

**KAMPAVATA: A REVIEW OF ITS CLINICAL MANIFESTATIONS
AND AYURVEDIC PERSPECTIVES****Dr. Indu Mundel^{*1}, Dr. Ravi Sharma² and Dr. Devesh Jaiman³**PG Scholar¹, Prof. and HOD², Lecturer³PG Department of Kayachikitsa M. M. M. Govt. Ayurveda College, Udaipur, Rajasthan,
India.Article Received on
14 Nov. 2024,Revised on 04 Dec. 2024,
Accepted on 25 Dec. 2024

DOI: 10.20959/wjpr20251-35109

***Corresponding Author****Dr. Indu Mundel**PG Scholar, PG Department
of Kayachikitsa M. M. M.
Govt. Ayurveda College,
Udaipur, Rajasthan, India.**ABSTRACT**

Kampavata is a condition that is frequently observed in the elderly population these days. “*Kampa*” and “*Vata*” are combined to generate the phrase “*Kampavata*,” which refers to the involuntary trembling movements of a bodily part brought on by *Vata*. *Kampa*, *Shosh*, and *Shaitya Vyapan* are the defining characteristics of *Kampavata*. In *Vatavyadhi*, *Kampavata* is also referred to as *Nanatmaj Vyadhi* of *Vata*. *Madhav Nidan* and *Bhaishajya Ratnavali* both refer to *Kampavata* as a *Vyadhi*. *Kampavata* shares several clinical characteristics with Parkinson’s disease. Males and older adults are more likely to have Parkinson’s disease. In the globe, it is the second most prevalent neurodegenerative illness. This disease affects 10 million people. Parkinson’s disease neurodegeneration is caused by a decrease in dopamine levels. Postural instability, bradykinesia, rigidity, and tremors are its defining characteristics. In Allopathy it is managed

with oral Dopamine support and emotional support. While *Ayurveda* treat *Kampavata* with *Panchakarma* and *Shaman Vataghna* medicines. So the present study deals with the systemic review of *Kampavata* and aim of the work is to review and highlight the effectiveness of different *Ayurvedic* interventions mentioned in *Samhitas* for the patients of *Kampavata*.

KEYWORDS: *Kampavata*, Parkinson’s Disease, *Ayurveda*, *Vatavyadhi*.**INTRODUCTION**

In *Ayurveda* According to the science of life, a person is healthy when their *vata*, *pitta*, and *kapha doshas* are in harmony.^[1-2] *Vata* is thought to be the *dosha* that controls and motivates

the other two. Important neurological conditions fall within *Vatavyadhis*.^[3] One of the 80 varieties of *Nanatmaja Vata Vikaras* that *Charak acharya* listed is *Kampavata*.^[4] Because “*Na Kampo Vayuna vina*” is referenced in *Shabda Kalpadruma*, it falls under *Vatavyadhi*.^[5] Given the symptoms of *Kampavata*, it is comparable to Parkinson’s disease, which is characterized by tremors in modern science.^[6] Ayurvedic literature gives tremors a variety of names, including *Kampavata*, *Vepathu*, *Shirakampa*, *Kampana*, and others. Five million people worldwide and one million Americans suffer with Parkinson’s disease, the second most prevalent neurological condition. It impacts people of all races, professions, and nations. Patients in their 20s and even younger can have it, although the average age of onset is around 60. Parkinson’s disease is more common as people age.^[7] According to the western medical literature, this illness was initially referred to as “Shaking Palsy” by the renowned physician Galen. The disease was then called after the physician James Parkinson, who gave a thorough description of the condition in 1817. This is the Western tradition. Cardinal symptoms of Parkinson’s disease include bradykinesia, stiffness, tremors, and impaired gait. Other related symptoms may manifest, such as difficulties speaking, autonomic dysfunction, mood disorders, sensory abnormalities, sleep problems, cognitive impairment, dementia, etc.^[8,9,10,&11] In *Ayurveda*, *Snehana*, *Swedana*, *Basti* (*Niruha* and *Anuvasana*), *Virechana*, *Nasya*, and *Mastiskya* (*Shirobasti*, *Shirodhara*, *Shiropichu*, and *Shiroabhyanga*) have been recommended for the treatment of *Kampavata* in addition to other internal medications.^[12&13]

AIM AND OBJECTIVES

To explain the role of *Pathya-Apathya*, drugs and *Panchakarma* therapy enumerated in ancient *Ayurvedic* texts which will be beneficial in management of *Kamapavat*.

MATERIAL AND METHODS

As the study is review study the available literature *Samhita* are searched for the disease and analyzed to get comprehensive concept in management of *Kampavata*.

Nidana

The direct etiology of the disease is not explicitly stated, but by examining the *Nidan* (causative factors) of *Vatavyadhi*, an inference can be made. It appears that the *Chala* (mobile) quality of *Vata dosha* is increased, leading to the impairment of *Majja*, *Snayu*, and *Sandhi*, which are affected due to *Vata Prakopa* (aggravation of *Vata*). Simultaneously, the *Vyan* and *Udan Vayu* are obstructed (*avrutta*) by an excess of *Kapha*, contributing to the disease.

Sannikrishta Hetu: Hetu are classified into 4 categories:

- *Mutra, Udgar, Jrumbha Vegavrodha janya.*
- *Krukatika Marma aghatjanya.*
- *Shothachikitsa atiyoga, Sneha Basti Vyapad janya kampa.*
- *Vata Parkopak Aahar- Viharajanya*

Viprakrishta Hetu

- *Rasa Kashaya, Katu, Tikta*
- *Guna Rooksha, Sheeta, Laghu*
- *Aharakrama Alpahara, Vishamashana,*
- *Aaharkrama- Adhyashan, Alpahar, Vishamasha*
- *Manasik-Chinta, Shoka, Krodha, Bhaya*
- *Viharaj-Jagaran, Vegasandhara, Aatishrama asika Chinta, Shoka, Krodha, Bhaya*

Other Causes

Living in *Jangaladesha*.

Age-Common in *Vrudhhavastha*.

Gender- Common in male.

Purvaroop

Purvarupa or Premonitory symptoms are those that appear prior to the obvious onset of an illness. The *Purvarupa* appears during the fourth stage of *Kriyakalal*, known as *Sthana Samsraya*.^[14] It's crucial for the disease's detection and treatment at this phases, patients might be spared from the biological or functional harm that could be caused. Through the illness's full expression. *Avyakta Laksana*, according to *Charaka*, are the *Purvarupa* of *Vyadhi Vata*.^[15], following may be considered as.

Purvarupa of *Kampavata*.

- *Angamarda*
- Anxiety (*Udvega*)
- *Anavasthita Chittatva*.
- Disorientation (*Moha*)
- Forgetfulness (*Smriti hani*)
- Irritability (*Asvasthanamana*)
- Pain (*Gatraruka*) ache & pain which may be restricted to one side

of the body.

- Nervous ness (*Avasada*) patient felling of tension & restlessness.
- Paresthesia (*Supti*)
- Sensation of warmth (*Ushnapratiti*)
- Tiredness (*Klama*)

Roop- The following attributes define the *Kampavata*:

- *Karapada* Tale *Kampa* (Tremor in hand and legs)
- *Nidrabhanga* (Loss of sleep)
- *Kshinamati* (Dementia)

The symptom like

- *Stambha* (Rigidity)
- *Chestahani* (Slowness of the movement)
- *Vinaman* (Flexed posture)
- *Vakvikriti* (Speech disorders)

Have been mentioned in other pathological conditions of *Vata vyadhi* which can also be grouped under the feature of *Kampavata*.

Samprapti

Charaka says that due to the etiological factor, *Vata* getting aggravated fills up the vacuities in the body passages and produces various kinds of *Vata Vyadhi* which may affect the whole body or some specific part of the body.^[16] It has also mentioned that the provocation of *Vata* may take place either due to diminution of body element (*Dhatukshaya*) or due to obstruction in the body channels (*Avarana*)^[17]

Samprapti Ghataka

Dosha *Vata, Kapha*

Dushya *Rasa; Rakta; Mansa; Meda; Majja; Snayu*

Strotas *Rasavaha; Raktavaha; Mansavaha; Medovaha; Majjavaha*

Strotodushti *Sanga; Vimargagaman; Aatipravrutti*

Agni *Jatharagni; Dhatvagni*

Roga Marga *Madhyam*

Udbhavsthan *Aam-Pakvashay*

Vyaktisthan Kara-Paad***Chikitsa***^[18]

As in *Ayurveda* the first line of treatment is *Nidanaparivarjana* so the first aim should be lifestyle modification which can be achieved through change in dietary habits, *Yoga* and regular exercise.

Panchakrma Chikitsa

- *Snehan*- It is processes of oilation. It may be internal or external. *Bala Tail*; *Mahanarayan Taila*; *Mahamasha Tail* used for external oilation whereas internally *Taila*, *Go Ghrita*, *Vasa* and *Majja* can be used.
- *Swedan*- *Swedan* is a process of hot fomentation. *Sarvang bashpa Swedan*: *Patrapottali Swedan* can be used.
- *Mrudu Virechan*- *Eranda Sneha*, *Nishottar*
- *Matra Basti*- *Sahachar Taila*+ *Saindhav*+ *Shatapushpa*
- *Nasya*- *Puran Ghrita*; *Narayan Taila*; *Ksheerbala Taila*
- *Shirobasti*- *Bramhi Taila*; *Mahanarayan Taila*; *Mahamash Taila*
- *Shirodhara*- *Bramhi Taila*; *Mahanarayan Taila*; *Mahamash Taila*

Shaman Chikitsa

- *Churna*- *Ashwagandha*, *Kakoli*, *Ksheerakakoli*, *Brahmi*, *Mandukaparni*, *Shankapushpi*, *Vidari*, *Jivanti*, *Punarnava*, *Guduchi*, *Amalaki*, *Pippali*, *Shatavari*, *Shilajit* and *Yashtimadhu*
- *Asava/Arishtam*-*Dashamularishtam*, *Balarishtam*, *Saraswatharishtam*, *Ashwagandharishtam*, *Punarnavasavam* and *Draksharishtam*.
- *Vati/Gulika-Yogaraja Guggulu*, *Mahayogaraja Guggulu*, *Trayodashanga Guggulu*, *Panchatikta ghrita guggulu*, *Brahmi Vati*, *Smritisagar Rasa*, *Vatakulantaka Ras*, *Vatagajankush Ras*, *Brihatvatachintamani Ras*, *Mahavata-vidhwans Ras*, *Chandraprabha Vati*, *Trailokyachintamani Ras*, *Chaturbhuja Ras* and *Tapyadi loha*
- *Rasayana*- *Vanari kalpa*, *Vajikara Rasayanam*, *Ashwagandha Rasayanam*, *Ajamamsa Rasayanam*, *Drakshadi Rasayanam/Drakshadi Leham*, *Kushmanda Rasayanam*, *Chyavanaprasham*, *Dashamula Haritaki*

***Pathya Ahara*^[19]**

Annava Yava, Kulattha, Kodrava, Raktasali, Purana Sasti, Sali.

Sakavarga Vastuka, Sigru, Kara wella, Patola, Surana. Kakamachi.

Falavarga-Darsa, Kushmanda, Amalaki.

Dugdhavarga Godugdha, Ajadugdha, Mahisidugdha, Advaka/ Lasuna sidhha Takra.

Mamsavarga Kukuta, Lava, Vartak, Shuka, Kapota, Chatak, Mamsa.

Paniyavarga-Tapta Niva.

Apathya Ahara

Dadhi, *Mastu*, *Guda*, *Kshira*, *Masa Viruddha Bhojana*, *Asatmya Bhojana*, *Visamasana*, *Anupa mamsa*, *Abhisyandhi*, *Guru*, *Picchila Drayvas*.

Apathya Vihara

Viruddhachesta, *Vegavarodha* and *Jagarana* are also *Apathya* for *Kampavata* patients.

DISCUSSION

Nanatmaja is a neurological condition known as *Kampavata*. In *Charaka*, *Vata* was described as being similar to Parkinson's disease in terms of rigidity, a feeling of body weight, and mental indifference. A later description appeared in the *Susruta Samhita*. Several indications of *Kampavata* can be found in the *Charaka Samhita*, *Madhava Nidana*, and other *Ayurvedic* texts. These include *Chestasanga* (akinesia and bradykinesia), *Stambha* (rigidity), *Karpada tale Daha* (hand and leg tremor), *Shirokampa* (head tremor), *Avanamana* (flexed posture), *Dehabhraman dukhite* (difficulty with balance), *Cittanasa* Even Parkinson's disease was referred to by the less descriptive name (dementia) than is used now.

CONCLUSION

Parkinson's disease, or *Kampa Vata*, is a progressive degenerative condition of the cerebellum that affects people of all ethnic backgrounds and is equally distributed by sex. Resting tremor, stiffness, postural abnormalities, and progressively progressing akinesia are its defining characteristics.

REFERENCES

1. Sushruta Samhita of Sushruta with Nibandha Sangraha commentary by Dalhanacharya and Nyayachandika by Gayadasa, edited by Vaidya Jadavji Trikamji, Published by Krishnadas Academy, Varanasi, Re-Print 2008, Su. Su 15/41, 75.

2. Agnivesha of Charaka Samhita with Vidyotini Commentry by Pt. Kashinatha Shastri and Dr. Gorakh Nath Chaturvedi, Published by Chowkhamba Vidyabhavan, Varanasi, 1970, Ch. Su 12/13, 179.
3. Agnivesha of Charaka Samhita with Vidyotini Commentry by Pt. Kashinatha Shastri and Dr. Gorakh Nath Chaturvedi, Published by Chowkhamba Vidyabhavan, Varanasi, 1970, Ch. Su 12/8, 174.
4. Agnivesha of Charaka Samhita with Vidyotini Commentry by Pt. Kashinatha Shastri and Dr. Gorakh Nath Chaturvedi, Published by Chowkhamba Vidyabhavan, Varanasi, 1970, Ch.Su 20/11, 269.
5. Raja Radhakant Deva, Shabda Kalpadruma, Vol.- 04, Edition 1967, Published by Chaukambha Sanskrit Series Varanasi, 325.
6. Harrison, Principle of Internal Medicine, Vol.-II, 18th Edition, 3317.
7. Harrison, Principle of Internal Medicine, Vol.-II, 18th Edition, 3317.
8. Harrison, Principle of Internal Medicine, Vol.-II, 18th Edition, 3317.
9. Jhakeshwar Prasad et. All, Therapeutic Approaches for the Management of Parkinson's Disease, RJPPD, 2019; XI(1).
10. Rajesh Kumar Reddy et. All, Evaluation of Neuroprotective Activity of Melissa officinalis in MPTP Model of Parkinson's Disease in Mice, RJPT, 2019; XII(5).
11. Rahul S Solunke et.all, Formulation and Development of Enteric Coated Tablet for Parkinson's disease, Published in RJPT, 2020; XIII(2).
12. Nirmal Saxena edited Vangasena Samhita, 28/155 Edition, Published by Chaukhamba Krishnadas Academy, Varanasi, 2004; I: 409.
13. Pathak Shrikrishna Lalagaj Dattaram, Ras Raj Sundar, Uttarakhand (Uttarabhog), Kamala Prakash, Mathura, Edition- 1888, Vatavyadhi Chikitsa Adhyaya, 549-550.
14. Sushruta Samhita Uttara Tantra, Hindi commentary, Ayurveda Tatva Sadipikaby Dr. Ambica Dutta Sastry. (Su.Su-21/33)
15. Charaka Samhita By Chakrapani with Ayurveda Dipika commentary Nirnaya Sagar Press Bombay. (Ch.Chi.-28/16)
16. Charaka Samhita of Agnivesha volume 2, edited by Dr. Brahmananda Tripathi forwarded by Dr. Prabhakara Janardana Deshapande, Charak Chikitsasthana 28, Shloka no.18, Published by Chaukhamba Surbharti Prakashana.
17. Charaka Samhita of Agnivesha volume 2, edited by Dr. Brahmananda Tripathi forwarded by Dr. Prabhakara Janardana Deshapande, Charak Chikitsasthana 28, Shloka no.59, Published by Chaukhamba Surbharti Prakashana.

18. Soni, D. R. (March 2017). KAMPAVATA WITH SPECIAL REFERENCE TO PARKINSON'S DISEASE – A REVIEW. Indian Journal of Research, 3.
19. Charaka Samhita By Chakrapani with Ayurveda Dipika commentary Nirnaya Sagar PressBombay. (Ch su 25/33).