Role of Panchakarma & Kapikacchu Beeja Churna in Kampvata

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Abstract: To assess the effect of Panchakarma & Kapikacchu Beeja churna in kampvata one male case was observed. 21 days course was designed that included Sarvanga Snehan, Nadi sweda, Mashadi Taila Matra Basti & Ksheer Bala Taila Nasya. This combine therapy was effective as patient got significant relief from it.

Keywords: Kampvata, Matra Basti, Nasya Ksheer Bala taila, Nadi sweda.

1. INTRODUCTION

Kampvata is one of the vata nanatmaj vyadhi, resembles Parkinson’s disease is a type of movement disorder. Kampvata is slowly progressive disease of adult life and is one of the most prevalent neurological disorder. The most common form of parkinsonism is a chronic, progressive degenerative disorder of the central nervous system usually seen at the 6th decade of life. It is characterized by these major systems: tremors, rigidity, akinesia/bredikinesia, postural instability associated with gate and speech disturbances. The reference of certain disorders similar to parkinsonism are available in ayurvedic classics they include sira kamp, vepatu and kampa vata in the chapter of kiyanta sirasiya, charaka enlists sirakampa as one among important sira rogas like ardita or ardvabhedaka. In siddhi sthan of charaka samhita, sirakampa cause by vitiation of vata by aggravation of ruksha guna is explained vepathu is enlisted under one among the 80 nanatmaja vikaraks of vata. Madhav defined vepatu as generalised vata vikara with sarvang kampa.

In Parkinson’s disease the basic pathologic changes is degeneration of a group of nerve cells deep within the centre of brain in an area called substantia nigra. This cells use Dopamine as their neurotransmitter to signal other nerve cells. As these cells degenerate & stop functioning, Dopamine fails to reach the areas of brain that affect motor functions. No satisfactory treatment is seen in modern system of medicine for Parkinson’s disease. In this therapy kapikachhu beej contains Levodopa which is indicated in Parkinson’s disease and Basti chikitsa is useful in all Vatayadhis & Nasya affects the group of degenerated nerve cells of substantia nigra.

Case report – A male patient aged 48 years visited Panchakarma O.P.D. of D.Y. Patil Ayurveda Hospital Nerul, Navi Mumbai. He was having Hast Kampa & shirhakamp since 3 years, developed slowness in daily activity. On examination while sitting his body was leaning to one side & while walking his gait was shuffling, steps were short & slow. Marked Rigidity of upper & lower limb was noted. When asked the patient to write his name 1st letter was greater then gradually letters became smaller in size. He was on Tab. Levadopa & Vitamin A, E. Parkinson’s disease was diagnosed 3 years back. He was admitted in Panchakarma I.P.D. of D.Y. Patil Ayurved hospital Nerul, Navi Mumbai. During the trial this treatment was stopped & Kapikacchu Beejchurna 4 gm twice in a day & Panchakarma was started.

1.1 AIM

- To study the effect of sarvanga snehan, swedan followed by Mashadi Taila Matra Basti & Nasya karma with Ksheera Bala Taila in the management of Kampvata.
- To evaluate the effect of Kapikacchu beeja churna in the management of Kampvata.

1.2 Diagnostic Criteria

Diagnosis was made based on clinical symptoms of Kampavata (Parkinson’s disease)

i.e.

Rigidity-Stamba
Bradykinesia - Chestsanga
Gaith abnormalities - Gatisanga
Postural abnormalities - Avaman

1.3. Treatment Planned

- *Sarvanga snehan with Mash tail* \(^{(1)}\) for 21 days.
- *Sarvanga Nadi sweda with Dashmoola for 21 days.*
- *Masha taila 60 ml matra basti for 14 days.*
- *Nasya Karma – with Ksheera Bala Taila 8-8 drops for 7 days (after completion of matra basti course).*
- *Kapikachhu beej churna 4 gm twice daily with lukewarm water for 21 days.*

2. METHOD OF MATRA BASTI

Basti Procedure can be divided into three stages-

- Pre Procedure of Basti Management – The patients were instructed to come after taking light diet & after elimination of stool & urine. Preprocedure was carried out with sthanic snehan with mashataila & swedan with Dashmoola nadi sweda.

Position of Patient: Patient was advised to lie down on left lateral position on the basti table with left lower extremity straight & right lower extremity flexed at knee & hip joint. The patient was asked to keep his left hand below head.

- Main Procedure of Basti: Lukeworm 60 m.l. Mashataila was filled in the syringe. Simple rubber catheter of size 10 was attached to the nozzle of the syringe. The piston of the syringe was pushed forward gently so that extra oil & the air from the catheter gets off 2-3 m.l. of Masha oil was applied to anal opening & to the catheter tip with a piece of cotton soaked in it. The patient was asked to take deep breath (inspiration) so as to help him to relax the anal opening & facilitate the entry of catheter. The catheter was introduced per rectum up to length of 4 fingers & piston of the syringe pushed gently to deliver oil.

- Post Procedure: Patient has to maintain left lateral position & gently tapped over the hips (tadan karma at pristha, nitamb, sphika) was done so that matra basti may retain for required period. Then the patient was kept comfortably in the supine position for 10 minutes. After that patient was advised to take rest. Basti pratyagam kala was noted.

3. METHOD OF NASYA KARMA

Purva Karma – Mukhabhyanga (face massage) with Ksheerabala Taila, and Nadi Sveda was done for 10 minutes.

Pradhana Karma – Patient was asked to lie in supine position, in a room devoid of breeze. The legs were slightly raised and head slightly tilted upwards, then KsheeraBala Taila slightly warmed with the help of hot water was taken in Gokarna and 8 Bindu Taila was instilled into each nostril alternately keeping the other closed. After instilling the drops into the nostrils, the soles, neck, palms, ears etc. were gently massaged and then the patient was asked to turn to a side and spit out the phlegm. Then the patient was asked to lie with face upwards for 2 minutes and wash the mouth with lukewarm salt water. Pradhana Karma – Patient was asked to lie in supine position, in a room devoid of breeze. The legs were slightly raised and head slightly tilted upwards, then KsheeraBala Taila slightly warmed with the help of hot water was taken in Gokarna and 8 Bindu Taila was instilled into each nostril alternately keeping the other closed. After instilling the drops into the nostrils, the soles, neck, palms, ears etc. were gently massaged and then the patient was asked to turn to a side and spit out the phlegm. Then the patient was asked to lie with face upwards for 2 minutes and wash the mouth with lukewarm salt water.

Paschat Karma: After Nasya, Dhumapana with Haridravarti was given.
3.1. Assessment Criteria

To assess the efficacy of treatment, the symptoms of Kampavata (Parkinson’s Disease) such as tremor, bradykinesia, rigidity etc were noted carefully before the commencement of treatment (1st day) and after treatment (21st day). United Parkinson’s Disease rating scale was applied to measure the degree of improvement.

3.2. Tremor

T0 - Absent
T1 - Slight and infrequent, not bothersome to patient
T2 - Moderate, bothersome to patient
T3 - Severe, interferes with many activities
T4 - Marked, interferes with all activities.

3.3. Rigidity

R0 - Absent
R1 - Slight or only with activation
R2 - Mild/Moderate
R3 - Marked, full range of motion
R4 - Severe.

3.4. Bradykinesia

B0 – None
B1 – Minimal slowness, could be normal, deliberate
B2 – Mild slowness, poverty of movement
B3 - Moderate slowness, poverty or small amplitude
B4 – Marked slowness

3.5. Gait

G0 – Normal
G1 - Walks slowly may shuffle short steps no festination or propulsion
G2 – Walks with difficulty little or no assistance
G3 – Severe disturbance, frequent assistance
G4 – Cannot walk.

3.6. Posture

P0 – Normal erect
P1 – Slightly stooped
P2 – Definitely abnormal, moderately stooped, may lean to one side
P3 – Severely stooped with Kyphosis
P4 – Marked flexion with extreme abnormality of posture.

In this case above said symptoms were in following grade –

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>Before Treatment</th>
<th>After Treatment</th>
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<tbody>
<tr>
<td>1</td>
<td>Tremor</td>
<td>T2</td>
<td>T1</td>
</tr>
<tr>
<td>2</td>
<td>Rigidity</td>
<td>R1</td>
<td>R0</td>
</tr>
<tr>
<td>3</td>
<td>Bradykinesia</td>
<td>B3</td>
<td>B2</td>
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<tr>
<td>4</td>
<td>Gait</td>
<td>G1</td>
<td>G1</td>
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<tr>
<td>5</td>
<td>Posture</td>
<td>P2</td>
<td>P1</td>
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4. RESULT & DISCUSSION

With the help of this treatment patient got significant relief in rigidity, tremor, bradykinesia & posture i.e. earlier patient used to lean one side while sitting posture but it was improved a lot after treatment. Gait was still shuffling; slow that shows patient needs 2nd course of panchakarma after a gap of 15 days.

Kapikacchu (Mucuna Pruriens) seed powder is used in vataj vyadhi like Kampvata (Parkinson’s disease), Ardita (Facial palcy) etc. (5)

Kappikacchu (Macuna pruriens) contains Levodopamine or L-dopa within its seeds. L-dopa is precursor of dopamine the neurotransmitter which is absent, or decreased in Parkinson’s disease. In addition it contain serotonin, 5 HTP, Nicotine it could potentially have psychedelic effects. (4) Levodopa resolve Rigidity, Tremor first, then gradually improves posture, gait, handwriting etc. (5)

Kampavata is considered as one of the disease provoked vata due to dhatukshay, oleation through sarvanga snehan, nadi sweda & mashadi tail matra basti are useful in pacifying vata & building ojas and also plays nourishing action on the nervous system. Achary Charak has introduced importance of Snehan, Swedan in Vataj vyadhi it removes rigidity & makes body flexible (6). Action of Matra Basti is possibly by Anupravaranbhav of bastidraya i.e. sneha moves easily up to grahani, nabhi, kati pradesh & kukshi. It spreads all over body to drain out the morbid dosha. Veerya of sneha enters in systemic circulation & may show their action in Mastishka may help in arresting disease process.

As per Charaka Samhita, Nasya is one of the main treatment modalities when Vata is lodged in between Head and Shoulders. (7) Kesherabala Taila is very effective in all 80 types of Vata vitiated conditions. It can be used as Nasya, Abhyangan, Pana, and Basti. (8) It acts as Rasayana, Indriyaprasadana, Jeevana, and Brumhana. (9) It contains Bala Moola, Ksheera and Tila Taila. Bala Moola (Sida cordifolia) is having the qualities like Snigdha, Pichchila and is Vata Shamaka and indicated in Vata Vyadhi (10). Ksheera is Brumhaniya and Vata Pitta Shamaka (11). Tila Taila (Sesamum indicum) is considered to be the best among oils (12). In the pathology sequence kaphavrutavata manifest symptoms of stambha, chestasanga, postural & gait disturbances. sarvanga snehan, swedan, matra basti & nasya helps in breaking down the samprapti (pathogenesis).

5. CONCLUSION

This study shows improvement in rigidity, tremor, bradykinesia & posture i.e. earlier patient used to lean one side while sitting posture but it was improved a lot after treatment. Even in the earlier stage, the disease is krcchratamsadhya (prognosis only on strenuous management strategies) hence patient is required repeated course of Panchakarma.

REFERENCES

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AUTHOR’S BIOGRAPHY

Dr (Mrs) Ritu Wadhwa has completed M.D. in Kayachikitsa, B.A.M.S. (Gold Medalist) from Pt. RavishankarShukla University, Raipur and secured first place in the University in BAMS course. Dr Wadhwa is expert physician and has wide experience in the field of Panchakarma. She is presently heading department of panchakrma at Dr. D.Y.Patil college of Ayurved, Nerul, Navi Mumbai, Maharashtra.