

Case Report

A CASE REPORT ON MANAGEMENT OF KAMPAVATA (PARKINSON'S DISEASE) THROUGH AYURVEDA

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ABSTRACT

Parkinson's disease is a second most common progressive neurodegenerative disease involving multiple motor and non-motor neural circuits affecting geriatric population. In this case study Ayurvedic management of Kampavata (Parkinson's disease) is discussed. After incorporating various treatment modalities such as Abhyanga, Swedana, Basti, Nasya, Shamanaushadhis and Satwavajaya Chikitsa, patient observed significant positive outcome in magor period of 60 days. This signifies the role of Ayurvedic protocols, comprehensive management & sustainment of health in Kampavata ill patient.

**Keywords:** Kampavata, Basti, Nasya, Shamanaushadhi, Satwavajaya Chikitsa

INTRODUCTION

Parkinson's disease is a chronic degenerative disorder of central nervous system mostly affecting the age group between 50 years-80 years, characterized by both motor and non-motor features finds physical and psychological impact on both patient and caregivers [1]. It is estimated that, there are more than 10 million people worldwide suffering from this disease.

It is a neuropsychiatric syndrome characterized by motors signs such as bradykinesia, resting tremors, cog wheel rigidity & postural instability. Although the diagnosis is based on motor aspects, non-motor aspects of the disease are extremely common and disabling which includes cognitive dysfunction, anxiety, depression, sleep disturbances, dysphagia, constipation, urinary incontinence, poor impulse control and other behavioral symptoms. Due to neuronal loss of substantia nigra, in the areas of the mid brain, basal ganglia, fore brain and neocortex, there will be dopamine insufficiency & presence of Lewy body results in abnormal nerve functioning, causing symptoms of the disease [2]. However, this is only a small part of the genesis of the condition and genetic mutations, Environmental factors are most likely to cause the condition.

As a result of impaired capacity of physical and cognitive functions, Parkinson's disease patient need significant help from others which again distress the patient and family members.

In Ayurveda, Kampavata described under Vataja Nanatmaja Vyadhi. Vata is responsible for controlling various functions of body. Vitiation of Vata due to diet, lifestyle & old age disturbs Prana, Udana & vyana Vata and at same time Avarana is evident by Kapha Doshha. Due to Vardhakya, Rasa Pradoshaja, and Dehaprakarsha which results in Vruddi of Vata along with Kapha

affects Rasa, Snayu and Majja at Shiras. Kampavata characterized with symptoms Karapadatale Kampa (upper & lower limb tremors), Stambha(rigidity), Chestasangha (bradykinesia & akinesia) Vakvikruthi (speech disturbances), Nidrabhanga(sleep disturbance), Ksheenamathi(memory impairment) [3].

CASE REPORT

A 62 year old retired civil engineer male patient came to OPD of TMAESAMC Shimoga with his relatives complaining of involuntary tremors in head, neck and more in extremities, disturbed sleep since 5 years. Difficulty in walk and balance, stiffness in whole body, slightly slurred speech, difficulty in having food and performing other activities by hand since 1 year. Problems with memory, sadness, hopelessness about future, anger, loss of interest in activities, decreased social interaction since 6 months.

Patient has history of DM since 3 years which is under control with medication. Smoking occasionally (3-4/week), tobacco chewing (1-2 packets/day). No past history of HTN /IHD/ Alcohol addiction / Major surgical procedure/Trauma. No significant family history for Parkinson's disease was found (Tables 1-5).

Investigations

- All blood parameters were under normal range.
- MRI suggested age related cerebral atrophy.

Assesment criteria

- Hoehn & Yahr Scale Before Treatment: Stage 4 After Treatment: Stage

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**Table 1. General examination**

<b>Weight</b>	65 Kg
<b>Height</b>	5.8 feet
<b>BP</b>	120/80 mm of hg
<b>Pulse</b>	74/min
<b>Respiratory rate</b>	18/min
	No Pallor, Icterus, Cyanosis, Clubbing & Edema.
<b>Bowel</b>	Occasionally constipated
<b>Appetite</b>	Reduced
<b>Micturation</b>	Normal
<b>Sleep</b>	Reduced sleep, difficulty in initiation and maintenance.

**Table 2. Systemic examination**

<b>Gastrointestinal system-</b>	Soft, no tenderness and organomegaly.
<b>Respiratory system –</b>	Symmetrical chest, no added sound
<b>Cardiovascular examination –</b>	s1, s2 was normal, no murmur
<b>Sensory-Motor System</b>	-
<b>Difficulty in walk without support, slow and short steps.</b>	-
<b>No Atrophy</b>	-
<b>Power</b>	RtUL & RtLL -5/5, LtUL & LtLL-5/5
<b>Tone</b>	Cog wheel type of Rigidity.
<b>Reflexes</b>	Ankle jerk ++, Knee jerk +++, Biceps jerk ++, Triceps Jerk ++, Plantar reflex-Extensor were found
<b>Coordination</b>	poor
<b>Tandem walking Negative, difficulty in balancing.</b>	-
<b>Romberg's sign</b>	– Normal
<b>Knee heel test</b>	– Negative
<b>Finger to nose test</b>	Negative, patient was not able to do it perfectly due to tremors

**Table 3. Examination of Manas**

<b>Mano Pariksha</b>	<b>Patient manifestations</b>
<b>Mana(Thought process)</b>	Negatively biased thoughts and anticipation.
	Decreased social interaction.
	Easily distractible.
	No suicidal ideation/ Hallucination/ Delusion/ Obsession/ Compulsion.
<b>Buddhi(Intelligence &amp; judgement)</b>	Social and test judgement-intact.
	Worthless, hopelessness about his condition and future.
	True emotional insight.
<b>Sanja-Jnana (Orientation )</b>	Oriented to place/time/person
<b>Smruthi(Memory)</b>	Poor and confused
<b>Bhakti(Desire)</b>	Normal grooming & hygiene.
	Reduced interest in Food & recreation.
<b>Sheela(Temparament)</b>	Impulsive, irritability.
	Affect-Blunted, tearful.
	Mood-Sad, depressed
<b>Cheshta(Psychomotor)</b>	General activity reduced.
	Involuntary movements like tremors.
<b>Achara(Conduct)</b>	Co-operative.
	Eye to eye contact-Average.
	Rapport was able to establish.

**Table 4. Samprapti Vighatana**

<b>Dosha</b>	Vata(Apana,Vyana), Kapha(Tarpaka,Shleshaka), Tamas, Rajas
<b>Dushya</b>	Rasa,Rakta, Mamsa, Majja, Manas
<b>Srotas</b>	Rasavaha,Raktavaha, Mamsavaha Majjavaha, Manovaha
<b>Srotodushti</b>	Sanga
<b>Adishtana</b>	Pakwashaya, Shirastha Majja, Hrudaya
<b>Vyakta Sthana</b>	Sarva Shareera & Manas
<b>Diagnosis</b>	Kampavata (Parkinson's disease stage – 4) with mild Depression)

Table 5. Intervention

Session	Chikitsa	Results
1	Sarvanga Abhynaga with KsheeraBala Taila+ Sarvanga Parisheka with Dashamoola Kwatha for 3 days Deepana+ Pachana with Shuntijala-50 ml TID B/F for 3 days Gandharva Hasthyadi Kwatha-15ml TID B/F with lukewarm water Vakshuddhikara Churna E/A on tongue for rubbing Satwavajaya Chikitsa	1. Appetite improved
2	Sarvanga Abhynaga with Bala Ashwagandha Taila + Naadi Sweda Anuvasana and Niruha Basti- 16 days Shiropichu with Brahmi Taila-16 days Nasya with Kapikacchu Taila-6 drops on each nostril with increasing order till 10 drops for 7 days Gandharva Hasthyadi Kwatha -15ml TID B/F with lukewarm water Ashwagandhaarishta-15ml TID A/F with lukewarm water Vakshuddhikara Churna E/A on tongue for rubbing Satwavajaya Chikitsa	Considerable Reduction in tremors Improvement in sleep Improvement in Bowel Relaxed Crying spells reduced
3	Nasya- Pratimarsha Nasya with Kapikacchu taila-2 drops on each nostril Ksheerapaka- Kapikacchu Churna 5 gms +Ashwagandha Churna- 5 gms Vakshuddhikara Churna E/A on tongue for rubbing Kalyanaka Ghrita 2 TSP -HS with leukwarm milk Satwavajaya Chikitsa	Speech- clarity improved Resting tremors reduced Started walking without support Muscle stiffness reduced Better hopes for future & Confidence
Total duration of treatment – 2 months		

- Ham-D scale
- Before Treatment: Score 16 (Moderate Depression) After Treatment: Score 2 (Normal)

## DISCUSSION

Kampavata (Parkinson's disease) is a Vatavyadhi, hence the main line of treatment was to pacify Vata by Vatahara Chikitsa, remove Kaphavarana by Deepana- Pachana Chikitsa and to improve Satwa Bala with Medhya Rasayana and Satwavajaya Chikitsa.

Snehana with Bala Ashwagandha Taila for Sarvanga Abhyanga was used here due to its properties of Jara Shrama Vata Hara, Pushti, Ayu, Swapna, Twak Dardhyakara. For Sarvanga Parisheka, Dashamoola Kwatha was used which is a form of Dravasveda possess Tridosahara, Ushnaveerya, Laghu Ruksha Guna helps in pacifying Vata Kapha Dosha. It cures stiffness, rigidity, heaviness and improves mobility [4].

Deepana and Pachana is the part of Vata-Upakrama, Poorvakarma before Snehana & Avarana Chikitsa. It improves Agni [5]. Deepana Pachana with Shuntijala act as Vata-Kapha Shamaka and corrects the vitiated Vata. Gandharvahastadi Kwatha is Ushna Virya, Madhura Rasa & Vipaka and Snigdha Guna. It is Vatahara, Agnideepaka, Vrutsya, Malashodhaka [6].

Ashwagandha known as Satvika Kapha Rasayana. It is KaphaVata Hara, Balya and Medhya Rasayana. It has anxiolytic, antidepressant, nervine tonic, nootropic, anti-oxidant effect. It improves physical endurance, sleep & enhances cognition of the patient. It also slows, stops, reverses or removes neuritic atrophy and synaptic loss at any stage of the disease [7].

Basti regulates the Vata Dosha and Manas. It act as curative, preventive and cleanses the channel thus promotes physical and mental health. Basti Karma stimulates the Enteric Nervous System

(ENS), which is other-wise known as the 'Gut brain', which shows positive effect on the CNS thus corrects the neurological deficits. In Parkinson's disease, there is neuronal loss, so the ingredients of Basti helps regeneration and generate hydroelectric energies in nerve cells for communication. In this case, Mustadi Yavana Basti with Madhu, Saindhava Lavana, Ashwagandha & Kapikacchu Kalka, Mustadi Ksheera Kashaya and Masha Taila are given. This Basti act as Balya, Vrushya and Rasayana. Enhances Dhatvaagni, thus maintain Dhatusamyak. Kala Basti pattern was followed because 8<sup>th</sup> Basti effects on Asthi Dhatu and 9<sup>th</sup> on Majja Dhatu, where in Kampavata, Masthulunga is affected, which is considered as Mastaka Majja [8].

Ksheerapaka is the milk decoction exhibits potent anti-oxidant activity [9]. Ksheerapaka with Ashwagandha and Kapikacchu acts as Vatahara, Balya, Bruhmana, Rasayana and Vrushya.

Nasya is said to be best treatment for the disease of head and neck as nose is the easiest and closest opening for conveying the potency of medicines to the cranial cavity and drugs can cross the blood brain barrier [10].

Nasya was done with Kapikacchu Taila which was prepared at our Bhaishajya department. Kapikacchu (*Mucuna pruriens*) seeds have been reported to be a good source of 3,4-dihydroxyphenylalanine(L-dopa) with 1.5 to 6% and seed extract showed a potent antiparkinsonian effect in mice. Levodopamine and Serotonin resolves rigidity, tremors and gradually improves posture, gait and mood [11]. Kapikacchu has potent qualities like Snigdha, Madhura and Ushna act as VataShamaka, Sadyo Bala Janana, Bruhmana, Rasayana, Dhatuvruddhikara, Shukravruddhiakra and corrects the function of Indriyas. Considering this concept Nasya with Kapikacchu Taila was selected [12].

Shiropichu regulates hypo-thalamo-pituitary axis which may help in balancing serotonin and norepinephrine, improves neuropsychological

processes associated with sleep and thus reduces stress. Shiropichu with Brahma Taila applied over the region of anterior frontanae act as Vatashamaka, Bruhmana, Balya, Medhya improves the function of Uttamnga and thus corrects the Manasa Doshas (Raja &Tama) [13].

Vakshuddhikara Churna with Vacha, Rudraksha, Yashtimadhu having Rasayana, Swarya, Medhya properties and proved for CNS depressant, muscle relaxant, stress relieving action plays a significant role in Parkinson's disease [14,15].

Psychological symptoms are challenging and limit the effective treatment of motors signs, leading to increased disability and poor quality of life in Kampavata. Hence Satwavajaya Chikitsa was carried out to prepare the subject as well as their family members to cope up with the stress stimuli and increase the efficacy of treatment. Sessions included components like Manojnana (education about his strength), Manoprasadana (Relaxation techniques, Pranayama, Harshana (engaging in pleasurable activities), Ashwasana (Assurance), Manonigraha (controlling mind), Dhairyra (motivational approach and feedback approach), Prativandwa Chikitsa (Self-suggestion with positive affirmations)[16].

It appeared to be effective in treating sadness, loss of interest, irritability in his transition into retirement. Patient started accepting the disease condition and positive commitment regarding the treatment was observed.

Hence various modalities explained in Yuktivyapashraya and Satwavajaya chikitsa of Ayurveda are executed a positive synergic effects and found to be beneficial in improving the quality of life. These procedures are done in frequent intervals plays an important role in management of Kampavata.

## CONCLUSION

Current intervention includes both pharmacological and psychological modalities explained under Ayurveda doctrines are executed a positive synergic effects and found to be beneficial in improving the quality of life in this patient. The results attained were encouraging and it is essential to conduct large-scale and in-depth research studies for better inference of results.

## Patient Consent

Informed consent was taken from the patient for this study.

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