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Ayurvedic Approach in Neurodegenerative Disorder with Special Reference to Kampavata (Parkinson's): A Case Report

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ABSTRACT

Parkinson's disease (PD), known as Kampavata in Ayurveda, is a degenerative neurological disorder of the central nervous system that primarily affects the motor system. The total number of people suffering from Essential Tremor (ET) worldwide was 24.91 million in 2020, and approximately 15.6 million people are estimated to be living with Parkinson's disease (PD) in 2025.

Aim: To assess the efficacy of Panchakarma modalities in the management of Kampavata.

Materials and Methods: A 75-year-old female patient presented with complaints of tremors in all four limbs, weakness, and unsteady gait, along with slurred speech. Associated complaints included sleeplessness, constipation, and mild memory loss. MRI findings revealed bilateral periventricular and parietal white matter hyperintensities, chronic small vessel ischemic changes, and neuroparenchymal atrophic changes. From the Ayurvedic perspective, the condition was diagnosed as Kampavata. **Treatment**: Nasya Karma, Sarvanga Abhyanga, Sarvanga Taila Parisheka, and Sarvanga Dashamoola Parisheka were administered to the patient. After discharge, the patient continued with Shamana Aushadhi, and regular follow-ups were conducted every month.

Results: After one cycle of Panchakarma therapy followed by continued outpatient management, the patient showed significant improvement, including decrease in tremors, improved stability and balance while walking, moderate improvement in limb strength, and improved memory recall.

Discussion: This case highlights the potential of Ayurvedic management in promoting recovery and improving the quality of life in Kampavata (Parkinson's disease).

Key words: Kampavata, Vepathu, degenerative neurological disorder, Nasya Karma, Vata Vyadhi ,Taila Parisheka

INTRODUCTION

Kampavata is a major neurological disorder, classified as a Vata-dominant disorder described under **Vata Vyadhi**. As mentioned in *Shabda Kalpadruma*, "Na Kampo Vayuna Vina" -meaning that no movement or tremor occurs without the involvement of **Vata**. Hence, Kampavata is considered a **Vata Vyadhi**. It manifests with symptoms such as **Dehabhramana** (postural instability), **Kara-pada-tala Kampa** (tremors in hands and legs), **Matiksheerna** (dementia), and **Nidrabhanga** (sleeplessness). In *Charaka Samhita*, **Vepathu** has been mentioned under the *Nanatmaja Vikara* of Vata [1]. Several other references

related to **Kampa** are also available in the names **Vepathu**, **Vepana**, and **Prevepana** [2]**.** Kampa occurs due to the *Prakopa* of **Chala Guna**, which is the inherent quality of **Vata Dosha**. In Ayurveda, **Kampana** (tremor) is the cardinal feature of **Kampavata**, which can be correlated with **Parkinson's disease** in modern science which include bradykinesia, lateral instability, cogwheel rigidity, and resting tremors, but the more prevalent and apparent signs are resting tremors. [3] . Parkinson's disease is a progressive, degenerative neurological disorder that mainly affects the geriatric population. It is characterized by a gradual loss of neuronal structure and function, leading to both motor and cognitive impairments. In Ayurveda, treatments such as **Nasya Karma**, **Sarvanga Abhyanga**, **Sarvanga Taila Parisheka**, and **Sarvanga Dashamoola Parisheka** are beneficial. The combination of these **Panchakarma modalities**, along with supportive **Shamana Chikitsa**, demonstrated a significant positive impact on motor symptoms.[4]

CASE PRESENTATION

A 75-year-old female presented to the Outpatient Department of Shri Dharmasthala Manjunatheshwara institute of Ayurveda Hospital, Bengaluru, on 24/06/2024 with complaints of tremors in all four limbs, weakness, and unsteady gait, along with slurred speech. Associated complaints included sleeplessness, constipation, and mild memory loss. Initially, she was treated at a nearby allopathic hospital with vitamin supplements but did not experience any improvement. She was later admitted to our facility for Ayurvedic management. Patient demographics are summarized in Table 1. Additional history was obtained with the patient's informed consent and is summarized in Table 2. Clinical examinations were performed according to both Ayurvedic (Table 3) and modern medical principles to arrive at a final diagnosis.

Table 1: Patient Demographic Details

Religion – Hindu
Occupation – Homemaker
Marital status – Married
Socioeconomic status - Middle class

Table 2: Past medical history

Past Medical History	- known case of Diabetes or Hypertension.
Family History	- Mother youngest brother
Personal History Appetite: Reduced Sleep: Disturbed sleep Micturition: 4-5 times/day Bowel: Once daily	- Diet: Vegetarian

Table 3: Astasthana pariksha

Nadi	Vata Kapha ,79bpm
Mutra	Prakruta (5time/day)
Mala	Baddata, (1time/day)
Jiwha	Ishat lipta(coated)
Shabda	Prakruta
Sparsha	Prakruta
Drik	Prakruta
Akriti	krusha

CLINICAL FINDINGS

On systemic examination, the vital parameters were within normal limits: blood pressure was recorded at 110/70 mmHg, pulse rate at 72 beats per minute, respiratory rate at 16 breaths per minute, and body temperature was 98.6°F, suggesting a stable condition without signs of acute distress. The patient was fully oriented and cognitively intact, though with mild slurring speech.

PHYSICAL EXAMINATION

- Gait: Shuffling gait with tendency to fall forward
- Body Build: Thin
- Consciousness: Conscious GCS-15/15
- Higher Mental Function: Normal
- Speech: mild slurring

- **Palpation**
- Motor Glabellar tap present
- Tone: rigidity + bilateral upper and lower limbs,
- Power: B/L upper limbs 4+/5, lower limb 3 +/5
- cogwheel rigidity present

- **Motor System:**
- Inspection- Mask like face
- resting tremor, asymmetric
- Parkinsonian / Festinating gait
- No facial spasm

DIAGNOSTIC ASSESSMENTS :-

MRI- BRAIN PLAIN (25/06/2024)

Findings – Foci of T2 flair hyperintensities are noted in bilateral periventricular and frontal , Parietal white matter

Impression- chronic small vessel ischemic changes, and neuro parenchymal atrophic changes.**Blood Investigation** :- CBS, ESR, CRP, LFT, URINE ROUTINE, SERUM ELECTROLYETES within normal range.

Hba1c- 6.9%, vit B12 - >2000pg/ml, vit D- 42.6 ng/ml

THERAPEUTIC INTERVENTION

The treatment approach was individualized based on the stage of the disease (Vyadhi Avastha), as well As the strength of the patient (Rogi Bala) and the severity of the condition (Roga Bala). An integrated protocol was formulated, incorporating Shodana (purificatory therapy), Shamana (palliative treatment), and physiotherapy.

Table No.4.

• **Nasya karma** – Maha masha taila 8/8 drops
• **Shirodhara** – Ksheera bala taila
• **Sarvanga abhyanaga** - Mahanarayana taila, Balaashwagandha lakshadi taila, Mahamasha taila
• **Sarvanga taila pariseka** -- Mahanarayana taila, Balaashwagandha lakshadi taila, Mahamasha taila
• **Savanga Dashamoola pariseka** with dashamoola kwatha

Shamanaushadi

1. Tab Manasa mitra vati	1-1-1	AF
2. Tab Rasarajeshwara rasa	1-1-1	AF
3. Cap Alert	1-1-1	AF
4. Ashwagandha churna + Kapikacchu churna (mixed equally)	5gm-0-5gm	with milk

Pathy Apathya. : General Vatavyadhi pathyaapathya are advised.
Treatment Period : 15 days from 20/6/24 to 5/7/24
Follow Up. : After 30 days

OBSERVATION AND RESULTS

The following assessments made before and after treatments.
Pain Assessment using VAS (Visual analog scale grading)

SCORE (0-10)	BEFORE	AFTER
VAS	8/10	4/10

Performance Subscale

S. No	Parameters	Before treatment	After treatment	After 30 days of follow up
1.	Bradykinesia	2	1	0
2.	Head tremor	2	1	0
3.	Voice tremor	2	0	0

4.	Upper limb tremor	2	1	0
5.	Lower limb tremor	2	1	1
6.	Gait	4	2	1
7.	Standing tremor	4	2	1
Total		**16**	**7**	**3**

Discussion:

Kampavāta, described under Vāta Nanātmaja Vyādhi, bears close resemblance to Parkinson's disease in its clinical manifestation such as kampa (tremor), stambha (rigidity), chālana hāni (bradykinesia), and vāk stambha (speech difficulty).[5] The vitiation of Vāta doṣa, particularly in śiras (head) and snāyu-marma-pradhāna sthāna (neural and muscular structures), forms the core pathology. Hence, the treatment principle aims at vāta-śamana, mānasika-bala vardhana, and medhya (neurotonic) *Rasayana* support through both internal and external measures.[6]

So, here Nasya Karma, Shirodhara, Sarvanga Abhyanga, Sarvanga Taila Parisheka and Sarvanga Dashamoola Parisheka were given to the patient so that, his damaged nerves gets proper stimulation by means of proper increase blood circulation to brain which inturns help in reverse the pathological process to an extent.[7]

As we all know "शिरो रोगं नस्यकर्म निवारयेत्।" Nasya acts as the gateway to the head (śiraso dvāram nāsā). The administration of medicated oil based preparations through the nostrils nourishes the supraclavicular region, enhances cerebral circulation, and pacifies Vāta localized in the head. In Kampavāta, where tremors and rigidity arise due to deranged Vāta in mastishka and snāyu, Nasya helps in improving motor coordination, clarity of speech, and reducing head tremors. The mechanism of absorption of drug instilled through nasal route is transcellular process. It transports drug through olfactory mucosa by lipoidal route. Due to this reason *Snehana Nasya* has been described as best among all types of *Nasya,* as olfactory mucosa shows affinity towards lipophilic nature of *Sneha* which helps in proper absorption.

शिरोधारा मनोऽनुग्ना शिरोरोग विनाशिनी।" Shirodhara exerts a mānasika and neurological calming effect. The continuous flow of medicated ksheera bala taila over the forehead regulates hypothalamo-pituitary function, reduces cortisol levels, and stabilizes autonomic fluctuations. This therapy alleviates chittodvega (anxiety) and nidrānāśa (insomnia), commonly seen in Parkinson's disease, thereby improving emotional balance and sleep quality.[8]

अभ्यङ्ग आचरेद् नित्यं स जराश्रमवातहा।" Abhyanga with Mahanarayana taila or Mahamasha taila improves circulation, flexibility, and neuromuscular coordination. Through tactile stimulation, it enhances parasympathetic activity, reduces rigidity. Sarvanga taila Pariseka with warm Mahanarayana taila, Balaashwagandha lakshadi taila, Mahamasha taila acts as a sanga-hara (relieves stiffness), stimulate the periphalral nerves and sula-nasaka (analgesic) in action.[9] दशमूलं वातहरं शोथघ्नं शूलनाशनम् Daśamūla pariseka alleviates śotha (inflammation) and improves neural conductivity.[10] The synergistic action of these oils restores proper nerve tone and circulation, thus reducing tremors and stiffness in Parkinson's patients.

Internal Medication with Rasarājeśvara Rasa ,Manasa Mitra Vaṭi, act as a "मनोबलवर्धिनी, स्मृतिप्रदायिनी, चित्तोद्वेग, निद्रानाशे।"and nourishment of neuronal tissues, making it especially beneficial in neurodegenerative Vāta disorders. Ashwagandha and Kapikacchu churna "बल्यं, वृष्यं, स्नायुवर्धनं, मनोबलप्रदं।" Kapikacchu (Mucuna pruriens) is a natural source of L-DOPA, the precursor of dopamine, which is deficient in Parkinson's disease. Aśvagandhā acts as an adaptogen and antioxidant, supporting neuronal regeneration, stress adaptation, and muscle strength.[11]

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