



## REVIEW ON KAMPAVATA W.S.F TO PARKINSON'S

<sup>1</sup>Vd. Milind G. Bagde, <sup>2</sup>Vd. Charuta K. Palewar and <sup>3</sup>Vd. Sneha Tiwari<sup>1</sup>H.O.D Kayachikitsa Department Shri K.R. Pandav Ayurved College Nagpur.<sup>2</sup>H.O.D Samhita Department Shri Gurudev Ayurved College Mozari.<sup>3</sup>Associate Professor, Kayachikitsa Department Shri K.R. Pandav Ayurved College Nagpur.**\*Corresponding Author: Vd. Milind G. Bagde**

H.O.D Kayachikitsa Department Shri K.R. Pandav Ayurved College Nagpur.

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## INTRODUCTION

Ayurveda is the science that imparts all knowledge of life. It defines health and factors responsible for its maintenance and promotion. It was the science which did not start with fundamental understanding but developed from observation of phenomenon which were then classified, analyses and systematize. One of such science is the science of life, "Ayurveda"

Health is essential for enjoyment of all the worldly pleasures in a righteous manner. Ayurveda defines a useful, harmful, happy and unhappy life and provides knowledge which is beneficial to life in short it discusses all aspects of human life. Ayurveda is the everlasting supreme science of medicine because it deals with every aspects of life, particularly of human being since time immemorial. The 'Vata' which is the motivator and controller of other two doshas, is responsible for the manifestation of almost all diseases. Vataja nanatmaja vikaras are limited to eighty in various classics, but when we group all the disorders of vata mentioned in various classics, the number exceeds eighty.

Major neurological problems come under vata vyadhis. Kampavata as one among them manifests with "Dehabhramana" (postural instability), "Karapada tale kampa" (tremors in hands and legs), "Matiksheena" (dementia), and "Nidrabhanga" (sleeplessness). There are many vata vyadhis commonly seen but Kampavata is one of the rare mentioned under vatavyadhis because of its crippling nature and non availability of curative treatment, this disease has remained a great problem in the ageing society which usually affects after the age of 50 years. The disease is increasing in its frequency with the world population showing an incidence of 1-2 per 1000 population and has an equal sex distribution.

Historical background of the disease is suggestive of the fact that though, in vedic period the disease "Vatikrit" was known but the typical clinical entity identical to Kampavata was not mentioned. According to Ayurveda, Kampavata is a Vata Nanatmaja vikara. During the period of Charaka and Sushruta clinical manifestations of kampavata like kampa, sthamba, chestasanag, vakvikriti etc was not explained as one disease instead explained

under various contexts majority of the symptoms of kampavata were found in kaphavrita udana and kaphavrita vyana but no single avarana process completely covers the symptoms of kampavata. Actually many of the experts tried to provide a suitable Ayurvedic nomenclature for the Parkinson's disease e.g. - sakamp-paksaghata and vepathu etc.

Sakamp-paksa-ghata was the nomenclature suggested in view of the synonym of Parkinson's disease as paralysis agitans. The term vepathu was considered in view of acceptance of Charak followed by Madhavkar as a separate clinical entity. Both of the above terms need to be appropriately elaborated. Parkinson's disease has its three types Viz,

- Idiopathic form
- Arteriosclerotic form
- Post-encephalitic form

The idiopathic form is known as the true Parkinsonism and paralysis agitans, if we consider the sakamp-paksaghata as synonym of paralysis agitans then remaining two forms of the disease or not explainable. Further sakamp-paksa-ghata has no classical basis. The term vepathu though has been widely accepted as alternative term for Parkinson's disease but in view of the following point.

- (A) This does not explain the other symptoms of Parkinson's disease except tremor.
- (B) Vepathu has been used in different contexts for different meanings eg. in vatika jvara for rigors in mahaswasa for giddiness and so on. It initiates to an endless debate.

It is therefore suggested that in view of classical reference, a complete clinical entity having symptoms, signs etc. the term Kamp-vata the most appropriate term, for the first time explained by Basavarajiyam with clinical features similar to that of Parkinson's disease.

Direct reference to the Parkinson's disease in the ancient Ayurvedic literature is sparse and refers only to related symptoms including tremors. Thus, the condition is referred to the modern ayurvedic literature by various names for kampavata (tremors due to vata), vepthu (shaking), prevepana (excessive shaking), shirakampa (head tremor), spandin (quivering) and kampana (tremors). This disease doesn't have or knows no boundaries with regards to race, rationality, gender or social class. As this can interfere with activities of daily living, there is need of assistance with more routine activities of daily life such as grooming, bathing, dressing and feeding.

### HISTORICAL BACKGROUND OF PARKINSON'S DISEASE

James Parkinson was born on April 11, 1755, to John and Mary Parkinson. They resided at number 1 Hoxton Square in the Parish of St. Leonards of Shoreditch, Middlesex County, where Parkinson lived his entire life. He qualified as a surgeon in 1784 at the age of 29 Parkinson published his medical classic *An Essay on the Shaking Palsy* in 1817 at the age of 62. This was a comprehensive treatise containing 5 chapters and 66 pages on the subject (which he called "paralysis agitans"). The review includes his experience with 6 patients.

Parkinson indicates that in order to understand the natural history of the disease one needs to either observe patients as they evolve or see patients at various stages of the disease or receive a correct history of its symptoms even for several years. The first two chapters are dealt with, Chapter 1: Definition– History–Illustrative Cases and in Chapter 2 he has narrate about Pathgnomonic Symptoms. He notes that the tremor and the gait disorder, the most visually dramatic features, are the pathognomonic symptoms of the disease the tremulous agitation, and the almost invincible propensity to run, when wishing only to walk, He indicates quite succinctly that the resting tremor is the characteristic feature and one that could differentiate paralysis agitans from other forms of tremors.

### VYUTPATTI AND PARIBHASHA

Description regarding vyutpatti and paribasha is very important before advancing into the disease kampa vata. Kampavata comprises of two words, Kampa and vata. Individual meaning regarding these components are as follows.

### DISEASE REVIEW

Before starting any research on a disease, the researcher should have the knowledge of Anatomy and physiology

of related disease. Explanation regarding aetiology, pathogenesis and available different treatment modalities of the disease along with necessary information available in other system of medicine shall be collected and correlated.

Parkinson's disease is a progressive disorder of the central nervous system. It is a neurodegenerative disorder affecting the dopaminergic neurons of the substantia nigra in the basal ganglia.

### Shareera Rachana and Kriya Vivechana in Ayurveda

Charaka explaining the importance of Shiras explain head as the Uttamanga where vital breath and all sense organs are located and considers as best of all organs. Here chakrapani opines shiras as seat of prana or vayu. Charaka accepted Shiras as seat of indriyas, indriyavaha and pranavaha srotas. Here pranavaha srotas are channels which convey prana. Shiras is chief working seat of pranavayu. Pranavayu supports buddhi and manas. Chakrapani also opines that seat for vayu (pranavata) is Shiras. Acharya Vaghabhata has compared shiras with root of plant, as for well being and nutrition of plant root is very important, likewise head is also an important part of body for normal functioning, as diseases of shiras attack the functional root i.e. head of human, they should be treated as early as possible. Mastishka in the shiras is nothing but the majja as said by chakrapani, and mastishka develops from prasada bhaga of asrik and sleshma. Certainly after knowing matishka it is important to know the relation between vayu and mastishka.

### POORVA ROOPA

Symptoms, which manifest themselves before the appearance of the disease, are known as Poorva roopa (Premonitory symptoms). Many times these Poorva roopa give clue about the forthcoming disease. Premonitory symptoms are of two type viz. 1) Samanya - General or nonspecific to the dosha and 2) Vishista - Specific to the Dosha. Incited Dosha localized (Sthanasanshraya) in impaired Srotasa marks the beginning of disease and at that stages Poorva roopa are produced but Acharya Charaka has not mentioned specific Poorva roopa for Vatavyadhi. He has considered it to be Avyakta or unmanifested, 100 even though following may be considered as poorva roopa of kampavata,

### "Roopa".

Basavarajeeyam has explained the symptoms of Kampavata 102 as Karapadatale Kampa (i.e. tremor in hands and feet), Dehabhramana (Rombergism), Nidrabhanga (disturbed sleep) and Matiksheena (dementia). Certain symptoms like Stambha (Rigidity) Cestahani (Slowness of the movement) Vinaman (Flexed posture) Vakvikriti (Speech disorders).

Are other symptoms mentioned in some pathological conditions of Vata vyadhi which can also be grouped under the features of Kampavata. In modern science other than these above mentioned symptoms they have described as

- Rigidity
- Bradykinesia
- Monotonous speech
- Postural instability
- Depression
- Hallucinations
- Dementia
- Nocturia
- Constipation

#### UPASHAYA AND ANUPASHAYA

Specific references regarding upashaya and anupashaya of Kampavata in classics are not found. So, all the factors that aggravate vata can be considered as anupashaya and that which pacifies vata can be considered as upashaya.

#### Samanya Samprapti of vatavyadhi

According to Acharya Charaka and Acharya Vagbhata

Nidana sevana

Vata prokopa

Settles in riktha srotas

Further vitiation of srotas

Vata vyadhi

#### Samprapti Ghataka

Dosha	Vata (Prana, Udana, Vyana)
Dushya	Mastulunga majja, Snayu
Srotas	Vatavaha
Srotodushti	Atipravritti
Udbhavasthana	Pakvashaya
Adhishtana	Mastishka
Sancharasthana	Rasayani
Vyaktasthana	Sarvashareera
Vyadhi Marga	Madhyama

#### Investigations

1. There are no laboratory biomarkers for Parkinson's disease.
2. Computerised tomography (CT) scans appear normal in Parkinson's disease, but may show areas of atrophy in MSA (multi system atrophy).
3. Magnetic resonance imaging (MRI) scans.

#### SADHYASADHYATA

After diagnosing a disease with the help of nidana panchaka, before starting the treatment, it is necessary to consider the prognosis, which helps in adopting the proper treatment. Most of our acharyas consider shuddha vataja vyadhi are asadhya or krichrasadhya. So Kampavata being one of the shuddha vata vyadhi, is also krichrasadhya / asadhya for chikitsa. Parkinson's disease is a progressive disorder but its rate of progression is variable. The exact prognosis for an individual patient is difficult to predict precisely. Many factors may influence

the prognosis of Parkinson's disease, such as age of onset, early clinical pattern and response to the treatment.

#### CHIKITSA

In Ayurveda Aushadha is considered as one of the four fold constituents of chikitsa –chatushpada and which has been placed next to the physician. The drug is 'an agent' which a physician employs as an instrument in restoring the equilibrium of the body tissues. In modern ages WHO stresses importance of drug and defines it as a substance or product that is used or intended to be used to modify or explore physiological system or pathological status for the benefit of the recipient. Acharya Charaka has further amplified the scope of Chikitsa by saying, chikitsa not only aims the radical removal of causative factors of the disease but aims at the restoration of doshic equilibrium.

#### Snehana

- Sneha can be administered in both ways – External and Internal
- Abhyantara Snehas are – Bhojana, Pana, Nasya and Basti
- Bahya Sneha are – Abhyanga, Mardana, Lepa, Moordhni taila etc.

#### Swedana

#### Virechana

#### Nasya

#### Bastikarma

#### BIBLIOGRAPHY

1. Ravi Prakash arya and K.L. Joshi, Rigveda samhita, 1:8:11, 5:36:3 edition, Parimal Publication Delhi, 2001.
2. Bhudeb Mookerji edited Rasajala Nidhi, Atharvaveda 12:1:8, 6:109:1, 6:44:3, edition, Sri Gokul mudralaya Varanasi, 1984.
3. Rajeshwar shastri edited Charaka Samhita, Vidyotini hindi commentary part 1 sutrastana chapter 20/11, reprint edition, pub: Choukamba Bharathi Academy, varanasi, 2001; 399.
4. Rajeshwar shastri edited Charaka Samhita, Vidyotini hindi commentary part 1 sutrastana chapter 17/56, reprint edition, pub: Choukamba Bharathi Academy, varanasi, 2001; 345.
5. Rajeshwar shastri edited Charaka Samhita, Vidyotini hindi commentary part 1 sutrastana chapter 17/61, reprint edition pub: Choukamba Bharathi Academy, varanasi, 2001; 346.
6. Rajeshwar shastri edited Charaka Samhita, Vidyotini hindi commentary part 1 nidanastana chapter 1/21, reprint edition, pub: Choukamba Bharathi Academy, varanasi, 2001; 611.
7. Prof. Brahmanand Tripathi edited. Charaka Samhita, Charaka Chandrika hindi commentry part 02 Chikitsa sthana chapter 9/10, reprint, chukhamba Surbharati Pratishthan Delhi, 2009; 377.
8. Prof. Brahmanand Tripathi edited. Charaka Samhita, Charaka Chandrika hindi commentry part 02 Siddi

- sthana chapter 9/86, reprint, chukhamba Surbharati Pratishthan Delhi, 2009; 1293.
9. Prof. Brahmanand Tripathi edited. Charaka Samhita, Charaka Chandrika hindi commentry part 02 Chikitsa sthana chapter 3/94, reprint, chukhamba Surbharati Pratishthan Delhi, 2009; 144.
  10. Prof. Brahmanand Tripathi edited. Charakasamhita, Charaka Chandrika hindi commentry part 02 Chikitsa sthana chapter 16/18, reprint, Chaukhamba Surbharati Pratishthan Delhi, 2009; 593.
  11. Prof Srikanta Murthy edited. Susruta Samhita part 1 Nidana sthana chapter 1/27, reprint, Chaukhambha orientalia Varanasi, 2010; 464.
  12. Prof Srikanta Murthy edited. Susruta Samhita part 1 Sutra sthana chapter 33/7, reprint, Chaukhambha orientalia Varanasi, 2010; 234.