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Ayurvedic approach in the management of Kampavata (Parkinson's Disease)

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ABSTRACT

Parkinson's disease is known as Kampavata in Ayurvedic texts. It is a progressive neurologicaldegenerative disorder. Parkinson's disease primarily affects the neurons in the area of the brain called the substantia nigra. It is now known that the death of the substantia nigra causes a dopamine deficit, which in turn causes Parkinson's disease symptoms. In Ayurveda, 80 kinds of Vata diseases (Vatavyadhi) are described in Samhita. Vepathu has been mentioned in Charak Samhita as one of the eighty types of Nanatamaia disease of Vata, Globally, Parkinson's disease lacks a conclusive cure in traditional medicine, except anticholinergic medications used palliatively together with dopa decarboxylase inhibitors and levodopa. Ayurvedic therapy aims to maintain neuro-nutrition and balance Vata dosha through Rasayana remedies.

Key words: Kampavata, Vatavyadhi, Ayurveda, Parkinson's disease

INTRODUCTION

Galen (AD 138-201) makes the first mention of "shaking palsy" in Western medical literature, and just a few decades later, James Parkinson wrote a thorough description in 1817. There is information in Ayurveda on Parkinson's disease's historical occurrence. The essence of traditional medicine, Ayurveda was practiced in India between 5000 and 3000 BC (precise date unknown), yet it is still popular today. Even if the disease's cause is unknown. It is thought that PD results from a confluence of environmental and genetic variables. The pathophysiology of this illness is

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influenced by several variables, including accelerated aging, neurodegenerative alterations, elevated free radical and iron content in the Substantia Nigra, repetitive head injuries, and environmental factors including pesticides. Given that Ayurveda describes Kampavata as a Vataja disease, the causes of Vata *Vyadhi* can be thought of as the etiological components of Kampavata. After examination, they are now categorized as Manasika (psychological variables), Viharaja (regional factors), and Aharaja (dietetic elements). Reversible Parkinsonism is brought on by medications such as Phenothiazine (chlorpromazine), Butyrophenones (haloperidol), Tetrabenazine, and Rauwolfia alkaloids (reserpine). Generalizing is dangerous because neurological problems are thought to be "caused by an imbalance of Vata" in Ayurveda. Most of the Kampavata symptoms are also described in several Avaranas. According to Charaka, the symptoms Gatisanga, Vakswaragraha, Gurugatrata, Stambhana, Kampanam are produced by Kapha's Avarana of Vyana and Udana. Nasya has been recommended as a treatment for Shirahkampa, which is regarded as one of the most significant diseases in Shirah. Acharya Charaka observed tremors in several organs, including ISSN: 2456-3110 REVIEW ARTICLE July 2024

the head. Among the uncommon conditions listed under Vatavyadhi (neurological illnesses) Kampavata, often known as Parkinson's disease. These days, there are a lot of these neurological conditions that are becoming more commonplace. More specifically, the symptoms of Parkinson's disease and "shaking palsy" are similar in the case of "Kampavata." The terms "Kampana," "Vepana," "Vepathu," and "Spandana" are among the synonyms that are employed; they all denote tremors of different kinds and severity. For the first time, the author offers a more thorough diagnosis method with illustrations that explain the symptoms of Kampavata, such as Nidrabhanga (insomnia), Dehabhramana (postural instability), Matiksheena (dementia), and Karapada tale Kampa (tremors in the hands and legs). Parkinson's disease presents with four primary motor symptoms: rigidity, bradykinesia, postural instability, and tremor (Jankovic, 2008). Additional motor characteristics of the illness include dystonia, scoliosis, festination (an uncontrollably speeding of gait), freezing, shuffling, and dystonia (Giladi et al., 2001; Schaafsma et al., 2003).

As the condition progresses, it often gets worse over time. Parkinson's disease also causes non-motor complications such as dysphagia and speech difficulties, sleep and perceptual abnormalities, autonomic, gastrointestinal, and neuro-ophthalmological dysfunction, depression, dystonia, and dementia (Chaudhuri et al., 2006). While some of these issues may be managed with certain individual therapies, standard parkinsonian therapy is unable to address them all (Rascol et al., 2011).

Prognosis

The prognosis for Parkinsonism is not stated in *Ayurveda*. The majority of *Vata disorders* have no known cure, yet the patient may be able to cope with some degree of discomfort and challenges. Patients become inflexible and unable to care for themselves as the illness worsens. In severe situations, the patient may die from aspiration pneumonia or pulmonary embolism as a result of their inability to breathe. Existing *Ayurvedic* treatments can lengthen life and make living simpler. Pharmacological treatment or

direct electrical stimulation of the thalamus, subthalamic nucleus, and globus pallidum can produce significant improvements in life expectancy, good functional mobility for many years, and symptom alleviation.

Treatment

Ayurveda has a distinct method for treating neuropathies, focusing on removing the underlying causes through Panchakarma, physiotherapy, and medication using a variety of herbal and herbalmineral remedies. Numerous nootropics (drugs that stimulate mental activity, cerebral or intellectual activity) and nerve system tonics (such as Rasayanas, which are used to cure Vata disorders) are described in Ayurveda. Parkinsonism is a neurodegenerative illness that is treated in Ayurveda with a rejuvenating method called Rasayana. Rasayana medications are mostly nutraceuticals, whereas Medhya Rasayana is a particular neuro-nutrient or nootropic nervine tonic. The most often recommended traditional medications for this purpose are Ashwagandha (Wthania somnifera), Brahmi (Bacopa monnieri), Mandukparni (Centella asiatica), and Bala (Sida cordifolia). It's a fact that Ayurveda treats these kinds of problems under the Vata Dosha and uses Rasavana medicines to maintain neuro-nutrition.

Particularly recommended for the treatment of neurological conditions is *Panchakarma* therapy. *Swedana* and various forms of oil massage (*Snehana–Abhyanga*) are quite effective. In addition to specialized therapies such as *Shirodhara* and *Shirovasti*, *Basti* therapy is recommended and carried out as a meticulously designed therapeutic enema. In light of all of this, modern *Ayurvedic* medicine asserts that it has had good results when it comes to neuro medicine.

Snehana (Oleation)

Use medicinal oils like Mahanarayana Taila, Ksirabala Taila, Sahacharadi Taila, Dhanvantara Taila, Mahamasa Taila, and Bala Taila for a light massage. For 3-7 days, take a Sarvangasveda (steam bath) or Patrapindasveda. It is possible to offer Abhyantara Sneha as Bhojana, Pana, Nasya, and Basti. According to

ISSN: 2456-3110 REVIEW ARTICLE July 2024

Charaka, the initial course of treatment for all Vata Vyadhis is Sneha, which also nourishes the Shushka Dhatus and performs Balavardhana and Agni Vardhana. For 15-21 days, take Matra Basti with 50 ml of Sahacaradi Taila, along with Saindhava Lavana and Satpuspa. According to all of our Acharyas, Basti is the most effective remedy for Vatavyadhi. Owing to its extensive effects, it has been regarded as either half or the entirety of the therapy. Mashadi Kwatha Nasya 8 drops in each nostril for 7 days; Nasya Karma/Brmhana Nasya with Purana Ghrita (ancient ghee) / Narayan Taila / Kshirbala Taila.

For seven days, do *Shirobasti* with medicinal oils (*Kshirbala Taila*, *Mahamasa Taila*, and *Mahanarayan Taila*) every 45 minutes.

Shirodhara uses medicinal oils (Kshirbala Taila, Mahanarayan Taila, and Mahamasa Taila) or liquids (milk/water) every day for seven days for 45 minutes. Vangasena Samhita: Introduced the concepts of treating Kampavata for the first time. Abhyanga, Sweda, Nasya, Niruha, Anuvasana, Virechana, and Shirobasti are said to be the beneficial remedies.

Shaman Chikitsa

Following drugs are mentioned in different classics for treatment of *Kampavata*,

- 1. Nakula Taila (Bhaishajya Ratnavali)
- 2. Nakuladhya Ghrita (Bhaishajya Ratnavali)
- 3. Brihat Chagaladi Ghrita (Bhaishajya Ratnavali)
- 4. Mahanarayana Taila (Bhaishajya Ratnavali)
- 5. Triguna Rasa (Sahasra Yoga)
- 6. Sahacharadi Taila (Sahasra Yoga)
- 7. Rasna Taila (Bhela Samhita)
- 8. Ksheerabala Taila (Ashtanga Hridaya)
- 9. Varuni Taila (Sharangadhara Samhita)
- 10. Dhatturadi Taila (SharangadharaSamhita)
- 11. Mashadi Taila (Sharangadhara Samhita)
- 12. Maharasnadi Kwatha (Sharangadhara Samhita)
- 13. Devdarvadi Kwatha (Sharangadhara Samhita)

- 14. Sarvagakampa Rasa (Rasa Ratnakara)
- 15. Nakula Taila (Harita Samhita)
- 16. Masha Taila (Vangasena)
- 17. Mahamasha Taila (Chakradatta)

Increasing the dopamine levels in SNPC is the mainstay of mainstream medicine's PD therapy strategy. To keep dopamine levels stable, medications such as selegiline, monoamine oxidase inhibitors, and dopamine receptor agonists like pergolide and bromocriptine are utilized. Amantadine, an antiviral medication, and muscarinic receptor antagonists are the other less commonly used medications. Psychiatric issues, dyskinesia, and the wearing-off effect (loss of efficacy) are frequent adverse effects of levodopa. The pharmaceutical therapies simply address symptoms; they have no effect on how the disease progresses. These medications have the potential to significantly increase functioning capacity and quality of life if administered properly. One further course of therapy is surgery.

DISCUSSION

Due to its debilitating character and lack of a cure, Kampavata is one of the uncommon diseases specified under Vatavyadhi that has persisted as a major issue in the aging population. The condition is becoming more common, with an incidence of 1-2 per 1000 people worldwide and an equal distribution across the sexes. There isn't a medication on the market right now that has been demonstrated to stop Parkinson's disease from becoming worse. Nonetheless, the medications and Panchakarma treatments listed above can alleviate the condition's symptoms, therefore enhancing the patient's quality of life. It might be difficult to manage medication therapy in Parkinson's disease patients. While excellent control is frequently attained Early on in the disease's progression, medications typically require careful tailoring in terms of agent selection, combination usage, and dose modifications. Levodopa, Carbidopa, and other anti-Parkinson medications are frequently unneeded in the very early stages of the illness when functional impairment is modest. In fact, the possible adverse

ISSN: 2456-3110 REVIEW ARTICLE July 2024

effects of these medications may pose a greater threat than the actual Parkinson's disease.

CONCLUSION

Ayurveda provides a thorough description of Parkinson's disease. The etiological components, symptoms, pathophysiology, and therapy are described in ancient knowledge. The Ayurvedic idea of Avarana of Vata with Kapha Dosha offers a novel perspective on the pathophysiology of Parkinson's disease. This study aims to clarify the fundamental ideas of Ayurveda to improve PD diagnosis and treatment.

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