



Samprapti of Kampavata

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Abstract:

Kampavata is one among the vataja vyadhis. The symptoms like karapaadatale kampa, nidrabhanga, deha bhramana and kshinamati. Parkinson's disease, a progressive neurodegenerative disease is characterized by tremor, bradykinesia, rigidity along with, motor manifestations. Most people develop Parkinson's Disease after the age of 60. Nidana plays a major role in manifestation of a disease. Samprapti is the complete procedure of manifestation of a disease. Though Nidana and Samprapti of Kampavata is not separately mentioned, the general nidana and samprapti of vata vyadhi can be considered in Kampavata.

Keyword: *Kampavata, Parkinson's Disease, Nidana, Samprapti*

Introduction:

Parkinson's disease, known in Ayurveda as "Kampavata," is a neurological disorder affecting 1% of the population over age 65 and is the fourth most common neurological degenerative disorder found in the elderly¹. Because this condition occurs more frequently in industrialized countries, some have speculated that this condition may be caused by environmental toxins². Direct reference to the Parkinson's disease in the ancient Ayurvedic literature is sparse and refers only to related symptoms, such

as tremors. Therefore, the condition is referred to in the modern Ayurvedic literature by various names for tremors: Kampavata (tremors due to vata), vepathu (shaking, as in being off track or out of alignment), prevepana (excessive shaking), sirakampa (head tremor), spandin (quivering), and kampana (tremors)^{4,5,6,8}. Parkinson's disease is most commonly called Kampavata.

Aims and Objects:

Review and critical analysis of Kampavata according to Ayurveda.

Materials and Methods:

Review of Ayurvedic Classical Text and Modern Medicine books

Nidana and Samprapti

As we age, particularly into our later years, apana vayu accumulates (sanchaya) and may become aggravated (prakopa). This leads to the constipation so commonly seen in the elderly. When this is combined with a vata increasing lifestyle and constitutional tendencies, the stage is set for vata to overflow (prasara) into circulation. Overflow causes vyana vayu to become disturbed within the rasa dhatu. Systemic signs of vata disturbance occur, such as dryness of the membranes of the body. Vata may

relocate (sthana samsraya) to any dhatus that are weak. When a preexisting weakness resides in the tissue of the brain, this becomes the site of relocation, and thus we have a condition of vata (prana, samana and vyana) in the majja dhatu, damaging portions of the brain stem and causing altered coordination and tremors. Additional components of the pathology which are commonly present include vata (vyana) entering mamsa dhatu and causing muscle rigidity, or prana kshaya (diminished prana) entering the manovaha srota and causing depression. In addition, kapha appears to be diminished in the majja dhatu in these patients. An increase in vata dries out kapha (cellular structure) in the susceptible region of the majja dhatu (brain stem). This creates an open space, inviting vata to become vitiated. While the condition has a predominantly vata pathology, pitta can also play an important role in the samprapti (pathology) as its heat can burn out the cellular structure, causing kapha kshaya (diminished kapha) in the majja dhatu, in turn creating the original weakness in the brain stem. Hence personalities based in fear (vata) and intensity (pitta) are most predisposed to this condition, and

those of kapha nature are the most naturally protected.

Rupa and Laksana:

Tremors most commonly appear in the hands, arms, and legs, though other areas may be affected. Small movements of the hands and fingers may eventually be difficult. This condition, called micrographia, can make ordinary daily activities such as buttoning a shirt very difficult.

Another symptom is stambha (rigidity), in which movement becomes slow and difficult to initiate. Patients usually have to look at their feet to begin, shuffle forward and occasionally. The arms do not swing in coordination with the usual stride. The face may appear without expression (mask face), dull, or depressed; though no depression may be present. Reduced blinking is an early symptom. The voice becomes monotone and expressionless, further causing some to mistake this as depression. Fifty percent of patients will develop dementia¹. The most common signs and symptoms of Parkinson's disease are Tremors, Muscular Rigidity, Mask Face/Staring, and Festinating Gait.

Nidana

Nidana refers to all the causative factors which are responsible for the initiation and progress of the disease

process. General aetiology of the vatavyadhi can be considered for Kampavata also Aaharaja nidanas (Diet factors) like rooksha, seeta, laghu ahara, upavasa etc. ihraja nidanas (life style) like ratrijagara, vegadharana, atichankramana etc. anasaja nidanas (psychological) like kama, krodha, bhaya, chinta etc. Abhighata: Trauma to the Marma has been convicted as an important etiological factor. Shirobhighata leads to Ardita, Cheshtanasa, chakshuvibrama, Swarohani, Gadgada etc. Vegavarodha: Suppression of yawning causes Kampa (tremor), Pravepana (shaking), Vinama (flexion posture), Samkocha (contraction) and Akshepa[9] (convulsions)

Charaka mentions, Suppression of udgara causes tremor, hiccough, dyspnoea etc.

Causative Factors :

1. Environmental Risk Factor Pesticides, consumption of contaminated well water. Exposure to herbicides and proximity to industrial plants or quarries.

2. Occupational Hazards A Review of occupational history showed that 9 occupations accounted for 91.1% of the cases of exposure, which are as follows: 1) Petroleum, Plastic, Rubbers, workers 2) Painters, Lacquers, Furniture 3) Typographers,

lithographs, 4) Chemists 6) Farmer 9) Leather workers etc Carbon monoxide poisoning, manganese poisoning can also lead to Parkinson's disease.

3. Drugs: Drugs that deplete the presynaptic store of dopamine such as reserpine, tetrabenzine, zinc and drug that block the dopamine receptor such as phenothazine, butyrophenone, thioxanthene or benzamide class and antiemetic drugs such as metaclopramide, prochlorparazine and various antidepressant anxiolytic neuroleptic combination may cause Parkinsonism syndrome clinical indistinguishable from idiopathic Parkinsonism.

4. Hereditary: Some patients may present with the family history. 5. Gene mutations A genetic predisposition is likely, at least in some cases of Parkinson disease. About 10% of patients have a family history of Parkinson disease. Several abnormal genes have been identified. Inheritance is autosomal dominant for some genes and autosomal recessive for others. 6. Other probable causes include head injury, tumor, infarct, Normal-pressure hydrocephalus etc.

SAMPRAPTI :

In Ayurveda, no specific structural pathology of Kampavata is described

other than its identification as a Vata dosha disease. Samprapti of vata vyadhi is a complex procedure to understand. Acharya Madhavakara while stating the vata vyadhi, has explained, vikrita vata janito asadharana vyadhi vata vyadhi. It has also mentioned that the provocation of Vata may take place either due to diminution of body element (Dhatukshaya) or due to obstruction in the body channels (Avarana). [15] Hence samprapti of Kampavata is not described separately; the general samprapti of vata vyadhi has to be considered.

Avarana of Vata :

The process of Avarana:- In Charaka Samhita it is mentioned that, when the Vata is provoked, it agitates the other Dosas i.e. Pitta and Kapha and throwing them about here and there, which it turn causes obstruction to the subtle channels of the body leading to Avarana of Vata, which leads to the diminution of Rasa and other body element too, thus Avarana of Vata is produced leading to specific group of Vata Vyadhi. [16] In another instance also the hindrances to the Gati, is the sole cause of Avarana of Vata is highlighted by Chakrapani. Therefore, in Avarana, Samprapti, the vitiation of Vata is the pivot importance while other aspects such as involvement of

Kapha and Pitta. Avarana is evident in Kampavata particularly following Avarana may be responsible for Kampavata. 1) Kaphavritta Vyana:- Its symptom are Gatisanga that Adhikam, Gurugatrata[17] Chestastambha, Stambhanam[18] , Skhalita aati and Asthi parva[19] some of these are also observed in Kampavata. 2) Kaphavritta Udana:- Vaksvara Graha, Dourbalya, Gurugatrata, Vaivarnya, Aruci[20] Mandagni Shita Stambha[21] Bala, Kampanam are its symptoms some of which are also found in Kampavata. 3) Udanavritta Vyana:- Its symptoms are Alpagni, Asveda, Stabhata, Chestahani and Nimilana[22] and few of which are also seen in Kampavata. 4) Majjavritta Vata:- Udveshtanam, Vinamana, Jrimbha and Shula. [23] Majority of the symptoms of Kampavata are included in the above mentioned Avarana.

Gatatva:

Gatatva means Ashrita, and in case of Vata it is related to the vitiated Vata, which has name in fusion with particular Dhatu. Due to etiological factors responsible in the vitiation of Dosha shall ought to be utilized in the vitiation of Dusya and thus the innumerable disorders shall be the outcome explained by Acharya Charaka in Vimanasthana 6 th

Chapter(sloka 7). We can trace related features of Gatatva, which may be responsible for Kampavata like Snayu gatavata, Siragata Vata, Amasaya gatavata, Pakvasaya Vata, Sandhi gatavata and Dhatu gatavata.

Rasakshaya:

Rasa provides the nutrition to all the organs of the body. Rasakshaya either due to its etiological factor or due to old age itself is characterized by Kampa, Hritapida and Shunyata. [28] Old age is the common age of occurrence of Kampavata and during this age physiological Rasakshaya is evident consequently other Dhatu also get decreased and hence Rasayana is strongly indicated for all such patients. Sukra Kshaya Sukra is closely related with Rasa and Majja Dhatu as it gets nutrition from these Dhatus Sukrakshaya is characterized by Dourbalya (Weakness), Mukhasosa (dryness of mouth). Pandu (pallor), Sada (depression) Shrama (fatigue), Klaibya (impotency) and Sukra Avisarga (non-ejaculations of semen).

Ojas:

It is called as “Sarva Dhatu Sara”[29] and is of two types the Para Oja and Apra Oja Heart is the dwelling for Para Ojas. The vessels attached to the heart are the site of other type of the Ojas. Any diminution in volume of

Para Ojas (i.e. 8 drops) would amount to instantaneous death. Diminution is however possible in other type of the Ojas. All the actions performed without hindrances (Sarvadcheshta Apratighata) are also the function of Ojas. Symptom of diminution of Ojas are disorientation. [30]

Observation and Discussion:

Parkinson's disease is the mostly common form of a group of progressive neurodegenerative disorders characterized by bradykinesia, tremor, increased tone (rigidity), shuffling gait and loss of postural reflexes. Most of these features match with the ayurvedic description of the disease kampavata or vepathu as per Madhavakara and this disease is explained in detail in Basavarajeeyam. According to Ayurveda, Kampavata is a Nanatmaja vyadhi of Vata. Nidana refers to all the causative factors which are responsible for the initiation and progress of the disease process. General aetiology of the vatavyadhi can be considered for Kampavata also, like vegavarodha, ratrijagarana, laghu rooksha ahara,. The aetiopathogenesis of Parkinsonism is not precisely known in conventional medicine. The samprapti is most important parameter of diagnosis the diseases and

management. Samprapti means the complete procedure of manifestation of disease. Involvement of rasa, majja, ojas, shira, snayu should be taken into consideration. The pathophysiology of Parkinson's disease is death of dopaminergic neurons as a result of changes in biological activity in the brain with respect to Parkinson's disease (PD).

Conclusion:

Parkinson's disease is the mostly common form of a group of progressive neurodegenerative disorders characterized by bradykinesia, tremor, increased tone (rigidity), shuffling gait and loss of postural reflexes. According to Ayurveda, Kampavata is a Nanatmaja vyadhi of Vata. As a separate clinical entity, Kampavata is first narrated by Acharaya Madhavakara under the name of "Vepathu" However, it was the Basavarajiyam who for the first time gave a detail description by explaining the clinical picture of Kampavata. As Kampavata is one of the nanatmaja Vyadhi of Vata dosha, the general nidanas of vata vyadhi can be considered. The exact cause of Parkinson Disease is still remaining unknown but the probable causes like certain drugs, poison, environmental factors has to be noted. The general sampratpi of vata vyadhi should be considered for Kampavata also, along

with the involvement of rasa dhatu, majja dhatu, sukra dhatu, ojas and the avrita vatas

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