

**AN AYURVEDIC APPROACH IN THE MANAGEMENT OF
PARKINSON'S DISEASE: A CASE STUDY*****¹Dr. Punam S. Katariya and ²Dr. Akshay Santosh Gandhi**¹BAMS MD (Kayachikitsa)²BAMS.Article Received on
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ABSTRACT

Parkinson's disease known as Kampavata in Ayurveda, is a degenerative neurological disorder of central nervous system, mainly affecting the motor system. It is most common extra pyramidal crippling disease with a prevalence of 1% of total population.^[1] On the basis of sign and symptoms; Parkinson's disease is described under Vata Nanatmaja vikara in Ayurveda. Symptoms like Kampa (Tremor), Stambha (Rigidity), Chestasanga (Bradykinesia and Akinesia), Vakvikriti (disturbance in speech) etc were described in different

contexts of Charaka Samhita, Susruta Samhita and Basavarajeeyam. Because of non-availability of curative treatment in modern science, this disease has remained as a great problem in the aging society. Here I present the case of 56 years old Female patient, whose early diagnosis of Parkinson's disease with multimodality treatment in the form of Shaman Chikitsa and Panchkarma procedures. Significant improvement was found with Panchkarma along with oral medicines.

KEYWORDS: Parkinson's disease, Kampavata, Kampa, Vata Nanatamaja Vikara, Shaman Chikitsa.

INTRODUCTION

The Vata which is considered to be the motivator and controller of other two Dosha i.e. Pitta and Kapha, is responsible for manifestation of almost all types of diseases. All motor and sensory functions are governed by Vata. Major neurological problems (essentially the condition of various degenerative diseases of nervous system) come under Vata vyadhi. Kampavata is one of them. The word Kampavata means the disorder of impaired Vata, in which the prime clinical manifestation is Kampa.

“Na kampo vayuna vina”^[2]

In Charaka Samhita, Vepathu has been described as one of the eighty types of Vataja nanatamaja vyadhi.^[3] the term Kampavata was explained for the first time in the text Basavarajeeyam^[4] with most of its clinical features similar to that of PD. The main clinical feature of Kampavata is kampa (Tremor). Tremor is particularly important in diagnosing PD, as it is present in 85% of patients with true PD. Also as explained in the text, Basavarajeeyam few more features of Kampavata can be compared with that of PD.

- Karapadatale Kampa- Tremors in the hands and feet.
- Dehabhramana- Postural instability.

Although PD defined clinically as a movement disorder, it is now widely appreciated that PD can be accompanied by a variety of non-motor symptoms, including autonomic, sensory, sleep, cognitive and psychiatric disturbances.^[4] These non-motor features can also be related with Ayurvedic description on Kampavata as given in the text of Basavarajeeyam.

- Nidrabhanga- sleep disturbances
- Matiksheena- Dementia

No satisfactory treatment is seen in contemporary system of medicine for Parkinson's disease. Parkinson's disease is progressive disease leads to crippling of patient. Its conventional treatment includes Levodopa preparations, anticholinergic drugs etc. which gives more or less temporary relief.

A 56 years old female patient came to OPD of SSNJ Ayurved Hospital, Solapur of kayachikitsa department with complaints of tremors in right hand. History of patient revealed that before 2 years she gradually developed tremor. The tremors used to aggravate at rest and was absent during movement. Initially she has neglected the symptoms. After that, she has noticed that tremor aggravate due to mental stress also.

Since 3 months, she has Difficulty in walking, tendency to fall forward, stiffness at right hand. Patient also have Difficulty in daily activities like writing, holding objects. There is also heaviness of tongue, slurred speech with face appearing without any expression. These symptoms developed since 1 month and had slow progression. Patient also complains of Uncontrolled urination, Reduced hearing, Giddiness since 1 months.

For these above complaints she consulted a physician. She was diagnosed as Parkinson's disease and was prescribed with medicines. She took those medication as she did not get any relief in her symptoms. She abruptly stopped the medicine without consulting the doctor. Before 10 years' same incident has occurred. She consulted physicians and took allopathic treatment for the same. She got relief at that time.

Now she came with the above complaints to our hospital for Ayurvedic treatment.

CASE REPORT

A 56 year old female patient came to OPD of SSNG Hospital, Solapur on 20 December 2018.

Patient name – XYZ, Age – 56 years, Sex- Female, Place – Solapur, Occupation- Teacher, OPD No- 33703, IPD No - 2778/18.

Chief Complaints

- Right hand tremors Since 2 years.
- Difficulty in walking, tendency to fall forward since 3months.
- Stiffness at right hand Since 3months.
- Difficulty in daily activities like writing, holding objects Since 1 months.
- Heaviness of tongue, slurred speech Since 1 months.
- Uncontrolled urination Since 1 months.
- Reduced hearing Since 1 months.
- Giddiness Since 1 months.

H/O of Present illness

K/C/O -HTN since 10 years (on medication)

Tb Beta cap TR 1 TID

K/C/O -Parkinsons diseases (on medication)

Tb Revocon 1TID

Tb Pacitone 2mg 1 TID

Tb Sevnale 1 TID

H/O -Trauma 15 days before (due to imbalance)

H/O -Chikungunya 8 years ago

H/O -Typhoid 1 year ago

H/O of Past illness and Family history

No significant history was found.

DISEASE PRESENTATION**General examination**

Weight- 58kg

Height- 4.9 ft.

BP- 120/70 mm of hg

Pulse- 78/min

Respiratory rate – 16/min

Pallor-No

Jaundice –No

Appetite: Reduced Appetite.

Bowels: 1-2 times/day, Regular.

Micturition: Frequent micturition, 12-14 times during day, 3-4 times at night

Sleep: 6-7 hours, Disturbed sleep.

SYSTEMIC EXAMINATION

Gastro intestinal system –Soft abdomen, no tenderness and organomegaly was found.

Respiratory System- Symmetrical chest, no added sound

Cardio vascular examination- s1, s2 was normal, no murmur was found.

Loco motor examination- Patient was unable to walk properly without support. Fascinating gait with tremors in right upper and lower limb was found.

CNS Examination-

Higher mental function-Slow, slur speech

Muscle movements Coordination- Poor

Tandem walking- Normal

Romberg's sign- Normal

Knee heel test –Normal

Finger to nose test – Negative, Patients was not able to do it perfectly due to tremors.

Involuntary movements – Resting tremors in right upper and lower limb were found.

DASHVIDHA PARIKSHA-

❖ **Prakruti** – vata, kapha

❖ **Vikruti** – Hetu- Ahara-vatakara, kaphakara.

Vihar-Atiyana (daily travelling)

Manasiak – Chinta

Dosha-Vata-kapha

Dushya-Rasa, mamsa, majja

Desh-Jangal

Kal- Visarga

Bala- madhyam

❖ **Sara** – madhyam

❖ **Samhanana** – madhyam

❖ **Praman**-madhyam

❖ **Satva** -madhyam

❖ **Satmya** – madhyam

❖ **Ahara shakti** – Jarana shakti – avar

Abhyavarana shakti -avar

❖ **Vyayama shakti** -avar

❖ **Vaya** – madhyam

❖ **Bala**- madhyam

ASHTAVIDHA PARIKSHA

❖ **Nadi** : 70/min

❖ **Jivhwa** : Saam

❖ **Mala** : 1-2 times /day, regular

❖ **Mutra** : Aniyantrita, muhurmuhur

❖ **Sparsha** : Anushnashit

❖ **Drik** : Prakrut

❖ **Akriti** : Madhyam

❖ **Shabda** : Aspashta

NIDAN PANCHAK

- **Nidana**

- **Ahar** – Breakfast at 9am-Chapati, Bhaji(methi, shepu, palak, bhopala, flauvar).

- Lunch at 1.30pm- Chapati, Bhaji, shengachatani, jvaschatani, turdal, mugdal, palak, shabudana, dahi, chapati, bhaji(methi, shepu, palak, bhopala, Kobi, flauvar).

- Dinner-same as lunch.

➤ **Vihar**- vatavardhakta, daily travelling of 40 min, standing for 4-5 hours/daily,

➤ **Etar**- vaya-56 years.

Rajonivrutti -8 years

• Roopa

➤ Dakshin hasta kamp

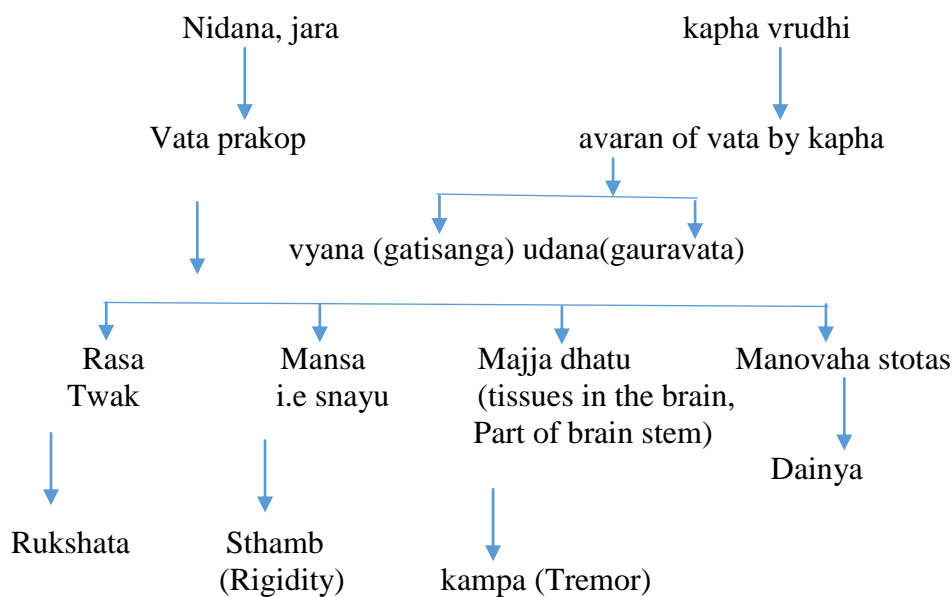
➤ Jivhagauravata

➤ Aspashta vak pravritti

➤ Chalan kashtata

➤ Bhramaprachiti

Samprapti



Diagnosis- Kampavata (Parkinson's disease)

TREATMENT

Shodhan Chikitsa

- 1) Sarvang Snehan (Balaashwaghandha tail)
- 2) Sarvang baspa swedana
- 3) Shirodhara (tila tail)
- 4) Kapikacchu basti 150 ml
- 5) Nasya (panchendriya vardhana nasya tail- 2-2 drops)
- 6) Jivhavedhana
- 7) Karnapurna (bilva tail)

SHAMAN CHIKITSA

- 1) Pachak vati 250 mg BD With warm water
- 2) Gandharva haritaki 2 gm with warm water at night
- 1) Yograja guggula 1 gm BD With warm water
- 2) Maharasnadi kwath 20 ml BD With warm water

TOTAL DURATION OF TREATMENT – 20 DAYS**DISCUSSION AND RESULTS**

Kampavata is Nanatmaja disorder of vata as per Ayurveda texts condition can be correlated with Dhatukshaya vatavyadhi as well as vata vitiated due to Avarana. For the first time vangasena samhita mentioned the principles of Kampavata. It clearly mentioned that abhyanga, swedana, nasya, basti, shirodhara are useful measures that can increase the life expectancy of the patient. Considering dosha and dhatu involvement balya treatment i.e. abhyanga with bala tail was used. Shirodhara with til tail calms down the hyper action of vitiated vata dosha.

As kapikacchu is having Dhaturiddhikara, Vatashamaka, Shukravruddhikara properties.^[6] it acts against the process of degeneration and beneficial in the condition of dhatukshaya. It also corrects the functions of indriyas, which are found impaired in kampavata. It contains L-dopa having ant Parkinsonism activity. The role of basti is crucial in the management of kampavata, It promotes Bala, mansa and shukra.

CONCLUSION

Parkinson's diseases can be clinically correlated with kampavata. Atiyana, rooksha alpa, virrudha ahara are the common causes for manifestation of kampavata in this patient. vata prakopa and avaran of kapha is the prime pathology of kampavata.

Panchakarma procedures like snehan, swedana, nasya, shirodhara, jivhavedhana, kapikachhu basti proved to be effective for treating such patients. This case study gives us confidence and better understanding for treating such cases in ayurvedic hospital.

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