



## KAMPAVATA WITH SPECIAL REFERENCE TO PARKINSON'S DISEASE-A CASE STUDY

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### ABSTRACT

Parkinson's disease (PD) is a chronic progressive movement disorder, meaning that symptoms continue and worsen over time. Where the malfunction and death of vital nerve cells in the brain, called neurons occurs. PD primarily affects the neurons in an area of the brain called the *substantia nigra*. These neurons produce dopamine, a chemical that sends messages to the part of brain that controls movement and coordination. The Initial manifestations may be tremor, slowness or, clumsiness of an arm or, less commonly, of a leg. Tremors, rigidity, akinesia, and postural disturbances are the major clinical abnormalities. The tremors present mainly at rest (resting tremor) and is suppressed on voluntary movements. Clinical features of Parkinsonism is mask face, slurred and indistinct speech, festinant gait, stooped posture, tremors (resting or postural), rigidity(lead pipe or cog wheel). Parkinson's disease has been previously identified many thousands of years ago in ancient *Ayurvedic* texts as *Kampavata* (*Kampa*: tremor; *Vata*: the bodily humor governing movements). The aggravated *Vata* disturbs the "*Rasa*" *Dhatu* (Tissue) and then later relocated to other *Dhatu*s, affecting *Mamsa* (Muscular) and *Majja* (Brain tissue) causing the muscle stiffness, rigidity, altered behaviour and tremors.

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### INTRODUCTION

Parkinson's disease (PD), also known as idiopathic or primary Parkinsonism, hypokinetic rigid syndrome, or paralysis agitans. It is a degenerative disorder of the central nervous system mainly affecting the motor system. Parkinson's disease affected 1% of adults over the age of 60 years; with increasing frequency in older age group. It affects both sexes equally. The symptoms start insidiously and tend to be unilateral or asymmetrical at the onset. On the basis of signs and symptoms, Parkinson's disease can be correlated with *Kampavata*. A disease described under the heading *Vataja Nanatmaja* disorders in *Ayurveda*. In time of Charaka and Sushruta cluster of symptoms like *Kampa* (tremor), *Stambha* (rigidity), *Chestasanga* (bradykinesia and akinesia), *Vakvikriti* (disturbance in speech) etc. were described in different contexts, and are clubbed as part of *Vatika* (neurological) disorders.

Application of *Ayurvedic* principles on the pathology involved, reveal a distinct vitiation of *Vata-dosha*. The cardinal symptoms of Bradykinesia, Rigidity, Tremors and Speech defects indicate an involvement of *Vyana* and *Udana Vayu*; *Majja*, *Mamsa*, *Meda* and *Rasa* are the *dhatu*s involved with *Upa-dhatu Snayu*; the type of *Srotodushiti* involved is '*Sanga*'. This multi-factorial vitiation of *Vata* can be possibly normalized using the golden standard of *Vata* treatment – the '*Basti Chikitsa*'. '*Basti*' is stated to be '*Ardha Chikitsa*' or '*Sarva Chikitsa*'; capable of curing half or all of the curable diseases. *Nasya* is an intranasal drug therapy, wherein medication is administered through the nasal route '*Shiras*' or the '*Uttamanga*' i.e. the '*Mastishka*' is the chief seat of *Prana Vayu* and the *Udana Vayu* as well as the *Indriyas*, and the nose is said to be a doorway to it. Hence, drug given by nasal route is known to be highly efficient on the central nervous system.

**Case Report:** The present case was a 65 year old male patient presenting with the complaints of tremors both hands, slow body movements and swaying while walking since 9 months.

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History of the patient revealed that before 9 months he gradually developed tremor and later he noticed rigidity in movements. The tremors used to aggravate at rest and was absent during movements. Initially he neglected the symptoms. After 4 months, he developed *Kampa* (tremor) in his both hands. Since 10 months patient noticed *Shirogaurava*, Tendency to fall forwards while walking, slowness of movements and speech. Patient also c/o constipation and incomplete evacuation of stools since 3 months. He has also started to notice difficulty in doing day to day activities like slowness in eating food and pressing buttons of TV remote and loss of memory. For this he consulted a doctor and was diagnosed as Parkinson's disease and he was prescribed with medicines (Tab. Syndopa 110mg, Tab. Resalact 0.5mg). He took these medications for about 4 months, while taking this medicine he felt weakness of body and as he did not notice any significant changes in his present complaints. Gradually the disturbance was increased in intensity i.e., the patient noticed slowness of speech and reduced swinging of arms while walking and patient also started noticing giddiness and disturbed walking and movements. His daily activities affected more than before. From past 2 months his bowel habit is disturbed, i.e. he passes stools which are hard in consistency with incomplete evacuation and sometimes on alternative days. Patient's bladder is not affected by the illness.

**Past history:** No H/o DM/HTN/Trauma or any other major medical illness.

**Family history:** No history of same illness in any of the family members.

**General Examination:** On the day of examination patient found to be well built, moderately nourished, afebrile, normotensive, other parameters like pallor, cyanosis, icterus, lymphadenopathy was absent.

#### Systemic Examination

CVS: S1, S2 Heard, no murmur

CNS: Well oriented, conscious.

RS: Normal vesicular breathing, no added sounds.

P/A: Hard, no tenderness, no organomegaly.

#### Ashta Vidha Pariksha

- **Nadi:** 80 b/ min
- **Mala:** Constipated, incomplete evacuation
- **Mutra:** 5- 6 times
- **Jiwha:** *Alipta*

#### Treatment

Group	GROUP A- Mulakadi Taila Basti	GROUP B- Mulakadi Taila Nasya
No of patient	5	5
Dose	60 ml/day X 16 days	5ml/day in each nostril X 16 days
Time	<i>Pratahpashchatbhukta</i> 12:30-13:30	<i>Pratahkala</i> 06:30-10 :00
Procedure	Basti (rectal route)	Nasya (intranasal drug therapy)

Parameters	Before Treatment	After Treatment
Tremors	Right 3 Left 3	Right 1 Left 1
Rigidity	4	2
Speech	2	1
Bradykinesia	2	0

- **Shabda:** *Avishesha*
- **Sparsha:** *Anushna Sheeta*
- **Druk:** *Avishesha*.
- **Akriti:** *Madhyama*

**Diagnosis** The case had been diagnosed as Parkinson's disease as it fulfills the clinical features of this disease as follows:

- Tremor
- Bradykinasea
- Rigidity

#### Aims and objectives

- To evaluate the clinical efficacy of '*Mulakadi Taila*'-*Basti* and *Nasya* in the management of *Kampavata* w.s.r. to Parkinson's disease.
- To compare effect of *Basti* and *Nasyakarma* in the management of *Kampavata* and to observe their probable mechanism of action.
- To establish a potent modality for Parkinson's disease by application of Ayurved *Chikitsa Siddhanta*.

#### MATERIALS AND METHODS

**Title of study:** Comparative study of efficacy of '*Mulakadi taila*'-*Basti* and *Nasya* in management of *Kampavata* w.s.r. to parkinson's disease.

**Type of Study:** Open (Non blind) comparative clinical study.

**Place of study:** Panchkarma Dept., Himalayiya Ayurvedic College and Hospital, Dehradun.

**No. of patients:** 10 (5 in each group) well diagnosed and established patients of Parkinson's disease from IPD and OPD of Department of Panchakarma.

#### Inclusion Criteria

- **Age group:** Between 40 to 80 years
- **Gender:** No barrier
- **Race and Religion:** No barrier
- Well diagnosed and established case of Parkinson's disease.
- Willing to give informed written consent.

#### Exclusion Criteria

- Parkinsonism other than Parkinson's disease
- Any other neurological disease
- Hepatic Diseases

- Koch's Disease
- Metabolic disorders
- Pregnancy

### Assessment Parameter

**Objective Assessment:** Parkinson's disease does not have objective parameter of assessment, therefore assessment of efficacy depends entirely on clinical findings. Subjective assessment: Gradation as 'Modified Universal Parkinson's Disease Rating Scale'.

### OBSERVATION AND RESULT

There was a significant reduction in the symptoms after treatment in tremor, rigidity, bradykinesia, speech. The tremors reduced.

### DISCUSSION

Kampavata is a Nanatmaja disorder of Vata, description of a neurological disease identical to Parkinson's disease with rigidity a sensation of heaviness of the body and mental apathy was described in Caraka subsequently description was seen in Susruta Samhita various signs and symptoms of Kampavata are scattered in Caraka Samhita, Madhava Nidana and other Ayurvedic treatise and include Chestasanga (akinesia and bradykinesia), Stambha (rigidity), Karpada tale Daha (tremor of in hands and legs), Shirokampa (head tremor), Avanamana (flexed posture), Dehabhraman dukhite (difficulty with balance), Cittanasa (dementia) even Parkinson's used the word to describe the disease that are less specific compared to today's terminology. Parkinson's disease is a highly specialized area where the defined role of Ayurveda is not clearly known to the us. Most patients approach to the doctors of Indian system of medicine with a hope that their disease will be cured. Unregulated tall claims fuel this false perception creating a difficulty in explaining realistic outcome of the treatments to the patients. Due to an apparent lack of complete remission in the primary motor symptoms specially tremors and bradykinesia, the other possible long term benefits that the hebal medicine would provide are not known to all. With lack of proper understanding of the disease and with an attitude to expect complete or near complete cure, patient many a time fail to follow up and thus do not derive of the other benefits offered by the system. As of now, the clinical trial has been conducted in 10 patients. *Basti* and *Nasya* were given to 5 patients in each group with appropriate *Purvakarma* as mentioned in texts for 16 days. Patients were assessed during and after treatment on the basis of the signs and symptoms of *Kampavata* (Parkinson's Disease). Symptoms better managed in *Basti* Group: Intellectual impairment, Freezing while walking, Rigidity, Activities of daily living, Hand Movements, Rapid alternating movements of hands, Finger taps, Posture etc. Symptoms better managed in *Nasya* Group: Speech, Depression, Thought Disorder, Bradykinesia, Postural Tremors, etc.

### Conclusion

Both the groups have their own areas of strength over the other group in certain symptoms.

Hence, by changing the mode of Administration the treatment can be tailor-made as per the requirements of individual Patients. The clinical improvement provided by *Mulakadi Taila Basti* and *Nasya* reveals new availability in the management of *Kampavata*, so that the Quality of Life of the patients can definitely improved. As per our experience we have seen significant results. We recommend that this procedure should be done in cycles and should be further evaluated scientifically using the principles of neurology.

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