

ROLE OF MARMA CHIKITSA IN THE MANAGEMENT OF *KAMPVATA*
(PARKINSONISM) – A SINGLE CASE STUDYDr. Mahima Asthana^{1*}, Dr. Rita Marwaha², Dr. Pankaj Gupta³, Dr. Nisha Bhalerao⁴ and Dr. Shiba Datta Panda⁵¹Post Graduate Scholar, Dept. of *Rachna Sharir*, Pt. Khushilal Sharma Govt. Ayurveda College, Bhopal, M.P., India.²Professor & HOD, Dept. of *Rachna Sharir*, Pt. Khushilal Sharma Govt. Ayurveda College, Bhopal, M.P., India.^{3,4}Associate Professor, Dept. of *Rachna Sharir*, Pt. Khushilal Sharma Govt. Ayurveda College, Bhopal, M.P., India.⁵Assistant Professor, Dept. of *Rachna Sharir*, Pt. Khushilal Sharma Govt. Ayurveda College, Bhopal, M.P., India.

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ABSTRACT

Parkinson's disease is a progressive disorder that affects the nervous system. In this disease motor system of the body is affected. Symptoms start slowly, with tremors in one hand. It is characterized by resting tremors, slowness of movements, rigidity, gait disturbances and postural instability. It is correlated with *Kampa Vata* in Ayurveda. *Kampa Vata* is included under *Nanatmaja Vata Vyadhi*. Here, a case of 70-year-old male patient presented with tremors in both hands and neck, unable to walk without support since 5 years. Patient was treated with *Marma Chikitsa* for 90 days. twice or thrice a day. The patient got remarkable relief in symptoms with above *Marma Chikitsa*.

KEYWORDS: *Kampavata*, Parkinson's disease, Tremors, *Vata*.

INTRODUCTION

Parkinsonism it is also known as paralysis agitans, or idiopathic parkinsonism. It is a long term degenerative neurological disorder. It is a movement disorder, as motor system of the body got affected here which gets worse with time. It is a disease of old people, about 1% of people over 65 years of age suffering from this disease. It is estimated that there are 5 million people all over the world suffering from this disease.^[1]

Marsden (1994) has defined Parkinson's disease as "a clinical syndrome dominated by a disorder of movement consisting of tremor at rest, rigidity, elements of bradykinesia, postural and gait abnormalities associated with a distinctive pathology, consisting of degeneration of pigmented brain stem nuclei including the dopaminergic substantia nigra, pars compacta, with the presence of lewy bodies in the remaining cells."

The four primary symptoms of Parkinson are

1. Tremors - characterized by fine pin rolling tremors which is progressive in nature. This tremors usually disappears during sleep and increases with purposeful, intended movement.
2. Rigidity – it is mainly of "cogwheel" type, when another person tries to move the patients arm, arm moved shortly with jerky movements.

3. Bradykinesia – it is a slowness of muscle movement, characterized by festinating gait, micrographia, and mask like face.
4. Postural instability – change in the posture of the person.

Parkinson's disease can be co-related to *Kampavata* in Ayurveda because of their similar presentations. *Kampavata* is one among *vataja nanatmaja vyadhi* explained by *Acharya Charka* in *sutrasthana*.^[2] *Kampavata* was first explained in detailed by *Acharya Madhavkar* under the name of *Vepathu*, which is characterised by *Sarvanga kampa* (tremors all over the body) and *Shirokampa*. The commentator *Vijayrakshita* has further explained that in *Shirokampa* the tremors of limbs can also be included which indicates the crucial picture of *Kampavata*.

Kampavata is described with symptoms like *Karapadatalakampa*, *Stambha*, *Chestasanga*, and *Vakavikruthi*.^[3]

Dosha – Dushya*Kampa - vata prakopa*,*Stambha - kapha vata prakopa*,*Gatisangha & chestanasha - kapha avruth vyana vayu*,*Nidranasha- vata prakopa**Swara sangha-kapha avruth udana vayu*.

CASE REPORT

A 70-year-old male patient came to OPD of Pt. KIs. Govt Ayurvedic College Bhopal (M.P.), with complain of *Sarvanga Kampa*, (tremors) since 5 years. Tremors was present unilaterally more in upper extremities, with associated complains of difficulty in walking, able to walk with support only, stiffness was present in whole body, patient was unable to talk properly, unable to have food and drink by himself. History shown that patient was well before 5 years, slowly he started feeling tremors in his left hand which increases while doing any work and reduces while sleeping. Later, after few months, patient was unable to perform his work also and faces difficulty while walking. Patient has taken allopathic treatment but did not get any permanent relief. Due to financial crisis patient couldn't complete his treatment. So now he came to our institute and admitted for further treatment. His Marma Chikitsa was started thrice a day

Personal History

- Appetite - decrease
- Bowel - constipated
- Sleep - disturbed
- Micturition – normal

History of Past Illness

No history of Hypertension, Diabetes Mellitus, or any other serious illness.

Family History

No any family history related to Disease is present.

Treatment History

History of taking allopathic medicine related to disease.

General Examination

BP - 130/90 mm of Hg,
PR - 68/min regular,

RR - 17/min,

Pallor – Present,

Icterus – Absent,

Systemic Examination

- Respiratory system:- Chest-bilaterally symmetrical, no added sounds heard.
- Cardiovascular system:- S1, S2 heard, no Murmur
- Gastrointestinal system:- Per abdomen - soft, no organomegaly and tenderness was found.
- Locomotor system:- Thin built patient, slight kyphosis, unable to walk fascinating gait and tremors are present.
- Nervous System:- Patient was conscious, oriented about place and time, higher mental functions intact, tremors present in neck, both hands, grip is present but with tremors.

CNS Examination

Higher mental function - slow, slurred speech

Muscle movements Coordination - poor

Romberg's sign - normal

Knee heel test - normal

Finger to nose test -Negative, patient was not able to do it perfectly due to tremors.

Involuntary movements - resting tremors in right upper & lower limb were found.

Muscle Tone - Cog wheel type Rigidity was seen in B/L lower limbs. He had a flexed posture with mask face.

Investigations

1. MRI – usually normal in some cases accumulation in substantia nigra may be visualized.
2. There are no laboratory biomarkers for Parkinson's disease. Serum ceruloplasmin concentration is obtained as screening test for Wilson's disease.

Assessment Criteria

1. Hoehn and Yahr Scale^[4]
2. Parkinson's disease composite scale^[5]

Hoehn and Yahr Scale

Stage	Hoehn and Yahr Scale
1	Unilateral involvement only usually with minimal or no functional disability
1.5	Unilateral and axial involvement
2	Bilateral or midline involvement without impairment of balance
2.5	Mild bilateral disease with recovery on pull test
3	Bilateral disease: mild to moderate disability with impaired postural reflexes; physically independent
4	Severely disabling disease; still able to walk or stand unassisted
5	Confinement to bed or wheelchair unless aided

Parkinson's disease Composite Scale

Symptoms	Total Score	Score found in patient during first evaluation	Score after one month
Bradykinesia	4	3	2
Tremors	4	4	3
Gait	4	3	2
Balance /Postural Disability	4	3	2
Freezing	4	0	0
Nocturnal Akinesia	4	2	1

Fatigue	4	2	1
Urinary	4	2	2
Cognitive Impairment	4	1	1
Depression / Anxiety	4	1	0
Symptomatic or Orthostatic Hypotension	4	3	2
Hallucination or thought disorder	4	1	1
Dyskinesia	4	4	3
Dystonia	4	2	1
ON/OFF	4	4	3
Dopamine Dysregulation syndrome	4	0	0
Disability	4	4	3

Total score – 68

Score found in patient during first evaluation - 39

Score after three month - 27

Treatment Protocol

Treatment involved administration of *Marma* therapy.

Marmas of upper and Lower extremities, back and head are stimulated accordingly.

Marmas of extremities- kshipra, tala hridaya, kucha, kurchasira, Gulpha/manibandha, indravasti, janu/kurpara, ani, urvi,

Marma of Back,- amsa marma, amsaphalaka, vrihati, parsvasandhi, katika- Tarun.

Marma of head- Apanga, avarta, utkshepa, samkha, vidhura.

Each marma is stimulated for 15 to 18 times. For 3-4 times a day. each stimulation takes about 0.8 sec.

Total duration – 90 days

A steady and moderate pressure will be applied slowly and gently. Pressure will be increased depending upon patients' strength. During the therapy, therapist was supposed to continuously watch the facial expression of the patients.

RESULTS

Patient shown mild to moderate degree of improvement in the symptoms. Hoehn and Yahr Scale changes from 3 to 2 after 1 month and changed to 1.5 after 3 month of treatment. Parkinson's disease Composite Scale also showed some changes which was reduced from 39 to 27.

We see mild to moderate results in tremors, improvement also seen in gait and coordination. During follow up, patient's symptoms were slightly increased.

DISCUSSION

Kampa Vata is a *Vata Vyadhi*, which is a progressive neurological disorder due to impairment in *Chala Guna* of *Vata*. Marma is an anatomical location that connects muscles, veins, ligaments, bones, and joints.^[6] They are also the places where not just Tridosha, but also their subtle forms Prana, Ojus, and Tejas, as well as Sattva, Raja, and Tama, may be found.^[7] Mainly *Marma* points may be regarded as a place of Prana, so this points are the switches of Prana in the body, which when stimulated properly, can lead to the proper flow

of *Prana* in different body parts, resulting in the desired therapeutic benefits.

As *Kampa Vata* is a *Vata Vyadhi* therefore *Vatahara Chikitsa* should be adopted for this. Here *Marma* is Corelated with *Prana* which is associated with *Vayu*, by pressing *Marma* points, we not only maintain *Prana* but also balances *Vata* of the body which leads to see desired therapeutic effects in the Patient. *Marma Chikitsa* also removes blockage from the *Strotas* which leads to psychological affect also, which is the main cause of disease.

Gate control theory

Gate control theory works on the concept that non painful input closes the gate of the painful input, all this gates are present on the spinal cord where nerve fibres arises or meet, pain sensation travels from spinal cord to brain, due to blockage of gates at spinal level results in prevention of pain sensation from travelling to the CNS. Gate theory was behind the production and use of transcutaneous electrical nerve stimulation (TENS) for pain relief.

Neuromodulation acts directly upon nerves. It is modulation of nerve activity by delivering electrical or pharmaceutical agents directly to target area.

Marma Chikitsa works on above concept, here massage or pressure is given at specific *Marma* points which leads to stimulation of nerve and results in therapeutic affect is seen related to disease.

CONCLUSION

Kampavata can be compared with Parkinson's diseases depending on symptomatology of patient. *Marma Chikitsa* can create miracles in one's own life along because of ability of evacuation, superiority of efficacy and enormity of the procedures to target *dosha* eradication. So, it can be concluded that *Marma Chikitsa* plays an excellent role in improving the day-to-day activities of a *Kampa Vata* patient if adopted properly and regularly.

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