

AYURVEDIC MANAGEMENT OF KAMPVATA W.S.R. PARKINSON'S DISEASE – A SINGLE CASE STUDY

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ABSTRACT

Kampvaat (Kampavata) is a Vata-dominant neurological disorder described in classical Ayurvedic texts, characterized primarily by involuntary body tremors and rigidity, often correlating with modern conditions such as Parkinson's disease. The term "Kampa" refers to tremors, and "Vata" represents the deranged biological energy responsible for movement and neurological function. Kampvaat arises due to the vitiation of Vata dosha, affecting the Majja Dhatus (bone marrow/nervous tissue) and the brain's functioning. This paper explores the etiopathogenesis, clinical features, and diagnostic criteria of Kampvaat based on Ayurvedic principles, along with its comparative understanding in modern neurology. The therapeutic approach emphasizes pacification of Vata through Shamana and Shodhana therapies such as Snehana, Swedana, Basti, and internal administration of Vatahara drugs. An integrative approach combining Ayurvedic management with

supportive modern neurology shows promise in improving quality of life in affected individuals. This study aims to shed light on the holistic management and clinical efficacy of Ayurvedic interventions in Kampvaat.

KEYWORDS: Parkinson's disease, kampavata.

INTRODUCTION

Ayurveda the science of life considers a person healthy when there is a balance of three doshas i.e Vata, Pitta and Kapha.^[1,2] Vata is considered as motivator and controller of other two doshas.^[3] Major Neurological disorders comes under Vatavyadhis. Charakacharya mentioned 80 types of Nanatmaja Vata Vikaras and Kampavata is considered as one among them.^[4] As it is mentioned in Shabda Kalpadruma that “ ना कंपो वायुना विना” so it is considered under Vatavyadhi.^[5]

‘सर्वांगकम्पः शिरसो वायुर्वैपथ्युसंजकः ।'- माधवनिदान/वातव्याधि/७४

Based on the symptom of Kampavata it can be compared with Parkinson's disease in Modern Science in which tremors is a cardinal feature.^[6]

In Ayurvedic literature various names for tremors are available like Kampavata, Vepathu, Shirakampa, Kampana etc. Parkinson's disease is the second commonest neurological disorder affecting 1 million patients in United States and 5 million persons in the world. It affects men, women of all races, all occupations and all countries. The mean age of onset is about 60 years but can be seen in patients in their 20's and even younger age. The frequency of Parkinson's disease increases with ageing.^[7] If we see the western medical literature, the famous physician Galen first described this condition under the name "Shaking Palsy". Then in 1817 the physician James Parkinson published detailed description of the condition and thus, as the tradition in the West, the disease was named after him. Parkinson's disease is characterised by tremors, rigidity, bradykinesia and gait impairment called cardinal features. Other associated features like speech difficulty, autonomic disturbances, sensory alteration, mood disorders, sleep dysfunction, cognitive impairment, dementia etc. may present^[8,9,10,11] In Ayurveda, for the treatment of Kampavata along with many internal medicines, Snehana, Swedana, Basti (Niruha and Anuvasana), Virechana, Nasya, Mastiskya (Shirobasti, Shirodhara, Shiropichu and Shiroabhyanga) has been indicated.^[12,13]

MATERIAL AND METHOD

Method- Single Case Study

Material- Ayurved literature and samhita.

PLACE-PG Department of kayachikitsa, Lakshmanrao kalaspurkar Ayurvedic Rugnalaya yavatmal affiliated with DMM Ayurved College Yavatmal.

AIMS AND OBJECTIVES

To evaluate the efficacy of Ayurvedic management in Kampavata case.

CASE STUDY

A 65 year female patient approach in Kayachikitsa OPD presenting with the following complaints of

1. Sarvang Kamp
2. Nodding of head
3. Dwayhastapada chimchimayan
4. Postural Instability
5. Bradykinesia (Slowness in all movements)
6. Difficulty in writing, holding objects and activity of daily living
7. Slurred speech

All symptoms occurred since 3 year

HISTORY OF PRESENT ILLNESS

According to Patient, he was apparently healthy before 3 years. Suddenly he developed weakness in both lower limb. After some time, he experienced weakness with mild tremors in both hand. Then, after some days he experienced increased tremors in both hand with difficulty in writing and holding objects and nodding of head so at last he Consulted a Allopathic Hospital, and was put on medications. Patient took treatment for some time and then suddenly stopped the medication without consulting the doctor following which there was increase in the symptoms along with tendency to slowness in movements and Stiffness. Then she visited in L.K.Ayurved Rugnalaya on 17/07/25 for further management.

K/C/O- Newly diagnosed HTN (Tab.Clinitus T40-----BD)

PAST HISTORY

NO H/O DM/ Asthma/Thyroid or any major illness

Surgical History - H/O fall from bike since 5month

Family History- No any family history related to patient's illness

PERSONAL HISTORY

DIET- Mixed Diet

APPETITE- Reduced

SLEEP- Disturbed since 1 year

BOWEL- 1-2 times/day

MICTURITION- 6-7times/day

RUGNA PARIKSHA

Nadi- 100/min

Mala- Samyak

Mutra- Asamyak (varanvar mutrapravrutti)

Jivha- saam

Shabda- Spasta

Sparsh- Samasheetoshna

Drika- Shwetabh

Aakruti- Madhyam

GENERAL EXAMINATION

General condition-moderate Temperature -Afebrile

BP-160/90 mmHg PR-100/min

Wt-70.80kg BMI-23.9

SYSTEMIC EXAMINATION

CNS-conscious oriented

CVS -S1 S2 clear

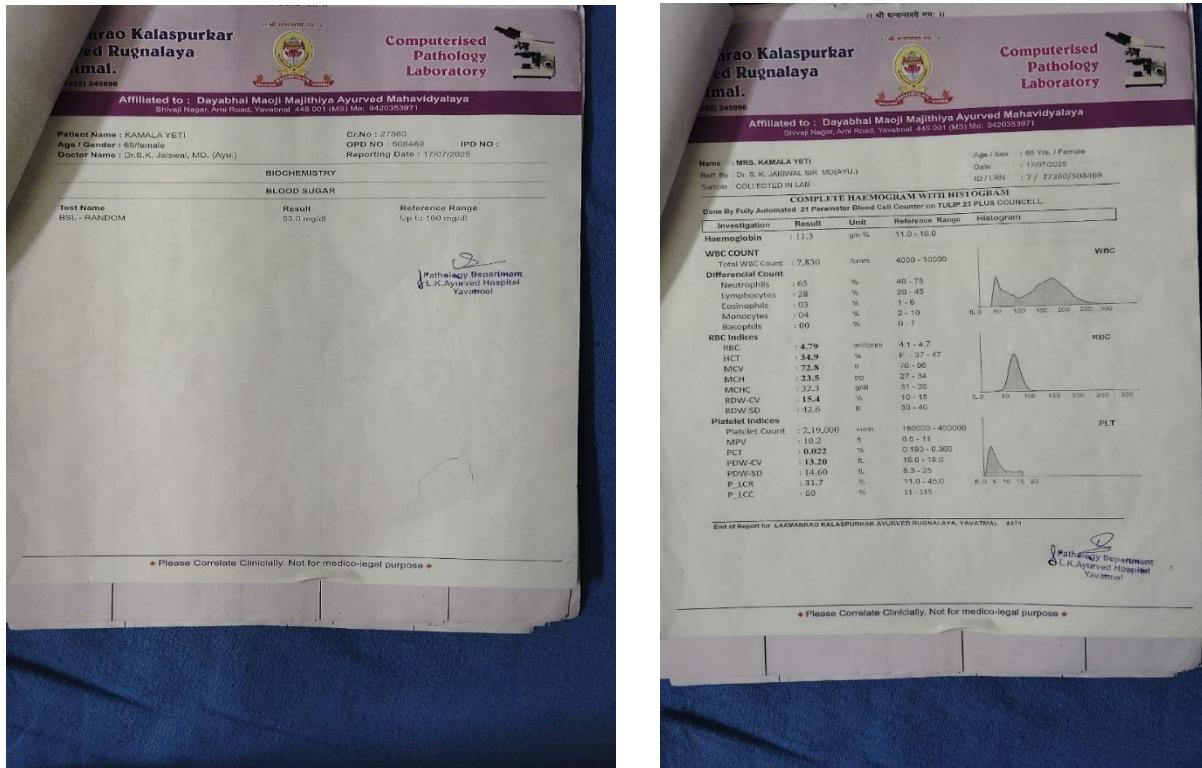
RS-AEBE clear

INVESTIGATIONS

Date- 17/07/2025

Hb-11.3 gm%, WBC-7, 830/cmm, RBC-4.79 million/cmm,

Platelets-2,19,000/cmm, BSL-Random-93mg/dl



CENTRAL NERVOUS SYSTEM EXAMINATION

1. HIGHER MOTOR FUNCTION

Conscious-YES

Orientation to time, Place, Person - Present

Memory - Intact

Intelligence - Intact

Hallucination & Delusion - Absent

Speech Disorder- Mild Slurring of Speech present

2. CRANIAL NERVES EXAMINATION

Olfactory - Smell sensation -Intact

Optic

- Visual acuity - difficulty in distant reading
- Visual field- Not affected
- Light reflex Not affected
- Drooping of eye lids (Ptosis)-Absent

Oculomotor, Trochlear, Abducent Nerve

- a) Eye ball movement possible in all directions.
- b) Pupil-Position-Shape-Size-Symmetry, No abnormality detected

Trigeminal Nerve

- a) Sensory-Touch, Pain, Pressure sensation-Present
- b) Motor Clenching of teeth-Possible
- c) Lateral movements of jaw-Possible

Facial Nerve

- a) Forehead frowning – Present
- b) Eyebrow raising - Possible
- c) Eye closure against resistance-Possible
- d) Teeth showing - No deviation of angle of mouth
- e) Blowing of cheek - Not Possible
- f) Nasolabial fold-Equal on both sides

Vestibulo cochlear

- a) Rinne's test-Negative
- b) Weber's test Equal on both sides

Glossopharyngeal & Vagus nerve

- a) Position of uvula - No deviation
- b) Taste sensation - Intact

Accessory Nerve

- a) Shrugging the shoulder - Possible against resistance
- b) Neck movement - Possible against resistance

Hypoglossal Nerve

- a) Protrusion of tongue – Possible
- b) Tongue movements – Possible

3. SENSORY EXAMINATION**Superficial**

- a) Touch-Intact b) Temperature – Intact c) Pain-Intact

4. MOTOR EXAMINATION

Attitude of limbs - Upper limb: Normal

Lower limb: Normal

Muscle Bulk

	Right (in inches)	Left(in Inches)
Upper Limb-Arm	9.5	9
Forearm	7.5	7.5
Lower Limb-thigh	16	16.5
Calf	10	9.5

Tone-Upper limb-Mild Rigidity present

Lower limb- Normal

Power-5/5

Coordination-Romberg sign-+ve

Upper limb-Finger nose test- Able to perform (slowly)

Lower limb-Knee heel test - Able to perform

Involuntary movements - Present

Both hand-Tremor(mild)

Nodding of head -present

Gait-Parkinsonian/festinating gait (mild)

Reflex

	Right	Left
Biceps jerk	2+	2+
Triceps jerk	2+	2+
Knee jerk	1+	2+
Ankle jerk	2+	2+
Plantar Reflex	0	0
Babinski Sign	Negative	Negative

DIAGNOSIS

Majority of the symptoms correlated with the Kampavata which can be considered as Parkinson's Disease in Contemporary science.

It fulfills the following criteria's:

Tremor

Bradykinasea

Rigidity

Postural Instability

Shamana chikitsa

Dravya	Dose	Duration	Anupana
Kapikacchu churna	1gm	BD	With Ksheer after food
Ashwagandha churna	1gm	BD	With Ksheer after food
Gokshura churna	1gm	BD	With Ksheer after food
Dashmool churna	1gm	BD	With Ksheer after food
Yograj Guggul	500mg	BD	Koshnajal
Rasna Guggul	500mg	BD	Koshnajal
Vatavidhwans Rasa	250mg	BD	Koshnajal
Maharasnadi Kwath	30ml	BD	-

Panchkarma

Abhyanga- with ksheerbalatail (12ml) for 1month

Shashti shali pind swedan for 1month

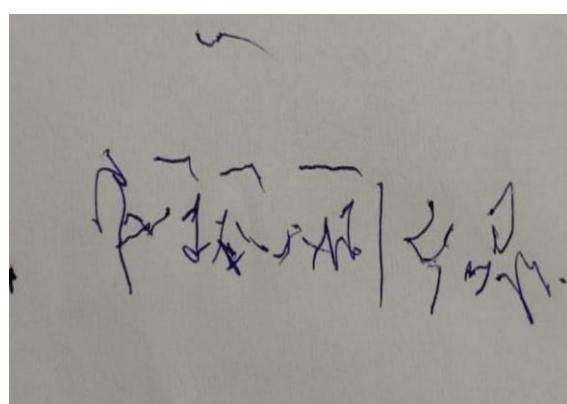
Matrabasti with dhanwantar tail for 6day

Shirodhara with bramhi tail for 10 day

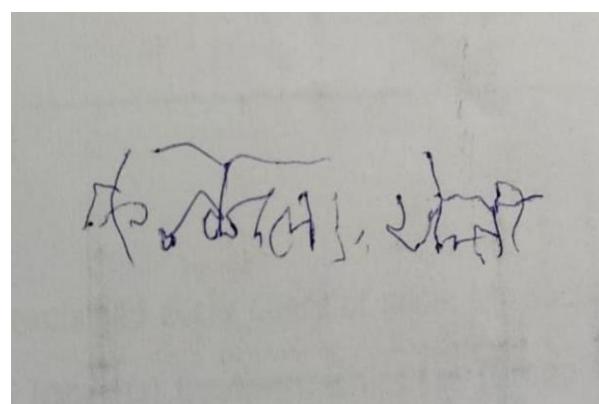
OBSERVATION AND RESULT

Significant reduction in the symptoms after treatment in Tremor, Bradykinesia, Rigidity, speech. The tremors reduced from grade 4 to grade 2 after the treatment. There was an improvement in speech from grade 3 to about grade 1. Rigidity got relieved from grade 3 to grade 1, Bradykinesia also reduced from grade 4 to grade 1.

Result	Before Treatment	After Treatment
Tremor	4	2
Bradykinesia	4	1
Rigidity	3	1
Speech	3	1



Before Treatment.



After Treatment

DISCUSSION

Kapikacchu Churna (*Mucuna pruriens*): Rich in L-DOPA, a dopamine precursor that crosses the blood-brain barrier, restores dopamine, and reduces tremors, rigidity, bradykinesia, and postural instability.

Ashwagandha Churna: Withanolides protect dopaminergic neurons from oxidative damage, delaying neurodegeneration in substantia nigra.

Dashmool Churna: Acts as Vata-shamana in majja dhatu and manovaha srotas; provides neuroprotection.

Yograj Guggul: Pacifies vata, reduces tremors and stiffness, clears ama from srotas, improves conduction, and nourishes the nervous system.

Rasna Guggul: Works as vata-shamana, shothahara, ama-pachaka, and balya, supporting nerve pathways and neuromuscular strength.

Vatavidhwans Rasa: Calms vata in majja dhatu, clears obstruction, improves nerve conduction, and strengthens nerves.

Maharasnadi Kwath: Vata-pacifying, anti-inflammatory, analgesic, strengthens nerve-muscle function, reduces tremors and rigidity.

Abhyanga (oil massage): Provides vatahara, brimhana, snehana effects; nourishes tissues, strengthens body, and reduces tremors and rigidity.

Swedana (sudation): Acts as vasodilator, improves circulation, relieves stambha, shoola, and sankocha in vata disorders.

Nasya: Brimhana nasya nourishes shiro-indriya, alleviates vitiated vata, and supports nervous functions.

Basti: Main therapy for vata vyadhi; anuvasana and nirastra basti expel doshas, relieve stabdhata and sankocha, and restore strength.

CONCLUSION

The present case study highlights that Ayurvedic management through Shamana chikitsa and Panchakarma procedures proved effective in reducing the cardinal symptoms of Kampavata (Parkinson's disease) such as tremors, rigidity, bradykinesia, and speech difficulty. The integrative use of Vatahara medicines along with therapies like Abhyanga, Swedana, Matrabasti, and Shirodhara provided significant symptomatic relief and improved the patient's quality of life. Thus, Ayurveda offers a safe, holistic, and promising approach in the management of Kampavata.

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