

“A Review Article on Kampavata with Ayurvedic Management”

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ABSTRACT

Kampavata is a disease associated with tremors in body which disturb your activities of daily living by limiting your movement and your hand to shake unnecessarily or making your limbs tight and rigid, restricting your coordinated activities, make your movement slower than normal. It is Vata Vyadhi which occur due to pathology increase of Chala Guna of Vata. Treatment consists of internal and external administration of different form aimed to reverse pathology of Vata imbalance. In modern science it is correlated with Parkinson's disease and it is a degenerative neurological disease so, nerve cell damage in the brain cause dopamine level to drop leading to symptom of Parkinson's disease. In this disease mainly effecting the older adult. It is a syndrome consisting of classical triad of bradykinesia, resting tremor and rigidity. It is disease of elderly and its prevalence increase from 1% in people over the age of 65 (estimated about 12 lac Indians living with Parkinson's disease in India) and 5% in people over the age of 80 years and affect man than in woman in most population. Kampavata is Nanatmaj Vyadhi of Vata as per ayurveda text condition (disease caused by spread of vitiated Vata dosha throughout the mind body) thus control of Vata is the only key in treatment of parkinsonism disease.

Keywords-Kampavata, Ayurvedic Chikitsa, Parkinsonism

INTRODUCTION: -

Kampavata or Parkinsonism is a syndrome of chronic progressive disorder of motor function and is clinically characterized by tremors which are most at rest and worsen with emotional stress; other feature are disordered gait, posture and rigidity.^[1] It

is most common akinetic syndrome. Kampavata is one among Vataj Nanatmaj Vyadhi explained in Sutrasthan by Acharya Charak.^[2] The term kampavata first explained by Basavarajeeyam. Main symptom of kampavata by Basavarajeeyam are karapadatale kampa (involuntary movement of upper and lower extremities), Dehabramana (rigidity), Nidrabhanga (disturbed sleep), and Matisheena (loss of memory).^[3] It also is explained in the name of Vepathu by various Acharya for the disease Kampavata. "Sarvanga Kampa Sirasovayu Vepathu Sanjantaha". (Madhav Nidan).^[4] Sarvangkampa Or Keval Shirakampa is said to be Kampavata. The basic Pathology is degeneration of group of nerve cell deep within the centre of the brain called substantia nigra. These cells use dopamine as their neurotransmitter to other nerve cell. As the cells degenerate they stop functioning, dopamine fails to reach the area of brain which affect motor function. Normally equilibrium exist between acetylcholine and dopamine. With dopamine deficiency there is acetylcholine hyperactivity this may be a mechanism for Parkinsonism syndrome.^[5] Therapy for Parkinsonism disease is aimed at replacing dopamine and to prevent the degeneration. Dopamine does not cross the blood brain barrier but levodopa does. In the brain levodopa converted to dopamine by dopa decarboxylase thereby replacing the dopamine loss in the striatum.

CAUSES

Parkinsonism is degenerative neurological disorder. The main cause of this disease are-

1. Idiopathic – Primary or paralysis agitans.
2. Post encephalitic parkinsonism.

3. Symptomatic parkinsonism (secondary parkinsonism)-
 - a) Drugs like reserpine, phenothiazine, metoclopramide etc.
 - b) Infection – Encephalitis, AIDs, Dementia complex, Cysticercosis, Syphilitic Mesencephalitis and Creutzfeldt- Jakob disease.
 - c) Vascular, Atherosclerosis and hypertension.
 - d) Toxic- N Methyl 4 Phenyl Tetrahydropyridine (MTPT), Manganese Carbon Monoxide, carbon disulfide, cyanide and methanol.
 - e) Head Injury
 - f) Degenerative- Alzheimer disease, Picks disease, communicating hydrocephalous.
 - g) Tumors of brain stem (rarely)

CLINICAL FEATURE^[6]

The progression of disease is usually gradual over may year but occasionally it may be more rapid over a few months.

1. The initial symptom is usually tremor involving one hand, which then spread to involve the leg on the same before becoming bilateral. It may also involve in head and jaw. The tremor is present at rest at rate of four to six per second. It is absent during sleep and suppressed on voluntary movement. In some patient postural tremor at a rate of seven to eight per second.

Other characteristic of parkinsonism tremor is supination- pronation of forearm, adduction-abduction of thumb and flexion-extension of finger which give rise to the 'pill-rolling' tremor.

2. Rigidity manifests symptomatically as stiffness of the muscles and mainly involves the neck, trunk and proximal part of limbs. It is described as 'lead pipe' rigidity because the increase muscletone is present throughout the range of movement. When tremor is superimposed on rigidity there is a 'cog wheel' effect which is most easily elicited at the wrist and elbow. (When movement become jerky called cog wheel rigidity and stiffness continue called lead pipe rigidity).
3. Bradykinesia- Implies is difficulty in initiating voluntary movement and slowness of movement and slowness of movement which result in progressive increase in the time taken to perform daily activities. Moreover, spontaneous movement like arm swing while walking are absent.

4. Postural abnormalities manifest as a fixed posture of the trunk and limbs together with a difficult in maintaining one's balance when the posture disturbed by an external force.
5. Face has a mask like appearance and glabellar tap is often positive.
6. Voice is slow, monotonous and of slow volume.
7. Increase sweating and seborrhea is often noted on the face. There is difficulty in swallowing specially later in the disease course, with consequent dribbling of saliva.
8. Hand writing become small (Micrographia) and untidy.
9. Constipation is very common and urinary frequency and incontinence may also be present.
10. Movement- The patient often sits still in one posture with little movement for a long time. He may have difficulty in getting up from the chair or bed and in the later even rolling over in the bed may not be possible.
11. Gait-
 - a. Freezing of gait (FOG) mean difficulty in starting to walk.
 - b. Festinate gait – is an involuntary gait in which stride length is shortened and steps become progressively more rapid patient appears to be hurrying.
12. Arms are adducted and flexed at the elbow and wrist, there is ulnar deviation of the hand and flexion of the metacarpophalangeal joint with extension at the interphalangeal joints.
13. Cognitive and psychiatric complaints are common. Some of them may be side effect of drug about 40% of the patient suffer from depression even early in the disease. The patient may also have difficulty in making decision and may become dependent on other.

PROGRESS AND MODE OF DEATH:

In most patient the disease progress gradually over about ten years until the become wheelchair bound or bed ridden because of severe bradykinesia, rigidity and postural instability. Death may occur from aspiration, pneumonia, septicemia from urinary tract infection, decubitus, ulcer or from secondary cause like vascular disease or neoplasia.

STAGING

Hoehn and Yahr scale

stage can be use in assessing the severity of the disease and to decide the line of management.

Stage 1- Unilateral involvement
Stage 2- Bilateral involvement but no postural abnormality.
Stage 3- Bilateral involvement with mild postural imbalance, the patient lives an independent life.
Stage 4- Bilateral involvement with postural instability, the patient requires substantial help.
Stage 5- Severe fully developed disease, the patient is restricted to bed and chair.

Management:

In Allopathy mainly oral Medicines are used for Management of Parkinson's Disease. Levodopa combined with a peripheral acting dopa decarboxylase inhibitor provide the mainstay of treatment in Parkinson's disease but only be started to help overcome significant disability. Other agent includes Anticholinergic drugs, dopamine receptor agonist, selegiline and amantadine.^[7] Anticholinergic or amantadine may be used in conjunction with levodopa to increase its efficacy or relieve specific symptoms like rest tremor. patient in stage 3rd, 4th and 5th of the Hoehn and Yahr scale usually require Levodopa.^[8]

AYURVEDIC MANAGEMENT

Kampavata is Nanatmaj Vyadhi of Vataas per ayurveda text condition (disease caused by spread of vitiated Vata dosha throughout the mind body) thus control of Vata is the only key in treatment of parkinsonism disease. In Charak Samhita^[9] for the cure of this ailment therapeutic measure to be given are as follows.

- Snehan and Swedan (oleation and fomentation)
- Vata anulomak chikitsa
- Deepan pachan medicine
- Niruh Anuvasan Basti (enema)
- Nasya karma (inhalation therapy)
- Dhumrapan (smoking therapy)
- Madhur, Amla, Lavanand Snigdha Aahaar (sweet, sour, saline and unctuous meal).

As a dry wood can be slowly bent as desired by application of unctuous substance and fomentation similarly curved or stiff limbs can be slowly brought back to normal position by administration of oleation and fomentation therapies. The patient should be given oleation and fomentation therapies repeatedly as a result of which the Kosta become soft and disease of Vayu do not lodge there permanently.

After oleation and fomentation therapy patient should be given elimination therapy with

the help of mild drug added with unctuous ingredients. Ex-castor oil and milk

Medicated ghee prepared by boiling either Tilvaka or Satala. If patient is weak, unsuitable for purgation then he should be given Niruh type of medicated enema prepared with ingredients which are Pachan and Deepan. All of them should also be treated with inhalation and smoking therapies.

As per ayurveda texts can be correlated with Dhatukshaya Vatavyadhi as well as Vata vitiated due to Avarana. Ayurvedic treatment for Dhatukshaya is mainly based on the treatment of unbalanced Vata. Ayurveda provide such patient with its miraculous treatment of Panchkarma and Shaman Chikitsa.^[10]

Charak has stressed on Srotoshuddhi, Vata anulomana and Rasayan in general management of Avarana.^[11]

For the first time Vangasena Samhitastated the principle of the treatment of Kampavata. It clearly mention that Abhyanga, Swedan, Nasya, Niruh, Anuvasan, Virechanan, Sirovasti are the useful measure that can increase the life expectancy of the patient.^[12]

Some Ayurvedic medicines:

Churna-Kapikachu Churna (seed have dopa 1.5%)^[13] Ashwagandha Churna (rejuvenator), Panchkol Churna (Deepan, Pachan and Vatanulomak)

Taila- Mash Taila, Mahanaryan Tail, Mahakukkutmansh Tail, Vishgarbh Taila, Bala Taila, Sehcharadi taila, karpash taila,

Vati -Brihat Vatachintamani Ras, Brahmi Vati, Agnitundi Vati, vijay bherav ras.

Rasayan yoga-Chywanprash, Abhyaamlaki Rasayan, Silajeet Rasayan

YOGA- gentle stretching movement and poses may increase your flexibility and balance. Yoga like -Tadasana, Urdhahastasana, Uttanasana, Virabhadrasana, Supta Baddha Konasana Pranayan Like Nadi Sodhan, Anuloma Villoma, Agnisara, Bhramrari

Speech therapy-improving speech quality and may help in case of dysarthria dysphonia interfere with communication.

PATHYA -APATHYA

Pathya Ahaar-Til, Godhuma, Mahishakshira, Gokshira, Ajakshira, Shashtikashali, Snigdhashna Bhojan

Pathya Vihara-Snehan, Swedan, Abhyanga, Nasya, Dhumrapan, Snigdha Gandush

Apathya Ahaar-Ati Ruksha, Laghu,Sheeta Aahar, Kasaya, Katu,Tiktas Ras Aahar.Protein Diet Like Pea, Rajma, Mudga, Yava. intake a dietary protein can limit your body absorption of levodopa.Fruits and Vegetables might protect nerve cell function.

Apathya Vihara- like Ratri Jagran, Langhan, Diwaswapn, Virudhaahar, Vegasandharan.

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