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**MANAGEMENT OF *JARA JANYA VYADHI* WITH SPECIAL
REFERENCE TO *KAMPAVATA* – A CASE STUDY**

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ABSTRACT

In classics "Bhasavarajeeyam" introduced the term *Kampa vata*, which can be considered as an Ayurveda analogue of Parkinsonism. It is a degenerative neurological disorder of central nervous system, mainly affecting the motor system. Parkinson's disease is described under *Vata Nanatmaja vikara* in Ayurveda. Worldwide incidence of PD is estimated to be around 7 to 10 million and In India it is more than 1 million per year. It is a disease of elderly and its prevalence increases from 1% in people over the age of 65 years to 5% in people over the age of 80 years and affects men and women equally. The disease has insidious onset and is slowly progressive leading to severe morbidity in advanced age. Ayurveda takes a unique approach to the management of neuropathies with a special emphasis on eliminating their cause by *Panchakarma*. *Panchakarma* procedures are especially advocated in the treatment of neurological diseases. A patient, diagnosed with *Kampavata* on bases of his sign and symptoms was managed with multimodality treatment in the form of *Panchakarma* procedures along with *shamana Ausadhi* in IPD of *Panchakarma department*, PAH, Vadodara, Gujarat. Significant improvement was found in patient's sign and symptoms during and after treatment.

Keywords: *Kampa vata, Jara Janya vyadhi, Vata Nanatmaja vikara, Parkinson's disease, and Panchakarma*

INTRODUCTION

Parkinson's disease (PD) is a chronic progressive movement disorder, meaning that symptoms continue and worsen over time. Where the malfunction and death of vital nerve cells in the brain occurs. PD primarily affects the neurons in an area of the brain called the substantia nigra. These neurons produce dopamine, a chemical that sends messages to the part of brain that controls movement and coordination. Clinical features of Parkinsonism is mask face, slurred and indistinct speech, festinating gait, stooped posture, tremors (resting or postural), rigidity(lead pipe or cog wheel). Tremors, rigidity, akinesia, and postural disturbances are the major symptoms. Parkinson's disease has been previously identified many thousands of years ago in ancient Ayurveda texts as *Kampavata* Parkinson's disease can be clinically co related with sign and symptoms of *Kampavata* in Ayurveda. The term *Kampavata* was explained for the first time in the text Basavarajeeyam with most of its clinical features similar to that of Parkinson's disease. (1) The main clinical feature of *Kampavata* is *Kampa* (Tremor). Acharya Sushrut has not mentioned *Vepathu* as a separate disease. But he mentioned it as a symptom of many disease conditions and also complication of *Ardita* (facial paralysis).As per Astanga Hridaya, *Kampa* is found as a symptom in *vata*

prakop (vitiation of *vata*) and *Sarwanga vata*. *Kampa* is noted in *raktkshaya*, *pittakshaya* and *Kaphakshya* condition according to Astanga Sangraha *Acharya* Madhava has mentioned the disease *Vepathu* in a separate chapter in his work "Madhava Nidan" in which he mentioned that *Vepathu* is characterized by *Sarvanga Kampa* (tremor all over body) and *shirokanpa* (tremor in hand).Basavaraja – Author of this text has explained symptoms of *Kampa vata*, main symptoms of Parkinson's disease i.e. "*Karpadatale Kampa*" (i.e. Tremor in hands and legs), *Deha Bhramana* (whirling sensation), *Nidrabhanga* (sleeplessness) and *Kshinnamati* (loss of intellect). Also as explained in the text, Basavarajeeyam few more symptoms of *Kampavata* can be compared with Parkinson's disease i.e. *Karpadatale Kampa* (Tremors in the hands and feet) *Dehabhramana* (Postural instability). Although Parkinson's disease defined clinically as a movement disorder, it is now widely appreciated that Parkinson's disease can be accompanied by a variety of non-motor symptoms, including autonomic, sensory, sleep, cognitive and psychiatric disturbances. Various synonyms-"*Kampana*", "*Vepana*", "*Vepathu*", and "*Spandana*" all are indicating tremors of varying nature and severity. (2) In *Charaka Samhita*, *Vepathu*

has been described as one of the eighty types of *Vataja nanatamaja vyadhi*. (3) According to modern science, Due to cells degenerate and function loss, Dopamine fails to reach the areas of brain that affect motor functions. Therapy for Parkinson's disease is aimed at replacing dopamine and to prevent the degeneration. All these are caused due to impaired *Vata* according to Ayurveda. As symptoms of *Kampavata* are *Apatarpana* in nature, the principle of treatment is *Santarpana Chikitsa*. *Santarpana* includes *BahyopaKramas* such as *Sarvanga Snehana* with *Ksheera bala Taila* and *Sarvanga Swedana* by *Dashmool - bala Siddha kwatha* and *shastik shali pinda sweda*, *Nasya* with *Anu Taila*, and administration of *Mustadi Yapana Basti* in *Yoga Krama*. Along with this, various classical Ayurveda formulations were used as shaman aushadhi. Significant results were observed in the form of symptoms i.e. tremors, rigidity, bradykinesia, facial expression, sleeplessness and depression after the administration of multimodality management. Their daily life activity was improved. And it proved most beneficial to patients with this illness.

Case study-

- *Atura Parichaya*-
 - OPD No-20019535
 - IPD No-202217
 - Age-75 year
 - Religion-Hindu

- Occupation-Farmer
- Address-Nandurbar, Maharashtra
- DOA-24/11/2020
- DOD-16/12/2020
- *Pradhana Vedana* with *Avadhi*
 - Tremors on B/L hand-3 year
 - Slurred speech-3 year
 - Disturbed sleep-4-5 year
- *Anubandha vedana-Anischita mala pravriti*
- *Poorvavyadhi vruttanta*-K/C/O DM type II & HTN(Since 10 years), Epilepsy(since 20 years)on Rx
Tab-Telmisartan 40-1 OD
Tab –Metformin 500+ Glimiperide 2-1 OD
Tab-Valporic acid 500mg 1 BD
- *Kautumbik vrutanta*- NO Such History
- *Vyaktigat vrutanta*
 - *Ahara*-Veg
 - *Kshudha*- *Samyak*
 - *Nindra*-*Alpa*
 - *Malapravriti*- *Vibhandh kvachita*
 - *Mutra pravriti*- *Samyak*
 - *Vyasan*-Tea

Dashvidha Pariksha

Prakruti *VataKapha*
Vikruti *Tvaka vicar*
Sara *Raktasara*
Samhanana *Avara*

<i>Pramana</i>	<i>Madhyam</i>	Right U/L	4
	(Ht-155cm, wt-57kg)	Right L/L	5
<i>Satva</i>	<i>Avara</i>	Left U/L	4
<i>Satmya</i>	<i>Avara</i>	Left L/L	5
<i>Aaharshakti</i>	<i>Madhyam</i>	Reflexes	
<i>Vyayamshakti</i>	<i>Avara</i>	Reflexes, Deep Tendon	
<i>Vaya</i>	<i>Vriddha(70yr)</i>	Reflexes: Ankle jerk - ++,	
<i>Astavidh Pariksha</i>		Knee jerk- ++, Biceps jerk -	
<i>Nadi</i>	<i>VataKaphaj</i>	++, <i>Triceps</i> jerk - ++,	
<i>Mala</i>	<i>Anischit malapravruti.</i>	Planter reflex - Extensor	
<i>Mutra</i>	<i>Samyak</i>	were found.	
<i>Jihva</i>	<i>Niram(Alipta)</i>		
<i>Shabda</i>	<i>Prakrut</i>		
<i>Sparsha</i>	<i>Mridu</i>		
<i>Drik</i>	<i>Prakrut</i>		
<i>Akruti</i>	<i>Madhyam</i>		
CNS examination			
○ HMF			
▪ Patient was			
conscious and			
▪ Behavior-Irritability			
▪ Intelligence-poor			
▪ Memory –weak			
▪ Orientation-well			
oriented			
▪ Speech-slurred			
▪ Hallucination/delusion-Not present			
○ Cranial nerve Examination-NAD			
○ Sensory system-NAD			
○ Motor system-Tone-Normal			
Power-			
		Other Systemic Examination	
		Cardiovascular System- S1 S2	
		found normal	
		Respiratory System- RS – B/L	
		equal air entry with no added	
		sound,	
		GIT-Abdomen-NO	
		pain/Swelling, P/A soft, No	
		tenderness Bowel sound heard.	
		No organomegaly detected	
		• He had a flexed posture with	
		masked face. On examining	
		Muscles, no Atrophy was seen.	
		Investigation (24/11/2021)-	
		Hb-15.9 gm%	
		Total WBC Count-7700	
		/cumm	
		Differential count-	
		Polymorph-74 /cmm	
		Lymphocytes-20	
		/cmm	
		Eosinophil-3/ cmm	
		Monocytes-3/ cmm	

Basophils-0/ cmm
Platelet count-237000 / cmm
RBS-215 mg/dl

- *Udbhava Sthana- Amashaya & Pakvaashaya*
- *Adhithana – Ubhaya hasta pradesha, urdhvajatru pradeshsa*
- *Agni-Samyak*
- *Vyadhi Swabhava – Chirakari*
- *Sadhyasadhya-Kasta sadhya*

Samprapti vighatana

- *Dosha- Vata Pradhana tridosha*
- *Dusya- Rasa, Rakta, mamsa, snayu*
- *Srotasa - Rasavaha, Raktavaha, Mamsavaha*
- *Srotodushti Lakshana - Sanga and vimargagamana*

Chikitsa Given-

Table 1: Treatment Plan

Samana Ausadhi		
Ausadh	Matra	Duration
<i>Sadhyo virechana with Eranda Taila</i>	30ml	1 day
<i>Tab Ekangavir rase</i>	1BD	21 days
<i>(Ashwagandha +Koncha) kshirpaka</i>	50ml BD	18 days
Panchakarma		
Procedure	Ausadha	Duration
<i>Bahya Snehana(Abhyanga)</i>	<i>Kshirbala Taila</i>	21 days
<i>Swedana</i>	<i>Parisekawith Dashmool a, Bala Kasaya</i>	7 days
	<i>Shastik Sali Pinda Sweda</i>	14 days
<i>Nasya</i>	<i>Anu Taila (6-6 drops in each Nostril)</i>	(7+7) 14 days
<i>Mustadi Yapana Basti</i>	<i>Makshika-50 ml, Lavana 10gm Sneha(Kshir bala Taila+Murcchita go ghrita)-50ml Kalka(Koncha+Satpushpa+Ajamodadi)-20gm Kwatha-Mustadi kshirapaka -180ml</i>	8 days
<i>Physiotherapy</i>	-	13 days

RESULT

After the completion of the procedures, there was significant improvement found in patient after 22 days of multi-modality Panchakarma procedures and administration of formulations, Tremors markedly abolished, Improvement is seen

in walking, Improvement is seen Daily life activity, improved Speech, after completion of treatment, Patient was able to sleep for 5-6hrs daily.

Assessment of Symptoms (Table 2)

Functional Assessment- (Table 3)

Hoehn and Yahr Scale (4)- (Table 4)

Table 2: Assessment of Symptoms

Symptoms	Before treatment	After treatment
<i>Kampa (Tremor)</i>	Mild to moderate tremor in bilateral hands	Mild tremor in bilateral hands
<i>Gatisanga (Bradykinesia)</i>	Can walk without assistance slowly but with shuffling gait	Can walk without assistance faster than before but with shuffling gait
<i>Sleep</i>	Disturbed	Sound
<i>Facial expression</i>	Minimal facial improvement (Mask face)	Improved facial expression

Table 3: Assessment of Functional Improvement

Test	Before treatment	After treatment
Hand grip Power	40 mm of Hg	53 mm of Hg
Foot Pressure	18 kg	28kg

Table 4: Assessment of Hoehn and Yahr Scale

Hoehn and Yahr Scale	Before treatment	After treatment
Stage	3	2

DISCUSSION-

Vata responsible for manifestation of almost all types of diseases as is considered to be the motivator and controller of other two *Dosha* i.e. *Pitta* and *Kapha*. All motor and sensory functions are governed by *Vata*. *Kampavata* is one of the *vata vyadhi*. The aggravated *Vata* disturbs the “*Rasa*” *Dhatu* (Tissue) and then later relocated to other *Dhatu*s, affecting *Mamsa* (Muscular) and *Majja* (Brain tissue) causing the muscle stiffness, rigidity, altered behavior and tremors. For the first time *Vangasena Samhita* stated the principles of the treatment of *Kampa vata*.(5) It clearly mentioned that, *Abhyanga*, *Swedana*, *Nasya*, *Niruha*, *Anuvasana*, *Virechana* and *ShiroBasti* are the useful measures that can increase the life expectancy of the patient. *Kampavata* correlated with Parkinson’s disease which is *Dhatukshyaja*, *Vatavyadhi*, and *Aptarpana* in nature. Hence the principle of treatment is *Santarpana Chikitsa*. *Panchkarma* procedures have been taken for the study. *Santarpana* includes *BahyopaKramas* such as *Sarwanga Snehana* with *Ksheerbala Taila* and *Sarvangaa Swedana* by *Dashmool* and *bala Siddha* kwatha, *Shashtiksali pinda*

sweda, *Nasya* with *anu Taila*, and administration of *Yapana Basti* in *Yoga Basti Krama*. As *Kampavata* 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.(6) *Abhyanga* is very effective in *vata vyadhi* As per *Charaka*.(7) *Ksheerbala Taila* is indicated in the management of eighty types of *Vata vyadhi*(8) *Swedana* is *ushna*, *tikshna* and *sukshma* in *Guna* hence it helps to pacify *Vata* dosha.(9). As *Dashmool* is *tridoshanashaka anushna* in *viryas*; hence it helps in pacification of *vata vyadhi*.(10). *Shlakshna*, *Snigdha*, *Pichhila* and *Shita*, *Mridu/Manda Guna* of *Shashtik –Shali* helps to pacify *vata* as well as *pitta*. ‘*Basti*’ is stated to be ‘*Ardha Chikitsa*’ or ‘*Sarva Chikitsa*’(11); *Kampavata* is *aptarpana janya vyadhi* and *Yapana Basti* promotes *Mamsa*, *Bala*, *Shukra*, *Sadyo balajanana* and *Rasayana*.(12) There for the role of *Mustadi rajyapana Basti* is excellent in the management of *Kampa vata*. It is *Balya*, *Vrishya*, *Sanjivani*, *Chakshushya* and *Shoolahara*.(13) ‘*Mastishka*’ is the chief

seat of *Prana Vayu* and the *Udana Vayu* as well as the *Indriyas*, and the nose is said to be entrance of it. Hence *Nasya* is known to be highly efficient on the central nervous system. *Acharya Charaka* has mentioned *Anu Taila Nasya* for as a *shiah Kampa shamapka*(14)As *Kapikacchu* is having *Dhatuvri-ddhikara*, *Vatashamaka* and *Sukraviddhikara* properties.(15) So it also acts against the process of degeneration and may be beneficial in the condition of *Dhatukshaya*. It also corrects the function of *Indriyas*, which are found impaired in *Kampavata*. In addition, *Zandopa* (*Mucuna Pruriens*) was prescribed, having L-dopa which has anti Parkinsonism activity (16). *Kampavata* (Parkinson's disease) needs the rejuvenation therapy. *Ashwagandha* has been known for its tranquilizing properties, *Ashwagandha* is *Kaphavatahara*, *balya* and *Rasayana* according to *aacharya bhavaprakasha*. It helped in improve sleep and *bala* of patient. (17)

CONCLUSION-

Various *Panchkarma* procedures such as *Abyanga*, *Svedana*, *Nasya*, and *Basti* are proved to be effective for treating *Kampavata*. Improvement has been seen from the above case study. Both *Samshodhana* and *Shamana Chikitsa* play an important role to improve the Activities of Daily Living of a *Kampavata* patient. But Parkinson's disease is progressive neurodegenerative disorder so difficult to

find absolute result in such short period of time. Furthermore studies with large sample size along with control group are needed to establish of action of *Panchakarma* Parkinson's disease.

REFERENCE-

- [1] Basavarajeeyam, Prof. M.S Krishnamurthy, Aetiology - symptomatology and treatment of vatic disorders, Chaukhamba Orientalia, first edition 2014, P-149.
- [2] Effect of *Panchkarma* therapy in the management of *Kampavata* w.s.r to parkinson's disease - a case study. Dr jatinder verma,int. J. Adv.
- [3] Rajeshwar Shastri edited *Charak Samhita*, Vidyotini hindi commentary part I Sutrasthana chapter 20/11, reprinted edition, Pub: Bharathi academy, Varanasi, 2001; 399.
- [4] <https://www.epda.eu.com/about-parkinsons/symptoms/rating-scales/>
- [5] Dr. Nirmal Saxena edited *Vangasena* vol. I 28/155 edition, Pub: Chaukhamba Krishnadas Academy, Varanasi, 2004; 409.
- [6] Nandkishor Pralhadrao Umale ,Ayurveda Management of *Kampa vata*with special reference to

- Parkinson's Disease-asingle
Case Study, Int. J. Of AYUSH
Case Reports. April-June 2021;
5(2), 68
- [7] Charaka samhita, Kashinath
Pandey, Gorakhnath Chaturvedi,
Chaukhamba Prakashana, sutra
sthana 5/85, 86, 87, 2014, page
no 169.
- [8] Dr. Smt. Shailja Shrivastva,
Sharangadhar Samhita, Uttara
Khanda, Edition, Chaukhamba
Orientalia, Varanasi, 2016; 450.
- [9] Charaka samhita, Kashinath
Pandey, Gorakhnath Chaturvedi,
Chaukhamba Prakashana. sutra
sthana 22/11, 2014, page no 424.
- [10] Sharangdhara Samhita, edited
by Vidhya sagarpandit
Parshuram Shastri Chaukhamba
Prakashan, 2014, page no. 149 .
- [11] Vagbhata. Arunadatta,
Hemadri. Astanga Hridaya.
Basti Vidhi Adhyaya. 10th
edition. Varanasi:
Chaukhambha Orientalia;
2011. Vol 1 p. 286
- [12] Mahendra Agrawal et al.
Concept of Yapan Basti and
importance of Rajyapan Basti
in Ayurvedic Chikitsa , Journal
of Ayurveda and Integrated
Medical Sciences | Mar - Apr
2017 | Vol. 2 | Issue 2, 183
- [13] Dr. Kewal Krishan Thakral,
Sushruta Samhita, Chaukhamba
Orientalia, Revised Edition,
Su.Ci.38/106-111.
- [14] Agnivesha, Charaka Samhita,
English translation, vol. I, Dr.
Ram Karan Sharma and Vaidya
Bhagwan Dash, Sutrasthana,
Matrashiteeyadhyaya (5; 57-
58). Varanasi: Chaukhambha
Sanskrit Series office; 2006. P.
120.
- [15] Sharma P. V. (1988):-
DravyaGuna Vigyana,
Chaukhambha Surbharti
Academy, Varanasi.
- [16] Khory R.N and Katraka M.N.
(1984):- Materia Medica of
India and their therapeutics.
- [17] Bhaisajya Ratnavali of Shri
Govind Das, edited by Shri
Rajeshwardatta Shastri,
Chaukhamba.