

Case Report



Integrated management of Parkinson's disease – A case report

[1Anil Koralli](#), [2*Nanditha S](#), [3Gayathri B](#), [4Dalal Dimple D](#)

ABSTRACT:

Background: Parkinson's disease is a neurodegenerative disease primarily affecting central nervous system which can be correlated with *Kampavata* in Ayurveda. *Panchakarma* therapies are effective in treating degenerative disorders while also promoting overall well-being. **Case Report:** A 38-year-old male presented with progressive tremors and fasciculations on the left side, exacerbated by emotional stress, impacting his writing and daily activities. Despite prior allopathic and psychiatric interventions, no significant improvement was observed. **Intervention:** Treatment procedures included *Sarvanga Utsadana*, *Dashamoola parisheka*, *Sarvanga Abhyanga*, *Pizhichil* and *Nasya* was given during his 1st visit and during 2nd visit he was given treatments like *Udwartana* followed by *Bashpa Sweda*, *Sarvanga Abhyanga* followed by *Patra Pinda Sweda*, *Shirodhara* and *Anuvasana basti*. **Result:** The treatment showed significant reduction in signs and symptoms and improved the quality of life. **Conclusion-** A chronic case of *Kampavata* was successfully managed with 2 phases of Ayurvedic protocol including shodhana, *shaman* and *rasayana*. The patient showed reduced tremors and improved emotional stability with overall wellbeing. This case emphasises the Ayurveda potential in addressing neurodegenerative disorders by treating the root cause holistically.

KEYWORDS: *Kampavata*, Ayurveda, Tremors, Fasciculations, Swedana, Abhyanga, Basti, Shamana, Case report.

RECEIVED ON:

11-04-2025

REVISED ON:

23-07-2025

ACCEPTED ON:

05-08-2025

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v13i7.1760>

Corresponding Author Email:

sivakarannanditha@gmail.com

CITE THIS ARTICLE AS

Anil Koralli, Nanditha S, Gayathri B, Dalal Dimple D. Integrated management of Parkinson's disease – A case report. *J of Ayurveda and Hol Med (JAHM)*. 2025;13(7):69-76

1. INTRODUCTION

Parkinson's is a clinical condition mainly marked by slowness of movement (bradykinesia), muscle rigidity, tremors and impaired reflexes. [1] It primarily impacts the motor system, resulting from the loss of dopamine-producing neurons in the substantia nigra region of the midbrain. [2] This can be correlated to *Kampavata*, a condition characterised by *Karapadataala Kampa* (tremors in the hands and feet), *Deha Bhramana* (postural instability), *Nidrabhanga* (insomnia), and *Matiksheena* (dementia). [3] Additional symptoms of *Vata vyadhi* like *Sthambha*, *Cheshtahani* were also observed in this condition. *Kampavata* was initially described as *Vepathu* (Tremor) by Acharya Charaka. *Kampavata* is one of the *vataja nanatmaja vyadhi* (Disease caused by vata) so *vatahara chikitsa* has to be adopted.

For *Kampavata* no specific *nidana* (cause) and *samprapti* (pathogenesis) has been mentioned in the classical texts, however *samanya vatavyadhi nidana* and *samprapti* can be considered. Therapeutic approaches for *Kampavata* are detailed in classical texts like *Bhaishajya Ratnavali*, *Chakradutta* and *Vangasena*. *Vangasena* described specific remedies for *Kampavata* such as *Swedana* (sudation therapy), *Abhyanga* (oil massage), *Basti* (medicated enema), *Virechana* (purgation), and *Shamana* (palliative measures). [4] *Acharya Charaka* described *Srotoshuddhi* (cleansing of channels), *Vatanulomana* (regulation of Vata), and *Rasayana* (rejuvenation therapy) as the most important components in the management of *Avarana*. Since

Kapha Avarana, is involved in this case these treatment strategies are applicable here as well. [5]

Patient Information

Case Report: A 38-year-old male patient presented with complaints of tremors in his left leg for the past 3 years and in his left hand for the past 6 months. Two years ago, he developed fasciculations in his left leg and consulted an allopathic physician, who found elevated TSH levels and referred him to a neurologist. The neurologist diagnosed him with Post-Covid Early Parkinson's and prescribed Tab Parkin 1-0-1, Tab Pramirrol 1-0-1, and Tab Tetrafol 0-1-0, along with an MRI, which revealed no abnormalities. The fasciculation's progressed into left-sided tremors and resting tremors eventually spreading to all four limbs. These tremors became more pronounced during emotional disturbances such as anger, grief, and anxiety. He was then referred to a psychiatrist, who advised him to continue the same medications. He had problem in writing and in his activities of daily living (ADL). However, finding no improvement despite these follow-ups, he visited our OPD for better management.

2. CLINICAL FINDINGS

Patient was well oriented and was diagnosed on both Ayurvedic and modern parameters. Patient had *lakshanas* (symptoms) of *Kampavata* and improvements in *lakshanas* has been detailed in Table 1. At first evaluation, the patient scored 2 on Hoehn and Yahr Scale indicating **bilateral or midline involvement without impairment of balance** but after treatment the score was improved to 1, showing **unilateral**

involvement only, usually with minimal or no functional disability.

TimeLine and disease progression

In September 2021, the patient first displayed fasciculation and tremors. Even with a variety of contemporary drugs, symptoms remained and only slightly improved. When the patient came to our

hospital on February 13, 2024, Ayurveda medications were started, and modern medications like Syndopa 110mg, Tab Parkin, and Clonofit beta 20mg were tapered. At the second appointment on March 11, 2024, there was a noticeable improvement and no additional deterioration

Table 1: Grading scale- before treatment and after treatment

Grading	Kampa (Tremor) Before treatment	Kampa (Tremor) After Treatment	Gatisanga (Bradykinesia) Before treatment	Gatisanga (Bradykinesia) After Treatment	Vaak vikriti (Disturbed voice) BT	Vaak vikriti (Disturbed voice) AT	Stambha (Rigidity) BT	Stambha (Rigidity) AT
0					✓	✓		✓
1		✓						
2				✓			✓	
3			✓					
4								
5	✓							

Table 2: Parkinson disease composite Scale

Parkinson's disease Composite Scale:	Total Score	Score found in patient during first evaluation	Score after second evaluation
Symptoms			
Bradykinesia	4	1	1
Tremors	4	3	2
Gait	4	1	0
Balance/Postural Disability	4	0	0
Freezing	4	0	0
Nocturnal Akinesia	4	1	0
Fatigue	4	2	1
Urinary	4	0	0
Cognitive	4	0	0

Impairment			
Depression / Anxiety	4	2	2
Symptomatic or Orthostatic Hypotension	4	0	0
Hallucination or thought disorder	4	1	0
Dyskinesia	4	3	2
Dystonia	4	1	0
ON/OFF	4	3	2
Dopamine Dysregulation syndrome	4	0	0
Disability	4	0	0
Total Score	68	18	20

TABLE 3: Therapeutic interventions and follow ups of Phase 1 treatment

PHASE 1				
Date	SHODHANA	DURATION	Remarks	
14-02-24 15-02-24	<i>Sarvanga Utsadana with Kolakulathadi Choorna + Dhanwantara taila followed by Dashamoola parisheka</i>	2 days	Marked improvement in Fasciculation Upper limb and lower limb tremors slightly reduced, stiffness and heaviness reduced.	
16-02-24 To 20-02-24	<i>Sarvanga Abhyanga with Dhanwantara taila</i> <i>Pizhichil with Balaswagandhadi taila</i> <i>Nasya with Ksheerabala taila</i>	5 days		
SHAMANA				
14-02-24 to 18-02-24	<i>Brihat vata chintamani ras</i> <i>Cap ksheerabala 1-0-1</i> <i>Dhanadanayanadi Kashayam</i> 3 Tsf TID <i>Kapikachu choorna with warm water ½ tsf OD</i>	7 days		
FOLLOW UP MEDICATION				
18-02-24 To 10-03-24	<i>Brihat vata chintamani with gold 1-0-1</i> <i>Dhanadanayanadi Kashayam 3TSF TID</i> <i>Brahmi vati 0-0-2</i> <i>Kapikachu choorna + Ashwagandha Choorna +Bala choorna + Gokshura bharad- ksheerapaka 40ml BD</i>	20 days	Marked improvement in Resting tremors and emotional stability	

Table 4: Therapeutic interventions and follow-up of Phase 2 treatment

PHASE 2			
Date	SHODHANA	DURATION	Remarks
11-03-24 12-03-24	<i>Udwartana with Triphala choorna followed by Bashpa Sweda</i>	2 days	Heaviness and Stiffness reduced with improvement in anxiety and anger.
13-03-24 To 17-03-24	<i>Sarvanga Abhyanga with Sahacharadi taila followed by Patra Pinda Sweda</i>	5 days	
11-03-24 To 17-03-24	<i>Shirodhara with Ksheerabala taila</i>	7 days	
13-03-24 To 20-03-24	<i>Mustadi yapana Basti</i> Honey -80ml <i>Saindava-8 gm</i> <i>Sneha -Balaguduchyadi taila -100 ml</i>	3 days	

	<i>Kalka-Mustadi yapana basti kalka - 40gm</i> <i>Mustadi ksheerapaka -200 ml</i>		Mental clarity was attained.
	<i>Anuvasana basti with Sahacharadi taila -30ml + Ashwagandhadi ghrita – 30ml</i>	5 days	
	SHAMANA		
11-03-24 To 17-03-24	<i>Brihat vata chintamani</i> with gold 1-0-1 <i>Brahmi vati</i> 0-2-0 <i>Dhanadanayanadi Kashayam</i> 3tsf tid <i>Avipathikara choorna</i> 0-0-1tsf <i>Kapikachu choorna + Ashwagandha Choorna +Bala choorna + Gokshura bharad-</i> 40ml BD	7 days	Marked improvement in Frequency and intensity of the tremor attacks and no additional deterioration in symptoms.
	FOLLOW UP MEDICATION		
17-03-24 To 31-03-24	<i>Brihat vata chintamani</i> with gold 1BD <i>Saraswatharishtam</i> 3tsf BD <i>Dhanadanayanadi Kashayam</i> 3tsf BD	15 days	

Therapeutic intervention, follow ups and outcome: The plan of care for the management of *Kampavata* was followed which is detailed in Table 4. The patient's progress was closely monitored and assessed for effectiveness of treatment with two follow up visits conducted at one month intervals.

3. DISCUSSION:

Kampa Vata, a type of *Vata Vyadhi*, is a degenerative neurological disorder caused by the malfunction of *Vata's Chala Guna* (mobility attributes). Both internal and external *vatahara* treatments are necessary for its proper management. Therefore, managing *vata* is crucial while treating *kampavata*. The therapeutic strategy focuses on treating *Strotodushti* (blockages in body channels), *Vata Shamana* (pacification of Vata), *Vatanulomana* (normalizing Vata flow), and *Rasayana* therapy (rejuvenation) utilizing appropriate drugs and

therapies. Disease management also requires avoiding *Vihara* (lifestyle choices) and *Vata Prakopakara Ahara* (foods that aggravate vata. [6] Since *kapha Avarana* is present here, treatment should be first to remove *Avarana* followed by *Santarpana chikitsa* (nourishing therapy) as in *Kampavata* both *Avarana* and *Dhatu kshaya* (depletion of bodily tissues) co-exist.

External treatments like *Shirodhara*, *Sarvanga Abhyanga* (oil massage), *Pizzichil*, *Nasya* (nasal application), *Yapana Basti*, and *Udvardana* (powder massage) were used to calm the aggravated *Vata*. The first Phase began with *Utsadana*, using *Kolakulathadi Choornam* and *Dhanwantara Taila*, followed by *Dashamoola Parisheka*. *Dhanwantara Taila* is known for its effectiveness in treating all types of *Vata* imbalances, [7] while *Kolakulathadi Choornam* is recognized for its ability to eliminate excess *Vata*.

Parkinson's disease (PD) is a complex, progressive neurological illness. The neuropathological hallmarks of Parkinson's disease include the degeneration of dopaminergic neurons in the SN and intraneuronal protein clumps known as Lewy bodies and Lewy neurites. [8] The *Nose (Nasa)* is regarded as a gateway to the brain, and similarly, the olfactory epithelium is considered a direct route to the central nervous system (CNS) and peripheral nerves. Treatments like *Sarvanga Abhyanga* and *Shirodhara* were carried out using *Sahcharadi Taila* and *Ksheer Bala Taila* for their *Medhya Rasayana* (brain rejuvenating) and stress-relieving properties, which help to calm the nervous system. These therapies activate nerves by increasing blood circulation to the brain, potentially reversing the degenerative process to some extent helping to prevent further progression of the disease. [9] Furthermore, *Pizhichil* with *Balaswagandhadi Taila* has analgesic effects, nourishes *Sushka Dhathus* (dry tissues), strengthens muscles, bones, and joints, and has *Vatahara* qualities, making it an extremely restorative remedy. [10] *Musthadi Yapana Basti* promotes strength, muscle growth, and regeneration. [11] Additionally, it functions as *rasayana*, preventing the neuronal degeneration that is the characteristic of Parkinson's disease. [12]

As a natural source of l-dopa, *Kapikachu Beeja Churna* was taken internally to assist restore the depleted striatal dopamine reserves. [13] Additionally, *Ashwagandha Churna*, a *Rasayana* (rejuvenation) medication having nootropic (brain-enhancing) qualities, was administered. [14] *Rasayana*

(rejuvenation) formulations are primarily nutritional agents that revitalize the body and mind. Movement disorders are frequently treated in Ayurveda as *Vata Dosha* imbalances, with *Rasayana* therapies targeting neuronutrient deficits. *Avipathikara Churna* was used to promote the normal movement of Mala (waste products) and to balance Agni (digestive fire), as Ayurveda teaches that "*Sarve Roge Api Mandhagnau*" states that adequate Agni is essential before treating any disease. As part of the therapy, *Brihat Vata Chintamani Rasa*, a formulation with properties like *Medhya* (brain tonic), *Rasayana* (rejuvenation), *Lekhana* (scraping), *Balya* (strengthening), *Kshayagna* (anti-debilitating), *Ojovardhaka* (enhancing vitality), and *Yogavahi* (enhancing the effects of other medicines), was also administered for its targeted therapeutic effects. [15]

4. CONCLUSION:

A chronic case of *Kampavata* was managed effectively through integrative *Ayurvedic* treatment for a period of 30 days through a carefully planned treatment protocol of *shodhana* and *shamana* along with *Rasayana* therapy led to substantial clinical improvement. Treatment was done for a period of 7 days in 1st phase and 10 days in 2nd phase with a follow up of 1 month. No adverse reactions were observed. The patient experienced marked reduction in tremor frequency and intensity with better emotional stability. Incidental benefits included reduced anxiety and overall well-being. This integrative approach highlights Ayurveda's potential to manage neurodegenerative disorders by addressing root causes and restoring functional balance especially

when conventional treatments show limited effect. This case highlights the success of Ayurvedic management in *Kampavata*, where both *Avarana* and *Dhatu kshaya* contributes to illness progression.

Abbreviations: ADL- Activities of Daily living, PD-Parkinson's Disease, SN- substantia nigra

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - A remarkable improvement in complaints was noted by the patient and attendant, with improved status of tremors. Over the course of 30 days, the disease's severity, signs, and symptoms decreased. Excellent progress (80%) was noticed in terms of tremors and emotional distress. This approach not only addressed my physical symptoms but also enhanced emotional stability and overall wellbeing providing confidence in day to day activities.

Authors Details:

¹Associate Professor, Department of Panchakarma, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

^{2*}PG Scholar, Department of Panchakarma, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

³PG Scholar, Department of Panchakarma, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

⁴PG Scholar, Department of Panchakarma, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

Authors Contribution:

Conceptualization and clinical management: Dr. AK, Dr. NS

Data collection and literature search: Dr. NS, Dr. GB

Writing – original draft: Dr. NS, Dr. GB

Reviewing & editing: All authors

Approval of final manuscript: All authors

Conflict Of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting:

<https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

Publisher's Note:

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

REFERENCES:

1. Myageri, N. (2024). Ayurvedic management of Kampavata- Case Report. *Journal of Ayurveda and Holistic Medicine (JAHM)*, 12(6). <https://doi.org/10.70066/jahm.v12i6.1421>
2. Gurav, V. (2021). Critical review on kampavata – kampavata nidana panchaka and ayurvedic treatment with special reference to parkinson's disease. *Journal of Ayurveda and Holistic Medicine (JAHM)*, 9(3). <https://doi.org/10.70066/jahm.v9i3.440>
3. Kotecha R, Kotecha M, Lakshmanan L, Monga AN. Managing Kampavata (Parkinson's disease) through Ayurveda: an experience. *J Ayurveda Case Rep.* 2019 Jan-Mar;2(1):4-9. DOI: 10.4103/2667-0593.351382
4. Nirmal Saxena (editor). Vangasena's Vangasena Samhita, Nidanadhikarah to Slipadarogadhikarah, chapter28, verse no.155. 1st edition, Varanasi; Chowkhamba Sanskrit Series Office;2004;409
5. Priyavrat Sharma (editor), Caraka Samhita of Charaka, Chikitsasthana, chapter28, verse no.238. 7th edition, Varanasi; Chaukhamba Orientalia;2005;484
6. K. R. Srikantha Murthy (editor). Astanga Hrdayam of Vagbhata, Sutrasthana, chapter13, verse no.3. 3rd edition, Varanasi; Krishnadas Academy;1996;182
7. Brindha TR, Prabhu K, Jones S, Janaki CS, Sheriff D, Kumar HM, Kalaivani S, Lakshmi D. The GC-MS study of the Ayurvedic

- formulation "Dhanwantharam Thailam" used for rheumatism. J Pharm Bioallied Sci. 2024 Apr;16(Suppl 2):S1829-S1832. Available from : <https://pubmed.ncbi.nlm.nih.gov/38882853/>
8. Simon DK, Tanner CM, Brundin P. Parkinson disease epidemiology, pathology, genetics, and pathophysiology. Clin Geriatr Med. 2020 Feb;36(1):1–12. Available from : <https://pubmed.ncbi.nlm.nih.gov/31733690/>
 9. Sharma A, Sugandh M, Bhardwaj A, Gupta A. Role of Shirodhara and Abhyanga on serum cortisol in anxiety: a case report. J Ayurveda Integr Med. 2025 Jan-Feb;16(1):100948. Available from : <https://pubmed.ncbi.nlm.nih.gov/39799837/>
 10. Sudhan A, Prabhu K, Jones S, Janaki CS, Sheriff D, Rao MR, Muttevi HK, Balakrishnan D, Sivanesh M. GC-MS analysis of the Ayurvedic oil Balaswagandhadi Tailam. J Pharm Bioall Sci. 2024 Dec;16(Suppl 5):S4717–22. Available from : <https://pubmed.ncbi.nlm.nih.gov/40061723/>
 11. Shailaja U, Rao PN, Girish KJ, Arun Raj GR. Clinical study on the efficacy of Rajayapana Basti and Baladi Yoga in motor disabilities of cerebral palsy in children. Ayu. 2014 Jul-Sep;35(3):294-9. Available from : <https://pubmed.ncbi.nlm.nih.gov/26664239/>
 12. Yadavaji Trikamaji (editor). Charaka Samhita of Charaka, Chikitsasthana, chapter 3, verse no. 164. New Delhi; Chaukhambha Publications; 2020;413
 13. Pathak-Gandhi N, Vaidya AD. Management of Parkinson's disease in Ayurveda: Medicinal plants and adjuvant measures. J Ethnopharmacol. 2017 Feb 2;197:46-51. doi:10.1016/j.jep.2016.08.020. Available from: <https://pubmed.ncbi.nlm.nih.gov/27544001/>
 14. Singh N, Bhalla M, de Jager P, Gilca M. An overview on ashwagandha: a Rasayana (rejuvenator) of Ayurveda. Afr J Tradit Complement Altern Med. 2011;8(5 Suppl):208–13. Available from : <https://pubmed.ncbi.nlm.nih.gov/22754076/>
 15. Goshan V, Mundugaru R, Prakash N, Bhat S, Basavaiah R. Evaluation of neuro-protective activity of Brihatvata Chinthamani Rasa. J Phytopharmacol. 2015;4(4):207–11. Available from : https://www.phytopharmajournal.com/Vol4_Issue4_03.pdf