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> CASE REPORT June 2024

Ayurvedic management of Kampvata - A Case Study

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ABSTRACT

Ayurveda is the everlasting supreme science of medicine because it deals with every aspects of life, particularly of human being since time immemorial. The Vata which is the motivator and controller of other two Dosha are responsible for the manifestation of almost all diseases. According to Ayurveda most of the diseases of Vata are degenerative disorders of nervous system. 80 types of Vataja Nanatmaja Vikaras are described in Ayurveda texts. Kampavata as one among them manifests with Dehabhramana (postural instability), Karapada Tale Kampa (tremors in hands and legs), Matiksheena (dementia), and Nidrabhanga (sleeplessness). Based on sign and symptoms, Kamvata can be correlated with Parkinson's disease. The Parkinson's disease is a progressive neurological disorder. This disease affects approximately 2 out of 1000 people, and most often develops after age of fifty, the clinical course is chronic and progressive with severe disability attained after approximately ten years Parkinson's disease is a progressive nervous system disorder that causes motor symptoms like rigidity, bradykinesia, tremors, and impaired balance. It is caused by degeneration of dopamine-producing neurons in the brain. Physical therapy focuses on improving motor skills through exercises to enhance flexibility, strength, balance, gait, and cardiovascular fitness. Treatment involves both pharmacological interventions and physical therapy techniques like cueing, relaxation exercises, and functional training. The goals are to reduce symptoms, improve mobility and quality of life, and help patients better manage their condition.

Key words: Kampvata, Vataja Nanatmaja Vikaras, Parkinson's

INTRODUCTION

According to Ayurveda most of the diseases of Vata are degenerative disorders of nervous system. 80 types of vatic disorders are described in Ayurveda texts. The Parkinson's disease is comparable to Kampavata, which is categorised among Nanatmaja disorders of Vata. Kampavata as one among them manifests with Dehabhramana (postural instability), Karapada Tale

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Kampa (tremors in hands and legs), Matiksheena (dementia), and Nidrabhanga (sleeplessness). In Charaka Samhita, Vepathu has been considered under Nanatmaja disorder of Vata.^[1] Many other references regarding the Kampa are available in the name of Vepathu, Vepana, Prevepana. The main symptoms of the disease viz. Kampa (tremor) and Stambha are found in some pathological conditions of Vata Vyadhi. The decreased Vata affecting the Marma cause *Vepana*.^[2] This concept provides understanding for the pathology of tremors relating to brain (Marma). Charaka included Stambha in symptoms of vitiated Vata and explained that Stambha is a disorder of Snayu. Charaka mentions that the conditions where Pitta is decreased and Kapha and Vata are increased then they produce symptoms like Kampa and Stambha.^[3]

CASE REPORT

Atura Paricharya

A 70 year old male patient came to OPD of Jammu institute of Ayurveda and Research Jammu on 26 Feburary 2024.

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June 2024 ISSN: 2456-3110 CASE REPORT Patient name - XYZ. BP - 144/98 mm of hg. Pulse - 78/min. Age/ sex - 70/M.

- Religion Hindu.
- Occupation Shopkeeper.
- Address Bantalab, Jammu.

Pradhana Vedana

- Unable to walk without support since 2 years.
- Involuntary tremors since 2 years.
- Difficulty in speech since 2 years.

Anubandh Vedana

Unable to hold bolus in mouth since 2 years.

Vedana Vruttanta

Patient was apparently alright 2 years ago, then he developed tremors in right upper limb, the Tremors are resting Tremors. Onset is progressive. Patient also complaint of unable to walk without supports, unable to hold bolus in mouth and has blurred speech

Poorva Vyadhi Vruttanta

- K/C/O Hypertension since 5 years.
- NO H/O T2DM , HYPO/HYPERTHROIDISM .

Kutumbh Vritanta

No significant history was found.

Vayaktika Vruttanta

- **Appetite Reduced**
- Bowel habit Constipation.
- Micturition 7-9 Times/day.
- Sleep Disturbed sleep.
- Socio economic status Middle class.

General Examination

- General condition Unfair. Pallor Absent.
- Oedema Absent. Cynosis Absent.
- Icterus Absent. Clubbing Absent.
- Lymphadenopathy Absent. Weight 52 Kg.
- Height 5.4 feet. BMI 19.2.

Respiratory rate - 19/min. Temp - 98.6°F

Systemic Examination

- Gastro intestinal system Abdomen soft, non tender and no Organomegaly was found.
- Respiratory system Symmetrical chest, no added sound, bilateral normal air entry. Normal vesicular sound heard.
- Cardio vascular examination S1, S2 heard, no murmur was found.
- Locomotor examination Patient was unable to walk without support. Festinating gait with tremors in right upper limb was found. Absence of arm swing and loss of balance on turning around.

Finger tapping test - Positive

Hand grip test - Positive

CNS Examination

- Conscious, oriented to time, place and person.
- Memory Intact.

Cranial Nerve Examination

- Olfactory : Smell Sensation Intact
- Optic : A) Visual Acuity Difficulty in Distant Reading.
- b) Visual field Not affected.
- c) Light reflex Not affected.
- d) Drooping of eye lids (Ptosis) Absent.
- Occulomotor Eye ball movement possible in all directions
- Trochlear Eye ball movement possible in all directions
- Abducent Eve ball movement possible in all directions
- Position Shape, Size, Pupil symmetry No abnormality detected.

Trigeminal Nerve: Sensory Touch, Pain, Pressure sensation - Present

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 Motor - Clenching of teeth - Possible. Lateral movements of jaw - Possible. Facial Nerve a) Forehead frowning - Absent. b) Eyebrow raising -Possible c) Eye closure against resistance -Possible d) Blowing of cheek- Not Possible e) Nasolabial fold- Equal on both sides Vestibulo Cochlear Nerve Rinne's test- Negative Weber's test- Equal on both sides. Glossopharyngeal and Vagus Nerve Position of uvula - No deviation Taste sensation - Intact Accessory Nerve Protrusion of tongue - Possible against resistance Hypoglossal Nerve Higher mental function - slow, slur speech Muscle movements Coordination - poor 	CASE REPORTAkruthi - KrishDashavidha Pariksha• प्रकृति -वात – कफ• विकृति दोष : वात, कफ दूष्ट्य : रस, रका, मांस, मेदा, अस्थि, स्नायु देश : साधारण बल मध्यम• सार : मध्यम• सात्म्य: मध्यम• सात्म्य: मध्यम• सात्म्य: मध्यम• सात्म्य: मध्यम• सात्म्य: मध्यम• वय:: वृद्धManagementShamana Chikitsa : Shamana chikitsa was given for 1 and half months.• Tab Bruhat vata Chintamani Rasa 2tab BD with milk• Aswagandharista 15 ml with equal amount of water BD
	 Aswagandharista 15 ml with equal amount of
limb were found. Ashthasthana Pariksha Nadi - Vataj Mala - Niram Mutra - Samanya Jiwha - Saam Drik - Samanya	 lukewarm milk OD at bed time in night. Panchkarma: Following Panchkarma procedure were given Sarvanga Abhyanga with Dhanwantaram Tail followed by Patra Pinda Sweda for 20 days Sarvanga Uddvartan with Rasna Churna + Triphala Churna for 20 days. Shiropichu with Bhrami Ghrita for 20 days.
Shabda - Ksheena Sparsha - Khara	 Matra Basti with Maha Masha Taila 80 ml for 7 days.

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RESULTS

The condition of patient improves with gradual course of treatment. Before the onset of treatment he was unable to walk and after treatment he started walking without support. And the symptoms got reduced.

Following is the scale used for assessment of improvement:

Hoehn and Yahr scale: BT - Stage 3, AT - Stage1

DISCUSSION

As Kampa Vata 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, both external as well as internal.^[4] When Vata is vitiated to its peak level, it tends to deplete all the tissues in the body; the Pitta and Kapha Doshas, the immunity and life span of an individual. Thus, control of Vata is the only key in treatment of Parkinson's disease. Hence, removal of strotodushti Vata Shamana, Vatanulomana and Rasayana therapy by the administration of effective medication and treatment will lead to effective cure of Parkinson's disease and also have to avoid Vata Prakopakara Ahara and Vihara.^[5] So, here, Sarvanga Abhyanga, Nadi Sweda, Shiro Pichu and Basti were adopted to calm the Prakupitha Vata as external measures. Due to Medhya Rasayana and stress relieving properties of these therapies these helps to calm the nervous system as Kampa Vata is a neuro degenerative disease, so these therapies help to cure Kampvata. Sarvanga Abhyanga will helps in the strengthening of muscles, bones and joints, provides analgesic effect, nourishment of Sushka Dhathus and also do Vatahara and Vatanulomana action by doing Abhyanga in Anuloma Gatiwhich will also hampers the Viguna Gati of Vata Dosha in the pathology. Patrapind sweda will also help in Vatahara action and also helps in reducing the stiffness of the body Internally, Kapikachu Beeja Churna was given which contain natural source of 1dopa. It replenishes depleted stores of striatal dopamine. Ashwagandha Churna is also given which is a Rasayana drug, as Rasayana drugs are essentially nutritional agents and Medhya Rasayana are specific nerve tonics with nootropic effect. This is because;

Ayurveda considers this type of movement disorders under Vata DoshaVikaras and to overcome the neuro nutrients by Rasayana remedies. Bruhat Vata Chintamani Rasa is Vata Shamak and acts as nervine tonic and stimulant. Gandharva Hastayadi Taila is Vata Shamak and Pitta Rechak . It eliminates vitiated Dosha through anus by the action of virechana. Matra Basti is Vata Shamak which helps to reduce tremors and in Kampvata Vata is vititated and hence Matra Basti helps to calm and stabilize Vata Dosha. Hence the above prescribed medicine helps to improve patient's symptoms.

CONCLUSION

Hence the above interventions showed improvement in patient's health, as the patent started walking after treatment. This treatment can be given to many more patients of *Kampvata*.

REFERENCES

- Charak Samhita With Ayurveda Dipika Commentary of Chakrapani Datta, Ed. Yadavji Trikarma Ji Acharya, Chaukhambha Surbharti Prakashan, Varanasi. Charaka samhita Sutrasthan Chapter 20 verse 9.
- Charak Samhita With Ayurveda Dipika Commentary of Chakrapani Datta, Ed. Yadavji Trikarma Ji Acharya, Chaukhambha Surbharti Prakashan, Varanasi. Charaka samhita Sutrasthan Chapter 17 verse 61.
- Charak Samhita With Ayurveda Dipika Commentary of Chakrapani Datta, Ed. Yadavji Trikarma Ji Acharya, Chaukhambha Surbharti Prakashan, Varanasi. Charaka Samhita Sutrasthan Chapter 17 verse 65.
- 4. Gupt KA. Ashtanga Hridaya, Sutra Sthana 13/1-3, Chaukhamba Sanskruta Sansthana, Varanasi Ed 2000 p-96.18.
- Tripathi B. Charaka Samhita Sutra sthana 22/11, Chaukhamba Surabharati Prakashana Varanasi. 2014 p-413

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