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KAMPAVATA (PARKINSON'S DISEASE): AN AYURVEDIC APPROACH – A CLINICAL CASE REPORT

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ABSTRACT

Background: Kampavata is described among the Vata Nanatmaja Vyadhis in Ayurveda and is characterized by involuntary tremors, stiffness, restricted movements and functional impairment. Its clinical manifestations resemble those observed in Parkinsonian disorders. Parkinson's disease is a progressive degenerative neurological disorder mainly affecting geriatric popultion, which makes the prognosis of the disease even more worse The Ayurvedic management primarily focuses on Vata Shamana, Brimhana, Balya and Rasayana Chikitsa, along with appropriate Panchakarma procedures. In this case study a female patient came to SSNJ Hospital,Solapur and Treated with integrated Ayurvedic treatment approach comprising Shamana Chikitsa and Panchakarma diagnosed with Kampavata A 65-year-old female patient with a four-year history of Kampavata presented with Sarvanga Kampa, Katishoola and Chimchimayana involving both upper and lower extremities. Following the treatment, the reported Hoehn and Yahr (H&Y) stage improved from Stage 4 to Stage 1. Improvement in bilateral upper and lower limb Chimchimayana was also reported.

KEYWORDS: Kampavata, Parkinson's Disease, Vata Vyadhi, Sarvanga Kampa, Panchakarma.

INTRODUCTION

Kampavata is an important neurological condition described in Ayurveda under Vata Nanatmaja Vyadhi.[1] Kampvata was first narrated by acharya Madhavkara under the name vepathu. Kampvata is described with symptoms like karapadatala kampa (upper and lower limb tremors), stambha (rigidity), chestasanga (bradykinesia & akinesia), vakavikruthi (disturbance in speech).[2] It is characterized by involuntary tremors, stiffness, impaired movements and functional limitations. The condition is primarily associated with vitiation of Vata Dosha, resulting in disturbances in normal motor functions. The clinical manifestations of Kampavata have similarities with Parkinsonian disorders, which are chronic neurological conditions associated with degeneration of dopaminergic neurons in the substantia nigra pars compacta and reduced dopamine availability in the nigrostriatal pathway. The cardinal manifestations of Parkinson's disease include resting tremor, rigidity, bradykinesia and postural instability. Parkinson’s disease is a long term degenerative neurological disorder that mainly affects motor system. The mean age of onset of this disease is 60 years. It is estimated that, there are 5 million people all over the world suffering from this disease.[3] From an Ayurvedic perspective, Vata Prakopa, Dhatukshaya and impairment of normal Vata Gati are considered important factors in the manifestation of Kampavata. The treatment principles include Snehana, Swedana, Basti, Nasya and internal administration of Vatahara, Balya, Brimhana and Rasayana drugs.

Basti is considered an important therapeutic modality in the management of Vata Vyadhi. Similarly, Abhyanga and Swedana are traditionally employed to alleviate Rukshata, Stambha and Shoola. Kapikacchu (Mucuna pruriens) is of particular pharmacological interest because it contains naturally occurring L-DOPA, a precursor of dopamine.

The present case report describes the integrated Ayurvedic management of a 65-year-old female patient with a four-year history of Kampavata, presenting with Sarvanga Kampa, Katishoola and bilateral upper and lower limb Chimchimayana.

MATERIALS AND METHODS

Case report: A 65 year old female patient came to opd of ssnj hospital, solapur on 16/06/2026

Patient name – xyz, Age/ sex – 65/F, UHID – 34377, IPD no – 975, Address – Mulegaon, Maharashtra.

Chief Complaints

The patient presented with the following complaints:

1. Sarvanga Kampa**:** Involuntary tremors involving the whole body.
2. Katishoola: Pain in the lumbar region.
3. Ubhaya Hasta-Pada Chimchimayana**:** Tingling and abnormal sensations involving both upper and lower extremities.
4. Difficulty in walking
5. Sleep disturbances

General examination

Weight – 55 Kg. BP – 130/80 mm of hg Pulse – 72/min, Spo2- 98%, RR – 17/min

Pallor – no Jaundice- no Appetite – reduced

Bowel/bladder habit – constipation on / off with increased micturition

Sleep- reduced sleep with increased episodes of wakefulness

Systemic Examination

Gastro intestinal system – soft abdomen, no tenderness

Respiratory system – Chest Clear, AE=BS

Cardio vascular examination – S1 & S2 Normal

Loco motor examination – Patient was unable to walk properly without support. Fascinating gait with tremors

CNS Examination

Higher mental function – slow, slur speech

Muscle movements Coordination – poor

Tandem walking - normal

Romberg's sign – normal

Finger to nose test –Negative, patient was not able to do it perfectly due to tremors.

Involuntary movements – resting tremors present

ASHTAVIDH PARIKSHA

1. Nadi	*Vataj*	*5.Drika*	*Samanya*
2. Mala	*Asamyak*	*6.Shabda*	*Ksheena*
3. Mutra	*Samanya*	*7.Sparsa*	*Khara*
4. Jivha	*Saam*	*8.Akruti*	*Krish*

Diagnosis: *Kampvata* (Parkinson Disease Stage IV)

Intervention

Sr. No.	Shamana chikitsa	Observation
1	Ativisha Nagarmotha Haritaki Sunthi Dashmool Erandmool each 250 mg Total 1.5 gm churna bd with lukewarm water after food for 5 days.	As this combination has Vata-Kaphahara, Deepana, Pachana and Shoolahara properties. There is Improvement in Agni and Digestive function
2	Bala, Ashwgandha, Erandamoola, Masha & Kapikacchu Churna Each 1 gm of churna taken The combined 5 g churna was used to prepare a decoction. 20 ml twice daily after food for one month.	Reduction in tremors Wakefulness reduced Appetite improved
3	Churna Gandharvaharitaki 2 gm at night with warm water	
4	Yograj Guggule 2 bd with lukewarm water after food	
5	Mordopa 1 bd with lukewarm water after food	
6	Palsineuron 1 bd with lukewarm water after food	
7	Dashmoolarishta15 ml bd with ½ cup lukewarm water after food	

Sr. No.	Shodhana Chikitsa	Observation
1	Sarvanga Abhyanga with Bala-Ashwagandha Taila F/b Peti Sweda* 30 days	Resting tremors reduced. She started walking without support after 1 week of therapies. Reduction in Katishoola
2	Nasya with Ksheerbala Taila* 21 days	
3	Kapikacchu Siddha Ksheera Basti* 16 days	
4	Katibasti with Dashamoola Taila* 15 days	

Assessment criteria

Hoehn & Yahr scale[4]

- **Stage 0:** No signs of disease.
- **Stage 1.0:** Unilateral involvement only (symptoms affect only one side of the body).
- **Stage 1.5:** Unilateral and axial involvement (symptoms affect one side and the trunk/neck).
- **Stage 2.0:** Bilateral involvement without balance impairment (symptoms affect both sides; posture and balance are normal).

- **Stage 2.5:** Mild bilateral involvement with recovery on the pull test (a light tug on the shoulders shows mild balance issues, but the person recovers independently).
- **Stage 3.0:** Mild-to-moderate bilateral involvement with postural instability; the person is still physically independent.
- **Stage 4.0:** Severe disability; the person can still walk or stand unassisted, but independence is heavily compromised.
- **Stage 5.0:** Wheelchair-bound or bedridden unless aided

RESULTS AND DISCUSSION

Results

The present case of a 65-year-old female patient clinically diagnosed with Kampavata (Parkinsonism), with a history of four years, was managed through an integrated treatment approach comprising Shamana Chikitsa and Shodhana Chikitsa. The treatment protocol included Ayurvedic oral formulations, external therapeutic procedures and supportive conventional medication.

Following the treatment, the patient demonstrated improvement in tremors, mobility, digestive functions and activities of daily living. A reduction in resting tremors was observed, and the patient gradually regained the ability to walk without support after approximately one week of therapeutic interventions. Improvement in Katishoola (low back pain), appetite and general functional status was also reported.

Hoehn and Yahr Scale

BT	AT
4	1

DISCUSSION

Kampavata is described in Ayurveda as a Vata-pradhana disorder characterized by involuntary movements, tremors, stiffness, difficulty in performing movements and impaired gait. The clinical manifestations of Kampavata bear similarities to Parkinson's disease, particularly resting tremors, rigidity, bradykinesia and postural instability.

According to Ayurvedic principles, Vata Dosha plays an important role in the regulation of voluntary and involuntary movements, sensory functions and neuromuscular coordination. Vitiation of Vata, particularly its involvement in the Majjavaha Srotas, may be considered an important component of the Samprapti of Kampavata.

Ativisha, Nagarmotha, Haritaki, Sunthi, Dashmoola and Erandamoola. The combination was administered during the initial five days of treatment, with the primary objective of improving Agni and correcting associated digestive disturbances. Clinically, improvement in appetite and digestive function was reported.

Bala, Ashwagandha and Masha provide a traditional Balya-Brimhana approach, whereas Erandamoola contributes Vatahara and Shoolahara properties. Kapikacchu has particular pharmacological relevance because of its natural L-DOPA content. Thus, the formulation was intended to support motor function, muscular strength and general functional capacity.

Gandharvaharitaki is traditionally used for Anulomana and Vatanulomana. It helps maintain bowel regularity and is particularly relevant in patients with Parkinson's disease, in whom constipation and impaired gastrointestinal motility are common non-motor manifestations.[5]

Yograja guggulu the main ingredients of Yograja is guggulu, triphala, chitraka, vidanga which makes it yogavahi, vatahara and aam dosha nashaka Guggulu is vatahara shodhak rochaka due to its ushna guna. It helped in calming vata & removing kapha avarana.[6]

Mordopa it is a levodopa-based formulation, levodopa acts as a dopamine precursor and improves dopaminergic neurotransmission, thereby helping to reduce tremors, rigidity and brady kinesia.

Dashmoolarishta is traditionally used in Vata-related conditions and musculoskeletal disorders. Dashmoola is described as Vatahara, Shothahara and Shoolahara.

The improvement observed in the present patient may be understood through the combined contribution of internal Ayurvedic medications, external therapeutic procedures and conventional antiparkinsonian treatment.

The following clinical changes were particularly noteworthy

1. Reduction in resting tremors: reflect improved motor symptom control through conventional dopaminergic treatment, with supportive contribution from the Kapikacchu-containing formulation.
2. Improvement in walking ability: The patient regained the ability to walk without support after approximately one week of therapy. associated with improved motor symptom control, reduced stiffness and supportive effects of Abhyanga and Swedana.

3. Improvement in digestive function: The Deepana-Pachana and Anulomana properties attributed to the initial formulation and Gandharvaharitaki have contributed to improved appetite and gastrointestinal function.
4. Reduction in Katishoola: The application of Bala-Ashwagandha Taila, Peti Sweda and localized Katibasti have contributed to symptomatic relief of musculoskeletal discomfort.
5. Improvement in general functional status: The combined Brimhana, Balya and Vatahara approach was intended to support muscular strength, mobility and functional independence.
6. The Ayurvedic approach in this case may therefore be considered a supportive integrative treatment strategy aimed at addressing motor symptoms, musculoskeletal manifestations and associated non-motor symptoms.

CONCLUSION

Based on clinical signs and symptoms Parkinson's disease can be correlated with kampavata. Ayurvedic oral medications and panchakarma therapies are found to be beneficial in improving the quality of life of the patient. Line of treatment must be from removing avarana to Shodhana followed by shamana to pacify vikrutha vata, although prognosis is not so good but it can be a ray of hope for bed ridden geriatric patients. The results attained were encouraging and were worth documenting.

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