



## Case Report

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### A CASE REPORT ON KAMPAVATA WITH SPECIFIC REFERENCE TO ESSENTIAL TREMOR CHANGES IN QUALITY OF LIFE IN ESSENTIAL TREMOR QUESTIONNAIRE (QUEST)

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#### ABSTRACT

Introduction: Disease Kampavata or vepathu is explained in Ayurveda as the primary symptom of involuntary movement of body parts. It is explained among nanatmaja vyadhi of Vata dosha. Aetiology and pathogenesis are due to this increased Vata. Basti chikitsa is mentioned as the ultimate chikitsa to pacify Vata dosha. Before doing any shodhana chikitsa rookshana and sneha sveda are needed. Case Report: A case report of a patient with balance problems during locomotion and increased tremors of the hand and head was discussed. Result: After the treatment patient got improved in balance and coordination, handwriting, reduced frequency of tremors etc. This case report also explains the improvement in different domains of quality-of-life pre and post-treatment.

**Keywords:** Ayurveda, Panchakarma, Essential tremor (ET), Kampavata

#### INTRODUCTION

Ayurveda describes the symptoms of tremor mainly in two diseases viz. vepathu or Kampavata<sup>1</sup>. These come under one among 80 types of nanatmaja Vatavyadhi. The meaning of the word “Vepathu” is shaking or trembling. The word's root form is VIP- meaning “to tremble, shake, vibrate, shiver, or quiver”. Kampa, mentioned in Ayurveda, also describes tremble or shake. There is a description of sarvangkampa (feeling of whole-body tremor) and shirokampa (head tremor). The aetiological factor for this disease is general Vata vyadhi nidanas by Bruhat-trayis and Madhavakara. Some of the aetiology that can cause tremors are any injury to marma (vital spots), krodha, bhaya (anger, fear kind of emotional imbalance), dhatu kshaya (depletion in growth components) and secondary to any diseases. All this leads to Vata vrudhi, and this excited vata may hamper the normal functions of the resulting system. This can lead to either avaranajanya or dhatukshaya janya samprapti. In both the samprapti, if it's affecting Majja dhatu, then lakshnas related to essential tremor (ET) can be seen. Because in Ayurveda, majjadhara kala or Majja dhatu is nothing but brain matter. The prognosis of this sampraptijanya Vata vyadhis is either difficult to cure or incurable.

Essential tremor is one of the most common tremor syndromes. According to the Movement Disorder Society, diagnostic criteria for essential tremor include bilateral, symmetrical, and postural tremors; tremor involves the forearms and hand, tremor is persistent and visible, and they may be associated with isolated head tremor. Essential tremors can affect people of all ages and are prevalent from the second and sixth decades. The worldwide estimated prevalence is up to 5% of the population<sup>2</sup>. Although ET is generally regarded as a benign neurological disorder, a wide range of symptoms and co-morbidities, including but not limited

to intention tremor, gait ataxia, cognitive abnormalities, anxiety and depression, could accumulate as ET progresses, leading to impaired quality of life, disability and social handicap. Thus, special attention should be given to early detection, prevention, treatment and management of essential tremor<sup>3</sup>.

#### Clinical spectrum of ET

Essential tremor is defined as an isolated tremor syndrome of bilateral upper limb action tremor with or without a tremor in other locations of at least a 3-year duration. Other neurologic symptoms sufficient to make an additional neurologic syndrome diagnosis (e.g., Parkinson's syndrome, dystonia, cerebellar disease, peripheral neuropathy) must be absent. Based on clinical experience, such patients often have slight symptoms called “soft signs” (impaired tandem gait, noticeable tremor at rest, questionable dystonic posturing, memory impairment etc.), which are suspicious but insufficient to allow a second diagnosis. Hence the aetiology also varies in this regard. Management will emphasise symptomatic cure and patient-physician consensus if the aetiology is a grey area. Since the psychosocial wellbeing of the patient is also a major concern, therapeutic decisions should focus on that aspect. Pharmacological and surgical interventions in ET are sparse. The beta-adrenergic antagonist and anticonvulsants are found useful according to research studies. Even nonpharmacological protocols are also in practice when it comes to ET treatment.

#### Case Report

A 43-year-old male patient walked into the Sanskriti Ayurvedic Medical College and Hospital OPD, Chhatta, Mathura, Uttar Pradesh, 281401 on 26/07/2022 with the complaints of uncontrollable jerky movements of the body, especially hands,

occasionally in the head along with difficulty with balance and coordination for three years. The patient, who has had a history of Hypertension for 7 years under medication and had a familial history of tremors, started noticing mild tremors in both upper limbs and head three years before. Later the conditions worsened after the demise of his wife and related family stress. This tremor made him difficult to do body balance and aroused coordination problems. Later these conditions increased and started affecting his daily chores. Before the treatment, informed consent was taken, and the study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research involving human participants.

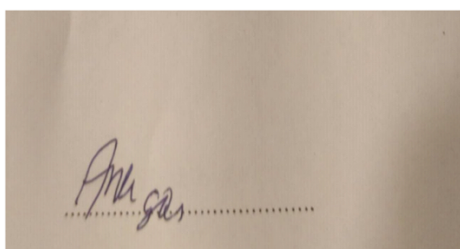
On clinical examination, mild ataxic gait was observed with higher mental function intact and good memory. No masking of the face or less arm swing. He is having involuntary jerky movements of his hands. But the jerks are not intentional, and pill-rolling movement is absent. The frequency of tremors was 12-15 times every 10 seconds. The summary index of the Quality-of-life assessment questionnaire score of domains like communication, work and finances, hobbies and leisure, and physical and psychosocial domains was 51.64 during admission.

**Diagnosis:** Kampavata/Vepathu

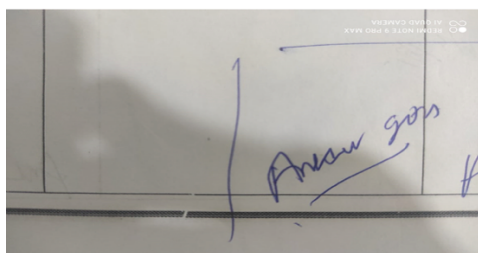
**Treatment:** The patient got admitted with complaints of uncontrollable jerky movements of the body, especially hands, and difficulty with balance and coordination. Treatments given were udwarthana with Kolakulathadi churna and bashpasweda with Dasamoola kwath for five days, shirodhara with Ksheerabala taila for 30 days, sarvanga lepa with Kolakulathadi churna for 30 days, abhyangam with Ksheerabala taila for 25 days, karma basti with Dasamoolabala kwatha Sidha niruha basti and anuvasana basti with Ksheerabala taila for 30 days.

Dasamoola Kashaya basti ingredients and dose:

Ingredients	Dose
Dasamoolabala kwatha	600 ml
Madhu (honey)	100 ml
Saindhava	9 g
Ksheerabalathaila	150 ml
Satapushpa, Naththaichuri churna	50 g (3:2)



Picture 1: Handwriting of patient before treatment



Picture 2: Handwriting of patient after treatment

**RESULT AND DISCUSSION**

The patient got a reduction in tremors (frequency reduced to 3-4/10 sec) and improved writing and hand coordination. Quality of life assessment before and after the treatment showed satisfactory changes. QOL Summary index before treatment was 51.64, and post-treatment was 18.24. Gait also got improved. Overall improvement was there in the patient's condition clinically, and hence discharged.

Kampavata or vepathu, explained in Ayurveda, has a clinical presentation of tremors. It's a vataja nanatmajavikara with often avarana of other doshas. This patient also shows symptoms of upper limb tremors and occasional head tremors. Here in this patient, the line of management used was general vata vyadhi chikitsa<sup>4</sup> giving attention to majjadhatu. The treatment has been carried out in two phases.

Phase one: Rukshana therapies

Phase two: Snehana therapies

In this case, rukshana treatment helped in clearing the channels of the body by clearing the obstruction in srotases<sup>5</sup>. Thus, it helped in transmitting the signals efficiently. Managing vata vyadhi snehana or brahmana (nourishing) should be the focus. But, to clear the srotases and remove avarana, rukshana is mandatory<sup>6</sup>. Udvartana and bashpa sweda were helped to achieve this rukshana. Udvartana is kaphahara and capable of stabilising body parts. Thus it may help in controlling involuntary contractions of the body<sup>7</sup>. Swedana is beneficial and indicated in sarvangagata vata<sup>8</sup>. Swedana eased the stiffness and heaviness of the body, which are the symptoms of essential tremors. Shirodhara is a murdhni taila procedure that benefits Vata rogas of the head and strengthens the voice and senses<sup>9</sup>. This helped in controlling the activities of the brain and thereby reducing tremors. Abhyanga reduces vitiated Vata dosha<sup>10</sup>. Karma basti protocol contained niruha basti with Dasamoolabala kashaya sidha niruha and anuvasana basti with Ksheerabala thaila. Basti chikitsa is told to be good for longevity and improves strength, cognition, sound and complexion. It can eradicate the accumulated doshas all over the body<sup>11</sup>. Basti can control stiffness, contractures in the body and even derailed Vata in extremities like limbs<sup>12</sup>. It's good for diseases pertaining to marma pradeshas, as shira<sup>13</sup>. Kashaya used in basti is Dasamoola which is good for oedema, inflammation, etc.<sup>14</sup>. Kalka used in this niruha basti combination was Naththai churi churnam, a Siddha medicine where it's indicated for Kaphahara (avarana/hara/clearing obstruction) and Medohara (obesity reduction)<sup>15</sup>. The patient had an increased BMI in the obese range. Hence this basti combination with components which reduces Kapha and Vata reduces swellings of the body and reduces excess fat in the body, which can control the nervous system helped in breaking the samprapti of Kampavata. Karma basti, the protocol of 12 niruha basti and 18 anuvasana basti, immensely helped manage vata. Taila basti<sup>16</sup> helps correct the Apanavata, which is situated in pakwasaya, the seat of Vata. Ksheerabala used in basti and abhyanga prevented oxidative stress and neurotoxicity, which is helpful in nervous system disorders<sup>17</sup>. Improvement in QOL parameters can be interpreted as an improvement in the patient's physical, social and psychological wellbeing. Voice tremor correlated better with communication, head tremor with psychosocial and tremor in the right hand with physical/ADL. Depression is a well-recognised major determinant of QOL<sup>18</sup>. Hence, this protocol can be considered a satisfiable protocol for Kampavata with karma basti as the highlighted therapy. But due to the non-availability of some medicine with more anticholinergic action or action in tremors,

they can be used in further studies and may yield better clinical improvement.

## CONCLUSION

Kampavata or vepathu is told in Ayurveda with the clinical presentation of tremors. Essential tremor has no promising cure from various medical sciences. Hence this protocol based on basti as shodhana chikitsa yields sound clinical output in reducing the tremor frequency, achieving stability during stance and walking and quality of life of the patient. Hence this protocol may be helpful for further clinical trials or patient cures.

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