



A CASE REPORT ON PARKINSON'S DISEASE (KAMPAVATA) - AN AYURVEDIC APPROACH

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ABSTRACT

Parkinson's disease is a progressive neurodegenerative disease. It holds the second place among the most common diseases. The patient, in this case, report has presented with complaints of slowness of walking, difficulty in speech, tremors during activities, difficulty standing, initiating walking and getting up from a chair without support, and uncontrollable movements while walking. Through careful history taking, examination and assessment using the UPDRS scale, the patient was diagnosed with Parkinson's disease (*Kampavata*). She was given oral medications at OPD and then *Panchakarma* therapies like *Rookshana*, *Snehanam* and *Brimhanam*, along with oral medications for 22 days at IPD. The patient got marked improvement in her signs and symptoms. So, by this case study, it can be concluded that ayurvedic management effectively improves the quality of life of patients with Parkinson's disease.

Keywords: Parkinson's disease, *Kampavata*, UPDRS Scale, Panchakarma

INTRODUCTION

Parkinson's disease is the second most common neurodegenerative disease. The mean age of onset is about 60 years, but cases can be seen in patients in their 20s and even younger. Clinically, Parkinson's

disease (PD) is characterised by rest tremor, rigidity, bradykinesia, and gait impairment, known as the cardinal features. Additional features include freezing of gait, postural instability, speech difficulty,

autonomic disturbances, sensory alterations, mood disorders, sleep dysfunction, cognitive impairment and dementia, all known as non-dopaminergic features because they do not fully respond to dopaminergic therapy. Pathologically, the hallmark features of PD are the degeneration of dopaminergic neurons in the substantia nigra pars compacta (SNc), reduced striatal dopamine, and intracytoplasmic proteinaceous inclusions known as Lewy bodies. While interest has primarily focused on the dopamine system, neuronal degeneration with inclusion body formation can also affect cholinergic neurons of the nucleus basalis of Meynert (NBM), norepinephrine neurons of the locus coeruleus (LC), serotonin neurons in the raphe nuclei of the brainstem, and neurons of the olfactory system, cerebral hemispheres, spinal cord, and peripheral autonomic nervous system. This "nondopaminergic" pathology is likely responsible for the nondopaminergic clinical features. Indeed, several studies suggest that symptoms reflecting nondopaminergic degeneration, such as anosmia, rapid eye movement, sleep disorder, and cardiac denervation, precede the onset of the classic motor features of the illness.^[1]

Kampavata is a *Vatika roga*, first quoted as *Vepathu* by Acharya Charaka in *Vatika Nanatmaja Vyadhis*. Later Vangasena Samhitha quoted it as *Kampavata*. The clinical features of *Kampavata* are similar to Parkinson's disease.

PATIENT INFORMATION

A 74-year-old lady came to the OPD on 20.03.2024.

Chief complaints:

Slowness of walking, difficulty in speech, tremors while activities, difficulty standing, initiative walking and getting up from chair without support, and uncontrollable movements while walking for two years

History of present illness:

A known hypertensive lady gradually developed slowness of walking, difficulty in speech, tremors during activities, difficulty standing, initiating walking and getting up from a chair without support, and uncontrollable movements while walking two

years back. She consulted an allopathic physician and was diagnosed with Parkinson's disease, and was under medication for the same to date. The symptoms started affecting her daily activities; even she felt difficulty in dressing and even holding a tumbler.

Past illness: Hypertension for two years.

Treatment history: The patient has been taking allopathic medications for Parkinson's disease and hypertension for two years.

Family history: No history of Parkinson's disease.

Social history: Middle class

Personal history:

Diet: Non-Vegetarian

Appetite: Reduced

Bowel: Regular, once a day

Micturition: passing clear urine 5-6 times /day

Sleep: Normal 8-9 hours of sleep

CLINICAL FINDINGS

General examination:

Weight: 70 kg

Height: 155.9 cm

BP: 130/84 mm Hg

Pulse: 75 bpm

Respiratory rate: 18/ min

Pallor: Present

Icterus: Absent

Systemic Examination

Gastrointestinal system: No tenderness or mass

Respiratory system: Symmetrical chest and no additional sounds heard.

Cardiovascular system: S1 and S2 sounds are normal.

Locomotor system: The patient has slow movement and difficulty standing, initiating walking and getting up from a chair without support.

Central nervous system:

Higher mental function: Slow, Slurred speech, reduced recent memory.

Cranial nerve examinations were regular except for the finger nose test, as she could not do it due to tremors on activity.

Tandom walking was unable to do as she couldn't stand without support. Heel-to-shin test was positive

Table 1

Timeline assessment of the patient from first day of OP consultation till the follow-up date with the UPDRS scale.

		20.3.24 Before therapy (BT)	03.4.24 After OP treatment	07.4.24 After <i>Udwardanam</i>	11.4.24 After <i>Dhanya kizhi</i>	18.4.24 After <i>Pizhichil</i>	25.4.24 After therapy (AT)	25.5.24 Follow up
MENTATION, BEHAVIOUR AND MOOD	Intellectual impairment	0	0	0	0	0	0	0
	Thought disorders	0	0	0	0	0	0	0
	Depression	1	1	1	1	1	1	1
	Motivation/ Initiation	2	1	1	1	1	0	0
ACTIVITIES OF DAILY LIVING	Speech	1	1	1	1	1	0	0
	Salivation	0	0	0	0	0	0	0
	Swallowing	0	0	0	0	0	0	0
	Handwriting	2	2	2	2	2	2	2
	Cutting food and handing utensils	2	1	1	1	1	1	1
	Dressing	3	3	3	2	2	1	0
	Hygiene	0	0	0	0	0	0	0
	Turning in bed and adjusting bed clothes	2	2	2	2	2	1	1
	Falling	0	0	0	0	0	0	0
	Freezing when walking	0	0	0	0	0	0	0
	Walking	3	3	3	2	2	1	1
	Tremor	0	0	0	0	0	0	0
	Sensory complaints related to parkinson's	3	3	3	3	2	1	1
MOTOR EXAMINATION	Speech	2	2	2	1	1	1	1
	Facial expression	1	1	1	1	1	1	1
	Tremor at rest	0	0	0	0	0	0	0
	Action/ postural tremor of hand	0	0	0	0	0	0	0
	Rigidity	2	2	2	2	1	1	1
	Finger taps	2	2	2	1	1	1	1
	Hand movements	2	2	2	1	1	1	1
	Rapid altering movements of hand	2	2	2	2	1	1	1
	Leg agility	2	1	1	1	1	1	1
	Arising from chair	4	4	3	2	1	1	1
	Posture	3	3	3	2	1	1	1
	Gait	3	3	3	2	1	1	1
	Postural stability	2	2	2	2	0	0	0
Body bradykinesia and hypokinesia	2	2	2	2	1	1	1	

DIAGNOSTIC ASSESSMENT

Based on careful examination, clinical findings and history, the case was diagnosed as *Kampavata* (Parkinson's disease). The assessment parameter used in this case is the UNIFIED PARKINSON'S DISEASE RATING SCALE (UPDRS)^[4]. The assessment was done on the first OPD visit on 20.03.2024, on admission day 03.04.2024 and then on 07.04.2024 after *Udwartana* (powder massage) procedure with *Kolakulathadi Churnam* for four days, on 11.04.2024 after *Dhanyakizhi* (pottali made of powdered grains) dipped in *Dhanyamla* after *Abhyangam* (oil massage) with *Kottamchukkadi Thailam* for four days, on 18.04.2024 after *Pizhichil* (pouring warm medicated oil into the body) with *Sahacharadhi Kuzhamb* and *Bala Aswagandhadi Thailam* after seven days and on 25.04.2024 after *Shashtika Pinda Swedham* (pottali made of Red rice) with *Mahamasha thailam* after seven days and on review after one month on 25.05.2024. Based on these, the timelines are assessed in Table 1.

THERAPEUTIC INTERVENTION

OPD visit was done one time on 20.03.2024, and given internal medicines such as *Thikthakam Kashayam* with a dosage of 15mL with 45mL lukewarm water before food, twice daily: *Varuni Thailam* with a dosage of 10 drops with *Kashayam* and *Kapikachu Churnam* with a dosage of 1 tsp twice daily *Ksheera* (milk) twice daily, after food. Then, on 03.04.2024, she was admitted to IPD and was given the same internal medicines and done *Panchakarma* procedures. *Panchakarma* procedures include *Udwartanam* with *Kolakulathadi Churnam* for four days and a Steam bath. Then *Dhanyakizhi* dipped in *Dhanyamlam* was done after *Abhyangam* with *Kottamchukkadi Thailam* for four days and then *Pizhichil* with *Sahacharadhi Kuzhamb* and *Bala Aswagandhadi thailam* for seven days. After *Pizhichil*, *Shashtika Pinda Swedham* was done after *Abhyangam* with *Mahamasha Thailam* for seven days.

FOLLOWUP AND OUTCOME

The patient was carefully examined based on the clinical features with the UPDRS scale after the IP

treatments, and the results showed a reduction in the signs and symptoms. She started to initiate walking without support, her speed of walking improved, she improved in standing up from a chair, and she was also able to stand without support. She could also dress up and hold a tumbler as her tremors during activities reduced. Heel-to-shin test was found negative on examination after therapy. The patient had continued internal medications for one more month on the advice of the consultant; along with the internal medicines, she was advised to avoid *Vata Prakopa Aahara* (food that vitiates *Vata*) and *Vihara* (regimen), including intake of excess spicy, *Viruddhaharam* (incompatible foods), fried foods. A review of the OPD was done after one month (on 25-05-2024). She was assessed, and the signs and symptoms were reduced; she was able to walk with more speed, able to stand up from a chair, and her speech improved. These are evident from the assessment in Table 1.

DISCUSSION

After careful history taking, examination and assessment, the patient was diagnosed with *Kampavatam* (Parkinson's disease). At her first consultation in the OPD, she was given *Thikthakam Kashayam* along with *Varuni Thailam* (10 drops with *Kashayam*) and *Kapikachu Churnam* along with *Ksheera* twice daily, after food and the same medicines were continued after admission as she had shown marked response to the medicine. According to *Sharangadhara Samhitha*, *Varuni Thaila* is indicated in conditions like tremors^[3] as it has the main ingredient as *Indravaruni* (*Citrullus colocynthis*), also called bitter fruit, which is *Thiktha Pradhana* (bitter predominant). As Parkinson's disease is a neurodegenerative disease and its pathology starts in the brain, the medicine has to act on the brain cells. *Thiktha Rasa* (bitter taste), according to *Ashtangam Hridayam*^[4], has the *Karmas* (actions) like *Medhya* (improves intellect) and also has the potency to act on *Majja Dhatu* (marrow element), whereas according to *Chakrapani* brain is considered as the *Majja Dhatu* of *Siras* (head)^[5].

Thikthakam Kashyam also has the same *Rasa* as *Pradhanam* and hence boosts the power of action. *Kapikachu* (*Macuna pruriens*) *Choornam* (powder) is indicated in *Karpavata* (Parkinson's disease). The seeds of *Kapikachu* contain Levodopamine, which is considered the precursor of the neurotransmitter Dopamine, which is reduced or absent in Parkinson's disease. It is given along with *Ksheera* as *Anupanam* (adjuvant), which makes it more lipophilic and hence it can possibly bypass the Blood- Brain- Barrier.

The therapeutic procedures done were in a generalised mode, which starts from *Rookshna Kriya* (dehydrating therapy) to *Brimhana Kriya* (nourishing treatment). The *Rookshana Kriya* is done as there is *Avarana of Srothas* (obstruction of channels), and after that, *Shamana* therapy (Palliative therapy) for *Vata* (*Snehanam & Brimhanam*) is done as there is *Vata Prakopa*. *Udwardanam* was done as a *Rookshana*, where the patient showed response to the procedures, which is clearly depicted in Table 1 and then *Dhanyakizhi* dipped in *Dhanyamlam* was done. Followed by *Rookshanam*, *Bahya Snehanam* (external oleation), i.e, *Abhyanga* was done, and then *Brimhana Procedures* like *Pizhichil* and *Shashtika Pinda Swedham* were done. The medicines selected for the procedures were of *Brimhana* nature to nourish the *Dhatus* (tissues), as *Karpavata* is considered a disease caused due to vitiation of *Vata* due to *Dhathu Kshaya* (depletion of tissues). Based on this case report, even though Parkinson's disease has a bad prognosis, patients with *Karpavata* (Parkinson's disease) can improve the quality and standard of life with ayurvedic management including oral medications, *Panchakarma* procedures and following *Pathya-Apathya* (dietary regimens and lifestyle modifications). This could be a significant change in the bedridden patients with Parkinson's disease.

PATIENTS PERSPECTIVE

According to the patient, she was dependent on others for her daily day-to-day activities and needs. But now, after the treatment, she became more independent in her day-to-day activities than earlier. She was very much worried about her condition at the time of OP consultation and IP admission, but at the time of discharge, she was pleasant and self-confident. Her tremors during activities got reduced markedly so that she could hold tumblers, drink water, and walk without support. She could even wake up at night and use the washrooms independently, which was quite impossible during the first consultation.

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