna 4)shiro pichu dharana once a day with ksheerabala taila avaritita	1BID 20mlTID 3gmsBID	1)Ushna jala 2)Ushna jala 3)Ksheera	After food After food 7am&5pm	1month
4	Mamsa khizz Sarvanga abhyanga with ksheera bala taila	7days	CST	CST	CST	CST	1Month

Table no. 2 Effect of treatment

	PART 1					BT	AT
Sl no	Non motor aspects	BT	AT	3.3b	Rigidity -Right upper extremity	3	0
1.1	Cognitive impairment	4	0	3.3c	Rigidity -Left upper extremity	3	0
1.2	Hallucinations & Psychosis	4	0	3.3d	Rigidity -Right lower extremity	3	0
1.3	Depressed mood	4	0	3.3e	Rigidity -Left lower extremity	3	0
1.4	Anxious mood	4	0	3.4a	Finger tapping-Right hand	2	0
1.5	Apathy	4	0	3.4b	Finger tapping -Left hand	2	0
1.6	Who is filling out questionnaire	Pt & caregiver		3.5a	Hand movements -Right hand	2	0
1.7	Sleep problems	4	0	3.5b	Hand movements-Left hand	2	0
1.8	Day time sleepiness	4	0	3.6a	Pronation -Supination Movements-Right hand	2	0
1.9	Pain & other sensations	4	0	3.6b	Pronation -Supination Movements-Left hand	2	0
1.10	Urinary problems	4	0	3.7a	Toe tapping-Right foot	3	0
1.11	Constipation problems	4	0	3.7b	Toe tapping -Left foot	3	0
1.12	Light headedness on standing	4	0	3.8a	Leg agility- Right leg	3	0
1.13	Fatigue	4	0	3.8b	Leg agility-Left leg	3	0
	PART 2			3.9	Arising from chair	3	0
2.1	Speech	3	0	3.10	Gait	3	0
2.2	Saliva & drooling	0	0	3.11	Freezing of gait	3	0
2.3	Chewing & swallowing	3	0	3.12	Postural stability	3	0
2.4	Eating tasks	3	0	3.13	Posture	3	0
2.5	Dressing	3	0	3.14	Global spontaneity of movement	3	0
2.6	Hygiene	3	0	3.15a	Postural tremor-Right hand	4	0
2.7	Doing hobby & other activities	3	0	3.15b	Postural tremor-Left hand	3	0
2.8	Turning in bed	3	0	3.16a	Kinetic tremor-Right hand	3	0
2.9	Handwriting	4	0	3.16b	Kinetic tremor-Left hand	3	0
2.10	Tremor	4	0	3.17a	Rest tremor amplitude-RUE	2	0
2.11	Getting out of bed	3	0	3.17b	Rest tremor amplitude-LUE	2	0
2.12	Freezing	4	0	3.17c	Rest tremor amplitude-RLE	2	0
2.13	Walking & balance	4	0	3.17d	Rest tremor amplitude-LLE	2	0

	PART 3			3.17e	Rest tremor amplitude-lip/jaw	2	0
Sl no	Motor aspects	BT	AT	3.18a	Constancy of rest tremor	4	0
3a	Is the patient on medication? *No			3.18b	Were dyskinesia present	yes	No
3b	Is patient on Levodopa? *No			3.18c	Dyskinesia interferes with ratings	Yes	No
3.1	Speech	3	0		PART 4		
3.2	Facial expression	3	0	4.1	Time spent with dyskinesia Dyskinesia =total hrs with dyskinesia/total hrs awake*100	80%	7.1%
3.3a	Rigidity -Neck	4	0	4.2	Functional impact of dyskinesia	3	0
				4.3	Time spent in the off state= total hrs of off/total hrs of awake*100	60%	0
				4.4	Painful off state dystonia= total hrs with dystonia/total hrs off*100	83%	0

DISCUSSION:

All the diseases which are said to be the causative factors for Parkinson's are common in old age where in that age metabolic rate is reduced and growth rate of the tissues are reduced in our body. In ayurveda we can correlate to the predominance of the doshas according to the age in old age vata dosha is predominant. As we know the importance of vata according to yogarathnakara in vatavyadhi

adhaya said just like clouds which are controlled by wind same vata controls the functions of all the components i.e doshas, dhatus & mala throughout body both in physiological and pathological aspects. To counteract mainly Ruksha and Chala guna of vata snehana, swedana & basti plays an important role.

Table no. 3 Different types of Vata involved in Kampavata

Sl no	Types of vata	Sthana of vata	Functions of vata	Lakshanas of Kampavata & Parkinson's
1	Prana vata	Pranoatra murdhagha(A H Su 12/4)	Buddhi hridaya indriya chitta dhrik(A H Su 12/4)	Matiksheena, anxiety, depression, behavioural disturbance
2	Udana vata	Uraha sthanam udanasya(A Hsu12/5)	Nasa nabhi gala chareth Vak pravarutti prayatna urja bala varna smriti kriya (A H Su 12/5)	Ghrana nasha, softer & indistinct speech, memory loss, weight loss, expressionless face

3	Vyana vata	Vyano hridhi stithaa krithsna dehachari mahajavaha(A H Su12/6)	Gathy apakshana utpekshana nimesha unmeshanahi khaa Prayaha sarva kriyasthasmin pratibaddha shareerenam(A H Su12/7)	Bradykinesia, tremors in both upper & lower limbs, jaw chin. Difficulty in tying shoelaces. Rapid eye movement.
4	Samana vata	Samano agni Sameep Astha kostecharate sarvathaa(A H Su 12/8)	Annam grhanathi pachati viveechayate mucchhate(A H Su12/8)	Loss of appetite Constipation
5	Apana vata	Apanoapanagaha shroni basti medra uras (A H Su 12/9)	Shukra arthava shakrut mutra Garbha nishkramana kriya (A H Su12/9)	Decreased sexual activity, constipation.

Vangasena mentioned specific treatment for Kampavata. [4] Where other acharyas mentioned general chikitsa sutra of vata dosha because Kampavata is a disease which is predominant of kupita vata. Present case nanatamja vata, where there is involvement of all five types of vata explained in table. Here treatment followed is for vata upakrama. Mainly snehana, swedana & Basti plays a very important role. Charaka acharya mentioned Sneha acts as amrita in treating vata dosha.[5] There is no medicine other than sneha to treat vata dosha due to snigdha[oily], guru[heavy], mridu[soft], drava[liquid], picchila[sticky], sara[quick], manda[slow], Sukshma[micro] guna of sneha counter acts ruksha[dry], laghu[light], khara[rough], chala[unstable] gunas of vata dosha. In sarvanga kupita vata Abhyanga, sweda, basti, both niruha and anuvasana to be followed. [6]

Nasya karma:

Kupita vata seated above bahu and shiras nasya to be indicated. [7] As explained in the table that all five types of vata are involved in the sarvanga Kampavata. Brahmi gritha used for *nasya karma*. Ghee based polyherbal formulation used widely in various psychiatric and neuropsychiatric disorders in Ayurveda eg: *Kalyanaka gritha Brahmi gritha, Panchagavya gritha etc* in *apasmara* and *unmada*. Here in Parkinson's to counteract the loss of memory, *anxiety* and depression *Brahmi gritha* is selected. Taila is the best *sneha* to pacify *vata dosha*. *Gritha* is best *sneha* to pacify *pitta dosha*. But in Parkinson's *vata dosha* is predominant, how come *gritha* is used for *nasya karma*, question arrives in mind. In *nasya karma sneha* is instilled through nostrils which reaches the brain directly. Because *nasaho hi shiraso dwaram*. Grey matter present in the brain resembles ghee so *samanyam vridhhi karanam*. Ghee acts as the best *sneha* to nourish brain. *Brahmi* having *tikta rasa* with

madhura vipaka and is *medhya* hence *Brahmi gritha* is selected.

Murdhani tail [8] effectively shows its therapeutic effects due to its lipoidal structure, hence their uptake by blood flow. Once it crosses the blood brain barrier it effectively strengthens the neurons.

Shiro Dhara with takra prepared with musta, tagara, jatamamsi, which helps to balance vata present in the head. **Shiro Picchu** with *ksheera bala taila*. Placing of oil over the scalp for long duration facilitates increased transdermal absorption. It functions by exploiting the tarpaka kapha, sadhaka pitta & prana vata due to Tikshna, vyavayi & Sukshma property of taila. It moves into the manovaha stotas bringing the vitiated rajas and tamas with brimhana, balya, vata shamaka, Medhya properties. [9]

Mamsa kizzi [10] is type of *Sankara sweda*, it is *snigdha pinda sweda*. Goats' meat is used here. *Aja mamsa* is having *sheeta, guru, snigdha, guna* it brings *sharia dhatu samyata* Without increasing *kapha dosha*. [11] It helped in increasing *mamsa dhatu* in a patient. Cow's milk is *swadu*[sweet], *sheeta* [cold potency], *mridu*[soft], *snigdha*[oily], *bahala*, *slakshana*[shine], *picchila*[sticky], *guru*[heavy], *manda*[slow] and *Prasanna* [12] Combination of *shastika shali* [13] cow's milk and *aja mamsa*[meat] does brahmana, increase in size of *mamsa dhatu Basti* the treatment of choice which Pacifies the *prakupita vata* dosha.

Basti is ardha or Sampoorana chikitsa and the best treatment to pacify vata dosha. It not only pacifies vata it balances five types of vata along with pitta,

kapha dosha and saptha dhatus. Just like roots nourish whole tree, basti nourishes whole body.

Shamana chikitsa mainly balarista where bala is the main ingredient is best vata shamaka & balya. Brihat vata Chintamani rasa with gold is a rasayana which nourishes the central nervous system maintains nerve cells from degeneration.

Kapicachu is said to be a drug of choice for Kampavata. Having Madhura tikta rasa, snigdha guna Madhura vipaka, ushna veerya, Prabhava is vrishya. Due to snigdha guna and Madhura vipaka it controls ruksha & chala guna in Kampavata.

CONCLUSION:

Snehana is the best line of treatment to counteract Ruksha & Chala guna of vata. Sneha helps to nourish the tissues in the body and helps in treating Parkinson's disease also ayurvedic procedures like nasya, shirodhara, shiro pichu, mamsa khizz, Basti are different routes of administration of medicines helps to maintain the vata along with other components of the body in healthy state. Not only procedures along with following diet and lifestyle as said in dinacharya is must to be followed to control Parkinson's & its reoccurrence.

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