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Case Study

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# MANAGEMENT OF PARKINSON'S DISEASE (KAMPA VATA) WITH PANCHAKARMA THERAPIES - A CASE STUDY

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#### **ABSTRACT**

Parkinson's disease is a chronic progressive neurodegenerative movement disorder, that constitutes 3-8% of all neurological disorders in India. This case study is about a male patient, came to Pañchakarma OPD of Sri Venkateswara Ayurvedic Hospital, Tirupati, and was diagnosed as Kampa vāta. He was treated with various Pañchakarma therapies like Abhyanga and Svedana, Mātra vasti and Rāja Yāpana vasti for a period of 20 days. The results were being assessed on MDS UPDRS scale which has been noticed as marked improvement.

**KEYWORDS:** Kampavāta, Abhyanga, Svedana, Mātra vasti, Rāja yāpana vasti.

#### INTRODUCTION

Parkinson's disease is a neurodegenerative, movement disorder. It is estimated that Parkinson's disease affects at least 1% of the population

over the age of 60. Movement disorders constitute three to eight per cent of all neurological disorders in India. The disorder has a slow onset but is progressive.

Most cases are idiopathic. Only about 10% of cases have a genetic cause, and these cases are seen in young people. Parkinson's disease is caused by degeneration of nerve cells in the part of the brain called the substantia nigra, which controls movement by producing Dopamine, a neurotransmitter.

Gradual progression, Rest tremor (unilateral), Bradykinesia, Rigidity, Sleep disorders, Hypomimia (reduced facial expression), Camptocormia (an abnormal flexion of the trunk), Nalini et al.

Striatal deformities are the Clinical features. The gait and balance are affected, freezing or motor blocks occur, bulbar functions deteriorate, cognitive and behavioral changes, global dementia are also very common.<sup>[1]</sup>

In Charaka Samhita Vepathu has been described as one of the eighty types of Nānātmaja Vāta Vvādhi. [2] And while describing the indications of Nasyakarma, mentioned the term Sirah kampa. [3] Mādhava nidāna described 2 types of Kampavāta - Ekānga and Sarvānga. [4]

In Brihatrayee there is no detailed description of the disease. In Basavarājiyam we can find description of *Kampa vāta* in detail.<sup>[5]</sup> He also described *Bāhu kampavāta*.<sup>[6]</sup>

And he mentioned kampa as one of the symptom in Pāda vāta, Nayana vāta, Kanta vāta, Pakshaghāta, Ardhanga vāta, Sputa vāta and Majjā vāta. [7]

## **CASE REPORT**

A male patient Mr. J. Venkata Ramana of age 61 years was a businessman by profession. He was apparently normal before 7 years. He used to get tremors in his left hand once or twice a day, which lasts only for 10 min. Then they consulted a nearby Allopathic doctor. There they diagnosed it as Parkinson's disease and gave treatment accordingly. After that he was completely relieved from the symptoms. In covid period he got affected with corona and recovered. But his symptoms related to Parkinson's disease aggravated. The quality of tremors changed. Its frequency, duration and amplitude increased and spread to other limbs also. He was unable to sleep during day and night. Then they consulted their doctor, he said to continue the same treatment but increased the dosage of the drug from 2 times to 5 times. But there was no relief and patient was unable to do his routine work. After 3 years they approached OPD, Pañchakarma, S.V. Ayurvedic hospital, Tirupati for better treatment.

## PERSONAL HISTORY

Diet: Mixed

Appetite: Less appetite

Bowel: severely constipated

Micturition: 4-5 times per day (disturbed)

Sleep: Disturbed Addictions: nil

# **Investigations**

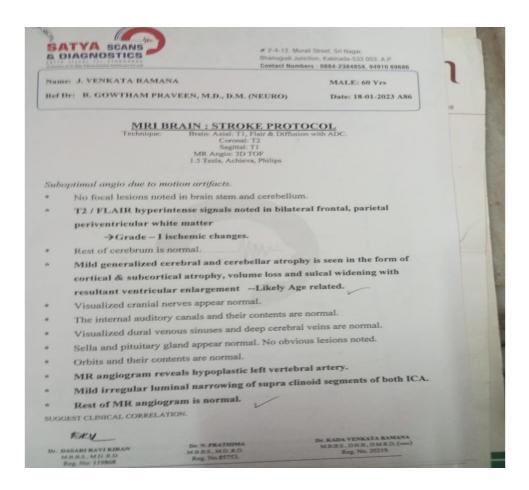
Hb% - 14.4 gms/dl

TC - 8400cells/cmm

DC - P: 72%L: 23% E: 04% M: 01%

ESR-20mm/Hr

RBS-133 mg/dl.



# **Clinical Findings**

- 1. There is no cognitive impairment, hallucinations, depression and mood swings.
- 2. Speech is slow, monotonic with low pitch and slight slurring.
- 3. Face hypomimic.
- 4. Eye blinking –severely reduced
- 5. Have severe constipation
- 6. Have light headedness on standing from sitting position.
- 7. There is drooling of saliva.
- 8. Eating and dressing tasks were able to manage himself
- 9. Hand writing was little affected.

- 10. Rigidity was there in neck, RUE, LUE, RLE and LLE.
- 11. Toe tapping and leg agility are severely affected.
- 12. Gait is affected and used to fall frequently.
- 13. There was little freezing
- 14. Tremors rest and postural.
- 15. Amplitude of tremors –approximately 7 cms in right hand.

approximately 3 cms in left hand.

### MATERIALS AND METHODS

# Treatment given

- *Sarvānga Abhyangam* and *Nādiswedam* − 3 days
- *Mātrāvasti* with *Maha māsha tailam* 9days
- Rāja yāpana vasti in yogavasti format for 8 days.

# **Treatment advised**

- Cap. Mahārāja prasārini 21 avarti 1 bd
- Mahā Rāsnādi kvātha 10ml bd
- Tab Jatamāmsi. 1Hs
- *Trivruth churnam* ½ tsp Hs.

# **INGREDIENTS**

Sarvānga abhyangam<sup>[8]</sup> – Nirgundi tailam<sup>[9]</sup>

 $N\bar{a}di\ swedam^{[10]}-Nirgundi\ patra$ 

Matrā vasti<sup>[11]</sup>

Saindava lavana – 3 gms

Śatapuspa – 3gms

*Mahā māsha taila*<sup>[12]</sup> - 60ml

# Rāja Yāpana vasti<sup>[13]</sup> in yogavasti format

Saindhava lavanam -12gms

Madhu -100gms

Mahā māsha tailam -80ml

Rāja yāpana vasti kalka churnam - 30 gms

Rāja yāpana vasti kvātham -250ml

Māmsa rasa (100gms māmsa+400ml water, boiled and reduced to 1/4<sup>th</sup> the water content i.e 100ml)- 100ml.

Table No. 1: Mātra vasti with Mahā māsha taila.

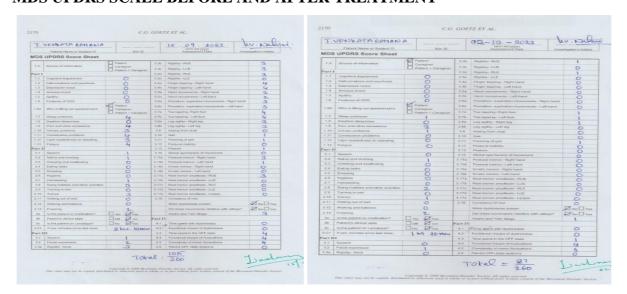
Day of tmt	Date	Vasti retention time
1 <sup>st</sup> day	16-09-23	1hr
2 <sup>nd</sup> day	17-09-23	1hr
3 <sup>rd</sup> day	18-09-23	2hrs
4 <sup>th</sup> day	19-09-23	3hrs
5 <sup>th</sup> day	20-09-23	10min
6 <sup>th</sup> day	21-09-23	15min
7 <sup>th</sup> day	22-09-23	1hr
8 <sup>th</sup> day	23-09-23	1 ½ hrs
9 <sup>th</sup> day	24-09-23	2 ½ hrs

Table No. 2: Rāja yāpana vasti in yoga vasti format.

Day of tmt	Date	Vasti retention time
1 <sup>st</sup> day (anu)	25-09-23	10 min
2 <sup>nd</sup> day(ast)	26-09-23	10min
3 <sup>rd</sup> day(anu)	27-09-23	1hr
4 <sup>th</sup> day(ast)	28-09-23	5 min
5 <sup>th</sup> day(anu)	29-09-23	1 ½ hrs
6 <sup>th</sup> day(ast)	30-09-23	15 min
7 <sup>th</sup> day(anu)	01-10-23	30 min
8 <sup>th</sup> day(anu)	02-10-23	45 min

Parameters: Movement Disorder Society-Sponsored Revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS), A Clinimetric Testing for assessment of the condition of the patient before and after treatment.

# MDS UPDRS SCALE BEFORE AND AFTER TREATMENT



#### RESULTS

Patient has been given *Pañcakarma* therapies along with *Śamanoushadies* for a period of 30 days. Patient got great relief from his symptoms subjectively and objectively. And the same was reflected in the MDS UPDRS scale.

## As per MDS UPDRS scale there was a drastic improvement

> On 15-09-2023 the scale was 105/260

 $\triangleright$  On 02-10-2023 the scale was 27/260.

### **DISCUSSION**

Kampa vāta is a Nānātmaja vātavyādi. The line of treatment for Kampavāta is vātahara chikitsa.

Patient was treated with Sarvānga abhyanga and Nādi sweda initially for three days as first line of Vātahara treatment, which helps in reducing the stabdata (rigidity) and Angamarda. After that as Vasti is considered to have the best Vātahara property, Mātra vasti with Mahā māsha taila is administered for a period of seven days. There are symptoms of Kaphāvṛta Vyāna vāyu 115 i.e freezing of gait and Kaphāvṛta Udāna vāyu 115 i.e staccato speech, hence Yāpana vasti has been selected, as it is described as line of treatment for Āvṛta vāta. Rāja yāpana vasti is selected for its Vātahara, Rasāyana, Dātuvardhaka and Sadhyobalakāraka properties. Mahā māsha taila, as it is indicated in Kampavāta as per Bhaishajya Ratnavali had been used for Anuvāsana vasti of Yogavasti and for Matrā vasti. The Śamanoushadies Cap. Mahārāja prasārini 21 avarti is advised to prevent further degeneration 1cap, twice a day before taking food. Mahā Rāsnādi kvātha 10ml bd for reducing the Vāta prakopa, Tab Jatamāmsi 1tab at night for insomnia, Trivruth churnam 1/2 tsp with luke warm water, before going to bed for constipation.

# **CONCLUSION**

A 61 year old male patient suffering from tremors, rigidity and other symptoms mentioned above since 7 years. Despite of taking allopathic medicines his symptoms aggravated. At the time admission The MDS UPDRS Scale was 105/260. After 20 days of *Pañcakarma* treatment patient got relieved from tremors, rigidity and able to walk. The score came down to 27/260, which can be considered as marked Improvement. As it is a progressive degeneration disease periodical Pañchakarma therapies are highly needed.

*Mahā māsha taila* and *Rāja yāpanavasti* improved the condition of the patient. As it is a study on single case further research is needed to evaluate the efficacy of the treatment protocol applied here.

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