

## THE ROLE OF AYURVEDIC MANAGEMENT OF KAMPVATA

### W.S.R. TO PARKINSON'S DISEASE -A CASE STUDY

Dr. Nikita Adbalwar<sup>\*1</sup>, Dr. Suryaprakash Jaiswal<sup>2</sup>, Dr. Subhash Jamdhade<sup>3</sup>,

Dr. Mamta Jaiswal<sup>4</sup>

<sup>1</sup>PG scholar, Kayachikitsa Department

<sup>2</sup>Professor, Kayachikitsa Department

<sup>3</sup>Professor and HOD, Kayachikitsa, Department

<sup>4</sup>Assistant professor, Kayachikitsa, Department

<sup>1,2,3,4</sup>D.M.M. Ayurved Mahavidyalaya, Yavatmal, Maharashtra, India.

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#### \*Corresponding Author

Dr. Nikita Adbalwar

PG scholar, Kayachikitsa  
Department D.M.M. Ayurved  
Mahavidyalaya, Yavatmal,  
Maharashtra, India.



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#### • ABSTRACT

**Background:** Kampavata described in Ayurveda resembles Parkinson's disease, a progressive neurodegenerative disorder with tremors, rigidity, and postural instability. **Objective:** To evaluate Ayurvedic management in a case of Kampavata (Parkinson's Disease). **Method:** A 64-year-old male with resting tremors, bradykinesia, and rigidity was treated with Yograj Guggulu, Punarnava Guggulu, Rasayana formulations, Abhyanga (Ksheerbala taila), and Shirobasti (Brahmi taila). **Result:** Within 7 days, significant improvement was observed in tremors, rigidity, bradykinesia, and postural instability. **Conclusion:** Ayurvedic medicines with Panchakarma therapies effectively pacified aggravated Vata, improved neuromuscular function, and enhanced quality of life— indicating a holistic alternative for Parkinsonism management.

**• KEY WORDS:** Ayurveda, Kampavata, Parkinsonism Disease.

#### • INTRODUCTION

Ayurveda is the everlasting supreme science of medicine because it deals with every aspects of

life, particularly of human being since time immemorial. The Vata which is the motivator and controller of other two Dosha are responsible for the manifestation of almost all diseases. According to Ayurveda most of the diseases of Vata are degenerative disorders of nervous system. 80 types of Vataja Nanatmaja Vikaras are described in Ayurveda texts.<sup>[1]</sup>

Kampavata as one among them

**सर्वांगकम्पः शिरसो वायुर्वैपथ्युसंजकः ।'- माधवनिदान / वातव्याधि/६४.**<sup>[2]</sup>

Manifests with Dehabhramana (postural instability), Karapada Tal Kampa (tremors in hands and legs), Matiksheena (dementia), and Nidrabhanga (sleeplessness). Based on sign and symptoms, kampvata can be correlated with Parkinson's disease.<sup>[3]</sup>

The Parkinson's disease is a progressive neurological disorder. The clinical course is chronic and progressive with severe disability attained after approximately ten years, causes motor symptoms like rigidity, bradykinesia, tremors, and impaired balance.<sup>[4]</sup>

- **AIM**
- **CONCEPTUAL STUDY OF KAMPVATA (PARKINSON'S DISEASE).**
- **MATERIAL AND METHOD**

Present work is based on a review of classical information, relevant published research works, and modern literature.

- **CASE REPORT**

A 64-year-old male patient came to us with chief complaints of

1. Unable to walk without support (Dehabhramana)
2. Involuntary tremors (Karapada Tal Kampa).
3. Difficulty in speech.

Since 2 years.

- **HISTORY OF PRESENT ILLNESSES**

64 yr male came to opd with complaints of involuntary tremors, difficulty in speech, unable to walk without support since 2 years. Patient was apparently alright 2 years ago, then he developed tremors in right upper limb, the Tremors-are resting Tremors. Onset is progressive. Patient also complaint of unable to hold bolus in mouth and has slurred speech.

He consulted an allopathic neurologist for the same and was diagnosed with parkinsonism

Disease. He took the allopathic treatment for 6 month and experienced significant relief. However, soon after stopping the treatment, an increase in involuntary tremors and he is unable to walk without support. Then, he consulted our OPD for the possibility of treatment.

- **PAST HISTORY**

History of hypertension since 6 months is present.

No drug allergy, or previous surgery was given by the patient.

- **FAMILY HISTORY**

No significant family history showing the same complaints was observed.

- **ASHTAVIDHA PARIKSHA**

- Nadi - 82/min, regular with Vata-Pitta dominance
- Mutra- Samyak 7-9 times/day and 0-1 times/night
- Mala-saam, 1-2 times/ day (constipation sometimes)
- Jiwha- saam ( undigested food particles)
- Shabda -ksheena (unclear)
- Sparsha - Anushnasheetta (not too hot)
- Drik -Prakruta (normal)
- Akruti (body stature)- Madhyama (average built).

- **CLINICAL FINDINGS**

On neurological examination, the patient exhibited a resting tremor predominantly affecting the right upper limb, bradykinesia, and cogwheel rigidity of both upper limbs, more marked on the right side. Gait assessment revealed reduced arm swing and mild stooping posture. Facial expression was masked (hypomimia), and speech was soft and monotonous (hypophonia). Postural reflexes were mildly impaired. Other physical parameters were normal.

- **SYSTEMIC EXAMINATION**

Blood pressure, respiratory rate, the temperature were within normal limits. Systemic examination did not reveal any abnormality.

- **TREATMENT DETAILS**

### Shaman Chikitsa

| Sr. No. | Medicine   | Dose   | Duration    | Anupan         |
|---------|--|--------|-------------|----------------|
| 1       | Yograj Guggul  | 500 mg | Twice a day | Lukewarm water |
| 2       | Punarnava Guggul   | 500 mg | Twice a day | Lukewarm water |
| 3       | Vatvidhwans Ras  | 250 mg | Twice a day | Lukewarm water |
| 4       | Arogyavardhini vati  | 250 mg | Twice a day | Lukewarm water |
| 5       | Dashmool ,Rasna ,vacha ,ashwagandha ,bramhi ,kawachbeej , shankhpushpi, vidarikand Churna (1gm each) | 2 gm   | Twice a day | Lukewarm water |
| 6       | Panchsakar Churna  | 3gm    | HS          | Lukewarm water |

- **PANCHKARMA CHIKITSA**

### Abhyanga and Sheerobasti

The word ‘Abhyanga’ means oil massage. Abhyanga is an external oleation therapy in which medicated oil is applied over the body in anuloma gati to pacify vata, strengthen muscles, bones, and joints, and nourish dhatus.<sup>[5]</sup>

### Dravya –Ksheerbala taila

The word ‘Shirobasti’ means retaining oil over the head. Shirobasti is a murdhni taila therapy in which medicated oil is held over the scalp in a leather cap to pacify vata and nourish the nervous system.<sup>[6]</sup>

### Dravya – Brahmi taila



**Shreerobasti**

- **PROCEDURE**

Procedure of Abhyanga

The patient is seated or lying on a droni. Warm medicated oil (38–40°C) is applied over the whole body and massaged in anuloma gati with gentle to moderate pressure. Oil is reheated and replenished to maintain uniform warmth until completion.<sup>[7]</sup>

Procedure of Shirobasti

The patient is seated comfortably, and a leather cap is fitted on the head. Warm medicated oil (38–40°C) is poured into the cap and retained for the prescribed time, maintaining temperature by replacing cooled oil with warm oil.<sup>[8]</sup>

- **ASSESSMENT CRITERIA**

Assessment of the patient was done on the basis of improvement in subjective and objective parameters such as Tremor(Karapada Tal Kampa), Bradykinesia, Rigidity, and Postural Instability(Dehabhramana).

- **GRADATION OF PARAMETERS**

| Symptoms                    | Grade 0 | Grade 1                     | Grade 2                                 | Grade 3                                  |
|-----------------------------|---------|-----------------------------|---|--|
| <b>Tremor</b>               | Absent  | Mild or occasional tremor   | Moderate or frequent tremor             | Severe, persistent tremor                |
| <b>Bradykinesia</b>         | Absent  | Mild slowness in movement   | Moderate Slowness affecting daily tasks | Severe slowness, unable to perform tasks |
| <b>Rigidity</b>             | Absent  | Mild , felt on movement     | Moderate, affects function              | Severe, marked stiffness                 |
| <b>Postural Instability</b> | Absent  | Mild unsteadiness, no falls | Moderate instability, occasional falls  | Severe instability, frequent falls       |

- **OBSERVATIONS AND RESULTS**

Assessment before and after the treatment.

| Symptoms             | On day 0 | On day 7 |
|----------------------|----------|----------|
| Tremor               | 3        | 1        |
| Bradykinesia         | 2        | 1        |
| Rigidity             | 3        | 2        |
| Postural Instability | 2        | 1        |

- **RESULT:** Clinical examination of the patients revealed regression of all symptoms within 7 days.

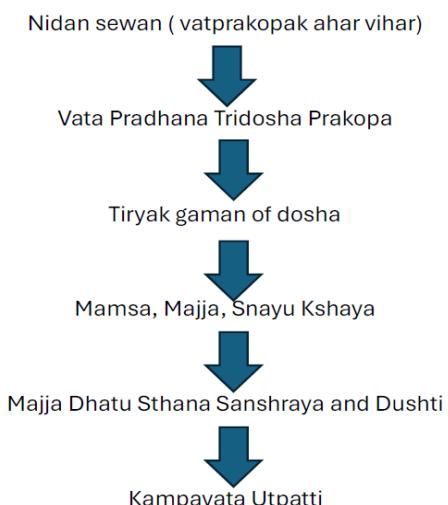


As shown in above picture before treatment he was unable to walk without support and after treatment he can walk without any support.

- **HETU**

In Ayurvedic texts, the specific etiology of Kampavata (which can be correlated with Parkinson's disease) has been described under Vata Vyadhi. Therefore, we can consider the general Vata-prakopaka hetu as applicable for Parkinson's disease, such as—Ati Vyayama (excessive physical exertion), Ativyayata (excessive worry and stress), Ruksha—Laghu Ahara (dry, light diet), Alpahara (undernourishment), Ativata Sevana (excessive exposure to wind), Vegadharana (suppression of natural urges), Ratrijagarana (night vigil), Ati Chinta (excessive thinking), Kshaya of Dhatus (tissue depletion), Dhatukshaya due to Vriddhavastha (old age), and Abhighata (trauma to head).<sup>[8]</sup>

- **SAMPRAPTI<sup>[10]</sup>**



- **SAMPRAPTI GHATAKA**

**Dosha-** Vata pradhana tridosha **Dushya**-Mamsa, Majja, Snayu **Strotas-** Mamsavaha,

Majjavaha **Strotadushti**- Khavaigunya

**Adhishtana**-Mastishka (brain) and Snayu (nervous system)

**Rogamarga**- Madhyama

Acharya Charaka has described Kampavata under Vata Vyadhi in Chikitsa Sthana,<sup>[11]</sup> and Acharya Sushruta has mentioned it in Vatavyadhi Nidana with predominant Vata prakopa affecting majja dhatu and snayu.<sup>[12]</sup>

- **DISCUSSION**

#### **Yograj Guggul**

Yograj Guggulu is used in Vata Vyadhi including Kampavata (Parkinsonism). Its ingredients like Guggulu, Chitraka, Pippali, Ajwain, Vidanga, and Mustaka work through ushna, ruksha guna, ushna virya, and tikta-kashaya-katu rasa to pacify vata, remove ama, improve digestion, enhance microcirculation, and relieve tremors, rigidity, and bradykinesia.

#### **Punarnava Guggul**

Punarnava Guggulu, mentioned by Acharya Vangasena, contains Punarnava, Erandamoola, Sunthi, Guggulu, Eranda Taila, and Makshika. It has vatahara, shoolahara, anti-inflammatory, and muscle relaxant properties, helping relieve tremors, stiffness, and pain in Kampavata (Parkinsonism).

#### **Vatvidhwans Ras**

Vatavidhwans Rasa was used to relieve pain in Kampavata. Its main ingredient, Vatsanabha, acts as a potent vednashamak (analgesic), while Tankan Bhasma serves as an antidote to counteract the toxicity of Vatsanabha, ensuring safety and efficacy.

#### **Aarogyavardhini vati**

In Parkinsonism, Arogyavardhini Vati supports digestion, metabolism, and liver function through Haritaki and Bibhitaki, which relieve constipation and improve gut health.

Guggulu helps reduce metabolic toxins, while Chitraka enhances digestion and nutrient absorption—indirectly aiding in better nourishment of nervous tissues and supporting overall management of vata disorders like Kampavata.

### Other Shaman Drugs

In Kampavata, a combination of Dashmool, Rasna, Vacha, Ashwagandha, Brahmi, Kawachbeej, Shankhpushpi, and Vidarikand churna was administered to help restore depleted dopamine levels. Ashwagandha churna, being a Rasayana and Medhya Rasayana, acts as a nerve tonic and nutritional agent, supporting neuroregeneration and improving motor function.

### Abhyanga and Sheerobasti

Abhyanga and Sheerobasti are external therapies used to calm aggravated Vata. Abhyanga strengthens muscles, bones, and joints, provides analgesia, nourishes dry tissues (Sushka Dhatus), and regulates Vata flow (Anulom Gati) to inhibit its pathological aberrant movement. After massage, amino acids like tryptophan increase in the blood, enhancing serotonin production, which helps with mood and sleep.

Ksheerbala oil nourishes the skin and provides strength (Bala). Sheerobasti involves pouring Bramhi oil on the head, where it is absorbed through scalp vessels, nerves, and emissary veins, reaching intracranial areas, enhancing therapeutic effects via systemic absorption.

### Probable mode of action

The given drugs possess Vatahara (pacify aggravated Vata), Balya (strengthening), Snigdha (unctuous), and Rasayana (rejuvenative) properties. They work by balancing Vata dosha, reducing Ama (toxins), improving Agni (digestive fire), nourishing Majja and Snayu dhatus, and alleviating symptoms like Kampa (tremors), Sthambha (rigidity), and Chalasanga (slowness of movement). These drugs also provide Shothahara (anti- inflammatory), Vedanahara (analgesic), and neuroprotective effects, helping in neuromuscular coordination and neuroregeneration in Kampavata (Parkinsonism) management.

### • CONCLUSION

Kampavata expresses systemic neurodegeneration with motor symptoms like tremors and rigidity. Contemporary treatments for Parkinsonism have limitations and side effects, creating a need for alternative approaches. This case study evaluated the efficacy of Ayurvedic management in Kampavata, showing that Panchakarma therapies and Rasayana drugs can effectively balance aggravated Vata, improve neuromuscular coordination, and enhance quality of life. Thus, Ayurveda offers a promising holistic solution for Kampavata where conventional treatments fall short.

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