AYURVEDIC MANAGEMENT OF KAMPAVATA (PARKINSONISM) DUE TO CEREBELLAR ATROPHY - A CASE STUDY

Dr. Prerana P. Jawale1*, Dr. Harshad Komreddiwar2 and Dr. Suchita Pardeshi3

1Associate Professor Kayachikitsa Department, R.A. Podar Ayurvedic Medical College. Mumbai, 400018.
2, 3PG Scholar Kayachikitsa Department, R.A. Podar Ayurvedic Medical College. Mumbai, 400018.

ABSTRACT
Kampvata is one of the vata vyadhi according to ayurveda. It can be correlated with parkinsonism in modern science. Parkinsonism is a disease in which there is paucity of movement (akinesia or bradykinesia) often accompanied by an increased muscle tone (rigidity) and hyperkinesia or dyskinesia, which are associated with excessive abnormal involuntary movements. Kampavata (parkinsonism) affects speech, gait, expression of mood and emotions and various daily routine activities of body. Major complication of the condition are progressive supranuclear palsy, multiple system atrophy, parkinsonism-dementia-amytrophic lateral sclerosis complex; to avoid that, it is necessary to start treatment as early as possible. The present management of Parkinsonism is oral levodopa preparations, anticholinergics, dopamine agonists etc, but respond rate to these treatments is very less. Also these therapy has its various adverse effects. In this article a case report of 50 years old male patient who came to OPD with complaints of slurred speech, postural disturbance, slowness of daily activities, tremors while walking, amnesia since approximately 2yrs; ayurvedic management of patient was done in the form of Siravedha, basti, nasya, shirobasti and virechana. Along with this oral medication and exercise was also advised. The clinical sign and symptoms of Kampavata were reduced significantly after the aayurvedic treatment.

KEYWORDS: Kampavata, Parkinsonism, Siravedh, Basti, Nasya, Shirobasti and Virechana.
INTRODUCTION
In various Ayurvedic Samhita and text books a very few information about Kampavata is described though it is a vataja vyadhi. Acharya madhav explain Kampavata in vatavyadhi adhyay. Kampavata is a disease causing sarvang kamp, shir kamp. Acharya Madhav, called it as veputhu. Etiological factors explain in samhita and texts are vardhakya, heavy work and all the other vata prakopak hetu sevan. Vata in its normal state is responsible for stimulation of all sense organs but in abnormal state it produces various diseases like Kampavata. Parkinsonism is a second most common neurodegenerative disorder after Alzheimer disease, occur in approximately 1 in 1000 in the general population and in 1% of person older than 65 yrs. men are affected more than women. Parkinsonism is disease in which there is paucity of movement (akinesia or bradykinesia) often accompanied by an increased muscle tone (rigidity) and hyperkinesia or dyskinesia, which are associated with excessive abnormal involuntary movements. The cause of parkinsonism is belived to be a variable combination of poorly understood genetic and environmental factors. Both dominant and ressesive genes can cause classic parkinsonism. Many of the features of parkinsonism are due to loss of dopamine in the neostriatum, secondary to loss of pigmented dopaminergic neurons in the SNc of the midbrain. Due to this patient may experience postural disturbcance, slowness of activities, tremors, amnesia etc. In ayurvedic classic treatment available for Kampavata (parkinsonism) is all vatashamak, bruhan etc. and in modern medicine there is oral levodopa preparations, anticholinergics, dopamine agonist etc,and physiotherapy. Keeping all these in mind and besides that the present study was done on ayurvedic management of kampvata (parkinsonism).

CASE REPORT
Patient Name: xyz DOA :02 -08-2017
Age & Sex: 50 yr/ male DOD:23 -10-2017
Reg. No.: 24440 Occupation : businessman
C/o
Slurred Speech
Postural Disturbance
Slowness of Daily Activities
Tremors While Walking
Amnesia Since approximately.2 yrs.
No any significant past history

Addiction:
alcohol 2-3 times a week since 20 yr

O/E
G.C.Fair Afebrile
Pulse rate - 80/ min
BP – 130 / 86 mm of hg

S/E
RS – AEBE Clear
CVS – S1S2 normal
CNS – Councious & oriented
pupils – normal size reacting to light
P/A – soft & non tender

Investigations
CBC – WNL
CT -Brain – cerebellar atrophy
BT/CT - WNL

Treatment
After the necessary investigations, ayurvedic treatment is as follows- *arogyavardhini vati* 250 mg Tds with lookwarm water *Triphala churna* 5 gram Hs with lookwarm water *Ekanngvira rasa* 250 mg Bd after proper niram avastha 1 st setting of *siravedha* done and 100 ml *matrabasti* wth *balaguguchyadi tailam* and *til tailum* in equal quantity is continued for 15 days; in between that 2nd and 3rd setting of *siravedha* was conducted. (*siravedha* was done through vain from cuboidal fossa and approximately 40 cc of blood was removed in each setting) After that patient has given - *Truttiya baladi yapana basti (cha.siddhi.-12/9) - Shirobasti* with *til tail and mahamash tail* - *Nasya* with *Panchendriyavardhan tail* for 14 days along with proper *snehana swedana*. After these treatment patient has been feeling relax, before treatment patient was hesitating to take a step due to fear of fall but after treatment patient could walk confidently, tremors while walking were disappeared. After 10 days along with proper concelling *snehapana* with *mahatikta ghrita* was started in increasing order until *samyak snehapan lakshana* after that *snehavishranti* for 2days Patient then taken for
virechana karma Virechana yoga – aragwadha phalmajja + kutaki bharad +trivutta bharad kwatha 100 ml - earand tail 20 ml - trivruttavaleham 30 grams Virechana vega 12 and anuvega 15(samyak virechana lakshyan was observed) Pashyat karma (sansarjana kram) for 5 day.

RESULT
After completion of aproximatly 2 and half month 1.patient could walk confidently 2. speech of patient was markly improved (after treatment one could understand easily what patient was talking; which was difficult to understand before treatment) 3.tremors reduced markly 4. Postural disturbance reduced 5. Patient could do his routine activities quit easily.

<table>
<thead>
<tr>
<th>clinical features</th>
<th>Grading</th>
<th>before treatment</th>
<th>after treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tremors while walking</td>
<td>0 no tremors</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1 slight</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 slight but patient could walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 patient could not walk due to excessive tremors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>slurred speech</td>
<td>0-no persistant</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1-persistant but do not disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-persistant and disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3- constant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postural disturbance</td>
<td>0-no persistant</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1-persistant but do not disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-persistant and disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3- constant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slowlyness of daily activity</td>
<td>0-no persistant</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1-persistant but do not disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-persistant and disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3- constant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amnesia</td>
<td>0-no persistant</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1-persistant but do not disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-persistant and disturb routine work</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3- constant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION
In parkinsonism or Kampavata, nerve dysfunction (due to dopamine deficiency) leads to impairment of both sensory and motor function. These function are govern by vata, hence, the improvement can be expected by attaining the normal state of vata and its anubandh doshas. In this patient of Kampavata samprapti, vitiated vaat & pitta dosha get sthan
sanshraya in vatavaha nadi, along laghu, ruksha tikshna guna vridhi causes kriya alpata, kriya hani. Ayurveda is a safe alternative with minimum pain to the modern treatment, effective in Kampavata. Pachana with arogyavardhini vati and triphala churna, snehana with til tail for nourishment of shleshak kapha to stimulate the sensory nerve ending. swedana before nasya and shirobasti for increasing blood circulation to the peripheral arterioles which help for fast drug absorption. In nasya therapy medicated oil is administrated in nostril, this medicine is reached to shringataka marma and spread into all shrotasa (vessel, nerves) and eliminate the vitiated doshas. shirobasti stimulate the sence organ and nerves and relax mind, decrease mental exhaustion and controle the sthanasanshray of doshas. Shiravedha and virechana krma was used to eliminate vikrut pitta which associated with vikrut vata may caused cerebellar atrophy. In between 3 setting of siravedha, matrabasti is used to avoid further vata prakopa due to raktamokshana.

CONCLUSION
This case report shows that Kampavata (parkinsonism) can be successfully managed by Ayurvedic treatment with cost effective way, lesser chance of recurrence and without any side effect.

REFERENCES