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"TO STUDY EFFICACY OF SAHACHARADI KWATH AND KAPIKACCHUBEEJA CHURNA IN KAMPAVATA W.S.R.T. BRADYKINESIA IN PARKINSON'S DISEASE."

Dangat K.H.[1], Bombale A.B.,[2] Gore M.B.[3], Naikwadi G.A.[4], Mahale G. V.[5]

1. Associate Professor Department of Kaumarbhritya, S.S.T. Ayurved college Sangamner
2. Associate Professor Department of Kaumarbhritya, S.S.T. Ayurved college Sangamner
3. Assistant Professor, Dept of Kayachikitsa, S.S.T. Ayurved college Sangamner
4. Assistant Professor, Dept of Strirog Prasuti tantra, S.S.T. Ayurved college Sangamner
5. Assistant Professor, Dept of Rasashastra & BK Department, S.S.T. Ayurved college Sangamner

ABSTRACT:

Background: According to Ayurveda, Kampavata is a Nanatmaja disorder of Vata., symptoms like Kampa (tremor), Stambha (rigidity), Chestasanga (bradykinesia and akinesia), Vakvikriti (disturbance in speech) etc. were described in different contexts. **Objective:** To study the aetiopathogenesis of Kampavata (Parkinson's disease) in light of both Ayurvedic and Modern perspectives. To observe the efficacy of Sahacharadi Kwath and Kapikacchubeeja Churna in Kampavata. **Methodology:** Total 60 patients were randomly divided into two groups of 30 each. Full explanation of trial was given to each patient and informed written consent was taken. Trial Group given Sahacharadi Kwath 40 ml + Erand tail 10 ml 2 times and Kapikacchubeeja Churna 6 gm with milk 2 times, after meal. Control Group given Kapikacchubeeja Churna 6 gm with milk (Godugdha) 2 times, after meal. **Discussion & Conclusion:** Kapikachhubeeja Churna with Godugdha in trial group has shown better result in improvement of the symptoms of kampavata Therapy is safe, easily available and can perform at home also. Therapy given in Trial group helps in achieving functional independency, thus improving the quality of life of patients.

KEYWORDS: *Kampavata, Stambha, Kapikacchubeeja Churna, Kapikacchubeeja Churna*

Corresponding Author:
Dr.Ketan Haribhau Dangat
Associate Professor,Department of Kaumarbhritya,
S.S.T. Ayurved college Sangamner.
Email: vdketandangat@gmail.com

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INTRODUCTION:

Parkinson's disease is a progressive degenerative neurological disorder which mainly affects the motor system of body, and it is characterized by resting tremors, slowness of movements, rigidity, gait disturbances/postural instability. It is correlated with Kampa Vata in Ayurvedaas it is characterized by Sarvanga Kampa. According to Ayurveda, Kampavata is a Nanatmaja disorder of Vata. In time of Charaka and Sushruta, cluster of symptoms like Kampa (tremor), Stambha (rigidity), Chestasanga (bradykinesia and akinesia), Vakvikriti (disturbance in speech) etc. were described in different contexts. This disease becomes incurable quickly due to various reasons like old age, nature of disease, involvement of Shiromarma. The majority of the symptoms of Kampavata were found in Kaphavrita Udana and Kaphavrita Vyana. Even so no single Avarana process completely covers all symptomatology of Kampavata. In modern medical science, the goal of treatment for this disease is to alleviate symptoms that interfere with the patients' activities of daily living and to prevent or limit its complication as Parkinson 's disease is a progressive disease leading to crippling of the patients. Whole world is looking towards alternative medicines to provide solutions to the management of Parkinson's disease like crippling incurable disorder devoid of side effect, motivates to do some work on this Disease. Ayurvedic drug Sahachara, Shunthi, Devdaru and Erand Taila all are Vata Kapha Shamak while Kapikacchhu is having Balya, Brimhana, Vrishya and Vatahara properties. It is a natural source of L-dopa and well known for its anti-parkinson activities.

AIMS: To study efficacy of Sahacharadi Kwath and Kapikacchubeeja Churna in Kampavata w.s.r.t. Bradykinesia in Parkinson 's disease.

Objective:

1.To study the aetiopathogenesis of Kampavata (Parkinson's disease) in light of both Ayurvedic and Modern perspectives.
2.To observe efficacy of Sahacharadi Kwath and Kapikacchubeeja Churna in Kampavata
3.To provide a safe and easily available drug for achieving functional independency and improving the quality of life of the patient.

Methodology:

1. Thorough history of patients was taken; each and every patient was carefully examined for general and systemic examination.
2. Full explanation of trial was given to each patient and informed written consent was taken.
3. 60 patients were randomly divided into two groups of 30 each.

Trial Group: In this group Sahacharadi Kwath 40 ml + Erand tail 10 ml 2 times and Kapikacchubeeja Churna 6gm with milk 2 times, after meal.

Control Group: Kapikacchubeeja Churna 6gm with milk (Godugdha) 2 times, after meal.

1. **Pathya and Apathya**: was same for both groups.

1)Diagnostic Criteria: Presence of Gatisanga (Bradykinesia) along with any 1 sign,

a. Kampa (Tremor)
b. Stambha (Rigidity)
c. Avanaman (Posture)

2) Inclusion criteria:

- Patient of Age more than 16 years of both sexes willing for Trial.
- Patient upto stage IV of Hoehn and Yahr Scale.

3) Exclusion criteria:

- Patient with major Medical Illness

4) Withdrawal Criteria:

- On occurrence of serious event
- Unco-operative behavior of patient

5) Follow up:

- Follow up of patients of both groups were taken for observation on 15th, 30th, 45th, & 60th Day.

Table No. 1 Hoehn and Yahr Scale: -

Stage I	Unilateral Involvement.
Stage II	Bilateral Involvement but no Postural abnormalities.
Stage III	Bilateral Involvement with mild postural imbalance;the patient leads an independent life.
Stage IV	Bilateral Involvement with Postural instability;the patient requires substantial help.
Stage V	Severe, fully developed disease; the patient is restricted to bed and chair.

Table No. 2 Criteria of Assessment

According to Unified Parkinson 's Disease Rating Scale.

1)	Gatisanga	Score
a.	Can not walk	4
b.	Severe Disturbance, frequent assistance	3
c.	Walk with difficulty with little or no assistance	2
d.	Walk slowly,may shuffle with short steps,no festination or propulsion	1
e.	Can walk brisk without aid	0

As the study was mainly focused on bradykinesia (Gatisanga) the above criteria were selected. But along with this other clinical feature of Kampavata was also observed before and after to see the effect of therapy as these may give some other important conclusions for the research purpose. So, the grading of different clinical features of Kampavata is done as given below.

2)	Kampa	Score
a.	Severe, Interferes with all activity	4
b.	Marked, Interferes with many activity	3
c.	Moderate,bothersome to patient	2
d.	Slight,infrequent not bothersome to patient	1
e.	Absent	0

3)	Stambha	Score
a.	Severe,	4
b.	Marked, full range of motion	3
c.	Mild or Moderate	2
d.	Slight or only with activation	1
e.	Absent	0

4)	Avanamana	Score
a.	Marked flexion	4

b.	Severely stooped with Kyphosis	3
c.	Moderately stooped may lead to one side	2
d.	Slightly stooped	1
e.	Normal erect	0

Observations & Results:

Table No. 3 Age Wise Distribution of Patients

Group	Age Group (in Years)					
	16-30 (%)	31-45 (%)	46-60 (%)	61-75 (%)	76-90 (%)	Total (%)
Trial	0 (0%)	0 (0%)	16 (53.33%)	13 (43.33%)	1 (3.33%)	30 (100%)
Control	0 (0%)	0 (0%)	11 (36.66%)	16 (53.33%)	3 (10%)	30 (100%)
Total	0 (0%)	0 0%	27 45 %	29 48.33%	4 6.66%	60 100%

χ^2 Calculated = 1.68 χ^2 Table = 7.82

As the above table shows $\chi^2_{Calculated} < \chi^2_{Table}$ i.e., test is insignificant. It means observations in both groups are at base line. So, there is no difference in age wise selection of patient in both groups. In this study Maximum numbers of patients are found in age group 61-75 years i.e., 48.33%.

Table No. 4 Sex Wise Distribution of Patients:

Group	**Male**		**Female**		**Total**	
	No. of Patient	**(%)**	**No.of Patient**	**(%)**	**No.of Patient**	**(%)**
Trial	18	60	12	40	30	100
Control	19	63.33	11	36.66	30	100
Total	37	61.66	23	38.33	60	100

χ^2 Calculated = 0.070 χ^2 Table = 3.84

As the above table shows $\chi^2_{Calculated} < \chi^2_{Table}$ i.e., test is insignificant. It means observations in both groups are at base line. So, there is no difference in sex wise selection of patient in both groups. In this study male patients are 61.66 % patients and female patients are 38.33 %.

Table No. 5 Statistical test in trial and control group- Stage

Group	Stage					
	I (%)	II (%)	III (%)	IV (%)	V (%)	Total (%)
Trial	3 (10%)	8 (26.67%)	13 (43.33%)	6 (20%)	0 (0%)	30 (100%)
Control	2 (6.67%)	10 (33.33%)	14 (46.67%)	4 (13.33%)	0 (0%)	30 (100%)
Total	5 (8.33%)	18 (30%)	27 (45 %)	10 (16.67%)	0 (0%)	60 (100%)

χ^2 Calculated = 0.070 χ^2 Table = 7.82

As the above table shows $\chi^2_{Calculated} < \chi^2_{Table}$ i.e., test is insignificant. It means observations in both groups are at base line. So, there is no difference in Hoehn and Yahr Scale wise selection of patient in both groups. In this study Maximum numbers of patients (27) are

found in Stage III, i.e.,45% and 18 patients are found in Stage II i.e., 30 %.

Table No. 6 Statistical test in trial and control group- Gatisanga

Gatisanga	Trial Group		Control Group	
	B.T.	A.T.	B.T.	A.T.
0	00 (0%)	13 (43.33%)	00 (0%)	00 (0%)
1	04 (13.33%)	09 (30%)	03 (10%)	05 (16.67%)
2	13 (43.33%)	04 (13.33%)	16 (53.33%)	15 (50%)
3	11 (36.67%)	04 (13.33%)	10 (33.33%)	09 (30%)
4	02 (6.67%)	00 (0%)	01 (3.33%)	01 (3.33%)
Total	30 (100%)	30 (100%)	30 (100%)	30 (100%)

In Trial group, before study, maximum numbers of patients were on grade-2i.e.43.33%, followed by 36.67% patients on grade-3; while after study maximum 43.33% patients were on grade-0, followed by 30% patients on grade- 1. In Control group, before study, maximum 53.33% patients were on grade-2, followed by 33.33% patients on grade-3, while after study maximum 50% patients were on grade-2, followed by 30% patients on grade-3.

Table No. 7 Statistical test in trial and control group- Kampa

Kampa	**Trial Group**		**Control Group**	
	B.T.	A.T.	B.T.	A.T.
0	00 (0%)	02 (6.67%)	00 (0%)	00 (0%)
1	03 (10%)	07 (23.33%)	03 (10%)	04 (13.33%)
2	14 (46.67%)	06 (20%)	14 (46.67%)	13 (43.33%)
3	12 (40%)	12 (40%)	12 (40%)	12 (40%)
4	01 (6.67%)	03 (10%)	01 (3.33%)	01 (3.33%)
Total	30 (100%)	30 (100%)	30 (100%)	30 (100%)

In Trial group, before study, maximum numbers of patients were on grade-2 i.e.,46.67%, followed by 40% patients on grade-3; while after study maximum 40% patients were on grade-3, followed by 23.33% patients on grade-1. In Control group, before study, maximum 46.67% patients were on grade-2, followed by 40% patients on grade-3, while after study maximum 43.33% patients were on grade-2, followed by 40% patients on grade-3.

Table No. 8 Statistical test in trial and control group- Stambha

Stambha	**Trial Group**		**Control Group**	
	B.T.	A.T.	B.T.	A.T.
0	00 (0%)	02 (6.67%)	00 (0%)	00 (0%)

1	02 (6.67%)	11 (36.67%)	04 (13.33%)	06 (20%)
2	15 (50%)	11 (36.67%)	16 (53.33%)	15 (50%)
3	11 (36.67%)	05 (16.67%)	09 (30%)	08 (26.67%)
4	02 (6.67%)	01 (3.33%)	01 (3.33%)	01 (3.33%)
Total	30 (100%)	30 (100%)	30 (100%)	30 (100%)

In Trial group, before study, maximum numbers of patients were on grade-2 i.e.,50%, followed by 36.67% patients on grade-3; while after study maximum 36.67% patients were on grade-2 and grade-1 equally. In Control group, before study, maximum 53.33% patients were on grade-2, followed by 30% patients on grade- 3, while after study maximum 50% patients were on grade-2, followed by 26.67% patients on grade-3.

Table No. 9 Avanamana status of patients before and after study:

Avanamaa	**Trial Group**		**Control Group**	
	B.T.	A.T.	B.T.	A.T.
0	00 (0%)	00 (0%)	00 (0%)	00 (0%)
1	11 (36.67%)	21 (70%)	12 (40%)	13 (43.33%)
2	14 (46.67%)	08 (26.67%)	15 (50%)	15 (50%)
3	05 (16.67%)	01 (16.67%)	03 (10%)	02 (6.67%)
4	00 (0%)	00 (0%)	00 (0%)	00 (0%)
Total	30 (100%)	30 (100%)	30 (100%)	30 (100%)

In Trial group, before study, maximum numbers of patients were on grade-2 i.e.,46.67%, followed by 36.67% patients on grade-1; while after study maximum 70% patients were on grade-1, followed by26.67% patient on grade-2. In Control group, before study, maximum 50% patients were on grade-2, followed by 40% patients on grade-1, while after study maximum 50% patients were on grade-2, followed by 43.33% patients on grade-1.

Table No. 10 Hoehn and Yahr Scale status of patients before and after study:

Hoehn & Yahr Stage	Trial Group		Control Group	
	B.T.	A.T.	B.T.	A.T.
I	03(10%)	03 (10%)	02 (6.67%)	02 (6.67%)
II	08 (26.67%)	10 (33.33%)	10 (33.33%)	11 (36.67%)
III	13 (43.33%)	11 (36.67%)	14 (46.67%)	13 (43.33%)
IV	06 (20%)	06 (20%)	04(13.33%)	04(13.33%)
V	00 (0%)	00 (0%)	00 (0%)	00 (0%)

Total	30 (100%)	30 (100%)	30 (100%)	30 (100%)

In Trial group, before study, maximum numbers of patients were on stage-III i.e.,43.33%, followed by 26.67% patients on stage-II; while after study maximum 36.67% patients were on stage-III, followed by 33.33% patient on stage-II. In Control group, before study, maximum 46.67% patients were on stage-III,followed by 33.33% patients on stage-II, while after study maximum ,43.33% patients were on stage-III, followed by 36.67% patients on stage-II.

Gatisanga

Table no.11 showing the effect of therapy on Gatisanga in Trial group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	1.4	0.679	0.123	11.373	P<0.05	2.05

In Trial group value of $t_{calculated}$ is more than t_{table}. So, the effect of therapy is significant on Gatisanga.

Table no. 12 showing the effect of therapy on Gatisanga in Control group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.10	0.548	0.099	1.001	P>0.05	2.05

In Control group value of $t_{calculated}$ is less than t_{table}. So, the effect of therapy is insignificant on Gatisanga.

Table no.13 showing comparison of effect of therapy on Gatisanga in Trial group and control group (BT and AT). („unpaired„t" test).

	Mean	S.D.	S.E.	t	P	ttable
T-C	1.3	0.614	0.159	8.197	P<0.05	2.00

In Trial group and control group $t_{calculated}$ is more than t_{table}. So, the effect of therapy given in Trial group is more effective than control group.

Table no.14 showing the effect of therapy on Kampa in Trial group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.13	0.776	0.1416	0.918	P>0.05	2.05

In Trial group value of $t_{calculated}$ is less than $t'_{table.}$ So, the effect of therapy is insignificant on Kampa.

Table no.15 showing the effect of therapy on Kampa in Control group (BT and AT).

	Mean	S.D.	S.E.	T	P	ttable
BT-AT	0.03	0.615	0.112	0.2674	P>0.05	2.05

In Control group value of $t_{calculated}$ is less than $t'_{table.}$ So, the effect if therapy is insignificant on Kampa.

Table no. 16 showing comparison of effect of therapy on Kampa in Trial group and control group (BT and AT) („unpaired „t" test).

	Mean	S.D.	S.E.	T	P	ttable
T-C	0.1	0.70	0.181	0.55	P>0.05	2.00

In Trial group and control group $t_{calculated}$ is less than t'_{table}. So, there is no difference in the effect of the therapy given in both groups.

Table no.17 showing the effect of therapy on Stambha in Trial group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.7	0.466	0.085	8.23	P<0.05	2.05

In Trial group value of $t_{calculated}$ is more than t_{table}. So, the effect of therapy is significant on Stambha.

Table no. 18 showing the effect of therapy on Stambha in Control group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.1	0.305	0.055	1.82	P>0.05	2.05

In Control group value of $t_{calculated}$ is less than t_{table}.. So, the effect if therapy is insignificant on Stambha.

Table no.19 showing comparison of effect of therapy on Stambha in Trial group and control group (BT and AT) („unpaired„t" test).

	Mean	S.D.	S.E.	t	P	ttable
T-C	0.6	0.394	0.102	5.90	P<0.05	2.00

In Trial group and control group $t_{calculated}$ is more than t_{table}. So, the effect of therapy given in Trial group is more effective than control group.

Table no.20 showing the effect of therapy on Avanamana in Trial group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.466	0.507	0.093	5.038	P<0.05	2.05

In Trial group value of $t_{calculated}$ is more than t_{table}. So, the effect of therapy is significant on Avanaman.

Table no. 21 showing the effect of therapy on Avanamana in Control group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.10	0.607	0.111	0.903	P>0.05	2.05

In Control group value of $t_{calculated}$ is less than t_{table}. So, the effect of therapy is insignificant on Avanaman.

Table no.22 showing comparison of effect of therapy on Avanamana in Trial group and Control group (BT and AT) („unpaired„t" test).

	Mean	S.D.	S.E.	t	P	ttable
T-C	0.366	0.559	0.144	2.54	P<0.05	2.00

In Trial group and control group $t_{calculated}$ is more than t_{table}. So, the effect of therapy given in Trial group is more effective than control group.

Hoehn and Yahr Scale

Table no. 23 showing the effect of therapy on Hoehn and Yahr Scale in Trial group (BT and AT).

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.067	0.253	0.046	1.450	P>0.05	2.05

In Trial group value of $t_{calculated}$ is less than t_{table}. So, the effect of therapy is insignificant on Hoehn and Yahr Scale.

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Table no.24 showing the effect of therapy on Hoehn and Yahr Scale in Control group (BT and AT)

	Mean	S.D.	S.E.	t	P	ttable
BT-AT	0.03	0.182	0.033	1. 003	P>0.05	2.05

In Control group value of $t_{calculated}$ is less than t_{table}. So, the effect of therapy is insignificant on Hoehn and Yahr Scale.

Table no.25 showing comparison of effect of therapy on Hoehn and Yahr Scale in Trial group and Control group BT and AT („unpaired„t" test).

	Mean	S.D.	S.E.	t	P	ttable
T-C	0.037	0.222	0.057	0.649	P>0.05	2.00

In Trial group and control group $t_{calculated}$ is less than t_{table}. So, there is no difference in the effect of therapy given in both groups.

Table no. 26 showing the effect of Treatment on Gatisanga in trial group (Follow up changes)

Follow up (days)	0-15	15-30	30-45	45-60	0-60
Mean	0	0.2	0.633	0.56	1.4
S.D.	0	0.407	0.490	0.504	0.675
S.E.	0	0.074	0.089	0.092	0.123
t	0	2.693	7.11	6.087	11.373
P	P>0.05	P<0.05	P<0.05	P<0.05	P<0.05
ttable	2.05	2.05	2.05	2.05	2.05

As the above table shows improvement in mean is 0.966 and $\_t'_{calculated} > t_{table}$ which means effect of treatment is sigifnicant.

B) Table no. 27 showing the effect of Treatment on Gatisanga in control group (Follow up changes)

Follow up (days)	0-15	15-30	30-45	45-60	0-60
Mean	0	0.033	-0.133	0.033	0.10
S.D.	0	0.182	0.507	0.182	0.548
S.E.	0	0.033	0.093	0.033	0.099
t	0	1.009	-1.436	1.009	1.001
P	P>0.05	P>0.05	P>0.05	P>0.05	P>0.05
T table	2.05	2.05	2.05	2.05	2.05

As the above table shows improvement in mean is 0.10 and $\_t'_{calculated} < t_{table}$ which means effect of treatment is insignificant.

Table no. 28 Total Result in Short in Trial Group

Total relief	No.of Pt
Upto 100%	00
Upto 75%	01
Upto 50%	17
Upto 25%	12
No Change	00
Increase in Symptoms	00
Total Pt.	**30**

In Trial Group 1 patient shows more than 50% relief in symptoms,17 patient shows upto 50% relief while 12 patient shows upto 25% relief in symptoms of Kampavata (Parkinsons Disease).

Table no. 29 Total Result in Short in Control Group

Total relief	No.of Pt
Upto 100%	00
Upto 75%	00
Upto 50%	00
Upto 25%	12
No Change	14
Increase in Symptoms	04
Total Pt.	**30**

In Control Group only 12 patient shows upto 25% relief,14 patients show No improvement while 4 patients show increase in symptoms because Kampavata (Parkinsons Disease) is Progressive disorder.

DISCUSSION:

Kampavata (Parkinson's disease) is a progressive degenerative disorder of the cerebellum occurs in all ethnic groups has an equal sex distribution. It is characterized by slowly progressive Bradykinesia, Rigidity, Postural abnormality and Resting Tremor. Kampavata is a Nanatmaja disorder of Vata, description of a neurological disease identical to Parkinson's disease with rigidity a sensation of heaviness of the body and mental apathy was described in Charaka, subsequently description was seen in Sushruta Samhita. Though in modern medical science a lot of research works have been done. Some medication like Carbidopa, Levodopa, recently some stereotaxic neurosurgery like as thalamotomy, subthalamotomy some brain stimulation technique like thalamic stimulation, subthalamic stimulation these medicine and surgery are being used to subside the symptom, Oral mono therapy has number of unpleasant and occasionally even intolerable side effects while surgery was life threating. So, at present there is no therapy that equivocally checks the progress of Parkinson ‘s disease. In Ayurvedic classics different types of treatment measures have been

counselled to use in various type of Kampavata, Charaka has mentioned that Asthapana Basti for Vepathu. Acharya Vangasena has advised Svedana, Snehana, Anuvasana, Niruha Basti, Shirobasti and Virechana etc in the management of Kampavata.

Probable mode of action of therapy: According to Samprapti in Kampavata,due to etiological factors Chala,Ruksha and Sheeta properties provoke Vata dosha (mainly Prana,Udana,Vyana) at the same time Kapha dosha is provoked by its Guru and Manda guna. All Cheshtas which need Prayatna are diminished due to avarana of Vyana and Udana by kapha resulting in Cheshta sanga (gatisanga) i.e.Bradykinesia which is the first and foremost symptom of Kampavata. The content of Sahacharadi kwath,Sahachara having Madhur,Slightly Amla rasa and Ushna veerya act as Vatashamak and Kaphashamak by Tikta rasa,Katu vipaka and Ushna Veerya. Shunthi is also useful in Kaphavata vyadhis being Katu,Snigdha and Ushna, it also helps to reduce Shaitya (cold) and Stambha (Stiffness). It stimulates nerves, improves impulse transmission and relieves Pain. Devdaru is also Kaphashamak by Tikta, Katu and Ushna properties, Vatashamak by Snigdha and Ushna properties. Erand Tail is Vatakapha shamak by Madhur, Katu, Kashaya rasa,Madhur Vipaka and Ushna Veerya.It also act as Anulomaka (purgative),again inducing effect on Vata and Kapha dosha. Kapikachhubeeja having Madhur rasa and Vipak causing Vatashaman while Ushna veerya causes Kapha Vata shamana. Manda and Sheeta properties of Kapha causes Stambha (rigidity) in Parkinsons Disease, on using Sahacharadi kwath, of which all dravyas are of Ushna veeryatmak causing reduction in Stambha due to Viruddhaguna (opposite properties) of Kapha dosha. Chala guna of Vata produces Kampa, Sahacharadi Kwath having Madhur Rasatmak and Ushna veerya dravyas helps to reduce the Chala guna of Vata which results in reduction in Kampa. In this study Gatisanga (Bradykinesia) is mainly targeted. According to Samprapti, Cheshtas (needing prayatna) are diminished due to avarana of Vyana and Udana by Kapha resulting in Cheshtasanga / Gatisanga. Increased Vata at one site (kampa) and decreased at other site (Gatisanga) may be considerd as hallmark of process of avarana. by using the Sahacharadi Kwatha we can stop this avarana process i.e.Samprapti bhanga,resulting in relief in symptoms which were Statistically significant and proved. Kapikachhu beeja churna is already proved useful in Parkinsons Disease, hence it was used in trial group and control group as a comparison for the study which was ethically according to science. Hence the thought comes that only Kapikacchu is seldom not very useful in the treatment especially long term,because Vata dosha shaman needs Sneha and Kapha dosha shaman needs Katu rasa.So Sahacharadi kwath with Erand tail as anupana may had more significant effect.

Scope of Study: The present study was conducted on limited number of patients with limited facilitis. Further study can be conducted on large population with advance techniques.The Sahacharadi kwath can be made more concentrated with some other herb or other herbs can be added in this to make it more effective. Like Sahachardi kwath and Kapikachhu beeja churna, effect of Snehana, Swedana, Vasti, Virechana or Nasya along with specific drug may be assessed for particular clinical feature of disease or for whole disease. Then different process can be mixed as per requirement of patient.

CONCLUSION:

Analysing all the data it can be said that the Sahacharadi kwath with Erand Tail and Kapikachhubeeja Churna with Godugdha in trial group has shown better result in improvement of Bradykinesia (Gatisanga) in

comparision to only Kapikachhubeeja Churna with Godugdha given in control group and this result is statistically significant.Therapy is safe, easily available and can perform at home also.Therapy given in Trial group helps in achieving functional independency, thus improving the quality of life of patients and it may be due to Vata Kapha dosha shamak properties of Sahacharadi Kwath and Balya, Brimhan,Vrishya properties of Kapikachhubeeja Churna.

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