

UNDERSTANDING AND MANAGEMENT OF PARKINSON'S DISEASE (PD) IN AYURVEDA

Shruti K Kamath¹, Vinay Kumar K. N²

¹P G Scholar, ²Reader;

Department of Panchakarma, SKAMCH & R. C. Vijaynagar, Bangalore - 560014, Karnataka, India

Email: kamathshruti01@gmail.com

ABSTRACT

Parkinsonism is a clinical syndrome characterised by tremor, bradykinesia, rigidity and postural instability, which may or may not be associated with dementia. Parkinsonism is the second most common neurodegenerative disorder and common movement disorder. It develops gradually sometimes starting with a barely noticeable tremor in just one hand, which is a well-identified sign of Parkinsonism. The symptoms progress with time. Most individuals who develop Parkinson's disease are about 50 years and above. It can be identified with *Kampavata*, where *kampa* can be understood as tremors and *vata*, which is responsible for movement. There will be *sarvanga-kampa* or *shirakampa*, *nidrabhanga*, *matiksheena*, *avanamana*. One among the 80 *Vatajananatmajavyadhis* as such there is no such definitive treatment however to combat the *vata dosha* and to sustain neuro nutrition, patients selected for the study were subjected to *panchakarma* modalities like *Sarvangaabhyanga*, *Sarvanga shastika shali pinda sweda* and *Rajayapanabasti* for the period of 16 days.

Keywords: Parkinsonism, *Kampavata*, *Vatavyadhi*, *Panchakarma*

INTRODUCTION

A London physician James Parkinson first described Parkinson's disease in "An essay on shaking palsy" in 1817. Parkinson's is a clinical syndrome characterised primarily by bradykinesia with associated increased tone (rigidity), tremor and loss of postural reflexes. Some of the factors for development of Parkinsonism are free radicals, accelerated ageing, environmental toxins, exposure to pesticides and genetic predisposition. Age has a critical influence on incidence and prevalence. Average age of onset is about After 50 years and fewer than 5% of patients present under the age of 40. It is a progressive and incurable condition with a variable prognosis; it also reduces the quality of

life. Despite of so many advancements in the field of medicine, treatment of Parkinson's disease remained highly symptomatic. No curative treatment is available. This instils a special need for ayurvedic management. According to Ayurveda Parkinsonism can be identified with *Kampavata* according to *Acharya charaka*¹ and *kasyapa*² it is one among *Vatananatmaj vikaras* named as *vepathu*, *acharya sharangdhara*³ mentions *kampa* as *vatajaroga* and *shirokampa* under *vepathu* in *vatavyadhi*, *Acharya sushruta*⁴ has mentioned few *lakshanas* in condition of *Kaphavritavyana* and *sthambha* and *kampa* mentioned under *snayugataavata*. *Acharya Bhava Prakash*⁵ enlists that excess of

Kashaya rasa sevana leads to *kampa* and also compares to *Snayugataavata*, *Acharya Yogaratnakara*⁶ enlists *sarvangakampa* and *shirokampa* under *vepathu*. However *Acharya Vagbhatta*⁷ mentions *kampa* as symptom of *prakupitavata, sarvangavata*. *Vatavyadhis* include major neurological problems. *KampaVata* being one among them exhibits the symptoms such as “*karapadatalekampa*” (tremors in hands and legs) *Dehabhramana* (postural instability) *Matik-seena* (dementia) and *Nidrabhanga*⁸ (sleeplessness) though not complete this description of “*Kampavata*” is tantamount to Parkinson's disease.

Aim and Objectives

To evaluate the clinical efficacy of *sarvangaabhyanga* with *moorchitatilataila sarvangashastikashalipindasweda* and *rajayapanabasti* in the management of *Kampavata* w.s.r to Parkinsonism.

Materials and Methods

Source of collection of data

For this study conducted patients were selected from the OPD and IPD of SKAMCH&RC after considering the inclusion and exclusion criteria

Totally 10 patients were registered for the study and assessment of the study was done based on assessment

criteria .the results were analysed statistically for p value using paired t test

Inclusion Criteria

Patients of either sex are selected, Patients above 50 years, Patients presenting with signs and symptoms of ParkinsonismDisease⁹, Patients presenting with *Lakshanas of Kampavata*¹⁰, Patients who are fit for *basti karma*¹¹

Exclusion Criteria

Secondary Parkinsonism, Parkinson plus syndrome, brain tumour, Patients with other systematic disorders and with other complications that interfere with the treatment were excluded. Patients who are un-fit for *basti karma*¹²

Study Design: A Clinical study of *sarvangaabhyanga, sarvangashastikashalipindasweda* and *rajayapanabasti* in the management of *Kampavata* w.s.r to Parkinsonism applying pre-test and post-test design was done.

Intervention

Sarvangaabhyanga with *moorchitatilataila, Sarvangashastikashalipindasweda* with *balamoola* and *dashamoolakwatha siddha kseera, Rajayapanabasti* was done for a period of 16 days.(*Kala basti*)

Table-1: Requirements for sarvanga abhyanga

Patient	1
Therapist	2
Droni table	1
Vessel	2
Stove and gas	1
Moorchitatilataila	250 ml per day

Table-2: Requirements for shastika shali pinda sweda

Patient	1
Therapist	2
Droni table	1
Vessel	2
Gas, stove	1
Cora cloth to make <i>pottali's</i>	4
Sieve	1
<i>Shastikashali</i>	1 kg (for every 3 days)
<i>Kseera</i>	1 litre /day
<i>Balamoola and Dashamoola qwath</i>	100 ml 100 ml { for 2 days}

Table-3: Requirements for rajayapana basti

Anuvasanabasti	Moorchitatilataila- 80 ml + pinch of saindhavalavana.
Niruhabasti	Madhu – 80 ml Saindhavalavana – 12 gms Moorchitatilataila – 60 ml Rajayapanakalka – 30 gms Rajayapana siddha kseerapaka – 300 ml Mamsa rasa – 200 ml

Table-4: Pattern for kala basti

1	2	3	4	5	6	7	8
A	N	A	N	A	N	A	N
9	10	11	12	13	14	15	16
A	N	A	N	A	N	A	A

Table-5: Assessment Criteria

TREMOR (KAMPA)

4	Bilateral violent tremor with tremor in tongue / in eyelids lips and not suppressed or diminished by desired movement
3	Tremor not violent but present in less number of organs mentioned above
2	Bilateral tremor
1	Unilateral slight tremor present at rest decreased by action , increases by emotion and stress and disappears during night
0	No tremors

Table-6: Bradykinesia (Gatisanga)

4	Unable to raise from bed and walk without assistance
3	Can walk slowly but need substantially help, shuffling with retropulsion / propulsion lack of associated movement
2	Can walk without assistance slowly , with retropulsion / propulsion
1	Can walk without assistance slowly but with shuffling gait
0	Can walk brisk without aid

Table-7: Disturbance in Voice (Vakvikruti)

4	Incomprehensive words, monotonous voice , echoing , speaks only on insistence of examiner
3	Monotonous voice , split consonance but understandable , speaks free with examiner
2	No echoing , dysarthria present , speech understandable , monotony present
1	Variable tone of voice , slight slurring of speech
0	Normal speech

Table-8: Rigidity (Stambha)

4	Marked rigidity in major joints of limb , abnormal sitting posture , stared eyes
3	Patients sit properly , cogwheel rigidity , slow eye ball movements without staring appearance
2	Rigidity demonstrable on one of major joints
1	Cog wheel rigidity feebly present and on continuous examination vanishes
0	No rigidity

Table-9: Observation and Result

PARAMETER	MEAN BT	MEAN AT	MD	SD	SE	t	P-value	RESULT
TREMORS								
(Kampa) Right	2.8	1	1.8	0.48	0.15	10.66	<0.005	HS
Left	2.8	1	1.8	0.48	0.15	10.66	<0.005	HS
RIGIDITY (<i>Sthambha</i>)	2	0.5	1.5	0.72	0.37	6.25	<0.05	HS
SPEECH (<i>Vakvikruthi</i>)	1.8	0.6	1.2	0.41	0.05	24	<0.05	HS
BRADYKINESIA (<i>Gatisanga</i>)	1.5	0.3	1.2	0.79	0.26	4.61	<0.05	HS

DISCUSSION

The *samprapti* of *vatavyadhi* can be understood under: *Dhatukshaya, avarna*¹³. Improper Lifestyle (*vihara* and *achara*) and dietary regimen (*ahara*) lead to *vataprapkopa*. Hence treatment modalities that pacify *vata* need to be adopted. As Parkinsonism usually occurs in elderly and also it is told that “*Na Kampovayuna vina*”¹⁴ which means without *vata*, there is no manifestation of *Kampa* as *vata* is responsible for *gati*. In elderly person there will be *kseenadhatu* as well as *kseena bala*¹⁵ hence treatment modality like *Sarvanga abhyanga*¹⁶ with *moorchitaitaila* combats *vatadosha*, *shastikashalipindasweda* bestow *smardavata*, *pusti* and acts as *balya* and *basti* brings *mardavata* to the body which helps in relieving stiffness experienced by the patients¹⁷, *Rajayapanabasti* is a *yapanabasti* that is *sarva kala deya*¹⁸ and without side effects has both *shodhana* and *brimhana* effect on the body is adopted in the study.

This study had a significant result in reducing the rigidity and tremors, as well as improving the *gatisanga*.

CONCLUSION

Vatadosha is responsible for movement i.e *gati* and *gandha* responsible for both sensory and motor activities. Parkinsonism can be correlated to *kampavata* caused due to imbalance of *vata*, where *kampa* is “*ga-tradichalanam*” and *vata* being identified as “*va-gatigandhanayoho*” is one among the 80 *vata-jananatmajavyadhi's* where *vata upakrama*¹⁹ as first line of treatment needs to be incorporated and also *Basti Karma* being considered as *ardhachikitsa* and also *sarva chikitsa*²⁰ in form of *yapanabasti* (*rajayapanabasti*) is adopted as *Kala basti* where *kala basti* is given for *madhyamabalayuktarogi* and where there is

sansarga of *vata* and *pitta dosha*.²¹ The treatment of *kampavata* consists of both internal and external administration of drugs in different forms aimed to combat the vitiation of *vata*. *Acharya vangasena* also describes specific therapies for the treatment of *kampavata*²². Here majority of the cases encountered were of *dhatukshayajavatvyadhi* which provisionally diagnosed as *kampavata* and the line of treatment adopted was based on *nirupastambhitavatavyadhichikitsa* wherein *snehana*, *swedana* as well as *yapanabasti* were adopted. Significant results are observed further study in larger sample is required to generalize the above treatment protocol for Parkinson's disease (PD)

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