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Ayurvedic Management of *Kampavata* w.s.r. to Wilsons Disease: A Case Report

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Abstract: Ayurveda has described various disorders along with its prevention as well as it's cure for disorders. Also, this was described as main aim of Ayurveda [1]. Wilson's disease is one of the uncommon recessive autosomal diseases which typically manifests before the age of forty. Here, an excessive buildup of copper occurs in the brain and liver. It can be correlated with Kampavata in Ayurveda science. Since it is characterised by Sarvanga Kampa or Shiro Kampa also, it is one of the Vatavyadhis [2]. As in Kampavata, Chala Guna of Vata Dosha excessively increases which causes Kampa in the body parts. In this case study, Shodhana and Shamana Chikitsa were given to the patient in order to manage Kampavata. Matrabasti, Rajayapan Basti along with Shamana Yoga Dravyas were given for the management of this case.
Keywords: Kampavata, Wilson's disease, Ayurved, Hepatocellular Degeneration, Case study.

I. INTRODUCTION

Wilson's disease where Hepatocellular degeneration occurs is an uncommon recessive autosomal condition that typically affects people under forty. There are about 30 cases per million people worldwide. The illness is typified by an overabundance of copper deposits in the brain and liver.

The chromosomal 13 genetic abnormality has been demonstrated to impact the liver's adenosine triphosphatase [AP7B], which transports copper, resulting in copper build-up and oxidative damage to the liver's mitochondria. Increased deposition, particularly in the liver, brain, cornea and kidney, is the maim physiological abnormality associated with Wilson's disease, which is caused by excessive absorption of copper from the small intestine and impaired excretion of copper by the liver. [3]

Kampavata is one of the *Vata Nanatmaja* disorder described by *Acharya Charaka* in his *Samhita* [4]. In this disease *Kampa* is one of the characterising features. It occurs due to the *Vata Dosha* vitiation or *Prakopa*. As for *Vata Dosha Snehana, Swedana, Basti* are the best line of treatment mentioned in *Ayurveda.* Here in this case study, *Sarvanga Snehana, Swedana, Matrabasti, Rajayapan Basti* along with *Shamana Yogas* are used for the management of *Kampavata*.

II. OBJECTIVES

To study the effect of *Shodhana* and *Shamana Chikitsa* in the management of *Kampavata* w.s.r. to Wilson's disease.

III. METHODOLOGY

A. Case Report

A female patient, 24, presented to the hospital with symptoms like *Aspashta Vaka Pravrutti, Hastapada Kampa, Tongue* twist for 2-3 years. Patient's *Nidana* was done initially along with *Ashtavidha, Dashavidha Pariksha* and General examination with proper observations.

1) Name of Patient: Mrs. Rajeshwari Deva Bundele, 24 year - Female
2) Religion: Hindu
3) Occupation: Student
4) Pradhana Vedana [Chief Complaints]
a. Aspashta Vaka Pravrutti
b. Hastapada Kampa
c. Tongue twist

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5) Ashtavidha Parikshana

1. Nadi = 72/min	2. Shabda = Prakruta
3. Mala = 2-3 times/day	4. Sparsha = Prakrut
5. Mutra = Samyaka	6. Druka = Prakrut
7. Jihva = Alpa Sama	8. Akriti = Madhyam

6) General Examination

- Pulse - 72/min
- Blood Pressure - 120/70 mmHg
- RS – Clear, AEBE; RR = 19/min
- *Dehoshma* = 98.6^0 F
- CVS – S_1 S_2 +
- CNS – Oriented to TPP
- P/A - Soft, Non-Tender
- *Agni = Prakruta*
- *Kshudha = Prakruta*
- *Trushna = Prakruta*
- *Prakruti = Vatapitta Pradhan Prakruti*
- *Koshtha = Madhyam*
- *Nidra = Khandita*

7) Personal History

8 am – Breakfast, Chai
1 pm – Dinner Chapati, Sabji, Dal, Rice
4 pm – Chai, Snacks
8 pm – Lunch, Rice, Roti, Daal

8) Past History

a) CGHS / CSMA Authorised [Dated 13/1/2014]

Large mass in pelvis with cystic and fatty areas with few calcifications within it, measuring 13 × 12 × 10 cm. The mass seen to displace uterus posteriorly & bowel laterally. However, fat plane is maintained.
There is seen mild to moderate ascites. Dermoid cyst.

b) USG Abdomen & Pelvis [Dated 13/5/2016]

Multiple lesions in both lobes of liver with heterogenous echotexture? Metastasis.

c) USG Abdomen & Pelvis [Dated 30/6/2017]

Multiple hepatic hypoechoic lesions as described, No ascites.
Needs HPR Correlation
Few enlarged mesenteric nodes in periumbilical region likely inflammatory.
No obvious bowel wall thickening is seen.

IV. INVESTIGATIONS

1) BHCG [Beta Human Chorionic Gonadotropin] = 2.62 mIU/ml
2) Blood Urea = 14.7 mg/dl
3) Serum Creat. = 0.72 mg/dl
4) LFT = Sr. Bilirubin total = 0.56 mg/dl, Sr. Bilirubin Direct = 0.45 mg/dl, Sr. Bilirubon Indirect = 0.11 mg/dl, SGPT /ALT = 52 U/L, SGOT / AST = 45 U/L, Alkaline Phosphatase = 141 U/L, Protein total = 6.70 gm/dl, Albumin = 3.92 gm/dl, Globulin = 2.78 gm/dl, Albumin to Globulin Ratio = 1.41
5) CBC = Hb = 13.6 gm/dl%, WBC = 5600 / Cmm, Platelet = 120000/Cmm, Neutrophils = 59%, RBC = 4.38 mil/Cmm

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V. MANAGEMENT

Kampavata were treated with the help of *Shodhana* and *Shamana Chikitsa,* the following managements were given to the patient till 15 days.

A. Shodhana Chikitsa

Table I
Process Of Shodhana With Dravya, Duration And Period

Shodhana	Dravya	Duration	Period of Study
Sarvanga Snehana	*Mahanarayan Taila [5]*	20 minutes	7 days
Sarvanga Swedana	*Shashtika Shali Pindasweda [6]*	15 minutes	7 days
Matrabasti [7]	*Mahanarayan Taila*	1 *Muhurta (~48 minutes)*	2 days
Rajayapan Basti [8]	*Kalka – Shatavari, Shatapushpa* *Kwatha – Musta, Bala, Rasna, Manjishtha, Ashwagandha, Punarnava, Guduchi, Shatavari, Laghupanchmoola, Gokshura, Mamsarasa, Godugdha, Goghruta, Madhu, Saindhava*	1 *Muhurta (~48 minutes)*	3 days

B. Shamana Chikitsa

Table II
Shamana Therapy With Formulations With Doses, Timming & Anupana

Kalpa	*Matra*	*Kala*	*Anupana*
Kapikacchu Ghan Vati [9]	250 mg	*Adhobhakta* (Twice a day. After food)	*Koshna jala*
Guduchi Ghan Vati [9]	250 mg	*Adhobhakta* (Thrice a day. After food)	*Koshna jala*
Ashwagandharishta + Dashamoolarishta [10]	40 ml	*Adhobhakta* (Twice a day. After food)	*Jala*
Mahanarayan Taila	2 Teaspoonful	*Adhobhakta* (Twice a day. After food)	*Milk*
Ajamamsa Rasayana [11]	1 Teaspoonful	*Adhobhakta* (Twice a day. After food)	-

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VI. OBSERVATIONS

Table III
Effect On Symptoms Before And After The Treatment

	Symptoms	Before treatment	After treatment
VAS Scale	*Aspashta Vaka Pravrutti*	9	2
	Hastapada Kampa	8	1
	Tongue twist	8	1

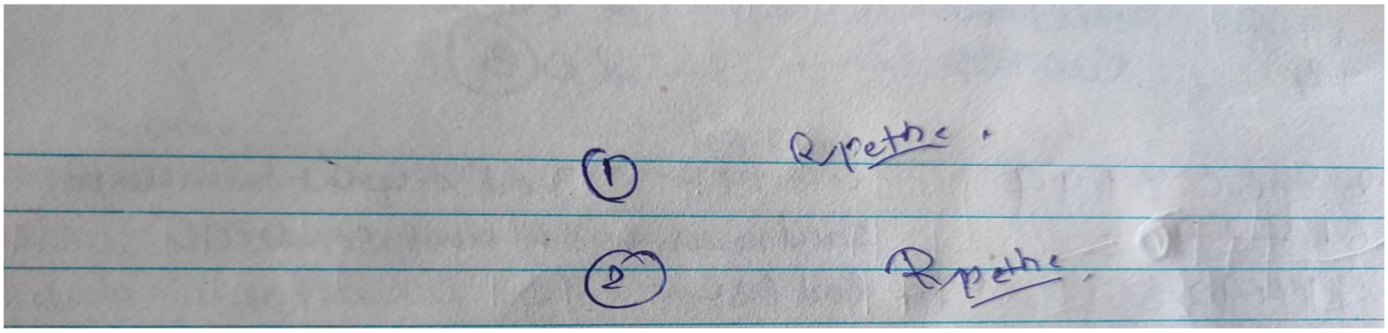

Fig 1. Patient's Handwriting (Signature) before treatment and on the first follow-up.

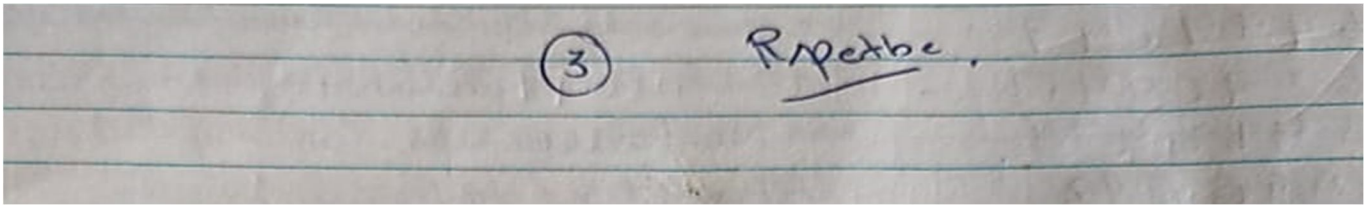

Fig. 2. Patient's Handwriting (Signature) on the second follow-up.

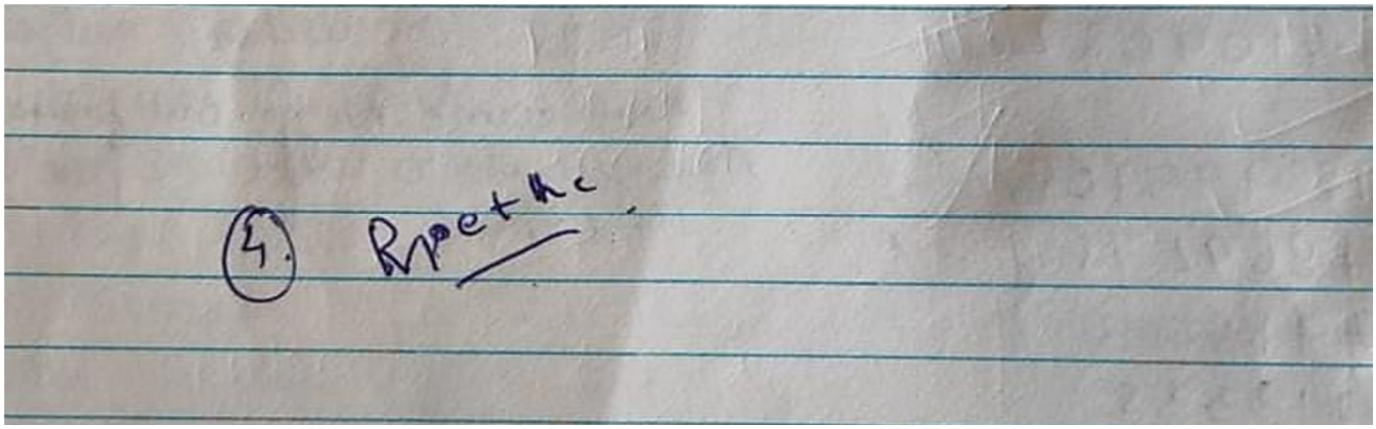

Fig. 3. Patient's Handwriting (Signature) after treatment.

VII. DISCUSSION

Encouraging results was seen in the patient during her course of the treatment of this autosomal disorder. Many rare cases have been reported to show promising result in such short span of Ayurvedic intervention. the study used the VAS Scale (a psychometric response scale) – which is often used for *Aspashta Vaka Pravrutti, Hastapada Kampa,* Tongue twist etc, along with symptom-based observations to track the patient both before and after the treatment.

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Photos and videos of her symptoms were taken with her consent, during the case study. The picture attached reveals the impact of the whole treatment regimen in her handwriting (here, signature). Since the patient had severe grade of Kampa in her initial days of the treatment, it is reflected in her signature as well. With time, her shakiness significantly reduced leading to a clear and free flowing handwriting.

1) *Sarvanga Snehana – Sarvanga Swedana* were done with the help of *Mahanarayan Taila*. As *Taila* is described to be one of the best line of treatment for *Vatavyadhi* since it helps to decreases the *Vata Prakopa* from the whole body.
2) *Sarvanga Swedana – Shastika Shali Swedana* were done after *Snehana* process. *Shashtika Shali Swedana* were given for the management of *Vata Dosha* since it helps to reduces the *Kampa* from all the body by working on the *Chala Guna, Ruksha Guna, Sheeta Guna* of *Vata Dosha*.
3) *Matrabasti – Basti* is mentioned as best management of *Vata Dosha* and *Vatavyadhi* in all the Ayurvedic texts. In accordance, *Matrabasti* were given for initially 2 days for helping to reduce the *Vata Prakopa* in the body.
4) *Rajayapanbasti* – It includes *Kalka* of *Shatavari, Shatapushpa, Kwatha* of *Musta, Bala, Rasna, Manjishtha, Ashwagandha, Punarnava, Guduchi, Shatavari, Laghupanchmoola, Gokshura, Mamsarasa, Godugdha, Goghruta, Madhu, Saindhava.* It has properties like *Brimhana, Rasayana, Balyajanana* which will in turn be required for the pacification of the disease along with tarpan of the all the emaciated Dhatus.
5) *Kapikacchu Ghan Vati, Guduchi Ghan Vati* – This helps to give strength to the whole-body parts and helps to reduces the *Vata Prakopa* and *Kampa*. The drugs used are clearly indicated in disease of extreme Dhatu Kshaya causing Vata Vyadhi. Provides strength and stability along with nourishment for replenishment.
6) *Ashwagandharishta + Dashamoolarishta – Dashmoola, Ashwagandha* have *Karmas* mentioned as *Brimhana, Balya, Rasayana, Vatanulomaka*, etc as their properties.
7) *Mahanarayan Taila* – This *Taila* is applied externally and internally both. This *Taila* is used in various *Vatavyadhi*.
8) *Ajamamsa Rasayana* – Ajamamsa Rasayana is Ayurvedic formulations which helps to improve body mass, muscle bulk, strength of bones. It helps to promotes strength in the body.

VIII. CONCLUSION

In this *Kampavata* w.s.r. to Wilson's disease case study, all symptoms like *Aspashta Vaka Pravrutti, Hastapada Kampa*, Tongue twisting were diminished in this 1-month study. In conclusion *Sarvanga Snehana, Swedana, Matrabasti, Rajayapan Basti* and *Shamana chikitsa* greatly aided in the management of *Kampavata*, followed by proper *Pathya-Apathya*.

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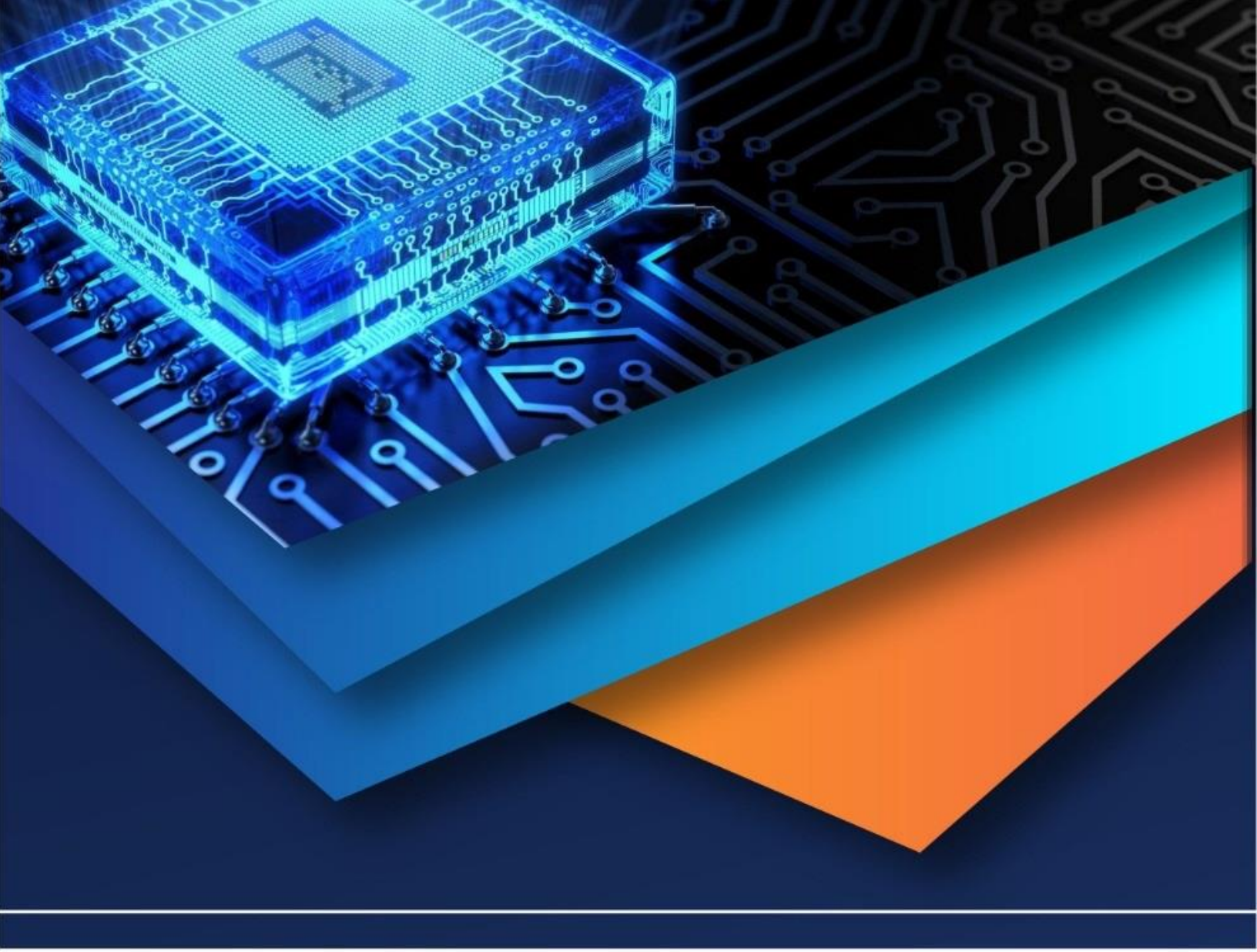

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