website : www.ijacare.in e-ISSN No.: 2457-0443

INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS

Ayurvedic Management of Parkinson's Disease (*Kampavata*): A Case Report

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ABSTRACT:

Parkinson's disease is a chronic, progressive neurodegenerative disorder affecting the central nervous system, primarily impairing motor functions. In Ayurveda, its closest clinical correlation is *Kampavata*, a condition described under *Vata Vyadhi*. Conventional management provides symptomatic relief but has limitations in halting disease progression, prompting exploration of traditional therapeutic approaches. A 53-year-old male patient, diagnosed with Parkinson's disease four years prior, presented with classical symptoms including loss of facial expression (masked facies), slurred speech, *robo-gait* requiring walking stick assistance, and disturbed sleep. Additionally, psychosomatic manifestations such as mild memory impairment, depression, impaired concentration, and incoherent speech were observed. The patient was managed with Ayurvedic *Shodhana Chikitsa* (bio-purificatory therapy) over a period of five weeks. The treatment protocol included *Nasya*, *Basti* (specifically *Erandmooladi Niruha Basti*), and *Patra Pinda Sweda*. These interventions were selected based on the principles of *Vata Vyadhi* and *Kapha Avarana* management. Post-treatment, the patient demonstrated significant clinical improvement. He was able to walk independently without support and could perform continuous cycling for up to 20 minutes. Improvements were also observed in speech clarity, sleep quality, and cognitive functions. Disease progression and therapeutic response were assessed using the Unified Parkinson's Disease Rating Scale (UPDRS), which showed marked improvement. This case highlights the potential of Ayurvedic interventions, particularly *Erandmooladi Niruha Basti*, in the management of *Kampavata* (Parkinson's disease). The observed outcomes suggest that such therapies may offer a less invasive and effective alternative for improving quality of life in patients with Parkinson's disease. Further large-scale studies are warranted to validate these findings.

KEYWORDS: Ayurvedic management, *Basti, Kampavata*, *Nasya*, Neurodegenerative disorder, Parkinson's disease, UPDRS,

Received: 16.04.2026	Accepted: 29.05.2026	Published: 09.06.2026

QR Code

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INTRODUCTION:

Kampavata neurodegenerative disorder described in Ayurveda under the broad spectrum of *Vata Vyadhi* (diseases caused by the vitiation of Vata Dosha). The earliest reference to a condition resembling *Kampavata*is found in classical texts under the term *Vepathu*, which presents with clinical features similar to tremor-dominant neurological disorders[1,2] .The condition is characterized by cardinal symptoms such as *Karapadatala Kampa* (tremors of extremities), *Deha Bhramana* (postural instability), *Nidrabhanga* (sleep disturbances), and *Mati Ksheena* (cognitive impairment)[3]. In addition, associated features like *Stambha* (rigidity), *Cheshta Hani* (slowness of movement), *Vinamana* (stooped posture), and *Vaak Vikriti* (speech disturbances) [4] further indicate its close resemblance to progressive movement disorders.

From a contemporary perspective, *Kampavata*can be correlated with neurodegenerative conditions such as Parkinsonism, which involve motor and non-motor impairments significantly affecting the quality of life. The increasing prevalence of such disorders, particularly in the aging population, highlights the need for safe and effective long-term management strategies.

In Ayurvedic pathophysiology, *Kampavata* is often understood in the context of *Avarana*, particularly *Kapha Avarana of Vata*, leading to obstruction in the normal functioning of Vata Dosha. Acharya Charaka has emphasized principles such as *Srotoshuddhi* (purification of channels), *Vatanulomana* (restoration of normal Vata movement), and *Rasayana* (rejuvenative therapy) in the management of Avarana conditions. Classical texts, including those by *Vangasena*, advocate therapeutic interventions such as *Swedana*, *Abhyanga*, *Basti*, *Virechana*, and *Shamana Chikitsa* for *Kampavata*Among these, *Basti*, particularly *Erandmooladi Basti [5]*, is considered highly effective due to its ability to modulate Vata Dosha and provide systemic benefits.

Given the chronic and progressive nature of *Kampavata*, an integrative approach rooted in Ayurvedic principles may offer promising outcomes in its management. Therefore, the present study aims to evaluate the efficacy of classical Ayurvedic interventions in the management of *Kampavata*.

CASE REPORT:

A 53-year-old male, a banker by profession, presented with a gradual onset of anxiety, nervousness, disorientation, masked facies (loss of facial expression), slurred speech, difficulty in sentence construction, and depressive symptoms for the past four years.

In 2022, the patient first noticed hyposmia (reduced sense of smell) along with difficulty in performing fine motor activities such as wearing gloves and sleeves. Over time, there was progressive deterioration in handwriting (micrographia) and speech. The patient exhibited reduced facial expressivity and increased emotional vulnerability. Impairment in verbal expression due to difficulty in sentence formation led to reduced confidence and worsening depression. Sleep

disturbances were also reported, which gradually progressed to parasomnia.

By 2023, the patient developed gait disturbances, initially affecting the right side and later involving the left side, resulting in festinating gait and postural instability. He experienced difficulty in rising from a lying position and required the assistance of a walking stick for ambulation and stair climbing. Previously active in sports such as cycling, he became unable to continue these activities. Gradually, activities of daily living, including micturition, defecation, and dressing, became increasingly difficult. Due to the progression of symptoms and functional decline, the patient discontinued his professional work, which further contributed to psychological stress.

On presentation in August 2024, the patient also reported *Katigraha* (low back pain), indicating additional involvement of *Vata Dosha*.

General Examination:

On general examination, the patient weighed 64 kg with a height of 152 cm. His blood pressure was recorded as 120/90 mmHg. He presented with a mild forward stooping posture. The patient was non-diabetic and non-hypertensive.

According to Ayurvedic assessment, the patient exhibited *Pitta-Kapha Prakriti*. Clinical evaluation revealed features suggestive of *Vikrita Vata*, with *Madhyama Satva* and *Rasa Sara*. On mental status examination (MSE) [6] and cranial nerve assessment, no significant abnormalities were detected.

On physical examination, muscle tone was increased, indicating rigidity. Parameters such as *Samhanana* (body compactness) and *Pramana* (body measurements/proportions) were found to be affected. *Vyayama Shakti* (exercise tolerance), assessed through physical activity, was below *Avara* (subnormal level). Deep tendon reflexes were exaggerated, indicating hyperreflexia.

No resting tremors were observed; however, rigidity was prominent during voluntary activities such as writing, buttoning a shirt, and folding sleeves. The patient exhibited a festinating gait with postural instability. Facial expression was markedly reduced (masked facies), and speech was slow and feeble, accompanied by drooling during conversation.

These clinical findings are indicative of *Kapha Avarana of Vata* [7], wherein the normal functioning of Vata is obstructed by Kapha Dosha.

On *Ashtavidha Pariksha*, *Nadi* (pulse) was assessed as *Vata-Kapha*. *Mutra* (urine) and *Mala* (faeces) were normal. *Jihwa* (tongue) was coated. *Sparsha* indicated *Anushna* (normal/non-elevated temperature), and *Shabda* (voice) was impaired. Vision was unaffected. The patient was moderately built and demonstrated good compliance and positive attitude towards treatment, expressing willingness to adhere to prescribed dietary and lifestyle modifications.

Personal History:

According to classical Ayurvedic texts, *Purvarupa* (prodromal features) of *Kampavata* include *Angamarda* (generalized body ache), *Udvega* (anxiety), *Anavasthita Chittatva* (mental

instability/confusion), *Moha* (delusion), *Smriti Hani* (memory impairment), *Aswasthamana* (restlessness), *Gatraruk* (body pain, often unilateral), and *Avasada* (depression or lack of interest).
In the present case, the patient reported early symptoms of persistent tension, anxiety, and restlessness, which are consistent with the classical description of *Purvarupa* of *Kampavata*.

Previous Treatment History
The patient had been on conventional pharmacological management, including Levodopa (25 mg) and Carbidopa (100 mg) twice a day for the past two years, along with Amitriptyline for six months. However, only temporary symptomatic relief was achieved, with no significant improvement in disease progression or quality of life.

THERAPEUTIC INTERVENTION:
Considering *Kampavata* as a *Vata Vyadhi*, the general line of management for Vata disorders was adopted. A comprehensive *Panchakarma* protocol was planned for a duration of five weeks.
The treatment commenced with *Marsha Nasya* using *Anu Taila* (7 drops in each nostril) for seven days. As the disease primarily involves *Uttamanga* (supraclavicular region) and presents with symptoms such as tremors, anxiety, stress, and speech impairment, *Nasya* was considered appropriate.
Simultaneously, *Sarvanga Abhyanga* (whole-body oil massage) was performed using *Dashamoola Bala Taila*, followed by *Sarvanga Vashpa Swedana* (steam sudation) for seven days, aiming at *Vata Shamana* and alleviation of rigidity.
A *Kala Basti* schedule was administered for 16 days, comprising *Anuvasana Basti* with *Mahamasha Taila* and *Niruha Basti* with *Erandamooladi Kwatha*.
This was followed by *Matra Basti* with *Mahamasha Taila* for seven days to maintain the therapeutic effect and support *Vata Anulomana*.
Additionally, *Patra Pinda Swedana* using *Nirgundi* leaves processed in *Dashamoola Bala Taila* was administered for seven days to reduce stiffness and improve mobility.
Shirodhara with *Ksheerabala Taila* was also performed for seven days to address psychological symptoms such as anxiety, sleep disturbances, and mental stress
Prior to the initiation of *Panchakarma* procedures, *Ama Pachana* was performed during the first week using a combination of *Avipattikara Churna* (3 g) and *Haritaki Churna* (2 g) [8] administered orally. Subsequently, the patient was prescribed a polyherbal formulation consisting of *Kapikacchu* (*Mucuna pruriens*) (500 mg), *Ashwagandha* (*Withania somnifera*) (1 g), *Bala* (*Sida cordifolia*) (1 g), and *Parasika Yavani* (*Hyoscyamus niger*) (500 mg), administered three times daily with lukewarm water for one month. In addition, *Yogaraj Guggulu 250 mg*was given in a dose of two tablets twice daily. Along with pharmacological management, *Satvavajaya Chikitsa* (psychological counseling) was provided to address mental and emotional disturbances. *Daivavyapashraya Chikitsa (Daivavyapashraya Chikitsa* is used as a supportive therapy to provide mental

calmness, emotional stability, and psychological strength to the patient.Practices such as *mantra japa,* meditation, prayers, and *sattvika* lifestyle help reduce stress, anxiety, and improve overall quality of life along with conventional and *Ayurvedic* treatment) was also incorporated, which included listening to *Vishnu Sahasranama* for 30 minutes in the morning and evening, and this regimen was continued throughout the five-week treatment period.

Observations

Hematological investigations, including lipid profile, thyroid-stimulating hormone (TSH), and fasting blood sugar (FBS), were performed and found to be within normal limits, indicating the absence of associated metabolic or endocrine abnormalities.

Assessment of the patient's clinical condition was carried out using the modified grading scale (Table 2). Based on the observed symptoms, the severity of the disease was evaluated, and percentage improvement was calculated using the predefined assessment criteria (Table 3), which demonstrated overall clinical improvement following the intervention.

Table1:- Treatment Protocol

Week	Treatment Modality	Drug use
First week	Marsha nasya Abhyanga with Sarvanga vashpa sweda	Anu taila Dashamoola bala taila
Second and Third week	Kala Basti	Niruha Basti Erandmooladi kwath and Anuvasana with Mahamasha taila
Fourth week	Matra Basti Patrapinda sweda	Mahamasha taila Dashamoola bala taila
Fourth and Fifth week	Shirodhara Merudhanda Basti	Ksheerabala taila Mahanaryana taila

Table 2: Grading scale Modified according to the symptoms exhibited

Grading	Kampa (Tremor)	Gatisanga (Bradykinesia)	Vaak Vikriti (Disturbed Voice)	Stambha (Rigidity)
5	Bilateral violent tremor along with tremor in tongue/eyelid/lip	Unable to rise from bed & walk without assistance	Incomprehensive words, monotonous voice, echoing, speaks only on insistence	Marked rigidity in major joints; abnormal sitting posture
4	Tremor not violent but present in fewer organs	Walks slowly with support; shuffling gait with	Monotonous voice, split but understandable	Cog-wheel rigidity in major joints;

Grading	Kampa (Tremor)	Gatisanga (Bradykinesia)	Vaak Vikriti (Disturbed Voice)	Stambha (Rigidity)
		propulsion		slow eye movements
3	Bilateral tremor	Walks without assistance slowly with shuffling gait	Dysarthria present but speech understandable; monotony present	Rigidity in one major joint
2	Unilateral slight tremor; resting tremor reduced by action, increased by emotions/stress, disappears at night	Walks slowly without assistance; shuffling gait	Variable tone of voice; slight slurring	Mild cog-wheel rigidity
1	Tremor on and off depending on emotions	Walks slowly without assistance; reduced shuffling	Variable voice but understandable	Cog-wheel rigidity disappears on repeated examination
0	No tremor	Walks briskly without aid	Normal speech	No rigidity

Table-3: Assessment in percentage based on the grading

Assessment Category	Score (%)
Complete Cure	100%
Remarkable Cure	90% – 99%
Marked Cure	60% – 89%
Moderate Response	30% – 59%
Mild Improvement	10% – 29%
No Response	0%

Table-4: Changes observed week wise

Week	Changes Observed	Percentage of Improvement
Week 1	Reduction in tremor, bradykinesia, rigidity, and voice disturbance	10–20% (Mild improvement)
Week 2	Able to walk slowly with support; improvement in eye movements without staring	30– 50%(Moderate response)

Week	Changes Observed	Percentage of Improvement
Week 3	Dysarthria present, rigidity persists; able to walk slowly without assistance	50–65% (Marked improvement)
Week 4	Slight slurring of speech, mild cog-wheel rigidity, decreased resting tremor (increases with stress/emotions, disappears at night)	70–80% (Marked improvement)
Week 5	Tremor intermittent, slow independent walking, speech understandable with variable tone	80–90% (Remarkable improvement)

Table 5: Objective Criteria

Symptom	Before Treatment	After Treatment
Tremor duration	Continuous tremor lasting 20–30 minutes	Reduced to a maximum of 5 minutes
Voice tone and articulation	Severely disturbed tone with dysarthria	Speech understandable with variable tone
Stiffness of the body	Intermittent stiffness lasting 10–15 minutes at intervals of 20–30 minutes	Rare episodes lasting up to 5 minutes, occurring 1–2 times in 12 hours
Walking pattern and aid	Slow, irregular gait requiring assistance	Slow-paced but independent walking without assistance
Emotional stability	Emotional fluctuations occurring every 30–40 minutes, lasting 2–3 hours	Remarkable improvement; rare episodes, short duration (<15 minutes)

DISCUSSION:-

Kampavata can be categorized under *Vata Vyadhi*, primarily manifesting due to *Dhatu Kshaya* (tissue depletion) and *Avarana* (obstruction of Vata). Among the therapeutic modalities, *Basti Chikitsa* is considered the most effective for the management of Vata disorders. In the present case, clinical features such as rigidity and bradykinesia may be attributed to *Kapha Avarana* of *Udana* and *Vyana Vata*, leading to impairment of normal motor functions.

Considering this pathophysiology, *Erandamooladi Niruha Basti* [9] was selected due to its *Vatahara (Vata-pacifying therapy)*,*Brimhana (Nourishing therapy)*, and *Rasayana* (Rejuvenative therapy) properties. The formulation comprised honey (100 ml),

Dhanwantara Taila (100 ml), decoction of *Erandamooladi* drugs (200 ml), rock salt (6 g), and powders of *Madanaphala* (6 g) and *Shatapushpa* (12 g), which collectively help in pacifying Vata, nourishing tissues, and restoring physiological functions.

Nasya [10] therapy is considered the treatment of choice for disorders affecting the *Uttamanga* (supraclavicular region), particularly neurological conditions. It facilitates direct drug delivery to the cranial region, potentially bypassing the blood–brain barrier. *Anu Taila*, due to its *Sukshma* (subtle) and *Vyavayi* (rapidly diffusing) properties, enables deep penetration through microchannels, thereby exerting its therapeutic effects on the nervous system.

Clinically, the patient demonstrated progressive improvement during the treatment course. After the initial seven days of *Panchakarma*, the patient was able to walk a few steps without support. During the *Basti* regimen, improvements were noted in confidence, sleep quality, and emotional stability. By the third week, the patient resumed activities such as cycling (10 minutes/day) and walking (1 km/day), along with noticeable improvement in facial expressions and social interaction.

Objective assessment using grading scales (Tables 2–4), along with MRC and MSE [11] evaluations, revealed significant improvement in muscle strength, motor function, and speech. Although mild bradykinesia persisted, there was substantial overall functional recovery. No adverse effects or complications were observed during the five-week treatment period.

Quality of life, assessed using the PDQ-39 questionnaire [12], showed marked improvement. The patient discontinued conventional medications during the Ayurvedic treatment and continued with prescribed herbal medications and *Vatahara* lifestyle modifications. Follow-up assessments revealed sustained improvement without the emergence of new symptoms.

Parkinsonism is a progressive neurodegenerative disorder requiring long-term management and rehabilitation. The present case highlights that Ayurvedic interventions, being relatively less invasive, may help in slowing disease progression and significantly improving quality of life. A well-planned treatment strategy based on *Dosha* assessment, along with strict adherence to *Pathya-Apathya* (dietary and lifestyle guidelines) *Pathya* includes warm, nourishing, easily digestible foods, regular exercise, oil massage, adequate sleep, and stress-free lifestyle to pacify *Vata.*

Apathya includes excessive fasting, dry and cold foods, irregular sleep, mental stress, overexertion, and suppression of natural urges, which aggravate *Vata* and worsen symptoms, plays a crucial role in achieving optimal outcomes.

CONCLUSION:

This case report highlights the potential effectiveness of Ayurvedic therapeutic approaches in the management of Parkinson's disease (). Panchakarma procedures, particularly Basti Chikitsa, demonstrated significant benefits in improving musculoskeletal flexibility, motor functions, and overall functional capacity. The interventions also

contributed to the reduction of weakness and disability associated with the disease.

The herbal formulations used in this study were well-tolerated, safe, and devoid of adverse effects, indicating their suitability for long-term management. The observed clinical improvement suggests that Ayurvedic therapies can play a supportive role in enhancing the quality of life and functional independence of patients with Parkinson's disease.

Limitation of study:

Although the outcomes in this case were encouraging, further studies with larger sample sizes and systematic documentation are required to establish the safety and efficacy of these interventions. The present case underscores the promising role of Basti and associated Ayurvedic therapies in the management of *KampavataKampavata* and may serve as a basis for future research in this domain.

Consent of the patient:

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical details/images. The patient was assured that all personal information and identity would remain confidential.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Ayushi Chandil, Ratnesh Kumar Shukla, Shraddha Sharma, Rajesh Meshram. Ayurvedic Management of Parkinson's Disease (*Kampavata*): A Case Report.Int. J. AYUSH Case Reports. 2026; 10(2-A): 1-10.

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