

AYURVEDIC MANAGEMENT OF KAMPAVATA - A CASE STUDY**Dr. Seema S. Shah*¹, Dr. Snehal Dhayfule²**¹Assistant Professor, Sanskrit Samhita Siddhant, S. G. R. College, Solapur.²Assistant Professor, Rasshatra & Bhaishyakalpana, S. G. R. College, Solapur.***Corresponding Author: Dr. Seema S. Shah**

Assistant Professor, Sanskrit Samhita Siddhant, S. G. R. College, Solapur

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ABSTRACT

Kampavata is one among Vataja nanatmaja vyadhis. Acharya Charaka, Susruta, Vagbhata, Madhavakara, Kashyapa mentioned Kampavata as Vepathu. It can be correlated with “Tremors” in modern science which is the most common movement disorder. Kampa is the prominent feature in Kampavata which is categorized as Sarvanga-kampa and Shiro-kampa. Kampa occurs due to Prakopa of Chalaguna which is the inherent quality of Vata dosha. The management of essential tremors in the conventional system of medicine is decreasing quality of life of patient with certain side effects like fatigue, impotence, bradycardia, drowsiness, nausea, dizziness, ataxia, confusion, vertigo, paresthesia etc. By Ayurvedic intervention patient quality of life can be preserved. In the present clinical study patient was treated with Snehana and Bruhana line of management in the form of Shirodhara, Nasya and Samana oushadies like Sarvamayantakaghrita etc. The outcome of the study revealed good therapeutic efficacy and patient got remarkable relief in symptoms, that are assessed by TRG Essential tremor rating assessment scale (TETRAS©) V 3.1.

KEYWORDS: Kampavata, Vepathu, Parkinson’s disease, Sarvangakampa.**INTRODUCTION**

Kampavata (Parkinson's Disease) is a syndrome consisting of variable combination of Kampa (tremor), Stambha (rigidity), Chestasanga (Bradykinesia) and a characteristic disturbance of gait and posture. Kampavata (Parkinson's disease) generally commences in middle or late life and leads to progressive disability with time disease occur in all ethnic group has equally sex distribution. As Kampavata is a Vata vyadhi, the causative factors for aggravation of Vata like Dhatukshaya and Margasya avarana are considered Nidana for Kampavata.^[1] Vataprakopa affects Mastulunga majja in Shiras, causing Indriyahani^[2], and it also affects Snayu, resulting in Kampa.^[3] Charaka mentioned Kaphavridhi causes Avarana of Vyana vata by Kapha causing Gatisanga, Guruta-sarvagatranam^[4], Avarana of Udana vata by Kapha causing Guru-gatrata, Vak-svaragraha, Aruchi, Dourbalya^[5], further Avarana of Udana avruta Vyana leads to Chestahani, Stabdhatata, Alpagni.^[6] Susruta mentioned Kaphavridhi causes Avarana of Udana vata by Kapha causes Stamba, Mandagni^[7], Avarana of Vyana vata by Kapha causes Guru gatrata, Stamba at Asthi parvanam, Chesta

stamba.^[8] Charaka and Susruta mentioned Kampa, Stamba, Chestanasha, Vakvikriti, Gatisanga in various clinical conditions but didn't mention all of these symptoms as a cluster in one clinical condition, they used the term Vepathu which is similar to Kampavata and explained it in the context of Vatavyadhi. Madhavakara was the first one who has used the word Kampavata but he had explained it under the term Vepathu and characterized it as Sarvanga kampa and Shirokampa.^[9] Basavarajiyam has described in detail the symptoms of Kampavata. He explained two types of Kampavata lakshanas i.e., Sarvanga kampavata and Ekanga Kampavata. The symptoms include Karapadataala kampa, Dehabhramana, Nidrabhanga and Ksheenamati^[10], these provide the diagnostic clue regarding the disease "Tremors". Acharya Bhela, considered that Kampa develops as a result of Asthi-Majjagata Vata.^[11] Kampavata being one of the Vatavyadhi, general line of treatment of Vatavyadhi can be adapted. Kampavata is well managed with Vatavyadhi chikitsa snehan, swedan, Virechana, Basti, Nasya, Murdhini taila prayoga along with Shamana drugs like Kapikachu, Ashwagandha, Bala, Rasna, Eranda, Tila,

Shatavari etc.

CASE STUDY

Chief Complaints

A 52-year-old male with visited in Ayurvedic OPD complaining of involuntary movements of both upper limbs and head for 8 months.

Associated Complaints

Constipation since six months, slurred speech, and loss of sleep for 3 months.

History of Present Illness- The patient was apparently normal 9 months ago, but then he developed involuntary movements in both upper limbs and head, progressively worsens along with difficulty in holding objects, writing, and performing daily activities.

Past History

No H/o HTN, DM or other comorbidities, no surgical history.

Family History - No relevant family history.

Systemic Examination

- **Gastro Intestinal System-** No abnormality detected
- **Respiratory System-** Chest bilaterally symmetrical
- **Cardio Vascular System:** S1, S2 heard, No added sounds

Table 1: Showing Higher Motor Function.

Conscious - Yes Power – 5/5 in all limbs

Orientation to time, place, person- Intact Coordination - Romberg sign- Positive

Memory – Recent Intact Remote – Intact Hallucination & Delusion – Absent

Speech - Mild slurring Tone-Upper limbs and lower limbs – Normal

Upper limb- Finger nose test- Able to perform (slowly)

Both upper limbs and head- Tremors Lower limb-Knee heel test – Able to perform

Involuntary movements – Present Gait- Normal

Table 4: Showing treatment given.

Medication and Procedure	Dosage and Anupana	Route	Time period
Maha Yogaraja guggulu	500 mg twice a day after food	Oral	Day 1 to day 7
Avipattikara churna	3g twice a day before food with warm water	Oral	Day 1 to day 30
Sarvamayantaka ghrta	600mg×2 twice a day before food with warm water	Oral	Day 8 to day 30
Nasya with Brahmi ghrta	6 drops in each nostril	Nasal	Day 10 to day 16
Shirodhara with Brahmi taila and Tila tail	In the ratio of 1:4 respectively	External (over the head)	Day 24 to day 30

OBSERVATIONS AND RESULTS

Grading Of TRG Essential Tremor Rating Assessment Scale

A. Activities of Daily Living Subscale

S. No	Parameter	Before treatment	After treatment	After 30 days follow up
1	Speaking	1	0	0

Table. 2: Showing Personal history

Appetite: Poor Sleep: Disturbed

Bowel: Constipated, irregular Diet: Mixed Micturition: Normal

Addictions: Known alcoholic for 4 years Non-smoker

Table. 3: Showing Asta Sthana Pariksha Nadi: Vata

kaphaja Shabdha: Prakruta Mutra : Prakruta Sparsha: Prakruta

Mala: Baddha Drik: Prakruta

Jihwa: Amayukta Akriti: Tremors observed on performing daily activities

Diagnostic Criteria

TRG Essential Tremor Rating Assessment Scale (TETRAS©) V3.1 has been used as diagnostic criteria in which multiple daily activities like speaking, feeding with spoon, using keys etc. have been assessed and grading is done as per the activities of daily living subscale. Performance assessment like spirals, handwriting, dot approximation etc. is done as per the performance subscale.^[12]

Activities of Daily Living Subscale

- Scoring is 0-4
- For each test item, rating = 0 when there is no visible tremor.
- Total ADL score maximum is 48.

Performance Subscale

- Scoring is 0 – 4.
- 0.5 increments may be used, All items of the examination, except standing tremor, are performed with the patient seated comfortably.
- The highest amplitude seen at any point during the exam is scored.
- Patients are instructed not to suppress the tremor, but to let it come out.
- For each test item, rating = 0 when there is no visible tremor.
- Total Performance score maximum is 64.
- Total TETRAS score maximum is 112.

2	Feeding with spoon	2	1	1
3	Drinking from glass	2	1	1
4	Hygiene	2	1	1
5	Dressing	2	1	1
6	Pouring	2	1	1
7	Carrying food trays, plates etc	2	1	1
8	Using Keys	2	1	1
9	Writing	2	1	1
10	Working	2	1	1
11	Overall disability	2	1	1
12	Social impact	2	0	0
	Total	23	10	10

B. Performance Subscale

S.N	Parameters	Before treatment	After treatment	Aft76er 30 days follow up
1	Head tremor	2	1	1
2	Face tremor	2	1	1
3	Voice tremor	2	0	0
4	Upper limb tremor	2	1	1
5	Lower limb tremor	0	0	0
6	Archimedes spirals	2	1	1
7	Hand writing	4	1	1
8	Dot approximation task	2	1	1
9	Standing tremor	0	0	0
Total		16	6	6

DISCUSSION

As Kampavata is a Vatavyadhi, samanya chikitsa of Vata vyadhi is adopted. In Vatavyadhi, Vata aggravates either by Dhatukshaya or Margasya avarana. In Kapha avruta vata, Kaphagna and Vatanuloma can be done. Kapha avarana is removed by Deepana and Pachana with Mahayogaraja guggulu. Vatanulomana is done with Avipattikara churna. In Shirokampa Sneha, Sveda and Tarpana Nasya can be done. So, Shirodhara with Bramhi taila and Tila taila and Nasya with Brahmi ghrita are done to alleviate Vata dosha.

Mahayogaraja guggulu is used in removing Kapha avarana by Ama pachana, Deepana and is very effective in all types of Vata vyadhi. Guggulu with its Tikсна and Ushna guna mitigates Kapha and Vata and by its Sukshma guna it stimulates Agni.

Avipathikara Churna is used for attaining the Anuloma gati of Malas and for the stimulation of Agni.

In Nasya, the drug administered through the nostrils reaches the Shringataka marma which is a Shira marma and spreads in the murdha through the Siras of Nasa, Netra, Srotra and Kanta. Removes the morbid doshas from Urdhwajatra and expels them from Uttamanga.

The mechanism of absorption of drug instilled through nasal route is transcellular process. It transports drug through olfactory mucosa by lipoidal route. Due to this reason Snehana Nasya has been described as best among all types of Nasya, as olfactory mucosa shows affinity towards lipophilic nature of Sneha which helps in proper absorption. The administered drug shows its action by passing into systemic circulation through vascular path

or by stimulating the nerve endings in the mucosa.

CONCLUSION

Vatavyadhi treatment principles like removing Marga avarana, Sroto shodana, Vatanulomana have shown effective results in the management of Kampavata not only by decreasing the signs and symptoms but also showed improvement in quality of life.

Limitations of Study

Ayurvedic treatment is planned as per Prakriti and Agnibala of the patient. So, the study has to be conducted on large population for assessing the efficacy of intervention for better acceptance. Kampavata case requires long duration follow up for knowing the improved quality of life which is challenging.

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