

**MANAGEMENT OF KAMPAVATA – A CASE REPORT**

**\*<sup>1</sup>Dr. Neha Tiwari, <sup>2</sup>Prof. Dr. Sudarsan Behera, <sup>3</sup>Dr. Snehamayee Mishra and  
<sup>4</sup>Dr. Bharatilata Acharya**

<sup>1</sup>Final Year M.D. Scholar Dept. of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya,  
Puri, Odisha, India.

<sup>2</sup>Ex-Principal, P.G. Dept. of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya, Puri,  
Odisha, India.

<sup>3</sup>Lecturer, P.G. Dept. of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha,  
India.

<sup>4</sup>Assistant Professor, P.G. Dept. of Kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya,  
Puri, Odisha, India.

Article Received on  
12 August 2024,

Revised on 01 Sept. 2024,  
Accepted on 22 Sept. 2024

DOI: 10.20959/wjpr202419-34038



**\*Corresponding Author**

**Dr. Neha Tiwari**

Final Year M.D. Scholar  
Dept. of Kayachikitsa,  
Gopabandhu Ayurveda  
Mahavidyalaya, Puri,  
Odisha, India.

**ABSTRACT**

Parkinson's Disease is a progressive degenerative neurological disorder which mainly affects the motor system of body and it's characterized by resting tremors, slowness of movements, rigidity, gait disturbances / postural instability. It is correlated with Kampavata in Ayurveda. As it is characterized by sarvanga kampa / shiro kampa. It is a Vatavyadhi which occurs due to pathological increases of chala guna of Vata. Treatment consists of both internal and external administration of different forms aimed to reverse pathology of Vata tremors in both hands and head and unable to write her name. Patient was treated with panchakarma therapies; like sarvanga abhyanga, udagharsana, nadi sweda, shiro abhyanga, shiro pichhu, shiro basti and shaman ausadhis like; Tab. Vatachintamani rasa, Kapikachhu beeja churna, Ashwagandharista, Balarista, Ksheerabala 101 cap and some yoga asanas for 1 months. The patient got remarkable relief in symptoms with the above ayurvedic medicines and panchakarma and yoga.

**KEYWORDS:** Kampavata, Parkinson's Disease, Shamana Ousadhis, Panchakarma Therapies.

## INTRODUCTION

Ayurveda is a comprehensive science to deal with the ailments of mind and body and is in existence right since the ancient period. Parkinson's disease is a disorder that has been known and studied through a longer past. The Indian medical system of Ayurveda has adequate details about this disease and it is called the Kampavata. In modern times, James Parkinson, in 1817 published an Essay titled, "An Essay on shaking palsy in which he described in details various aspects of the disease. A French neurologist Jean Martin Charcot further documented the importance of Parkinson's work and named the disease after him in early 1860s. Parkinson's disease is a gradually enlightened degenerative neurological disorder which typically impair the patients motor skills, speech, writing as well as some other function suffers often have a fixed inexpressive face, tremor at rest, slowing of voluntary movement(bradykinesia), an unusual posture and muscle weakness. In extreme cases there is a loss of physical movement. It is also associated with degeneration of basal ganglia in brain and deficiency of neurotransmitter i.e DOPAMINE. According to Ayurveda Kampavata is a Nanatmaja disorder of Vata. In time of Charaka and Sushruta. Cluster of symptom like Kampa (tremor), Stambha (rigidity), Chestasanga (bradykinesia and akinesia), Vak-Vikriti (disturbance in speech) etc. were described in different context but they were not clubbed as part of one disease. As a separate clinical entity of Kampavata was first narrated by Acharaya Madhavakara under the name of Vepathu. However it was the Basavrajyayam who for the first time gave an ambiguous description by explaining the clinical picture of Kampavata as and all these clinical sorts are analogous to that of Parkinson's disease.

## CASE PRESENTATION

A 68 years old Hindu, married, female patient brought to Kayachikitsa OPD of Gopabandhu Ayurveda Mahavidyalaya & Hospital, Puri by her relatives complaining of kampa since 2 years which was present in upper extremities, unable to have food and drink by hands. History of present illness shows that patient was well before 2 years. Gradually, she developed slight tremors in hands which were progressive in nature. After few months she was unable to do her daily work.

## PAST HISTORY

No such relevant history.

## FAMILY HISTORY

No family history.

## PERSONAL HISTORY

Diet – mixed

Appetite – poor

Bowel – irregular

Urine – normal

Addiction – tea

Nature of sleep – disturbed

Kostha- krura

Voice – fine

## GENERAL EXAMINATION

Body built – Lean & thin

BP- 128/84 mmhg

Pulse rate – 82/ mins

Heart rate – 80/ mins

Respiration rate – 19/mins

Tongue – coated

Anemia- +ve

Agni- Visamagni

## SYSTEMIC EXAMINATION

Respiratory system – Chest – bilaterally symmetrical

No added sounds heard

Cardiovascular system- S<sub>1</sub>,S<sub>2</sub> heard, no murmur sound

Gastrointestinal system – Per abdomen – soft, no organomegally, no palpation.

CNS system

Conciousness- present

Intelligence – Medium

Memory – slightly reduced

Orientation – Oriented with time & place

Speech – Fine

Musculoskeletal system – slight kyphosis

balance without support.

Reflex

Biceps – Right -++

Left - ++

Triceps- Right- ++

Left -++

Supinator – Right-++

Left- ++

Knee joint – Right -++

Left - ++

Ankle – Right - ++

Left - ++

Plantar reflex : flexor

Muscle power

Upper limb – Right - 5/5

Left – 5/5

Lower limb – Right – 5/5

Left – 5/5

Muscle tone:- Rigidity is there, Cogwheel type rigidity in b/L in upper limbs. She had a flexed posture with mask face.

### TREATMENT PROTOCOL

1. Tab. Vatachintamani Rasa – 1 tab two times a day with honey before food.
2. Cap. Ksheerabala 101 – 1 cap two times a day after food.
3. Kapikacchu beeja churna – 5gm with luke warm water two times a day after food.
4. Ashwagandharista – 15 ml with equal amount of water two times a day after food.
5. Balarista – 15ml with equal amount of water two times a day after food.
6. Sarvanga Abhyanga– Balashwagandha taila followed by Nadi sweda for 1month.
7. Shiro abhyanga – Bramhi taila for 10 days.
8. Shiro picchu – Bramhi taila for 11<sup>th</sup> to 20<sup>th</sup> days.
9. Shiro basti – Dhanwantaram taila & Bramhi taila for 21<sup>st</sup> to 30<sup>th</sup> days.

## RESULT

The patient got improvement symptomatically and there is a change in stage of hoehn and yahr scale.

## ASSESSMENT

**Table 1.**

SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
Karapadatale kampa (Tremor)	+++	++
Dehabhramana(Postural disability)	—	—
Nidrabhanga(Sleep problem)	++	+
Matiksheena(Dementia)	++	+
Sthambha(Rigidity)	+	-
Chesta sanga (Bradykinesia)	++	+
Vibandha(Constipation)	++	+
Angamarda(Fatigue)	++	-

**Table 2.**

Stage	Hoehn and Yahr Scale
1	Unilateral involvement only usually with minimal or no functional disability
1.5	Unilateral and axial involvement
2	Bilateal or midline involvement without impairment of balance
2.5	Mild bilateral disease with recovery on pull test
3	Bilateral disease ; mild to moderate disability with impaired postural reflexes; physically independent
4	Severely disabling disease ; still able to walk or stand unassisted
5	Confinement to bed or wheelchair unless aided

Patient shows mild to moderate degree of improvement in the symptoms. Hoehn and Yahr scale changes 2.5 to 2 after 15 days and changed to 1.5 after 1 month of treatment.

## DISCUSSION

As Kampa Vata is a Vata Vyadhi, which is a progressive neurological disorder due to impairment in Chala Guna of Vata, so that Vatahara treatment should be adopted for this, both external as well as internal. When Vata is vitiated to its peak level, it tends to deplete all the tissues in the body; the Pitta and Kapha Doshas, the immunity and life span of an individual. Thus control of Vata is the only key in treatment of Parkinson's disease. Hence, removal of strotodushti, Vata Shamana, Vatanulomana and Rasayana therapy by the administration of effective medication and treatment will lead to effective cure of Parkinson's disease and also have to avoid Vata Prakopakara Ahara and Vihara. So, here Shiro Abhyanga, Sarvanga Abhyanga, Nadi Sweda, Shiro Pichu and Shiro Basti were adopted to

calm the Prakupitha Vata as external measures. Here, for Shiro Abhyanga, Shiro Pichu and Shiro Basti were done by using Brahmi Taila due to its Medhya Rasayana and stress relieving action which helps to calm the nervous system as Kampa Vata is a neuro degenerative disease, it is treated by Rasayana approach in Ayurveda.; so that, his damaged nerves gets proper stimulation by means of proper increase blood circulation to brain which inturns help in reverse the pathological process to an extent. Sarvanga Abhyanga with Balashwagandha Taila will helps in the strengthening of muscles, bones and joints, provides analgesic effect, nourishment of Sushka Dhathus and also do Vatahara and Vatanulomana action by doing Abhyanga in Anuloma Gati which will also hampers the Viguna Gati of Vata Dosha in the pathology. Nadi Sweda using Vatahara Kashaya will also help in Vatahara action and also helps in reducing the stiffness of the body. Internally, Kapikachu Beeja Churna was given which contain natural source of L-dopa. It replenishes depleted stores of striatal dopamine. Ashwagandharsita is also given which is a Rasayana drug, as Rasayana drugs are essentially nutritional agents and Medhya Rasayana are specific nerve tonics with nootropic effect. This is because; Ayurveda considers this type of movement disorders under Vata Dosha Vikaras and to overcome the neuro nutrients by Rasayana remedies. Vata Chintamani Rasa was also given as it is a yoga which contains Roupya Bhasma, Abhraka Bhasma, Loha Bhasma, Rasa Sindura, Pravala Bhasma and Moti Bhasma which was having rejuvenating, catalytic, antioxidant, immune modulating, and strength promoting action along with Vatahara Rasayana property. So, it is used in treatment of Kampavata.

## CONCLUSION

Kampavata can be compared with Parkinson's diseases depending on symptomatology of patient. Both Shaman ousadhis and Panchakarma can create miracles in one's own life along because of ability of evacuation, superiority of efficacy and enormity of the procedures to target dosha eradication. Murdhini Taila along with rasayana drugs shows its ultimate action in this case. Abhyanga, Swedana, Nasya, Niruha, Anuvasana, Virechana and Shiro Basti, are the useful measures that can increase the life expectancy of the patient. So, it can be concluded that both Samshodana and Samshamana Chikitsa plays an excellent role in improving the day-to-day activities of a Kampavata patient if adopted properly and regularly.

**REFERENCE**

1. Charak Samhita of Agnivesha elaborated by Charak and Drdhabala with the Ayurveda-dipika commentary by Chakrapani dutta, edited by Acharya Jadavji Trikamji, choukambha surabharati prakashana Varanasi, 2008.
2. Sushruta Samhita, Acharya Jadavji Trikamji, choukambha surabharati prakasana Varanasi.
3. Vaidya B. Rangacharya (Editor) Basavrajeeyam, Hindi commentary Vatavyadhi Adhyaya, Published by Central Council For Research in Ayurvedic Sciences(CCRAS), 2007.
4. History of Medicine in India, P.V. Sharma, The Indian National Science Academy.
5. Vagbhat, Astanga Sangraha, Kaviraj Atridev Gupta, choukambha krishnadas academy, Varanasi, 2005.
6. Sharangadhara samhita, Deepika and Goodhartha deepika, Vidyasagar pandit Parashuram shastri, choukambha surbharati prakashana, Varanasi, 2006.
7. Harrison's principal of internal medicine, editor Anthony s. fauci et. al, Mcgraw hill companies 14th edition.
8. Saxena N. Vangasena vol. I edition, Pub: Chaukhamba Krishnadas Academy, Varanasi, 2004.
9. Mishra SN. Bhaishjya ratnavali of Govinda das sen amlapitta adhikara 56/24-28, Chaukhamba Surbharati Prakashana Varanasi, 2013.