



## AYURVEDIC MANAGEMENT OF KAMPAVATA (INTENTIONAL TREMORS): A SINGLE CASE REPORT

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### ABSTRACT

Abnormal movements usually imply a disorder in the basal ganglia, in which there is disinhibition of the activity of intrinsic rhythm generators or a disorder of postural control. Some of them are – The epidemiology of *Intentional Tremor* is challenging to ascertain, as it can be present in various disease at a different rate. *Intention Tremors* can be present 9% in Head, 50% in the Arms, and 27% in the Legs. Upto 38.5% of the patients with *Essential Tremor* can also have *Intentional Tremor* and is correlated with a longer duration of the *Essential Tremor* and a younger age for the onset of the tremor. Prevalence can be as high as 44% of those patients with *Essential Tremors*. According to *Ayurveda*, all these kinds of tremors are considered under the concept of *Kampavata* in general. It is evident that psychiatric and neuromuscular ailments are found to be with betterment when treated through *Ayurveda*. Presenting a case of intentional tremor treated through *Ayurveda*, got encouraging improvement.

**KEY WORDS:** Kampavata, Intentional tremors, Ayurveda psychiatry, neuromuscular ailments, *deepana-pachana*, *samshodhana*, *Virechana*.

### INTRODUCTION

The word *Kampavata* is formed by union of two words i.e, *Kampa* and *Vata*. *Kampa* word is derived from the root word 'Kapi' and suffixed by 'Ghan' which gives meaning "To move" or "To shake". So, the word *Kampa* conveys the meaning of shaking or tremor. *Vata* word is derived from the root word 'Va' and suffixed by 'ktha' i.e, from the nirukthi of *Vata*, we can conclude that 'Gati' and 'Gandhan' are the two important function of *Vata*.<sup>[1]</sup> *Kampavata* is one among the *Vataja nanatmaja vyadhi* explained by *Acharya charaka*. It is also explained in the name of 'Vepatu' by various other *Acharyas* for the disease *Kampavata*. The *lakshans* are seen like *Stambha*, *Chesta hani*, *Vak vikruti*, *Angamarda*, *Udvega*, *Moha*, *Smritihani*, *Avasada*, *Klama* are seen.<sup>[2]</sup>

A *Tremor* is a rhythmic oscillating movement of a limb, part of a limb or of the head. *Tremors* are usefully divided into those occurring at rest and those seen only when a limb is in action. The characteristic by which *tremors* can be classified is their frequency. *Intentional Tremors* are the characteristic oscillation at the end of a movement which occurs in *Cerebellar Disease*, due to the breakdown of the feedback control of targeted movements. The causes may be *Multiple Sclerosis*, *Hereditary Disorders*, *Physiological or psychological*, *Additionally exposure to Toxic Substances*, *Drug Induced* etc.<sup>[3]</sup>

The *Samprapti* for *Kampavata* is not explained separately, so the general *Samprapti* of *Vata Vyadhi* has to be considered. where *Samanaya Vata Prakopa Nidana*, which leads to *Vata Prakopa* or *Vruddhapyaya* which in turn lead to *Rakthadi Dhatu Kshaya* leading to *Vata Prakopa* or may be due to *ShiroAbhigata* which does *Dhatu kshaya* ultimately leading to *Vata Prakopa*. The vitiated *Vata* circulates all over the body with *Rasa* which does *Dosha-Dhatu dushti*. And *Lakshana's* like; *Kampa*, *Deha Bhramana*, *Matiksheena*, *Nidrabhanga*. This leads for the formation of *Kampavata Disease*.<sup>[4]</sup> *The pathophysiology of the Intentional Tremors* includes, the Central Nervous System Cerebellum feedback and error control centers are impaired. It is associated with the damage to the superior Cerebellar Peduncle, dentate nucleus, surrounding Cerebellar tracts in the Brainstem and the Thalamus. Thalamic nuclei involvement and feedback had also been implicated and are used as a Neurophysiology Basis for management. The treatment in this condition was planned by *Deepana – Pachana* followed by *Shodhana*, which has resulted in 70% of improvement in all the signs and symptoms. No any adverse reaction or side effects of the treatment is noted during treatment and during follow up too.

### CASE REPORT

A male patient aged about 46years was apparently normal 3 years back. In the year 2019, patient started

experiencing tremors in the hands and was observed intentionally while holding a cup of tea, a glass of water or while holding the pen. There was no increase or decrease in the intensity of the tremors. The patient also complains of giddiness when having more work or when under stress, which gets relieved on rest. The patient also experiences sleeplessness. For these complaints patient consulted many other Hospitals and followed the medicines regularly but got only the temporary relief. Since 7 months the intensity of the tremors has increased and the patient is facing difficulty in the day-to-day activities for better management patient got admitted to our hospital.

### HISTORY OF PAST ILLNESS

Underwent *LAPROSCOPIC CHOLECYSTECTOMY*. History of electric shock to the right upper arm 20 years back. Not a known case of Diabetes mellitus and Hypertension.

### PERSONAL HISTORY

The patient following mixed type of diet where *katu rasa* is taken more in quantity and irregular dietary habits. He takes 3 cups of tea as supplementary diet. The patient also have a habit of intake of alcohol occasionally in span of 4 months(60ml-Beer/rum/whiskey). Regular intake of tobacco chewing 3times/day.

### EDUCATIONAL HISTORY

The patient went to school till 5<sup>th</sup> standard and got drop out from the school and discontinued the study further due to some Family issues as well as lack of interest.

During this phase he did not observe any kind of tremors or any health issues.

### OCCUPATIONAL HISTORY

The patient runs his own Bakery and is satisfied by his job.

### FAMILY HISTORY

All other family members are healthy.

### EXAMINATION

General Examination;Built – Obese, Appearance – Normal, Pallor- Absent, Icterus- Absent, Clubbing – Absent, Cyanosis-Absent, Lymphadenopathy- Absent, Edema – absent

Systemic Examination;Cardiovascular system – S1S2 Heard, no murmurs. Respiratory system – Air Entry Bilaterally Equal, Gastro-Intestinal System- P/A Soft, No Organomegaly felt. Central Nervous System – Conscious and Oriented, Cranial Nerves – within normal limits

### GENERAL APPEARANCE AND BEHAVIOUR

- General Examination: Healthy looking, Grooming- Well-Groomed, Dressing – Adequate. Attitude towards Examiner- Cooperative attitude. Comprehension – Intact. Gait and Posture- Normal. Motor Activity – No Abnormal Involuntary Movement (AIM), Reaction time increases occasionally. Social Manner – Normal, Eye Contact – Normal. Rapport- Normal. Hallucinating Behavior – Absent
- **SPEECH** - Rate and Quality – Appropriate rate of speech. Volume and Tone – Normal Flow and Rhythm – Smooth
- **THOUGHT** -Flight of ideas – Absent. Blocking of Thoughts -Absent. Thought Broadcasting – Absent. Sudden strange ideas / pseudo religious ideas – Absent
- **PERCEPTION** Hallucination – Absent. Illusion – Absent. Perception of time - Intact

**COGNITION** -Consciousness – Conscious. Orientation – well oriented to Time, Place, person. Attention – Attentive. Concentration – Appropriate. Memory – Immediate- Intact - Recent – Intact -Remote – Intact. Intelligence – Normal. Abstract thinking – Absent. Insight – present. Judgement – Not impaired

**ASHTA STHANA PARIKSHA:** *Nadi – Vata-Pittaja, Mala – Prakruta, Mutra – Prakruta, Jihva – Lipta, Shabdha – Prakruta, Sparsha – Prakruta, Drik – Prakruta, Akriti – Sthula.*

### INTERVENTION

The main principle of any type of *Vatavyadhi* is to perform *Shodhana*, especially when *roga bala* and *rogibala* are *pravara*, which helps to eliminate morbid *dosha* and normalize the *Vata* too. So, in this case the treatment adopted was *virechana*. The treatment protocol is mentioned below;

**Table 1: Treatment Protocol.**

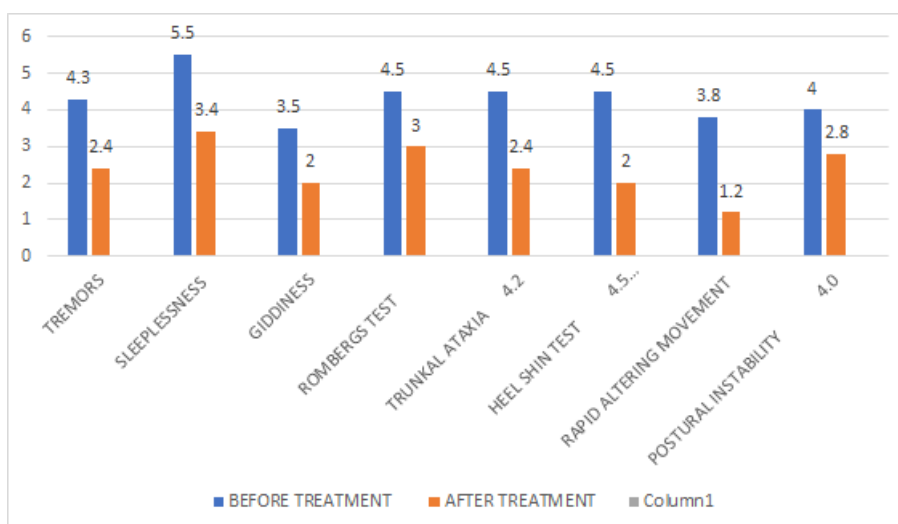
SL.NO	SYMPTOMS	TREATMENT	MEDICATIONS	DOSAGE	ANUPANA	TIME	DAYS
1.	Intentional tremors, giddiness and insomnia,	<i>DEEPANA AND PACHANA</i>	<i>CHITRAKADI VATI + MRUTYNJAYA RASA</i>	1	<i>SUKOSHNA JALA</i>	Thrice daily before taking gruel	1 DAY
2.		<i>SHODANA</i>	<i>SNEHAPANA with DHANWANTARA GHRITA</i> Till attaing <i>samyak snigdha lakshana</i>	50ML 120ML 240ML 400ML 300ML(as patient refused to take 500ML)	<i>USHNA JALA</i>	Early morning	5 DAYS

After 5 days of *Snehapana*, *Abhyanga* with *Murchita tila taila* followed by *Bhashpa sweda* for 4 days was done. On the 4<sup>th</sup> day *Trivrut leha* (40g) along with *Triphala*

*kashaya* was given and total of 14 *Vegas* were observed. And *samsarjana krama* was planned.

Table 2: Co-Ordination Tests.<sup>[5]</sup>

TESTS PERFORMED	BEFORE TREATMENT	AFTER TREATMENT	INTERPRETATION
1. MEYES	Normal	Normal	Normal
2. UPPER LIMBS AND TRUNK	Tremors + while picking up a cup of tea/ glass of water/holding pen	Tremors got reduced (about 50%)	Can hold cup/glass of water/hold a pen - Reduced Tremors
3. FINGER -NOSE TEST	Normal	Normal	Can perform the test without any difficulty
4. FINGER TO FINGER TEST	Normal	Normal	Can perform the test without any difficulty
5. RAPID ALTERATING MOVEMENT (DIADYCHOKINESIS)	Slow	Normal	Normal
6. POSTURAL INSTABILITY	YES- Leans towards Left side	YES- Reduced upto 30%	Slight leaning of the body is appreciated
7. REBOUND PHENOMENON	Absent	Absent	---
8. TRUNCAL ATAXIA	Imbalance	Reduced upto 70%	Reduced upto 70%
9. LOWER LIMBS – a. THE HEEL-SHIN TEST {KNEE HEEL TEST} b. THE HEEL-TOE TEST {TANDEM WALKING}	a.Right leg cannot be placed over Left leg b.Normal with eyes open - imbalance with eyes closed	a.Right leg able to place till the Mid- of Tibia b. Normal with eyes open -imbalance reduced with eyes closed	a. Able to perform the test slowly till the Mid of Tibia bone of left leg b. Reduced upto 50% (with eyes closed ) eyes open – normal
10. ROMBERG’S TEST	Eyes open- can maintain the posture Eyes Closed – Lean towards left side	Eyes closed – Can maintain the posture upto 30%	Eyes open- Normal Eyes Closed- can maintain posture



**DISCUSSION**

The treatment for *intentional tremors* may follows as it can include Drug Therapy, Lifestyle changes, and some invasive forms of treatment such as Thalamic Deep Brain Stimulation.<sup>[6]</sup> Drug therapy like Isoniazid, Glutethimide, Carbamazepine, Clonazepam etc., Which

can only be useful for recovery of functional activities and which can only give symptomatic relief. Invasive techniques like Thalamic Deep Brain Stimulation can alleviate the tremor which may further cause adverse effect or structures of the body.<sup>[7]</sup> Permanent damage to cerebellar structures and tracts may cause *Intentional*

*Tremors*. As per conventional medicine system, since a great fraction of disorders, happen due to *Aama*(toxins). For *Aama pachana*, *Chitrakadi vati* was given where because of its *laghu, tikshna,ruksha gunas* and *katu, tikta rasa* (dominant with *Agni, vayu* and *Akasha mahabhuta* ) it subsided the aggravated *kapha*. While, by *Ushna veerya* and *Teekshna, snighdha guna* it acts on the *Vata dosha*.<sup>[8]</sup> And *mrityunjaya rasa* balances *vata-kapha* and both the drugs acted as *Deepana-pachana*, which nullifies morbid factors, in this condition.<sup>[9]</sup> Classical *Snehapana* was given with *Dhanvantara ghrita* which is indicated in toxic conditions, psychotic diseases and which mainly have the property of normalizing *vata*, and balances the *pitta and kapha dosha*.<sup>[10]</sup> *Abhyanga* and *swedana* helps to bring the *doshas* to *koshta* and *trivrut leha* along with *triphala Kashaya* helps to remove the accumulated *doshas* from all over the body which are already seated in *koshta*. As the *doshas* are evacuated from body, to bring back the normal digestive ability as well as strength, *samsarjana krama* was followed.<sup>[11]</sup> These treatment procedures helped the patient with 70% relief of the symptoms.

## CONCLUSION

The treatment of *deepana-pachana* followed by *samshodhana* were selected on the basis of symptoms, involvement of *dosha-dushti* that has been observed in the disease *kampavata*,<sup>[10]</sup> thus showed a remarkable results.

## REFERENCES

1. Shabdakalpadruma, edited by Raja Radha Kant Deva. Published by Chaukambha Sanskritseries Varanasi, 1967; 4: 325.
2. Agnivesha, Charaka Samhita, Editedby Vaidya Harish Chander Koshwah. Chakrapani Dutta Ayurveda Deepika Hindi Commentary Ayushi. Reprint Edition Volume2. Publishedby Chowkhambha Oriental Varanasi, 2012; 733.
3. Davidson's principles and practice of Medicine. Edited by Stuart H Ralston, Ian D. Penman, Mark W. J. Strachan, Richard P. Hobson. 23<sup>rd</sup> Edition. Page no 1182.
4. Basavarajiyam, Edited by Prof. Gyanendra Pande Hindi Commentary. Published by Chaukambha Krishna Das Academy, Varanasi, 2010; 175.
5. Rochacabero F, DeJesus O. Intention Tremor. [updated 2022 Jul 5]. In: Statpearls [Internet]. Treasure Island (FL): Statpearls Publishing, Jan, 2022.
6. Semin Neurol. Author manuscript; available in PMC 2014 Jan 30. Published in final edited form as: Semin Neurol. 2011 Feb; 31(1):65-77.
7. <https://www.ayurvedinfo.com/2012/06/29/chitrakadi-vati-benefits-dosage-ingredients-and-side-effects/>
8. <https://curofy.com/discussion/mrityunjaya-rasa-benefits-dosage-ingredients-side-effects-mrityunjaya-bedaee59786200f4b06b04eabba>
9. <https://www.ayurvedinfo.com?2012/02/23/dhanvantaram-ghritam-benefits-dosage-how-to-use-side-effects-ingredients-reference/>
10. Agnivesha, Charaka Samhita, Edited by Vaidya Harish Chander Koshwah. Chakrapani Dutta Ayurveda Deepika Hindi Commentary Ayushi. Reprint Edition. Published by Chowkhambha Oriental Varanasi, 2012; 2: 483.