

ROLE OF PANCHAKARMA IN THE MANAGEMENT OF KAMPAVATA

W.S.R. PARKINSON'S DISEASE: A CASE REPORT

*¹Vd. Mayuri Anil Sonkamble, ²Vd. Rahul Surendra Kathawate

*¹PG Scholar 3rd Year, Department of Panchakarma, Tilak Ayurved Mahavidyalaya, Pune.

²MD Panchakarma, Associate Professor, Department of Panchakarma, Tilak Ayurved

Mahavidyalaya, Pune.

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*Corresponding Author

Vd. Mayuri Anil Sonkamble

PG Scholar 3rd Year, Department of
Panchakarma, Tilak Ayurved
Mahavidyalaya, Pune.



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ABSTRACT

Kampavata is not described as an independent Vyadhi in the Brihattrayee and Laghutrayee; however, Madhavakara describes a comparable condition as Vepathu. Clinically, Kampavata correlates with tremor-dominant Parkinson's disease, a prevalent movement disorder. Kampa, the cardinal feature, manifests as Sarvanga or Shiro Kampa due to Prakopa of the Chala Guna of vitiated Vata Dosha. Conventional management mainly provides symptomatic relief and is associated with long-term drug dependence and adverse effects such as nausea, hallucinations, dry mouth, constipation, and compulsive behavior. Ayurveda emphasizes correction of underlying Vata Dushti through Panchakarma and Shamana Chikitsa. This case study evaluates Vatahara Panchakarma procedures followed by internal medications possessing Brimhana, Rasayana, and neuroprotective properties. Clinical outcomes were assessed based on motor symptoms, daily

functional performance, and quality of life. The intervention resulted in notable symptomatic improvement, better functional stability, and absence of adverse effects. These findings suggest that Panchakarma-supported Shamana Chikitsa may be a safe and effective complementary approach in the management of Kampavata (Parkinson's disease). Further controlled clinical studies are required for validation.

KEYWORDS: Kampavata, Parkinson's disease, Panchakarma, Shamana Chikitsa, Vatashaman, Neuroprotection, Rejuvenation.

INTRODUCTION

Kampavata is not mentioned in Nanatmaja or Samanya Vatavyadhi classically as a isolated Vyadhi anywhere in the texts of Bruhatrayee and Laghutrayee, but it is stamped by Madhavakara under the terminology of the disease called as Vepathu. The term Vepathu was employed to describe tremor-dominant conditions within the spectrum of Vatavyadhi.

सर्वडृगकम्पः शिरसो वायुर्वेपथुसंज्ञकः||७४|| माधवनिदानम् वाताव्याधिनिदानम्^[1]

Madhavakara was the first to introduce the term Kampavata, describing it under Vepathu and characterizing it by Sarvanga kampa and Shiro kampa. It is characterized predominantly by involuntary movements (Kampa).

वायोर्धातुक्षयात् कोपो मार्गस्यावरणेन च। च. चि. २८/५९^[2]

Etiological factors responsible for Vata prakopa, such as Dhatukshaya and Margavarana, are considered central to its pathogenesis. In Dhatukshaya-janya Vatavyadhi, when there is weakness in hands and feet, tremors are consistently observed as a symptom of Vata-vruddhi.

काश्यकाष्ण्योष्णकामत्वकम्पानाहशकृद्धहान्।

बलनिद्रेन्द्रियभ्रंशप्रलापभ्रमदीनताः||६|| अ. हृ. सू. ११/६^[3]

Kampa is one of the prime symptoms of Vata-vruddhi, which get manifested in neurological disorders similar to the symptom complex of Parkinson's disease.

Parkinson's disease is a chronic and progressive neurodegenerative disorder that affects both motor and non-motor functions.^[4] Classical texts indicate that vitiated Vata, when involving Mastulunga and Majja dhatu in Shiras, leads to impairment of sensory and motor functions (Indriyahani).

स्नायुप्राप्तः स्तम्भकम्पौ शूलमाक्षेपणं तथा ||२७|| सु. नि. १/२७^[5]

While its association with Snayu manifests as tremors. According to modern science the primary clinical manifestations arise due to degeneration or dysfunction of neurons located in the basal ganglia—an essential part of the brain involved in motor control. The loss of these dopaminergic neurons leads to a decrease in dopamine levels, a neurotransmitter vital for smooth and coordinated movement. This deficiency results in characteristic symptoms such

as tremors, muscle rigidity, bradykinesia (slowness of movement), and postural instability. Non-motor symptoms may include cognitive impairment, mood disorders, and behavioral changes.^[4]

Bruhatrayee Acharyas have mentioned some causative factors which are responsible for manifestation of Kampa as follow:

1. Katu-rasa Atiyoga Sevan Janya Kampa Lakshana

- अपि च वाय्वग्निगुणबाहुल्याद्वमदवथुकम्पतोद

भेदैश्वरणभुजपार्वपृष्ठप्रभृतिषु मारुतजान् विकारानुपजनयति| च. सू. २६/४३-४^[6]

- भ्रममदगलताल्वोष्ठशोषदाहसन्तापबलविघातकम्पतोदभेदकृत्

करचरणपार्वपृष्ठप्रभृतिषु च वातशूलानापादयति| सु. सू. ४६/१०-४^[7]

- कुरुते सोऽतियोगेन तृष्णां शुक्रबलक्षयम्|

मूच्छमाकुञ्चनं कम्पं कटिपृष्ठादिषु व्यथाम्॥ अ. ह. सू. १०/१९^[8]

2. Tikta-rasa Atiyoga Sevan Janya Kampa Lakshana

- सोऽतियुक्तः शिरःशूलमन्यास्तम्भश्रमार्तिकृत् ।

कम्पमूच्छ्रातृष्णाकारी बलशुक्रक्षयप्रदः॥ भा. प्र. पु. खं. १/१९१^[9]

3. Viruddha Aahar Sevan Janya Kampa Lakshana

- तन्मूलं हि वाधिर्यान्ध्यवेपथुजाङ्गकलमूकतामैषिमण्यमथवा मरणमाप्नोति| च. सू. २६/८४^[10]

4. Udgara Vega Vidharan Janya Kampa Lakshana

- हिङ्का श्वासोऽरुचिःकम्पो विबन्धो हृदयोरसोः|

उद्धारनिग्रहात्तत्र हिङ्कायास्तुल्यमौषधम्॥ च. सू. ७/१८^[11]

- उद्धारस्यारुचिः कम्पो विबन्धो हृदयोरसोः|

आधमानकासहिध्माश्च हिध्मावत्तत्र भेषजम्॥ अ. ह. सू. ४/८^[12]

5. Udgara Vega Vidharan Janya Kampa Lakshana

- विनामाक्षेपसङ्कोचाः सुसिः कम्पः प्रवेपनम्|

जृम्भाया निग्रहात्तत्र सर्वं वातमौषधम्॥ च. सू. ७/१९^[13]

Also Acharyas have described Kampa as a lakshana in various pathological contexts as follow:

1. Kampa Lakshana in Shiroroga

- अर्दितं शिरसः कम्पो गलमन्याहनुग्रहः।
विविधाश्वापरे रोगा वातादिक्रिमिसम्भवाः॥ च. सू. १७/१४^[14]

2. Kampa as a Lakshana of Sannipataj Shiroroga

- वाताच्छ्वलं भ्रमः कम्पः पिताद्वाहो मदस्तृष्टा।
कफाद्गुरुत्वं तन्द्रा च शिरोरोगे त्रिदोषजे॥ च. सू. १७/२६^[15]

3. Kampa as a Lakshana in Raktaj Roga

- स्वेदः शरीरदौर्गन्धयं मदः कम्पः स्वरक्षयः।
तन्द्रानिद्रातियोगश्च तमसश्वातिदर्शनम्॥ च. सू. २४/१५^[16]

4. Kampa as a Lakshana of Vataj Panduroga

- अङ्गमर्द रुजं तोदं कम्पं पार्वशिरोरुजम्।
वर्चः शोषास्यवैरस्यशोफानाहवलक्षयान्॥ च. चि. १६/१८^[17]
- सादः श्रमो अनिलात्तत्र गात्ररुक्तोदकम्पनम्।
कृष्णरुक्षारुणसिरानखविण्मूत्रनेत्रता॥ अ. हृ. नि. १३/९^[18]

5. Kampa as a Lakshana of Urustambha Vyadhi

- गौरवायाससङ्कोचदाहरुक्सुसिकम्पनैः।
भेदस्फुरणतोदैश्च युक्तो देहं निहन्त्यसून्॥ च. चि. २७/१३^[19]

6. Vividha Vata Janya Kampa Lakshana

• Kupita Vata

- सङ्गाङ्गभङ्गसङ्कोचवर्तहर्षणतर्षणम्।
कम्पपारुष्यसौषिर्यशोषस्पन्दनवेष्टनम्॥५०॥ अ. हृ. सू. १२/५०^[20]
- गर्भशुक्ररजोनाशः स्पन्दनं गात्रसुसत्ता।
शिरोनासाक्षिजत्रूणां ग्रीवायाश्वापि हुण्डनम्॥२२॥ च. चि. २८/२२^[21]

• Siragata Vata

शरीरं मन्दरुकशोफं शुष्यति स्पन्दते तथा।
सुसास्तन्यो महत्यो वा सिरा वाते सिरागते॥ च. चि. २८/३६^[22]

- **Sarvang Kupita Vata**

सर्वाङ्गसंश्रयस्तोदभेदस्फुरणभञ्जनम्।
स्तम्भनाक्षेपणस्वापसन्ध्याकुञ्चनकम्पनम्॥ अ. हृ. नि. १५/१५^[23]

- **Asadhyā Vatavyadhi**

शूनं सुसत्वचं भग्नं कम्पाध्माननिपीडितम्।
नरं रुजार्तमन्तश्च वातव्याधिर्विनाशयेत् ॥७॥ सु. सू. ३३/७^[24]

7. Vardhakya-janit Kampa Lakshana

- जराशोषी कृशो मन्दवीर्यबुद्धिबलेन्द्रियः ।
कम्पनोऽरुचिमान् भिन्नकांस्यपात्रहतस्वरः(नः)॥ सु. उ. ४१/१९^[25]

8. Upadrava Janit Kampa Lakshana

- **Vataj Prameha Upadrava**

- I. हृद्धहो लौल्यमनिद्रा स्तम्भः कम्पः शूलं बद्धपुरीषत्वं चेति वातजानाम्॥ सु. नि. ६/१३^[26]
- II. वातिकानामुदावर्तकम्पहृद्धह्लोलताः।
शूलमुन्निद्रता शोषः कासः श्वासश्च जायते॥ अ. हृ. नि. १०/२४^[27]

- **Vatarakta Upadrava**

अस्वप्नारोचकश्वासमांसकोथशिरोग्रहाः।
मूर्च्छायमदरुकृष्णाज्वरमोहप्रवेपकाः॥ च. चि. २९/३१^[28]

Despite detailed classical descriptions, Kampavata remains an underexplored entity in contemporary Ayurvedic research, particularly with respect to its clinical characterization and management. Considering its Vatavyadhi nature and the increasing prevalence of tremor disorders, a systematic evaluation of Ayurvedic principles in understanding and managing Kampavata is warranted.

वायुं वेपथुनामानं स्वेदाभ्यङ्गानुवासनैः।
उपाचरेन्निरुहैश्च शिरोबस्ति विरेचनम्॥ १५५॥ वंगसेन वाताव्याधिनिदानम्^[29]

Ayurvedic management of Kampavata is primarily directed toward pacification of vitiated Vata Dosha, correction of associated Dhatukshaya and rejuvenation. Classical texts advocate Snehana and Brimhana as the cornerstone principles, supported by Shodhana and Shamana Chikitsa based on disease severity and chronicity. Panchakarma modalities such as Abhyanga, Swedana, Basti, Nasya, and Shirodhara are employed to regulate Vata at both systemic and neurological levels. Internal medications possessing Vatahara, Balya, Rasayana, and Medhya properties are used to support neuromuscular function and improve quality of life. This comprehensive, multimodal approach aims at symptomatic control, functional stabilization, and long-term disease modulation rather than mere symptomatic suppression.

CASE STUDY

MATERIALS AND METHODS

Place of study- IPD department of Panchakarma, Tarachand Ramnath Dharmartha Ayurvedic Hospital and Tilak Ayurved Mahavidyalaya Rasta Peth, Pune, Maharashtra, India.

Chief Complaints

A 66 year-old male patient with an attendant was approached to our hospital on 2nd August 2024 with the Chief complaints of involuntary movements of both upper limbs, lower limbs and head, difficulty in speech (slurred speech), difficulty in walking (initiation of walking), weakness in the body with associated symptoms like mild memory loss and burning sensation in eyes since 10 years.

History of Present Illness

The patient was asymptomatic until 10 years prior to presentation, after which he developed gradually progressive involuntary movements predominantly involving both upper limbs, later extending to the lower limbs and head. The condition was associated with difficulty in walking, impairment of fine motor activities such as holding objects and performing routine tasks, and slurring of speech.

Initially, the patient sought treatment at an allopathic hospital, where Parkinsonism was considered and medical management was initiated. However, despite treatment, there was a recent exacerbation of symptoms over the preceding 3–4 days, leading to his admission to our hospital for further evaluation and Ayurvedic management.

Past History

K/C/O- DM (since 10 years) Rx ↓
 S/H/O- B/L Cataract (3 years ago), Operated for sebaceous cyst (5 years ago)

Medical History

Tab. Syndopa plus 125mg TDS Tab. Dapavel 10mg OD

Tab. Shelcal CT 1 OD Tab. Amantavac 100mg TDS

Family History- No relevant family history

Personal History

Diet: Mixed

Addictions: cigarette (since 45 years), Alcohol (since 15 years)

General examination

BP-130/80 mm of Hg, PR -78/min regular, RR-17/min,

Pallor- Absent, Icterus-Absent, clubbing /cyanosis –Absent

Bowel habit -1 time per day with slight constipation, Micturition-3-4 times per day

Systemic Examinantion

Gastro Intestinal System- Per abdomen-soft, no organomegaly, no palpation

Respiratory System- Chest-bilaterally symmetrical, Air entry-both sides normal, no added sounds heard

Cardio Vascular System- S1, S2 heard, No added sounds

Ashtavidha Pariksha

Naadi- Pitta vatanubandhi Shabda- Aspashta

Mala- Alpa kathin malapravrtti Sparsha- Anushna

Mutra- Prakrut Drik- Arakta

Jivha- Ishat Sama Akriti- Madhyam

Table No. 1: Showing Higher Motor Function.

Conscious-Yes	Power- 5/5 in all limbs
Orientation to time, place, person- Intact	Coordination- Romberg sign- Positive
Memory- Mild memory loss	Upper limb- Finger nose test-Able to perform(slowly)
Hallucination & Delusion–Absent	Lower limb- Kneeheel test–Able to perform (slowly)
Speech-Mild slurring of speech	Involuntary movements–Present Both upper & lower limbs

present	and head- Tremors
Tone- Upper limbs- Normal Lower limbs- Normal	Gait- Normal

Samprapti

Nidana such as Viruddha Aahar, Katu-tikta rasadi Ati Sevana, Veg-vidharana, Ati-chinta and Vardhakya

↓
leads to Vata Prakopa in its udbhavsthana i.e.Pakwashaya

The aggravated Vata, due to its Ruksha, Laghu and Khara Gunas, causes Vishama Agni
Because of that Samyak Dhatu-poshana does not occur properly

↓
and progressive Dhatukshaya occurs predominantly affecting Mansa & Majja Dhatu,
which is the principal Ashraya of Vata

↓
Majja Dhatu Kshaya further aggravates Vata through Ashraya-Ashrayee Bhava

↓
Resulting in Majjavaha and Pranavaha Srotodushti in the form of Vimarga Gaman and
Dhatukshaya

↓
The vitiated Vata localizes in Sira, Matulunga, Snayu, and Sandhi leads to Vaigunya of Prana,
Vyana, Udana Vayu
↓
This pathological sequence manifests clinically as Kampa, Cheshta-hani, Balabhramsha,
Nidra Bheda etc.

Samprapti Ghataka

Dosha: Vata (Prana, Vyana and Udana Vayu predominance), Pitta (Sadhak, Bhrajak Pitta)

Dushya: Majja Dhatu (primary), Snayu, Mamsa

Agni: Vishama Agni

Ama: Absent (Dhatukshaya-janya Vyadhi)

Srotas: Majjavaha, Pranavaha, Mansavaha Srotas

Srotodushti Prakara: Vimarga-gamana, Dhatukshaya

Udbhava Sthana: Pakwashaya

Adhishtna: Sira, Mastulunga, Snayu, Sandhi

Rogamarga: Madhyama

Vyadhi Svabhava: Chirakari, Yanya

Sadhyo-Asadhyo: Yanya

Table No. 2: Shaman Chikitsa (Internal medicines).

Sr.no.	Formulations	Dosage and Time	Duration
1.	Shataputi Loha Bhasma	125mg TDS	15 days
2.	Shataputi Abhrak Bhasma	125mg TDS	15 days
3.	Roupya Bhasma	125mg TDS	15 days
4.	Vidaryadi Kashayam	20ml+ 40ml water TDS	15 days
5.	Sukhasarak Vati	500mg BD	15 days
6.	Ashwagandha+Guduchi+Gokshur+Kawachbeeja	500mg each 10am-4pm-10pm	15 days

Table No. 3: Panchakarma Chikitsa.

Sr. no.	Procedures	Name of Dravya	Duration
1.	Sarvanga Abhyanga	Balashwagandhadi Taila (Std. pharmacy prepared oil was used)	15 days
2.	Nadi Sweda	Dashamoola Kwath	15 days
3.	Pinda Sweda	Kavachbeeja + Gokshur + Ashwagandha	15 days
4.	Matra Basti	Balashwagandhadi Taila-80ml	15 days
5.	Shirodhara	Dashamoola Taila (20 60 min)	15 days
6.	Pratimarsha Nasya	Balashwagandhadi Taila 2-2 Bindu in each nostril	15 days

Pathyapathy: General Vata vyadhi pathyapathy are advised.

Treatment Period: 15 days from 23/8/24 to 05/09/24

Follow Up: After 30 days

Diagnostic criteria

Diagnosis of patient done based upon clinical features and as patient is well diagnosed from 10 years. The Tremor Research Group Essential Tremor Rating Assessment Scale (TETRAS©), version 3.1, was employed for clinical assessment of patient. The scale evaluates tremor severity through assessment of activities of daily living, including speech, feeding with a spoon, and use of keys, which are graded under the Activities of Daily Living (ADL) subscale. Objective performance-based parameters such as spiral drawing, handwriting, and dot approximation were assessed using the Performance subscale.^[30]

Activities of Daily Living Sub scale

Scoring is 0-4

For each test item, rating =0 when there is no visible tremor

Total ADL score maximum is 48

Performance Subscale

Scoring is 0–4.

0.5 increments may be used for each test item, rating=0 when there is no visible tremor. Total Performance score maximum is 64. Total TETRAS score maximum is 112.

OBSERVATIONS AND RESULTS

Grading Of TRG Essential Tremor Rating Assessment Scale

A. Activities of Daily Living Subscale- (Table no.4)

Sr No.	Parameters	Before Treatment	After Treatment	After 30 days of follow up
1.	Speaking	1	0	0
2.	Feeding with spoon	2	1	1
3.	Drinking from glass	2	1	1
4.	Hygiene	2	1	1
5.	Dressing	2	1	1
6.	Pouring	2	1	1
7.	Carrying food trays, plates etc.	2	1	1
8.	Using keys	2	1	1
9.	Writing	2	1	1
10.	Working	2	1	1
11.	Overall Disability	2	1	1
12.	Social Impact	2	0	0
Total		23	10	10

B. Performance Subscale-(Table no.5)

Sr No.	Parameters	Before Treatment	After Treatment	After 30 days of follow up
1.	Head tremor	2	1	1
2.	Face tremor	2	1	1
3.	Voice tremor	2	1	0
4.	Upper limb tremor	2	1	1
5.	Lowe limb tremor	2	1	1
6.	Archimedes spirals	2	1	1
7.	Hand writing	4	1	1
8.	Dot approximation task	2	1	1
9.	Standing tremor	0	0	0
Total		16	8	8

DISCUSSION

Kampavata is not mentioned in Ayurveda as a Vatavyadhi but it is stamped by Madhavkara under the terminology of the disease called as Vepathu. It is characterized by Chala Guna predominance, resulting in involuntary rhythmic movements (Kampa). The therapeutic strategy in the present case was aimed at pacifying vitiated Vata while simultaneously addressing Dhatukshaya and rejuvenation through Snehana and Brimhana principles. This dual approach is essential, as Kampavata represents both functional derangement and tissue depletion.

Probable mode of action of Shamana Chikitsa

Internal administration of Shamana Aushadhis such as Shataputi Loha works on Rakta Dhatu, Abhraka Bhasma mainly works on Kapha Dosha and Mansa-Majja Dhatu, and Roupya Bhasma primarily works on Rakta-Mansa-Majja Dhatu, and their combination helps in Rakta Prasadana, due to this nutrition of Sira, Snayu, Kandara occurs. Also it acts as a Rasayana, Medhya, and Vatashamaka, which support neuromuscular stability and tissue nourishment.^[31-33]

Formulations like Dashamoola Ghana Vati and Vidaryadi Kashaya further contributed to Vata-Kapha Shamana, diuretic and Balya effects. As they have Vataghna Dravyas it can be used in Santarpan-janya as well as Apatarpan-janya Avastha.^[34-35] Sukhsarak Vati contains drugs like Trivrit, Haritaki, Shunthi, and Saindhava which possess Anulomana, Rechana, and Deepana-Pachana properties. By ensuring regular bowel movements, it reduces Vata chaya and prakopa in the colon, thereby indirectly stabilizing neuromuscular functions.^[36] The use of Ashwagandha, Kavachbeeja, Guduchi, Gokshura aided in neuromuscular strengthening, rejuvenation, antioxidative support, as it has natural source of L-dopa, it gives nutrition to Rasadi Dhatu as well as regulation of Agni, which is critical in chronic Vata disorder.^[37]

Table No. 6: Showing Samprapti Bhanga by using medicines as follow.

Pathological events (Samprapti)	Samprapti Bhanga by using medicines
Vishama Agni leading to Dhatukshaya	Vidaryadi Kashayam, Shataputi Loha Bhasma → Stabilization of Agni and prevention of further Dhatu depletion
Predominant Majja Mansa Dhatu Kshaya	Shataputi Abhrak Bhasma, Roupya Bhasma → Mansa, Majja Bruhana and Rasayana effect correcting Ashraya-Ashrayee Bhava
Prana-Vyana-Udana Vayu Vaigunya	Ashwagandha, Guduchi, Gokshur, Kavachbeeja → Improvement in neuromuscular strength and coordination because of natural source of L-dopa
Pakwashaya-sthita Vata Prakopa	Sukhsarak Vati → Vata Anulomana preventing recurrence of Vata aggravation
Kampavata Lakshana	Combined regimen

→Reduction in Kampana, Cheshta Vaigunya, Nidra bheda

Probable mode of action of Panchakarma Chikitsa

Panchakarma interventions played a pivotal role in symptomatic improvement.

1. As described in Ayurvedic Classics, Abhyanga Alleviates Shrama, pacifies aggravated Vata, acts as a Pushtikara and imparts Mardavata to the body. Sarvanga Abhyanga with Balashwagandhadi Taila^[38] provides Bahya Snehana and Brihana in Kampavata, a Vata-pradhana Dhatukshaya-janya Vyadhi. The Snigdha and Guru gunas of the Taila counteract aggravated Vata and nourish Mansa, Snayu, and Majja Dhatu. Ingredients such as Bala and Ashwagandha exert Balya and Vata-shamaka actions, reducing Stambha and Cheshta Vaigunya and supporting smoother neuromuscular function. Thus, Sarvanga Abhyanga contributes to functional stability and symptomatic control in Kampavata.
2. Nadi Sweda with Dashamoola Kwath, owing to its Ushna, Snigdha and Vatahara properties, alleviates Stambha, shola and Rukshata by liquifying aggravated Vata and facilitating Strotovishodhana, thereby improving circulation and neuromuscular conductivity. Pinda Sweda prepared with Kavachbeeja, Gokshura and Ashwagandha provides sustained Bruhana and Balya effects, nourishing Mamsa and Majja Dhatu and stabilizing abnormal Vata gati. The combined action reduces Kampa, rigidity and functional impairment, improving motor coordination in the disease, thereby enhancing motor control.

3. Action of Matra Basti

Matra Basti with Balashwagandhadi Taila pacifies aggravated Vata at its principal site, the Pakwashaya, through Snigdha and Brimhana actions. The formulation, containing Bala and Ashwagandha exhibits Balya, Vata-shamaka, and Majja-bruhamiya properties, counteracting the Ruksha and Chala gunas of Vata responsible for Kampana and Cheshta Vaigunya. The oleaginous base facilitates nourishment of Mansa and Majja Dhatu, improving neuromuscular stability. Additionally, rectal administration supports systemic absorption of lipid-soluble constituents, contributing to muscle relaxation and modulation of motor functions, thereby resulting in functional improvement in Kampavata.

4. Action of Shirodhara

Shirodhara with Dashamoola Taila^[39] exerts a calming effect on Prana and Udana Vata, which are implicated in the pathogenesis of Kampavata. The continuous flow of warm, Vatahara

Taila over the forehead reduces Chala and Ruksha Guna of Vata, thereby decreasing tremors, rigidity, and associated anxiety. From a modern perspective, Shirodhara induces parasympathetic dominance, modulates cortical and autonomic activity, and reduces stress-related exacerbation of motor symptoms, contributing to improved motor control and sleep quality.

5. Action of Pratimarsha Nasya

Pratimarsha Nasya with Balashwagandhadi Taila is indicated in Kampavata for its action on Prana Vayu and Majja Dhatus, which are primarily involved in this pathology. The nasal administration provides sustained Snehana and Vata-shamana in the Urdhva-jatrugata Pradesha. Ingredients such as Bala and Ashwagandha, possessing Balya and Rasayana properties, help normalize Prana Vayu gati and support Majja Dhatus, thereby reducing Kampana, Vak Sanga, and Gati Vaigunya.

The observed clinical improvement, assessed objectively using the TRG Essential Tremor Rating Assessment Scale (TETRAS) version 3.1, suggests that a Panchakarma-supported Shamana regimen can offer meaningful symptomatic relief and improved quality of life without adverse effects. However, being a single-case observation, the findings warrant further validation through controlled clinical studies.

CONCLUSION

The present case demonstrates that a Panchakarma-supported Shamana Chikitsa approach, based on Snehana and Brimhana principles, may provide significant symptomatic relief in Kampavata, correlated with essential tremor. The combined use of Vatahara internal medications along with targeted Panchakarma procedures such as Abhyanga, Swedana, Matra Basti, Shirodhara and Nasya resulted in measurable improvement in tremor severity, as assessed by the TRG Essential Tremor Rating Assessment Scale (TETRAS) version 3.1, without any reported adverse effects. This integrative Ayurvedic intervention highlights the potential role of classical Vata-modulating therapies in improving functional outcomes and quality of life in patients with tremor disorders. However, the findings are limited by the single-case design, and further well-designed clinical studies with larger sample sizes are required to validate efficacy and establish standardized treatment protocols.

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