

## Case Report



### An integrated approach for management of Parkinson's Disease – A case report

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#### ABSTRACT :

**Background:** Parkinson's disease (PD) is a progressive neurodegenerative disorder characterised by resting tremor, rigidity, bradykinesia, gait and postural instability. Under the purview of *Kampavata*, a *Vatavyadhi*, Ayurveda treatment aims to restore neuromuscular functions along with improvement in overall health and well-being.

**Clinical Findings:** In this case report, a 70-year-old truck-driver, a known case of PD and Hypertension for 5-years and BPH for 5-months, was diagnosed based on *rogi-roga pareeksha* (clinical examination) under the spectrum of *Vatavyadhi (Kampavata)*.

**Interventions:** *Sarvanga-abhyanga* with *ksheerabala-taila* followed by *dashamoola-parisheka* and *shashtikashali-pinda-sweda*, *anuvāsana-basti* with *ashwagandha ghrita* (30 ml) and *pippalyadi-anuvāsana taila* (50ml), *shirootalam* with *brahmi churna+jatamansi churna+rasna churna+ashwagandha ghrita*, *veshtana* with *ksheerabala-taila* to bilateral upper limb and *mustadi-yapana-basti* were done as external *panchakarma* therapies, and *brihatvatachintamani-rasa-gold*, *kampavatari rasa*, *dashamoolarishta*, Anuloma-DS and Zandopa granules were utilised based on condition as internal medication. Along with the treatment, counselling was adopted as a part of *sattwavajaya chikitsa* (psychotherapy).

**Results:** The treatment significantly relieved symptoms and enhanced the patient's quality of life. The Unified Parkinson's Disease Rating Scale (UPDRS)-8 scores showed improvement in motor and non-motor functions during treatment from 25/40 to 12/40 and 10/40 at follow-up. **Conclusion:** The patient with 5-year history of PD was treated with *shamana* and *panchakarma* therapies using *Kampavata-Chikitsa* for 8-days, along with *mustadi-yapana-basti* and *anuvāsana-basti*, resulting in significant improvement in UPDRS-8 scores, decreasing from 25 to 12 at discharge and to 10 at 1-month follow-up, with enhanced well-being and no adverse events or side effects.

**KEYWORDS:** Ayurveda, Case Report, *Kampavata*, *Panchakarma*, Parkinson's disease, *Vatavyadhi*

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## 1. INTRODUCTION

Parkinson's Disease (PD) is a slowly progressive disorder caused by neuronal degeneration in substantia nigra, whose prevalence varies across countries. Its cause is unknown, but genetic and environmental factors are known to cause PD. Bradykinesia, resting-tremors, impaired balance & posture, muscle-rigidity are dominant symptoms of PD. West-Africa and Asia have lower rates of PD than Europe and North-America. India has the lowest global generalised incidence of PD (70 per 1,00,000-healthy individuals). Nonetheless, the Parsi community in Mumbai has the highest incidence of PD in the world (328 per 1,00,000-people). [1]

*Nidana-panchaka* (five-fold diagnostic methodology) and *roga-rogi-pareeksha* (clinical examination) define a disorder in Ayurveda, followed by its management with *shamana* (pacifying) and *shodhana-chikitsa* (elimination). According to *Ashtangahridayam*, *kampa* (tremor) is a sign of *sarvanga-vata* (complete body afflicted by vitiated *vata*) and *vata-prakopa* (*vata* aggravation). Treatment modalities for *Kampavata* are described in texts like *Bhaishajya Ratnavali*, *Chakradutta*, and *Vangasena*. A more thorough diagnostic and treatment approach is mentioned in *Basavarajeeyam* under heading *Kampavata*. [2] Since, the patient was on multiple modern medications for varied complaints, this case report focuses on managing pre-diagnosed PD through Ayurvedic diagnosis and treatment, integrating Ayurveda treatment along with the conventional care.

## 2. CASE REPORT

**Patient Information:** A 70-year-old male truck driver from Goa, belonging to middle-class socio-economic group, presented with complaints of tremors in bilateral upper-limbs for 5-6 years. Also, he had difficulty in speaking associated with dribbling of urine and incontinence for last 4-months. The patient faced constipation and difficulties with bowel movements for past 3 to 4-months, along with a gradual decline in his ability to perform daily tasks. On February 8, 2025, he visited the KLE Ayurveda Hospital's OPD (OP250008605) for treatment. The patient had a medical history of 5-years of hypertension, 5-years of Parkinsonism, and 5-months of benign prostatic hyperplasia (BPH). He was under medications, namely, Levodopa (100mg) and Carbidopa (25mg) for Parkinsonism, Amlodipine (5mg) and Atenolol (50mg) for hypertension, and Tamsulosin Hydrochloride (0.4mg) for BPH. The patient had no family history of PD and had mixed-diet with non-vegetarian food once a week. His bowel movements were occasionally hard and irregular. He occasionally consumed alcohol and discontinued chewing tobacco 25 years ago. This case report follows the CARE case report guidelines.

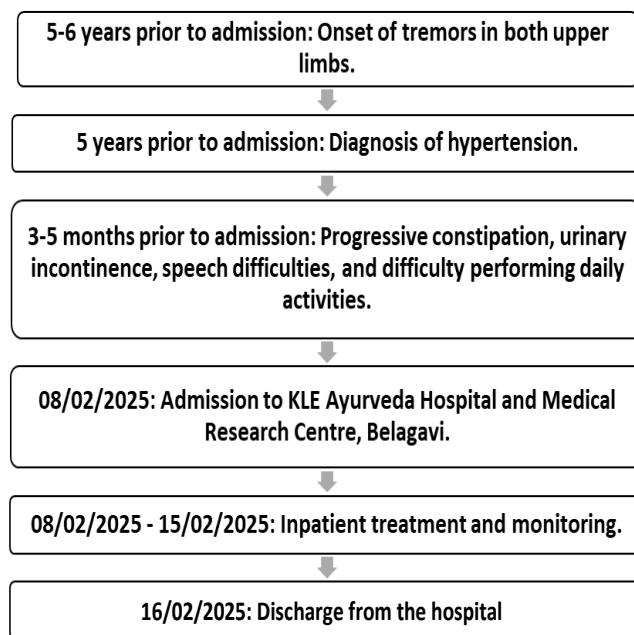
**Clinical Findings:** On clinical examination, the patient was well nourished with a moderate built. He had vitals within normal limits, with pulse rate of 64 bpm, blood pressure of 140/90 mm of Hg, respiratory rate of 17/min, and body temperature of 98°F. His height measured 165cm with weight 65kg, making BMI 23.9kg/m<sup>2</sup>. No abnormality was detected on clinical examination of the respiratory, cardiovascular and gastrointestinal systems. For CNS Examination, the

patient was aware and oriented to both time and place. The speech exhibited non-fluency, remote and recent memory remained intact, with a slight delay in response. Cranial nerves examination showed normal functionality for the olfactory, optic, oculomotor, trochlear, abducens, glossopharyngeal, vagus, accessory, and hypoglossal nerves. The trigeminal nerve function presented a positive jaw jerk reflex (+1) and revealed an inability to properly clench the teeth. The assessment of the facial nerve showed mild weakness in strength while smiling and blowing out cheeks, but all other functions were intact. The motor system examination revealed normal tone and strength (5/5 in all limbs), along with positive cogwheel rigidity in the upper-limbs, a festinating gait, and delayed dysdiadochokinesia. The sensory examination indicated intact senses for touch, pain, temperature, and joint position. Reflex testing showed diminished responses of +1 for the biceps, +1 for the triceps, and +1 on the left knee jerk and +2 on the right knee jerk.

**Diagnostic Assessments:** The patient was diagnosed on both Ayurveda and modern parameters. His complaints of progressive tremors, rigidity, urinary incontinence, and bradykinesia made him fit into the diagnosis of Parkinson's Disease. *Ashtavidha* (eight-fold) and *dashavidhapareeksha* (ten-fold examination) revealed his *prakriti* as *vata-pitta* dominant, with *vikriti* (vitiation) in the *asthi* and *majja dhatu*. The patient has *lakshanas* (signs) of *Kampavata* along with loss of movement (*Chestahani*), gait disturbances (*Gatisanga*), tremors (*Kampa*), and constipation (*Baddhamala*). Other contributing factors in this pathology included improper

sleep patterns, alcohol consumption, and excessive walking, leading to *vata* and *pitta* aggravation.

**Timeline:** The timeline of the events for the case is exhibited in Figure 1.



**Figure 1- Timeline of Events**

**Intervention:** The modalities of *Yuktivyapashraya* (therapeutic) and *Sattwavajaya Chikitsa* (psychotherapy) were adopted, and the following sections discuss these approaches in detail.

**Yuktivyapashraya Chikitsa:** Based on aetiopathogenesis, *Panchakarma* therapies along with *shamana* medications were advised. *Panchakarma* included *sarvanga-abhyanga* (oil massage) with *ksheerabala-taila* to enhance the mobility and reduce the rigidity, followed by the *dashamoola-parisheka* (pouring medication decoction over the body) to alleviate the *vata-kapha dosha* for the first three-days. *Shirotalam* (applying medicated paste on head) with *brahmi*, *jatamamsi* and *ashwagandha ghrita*, along with *veshtana* (cloth dipped in medicated media applied over

affected part) with *ksheerabala-taila* to the bilateral upper-limbs was done. *Anuvasana Basti* (therapeutic oil-enema) (80ml) was advised with *Ashwagandha Ghrita* (30ml) and *Pippalyadi-Anuwasana taila* (50ml). *Mustadi-Yapana-Basti* (therapeutic decoction-enema) was advised for three-days, then revised for next four days. The *basti* (enema) plan and its ingredients are mentioned in Tables 1 and 2, respectively. After three-

days of *dashamoola-parisheka*, the patient was shifted to *sarvanga shashtikashali-pinda-sweda* (sudation performed by bolus of drugs like rice, milk and *Sida cordifolia*) after the *sarvanga-abhyanga* with *ksheerabala-taila*. Also, physiotherapy was advised along with the *bahiparimarjana-chikitsa* (external therapeutics). This IPD-treatment ranged from 08.02.2025 to 15.02.2025 with discharge on 16.02.2025.

**Table 1- Basti Plan during the Admission**

Date	8/2/25	9/2/25	10/2/25	11/2/25	12/2/25	13/2/25	14/2/25	15/2/25
Morning (Empty Stomach)	-	MYB <sup>#</sup>	MYB	MYB	MYB(R) <sup>^</sup>	MYB(R)	MYB(R)	MYB(R)
Afternoon (After Lunch)	AB	AB <sup>5</sup>	AB	AB	AB	AB	AB	AB

<sup>#</sup>MYB-Mustadi-Yapana-Basti; <sup>^</sup>MYB(R)-Revised Mustadi-Yapana-Basti; <sup>5</sup>AB-Anuvasana-Basti

**Table 2- Ingredients of Mustadi-Yapana-Basti**

<b>Mustadi-Yapana-Basti - MYB</b>	<b>Revised Mustadi-Yapana-Basti – MYB(R)</b>
1) <i>Madhu</i> (honey)-50gm	1) <i>Madhu</i> (honey) -50gm
2) <i>Lavana</i> (salt)-12gm	2) <i>Lavana</i> (salt)-12gm
3) <i>Sneha –Panchagavya ghrita</i> (70ml)	3) <i>Sneha –Mahanarayana Taila</i> (70ml)
4) <i>Kalka- Rasna churna- 20gm, Kapikacchu churna- 20gm, Ashwaganda Churna-20gm, Guduchi churna-10gm, Sariva Churna-10gm, Manjishtha churna –10gm</i>	4) <i>Kalka- Rasna churna-20gm, Kapikacchu churna-20gm, Ashwaganda Churna-20gm, Guduchi churna-10gm, Sariva Churna-10gm, Manjishtha churna –10gm</i>
5) <i>Kashaya-Mustadi-Yapana-Kashaya (Ksheerapaka)</i> (300ml)	5) <i>Kashaya-Mustadi-Yapana-Kashaya (Ksheerapaka)</i> (300ml)
	6) <i>Aavapa-Aja mamsarasa</i> (100ml) [4]

For *anatahparimarjana-chikitsa*, internal medicines, namely, *Dhanwantara Gutika* 1-TID, *Ashwagandharishta* 3tsp-BD, *Brihatvatachintamani-Rasa* with Gold 1-BD, *Kampavatari Rasa* 1-BD, *Dashamoolarishta* 2tsp-BD after food with water; a proprietary medicine tablet for clearing bowel 1-HS at bedtime and *Kapikacchu Choorna* (proprietary medicine) 1tsp-BD with milk before food were administered during the time of admission. Upon discharge on 16 February 2025, *Brihatvatachintamani-*

*Rasa* with Gold 1-OD (evening), *Kampavatari Rasa* 1-BD, *Balarishta* 3tsp-BD after food with water; *Ksheerabala* 101 oil 8-drops with milk in morning empty stomach and *Kapikacchu Choorna* (proprietary medicine) 1tsp-BD with milk were advised for one-month.

**Sattwavajaya Chikitsa:** For *sattwavajaya-chikitsa* (psychotherapy), daily counselling sessions were conducted for the patient and attenders during hospital stays. *Manoharshanam* (relaxation) and *Aashwasanam*

(assurance and motivation) techniques were employed. Recommendations included engaging in outdoor activities, watering the plants, and reading books to promote mental well-being.

**Follow-up and outcomes:** The patient was monitored closely, and treatment effectiveness was assessed daily. Throughout treatment, gradual improvement was noted in tremors, speech clarity, and motor coordination. By the time of discharge, there was a reduction in tremors,

improved bradykinesia, enhanced speech, and improved micturition and bowel movements. The Unified Parkinson's Disease Rating Scale (UPDRS)-8 scores indicated gradual improvement in motor functions and non-motor symptoms throughout the treatment. [3] On 09.02.2025, the total score was 25/40 (moderate) while it improved to 12/40 (slight-to-mild) on 16.02.2025. On one-month follow-up, UPDRS-8 score improved to 10/40 (slight-to-mild).

**Table 3: Unified Parkinson's Disease Rating Scale (UPDRS-8)**

Assessment Date	Non-Motor Cognition	Mood	Motor Resting Tremor (Rt-UL)	Motor Resting Tremor (Lt-UL)	Finger Tap (Rt)	Finger Tap (Lt)	Gait	Off Time	Dyskinesia Duration	Dyskinesia Disability	TOTAL SCORE
09/02/2025	3	1	3	3	3	3	2	2 (50%)	3	2	25/40
11/02/2025	2	1	2	2	2	3	2	2 (50%)	2	2	20/40
14/02/2025	2	1	2	2	2	2	2	2 (50%)	2	2	19/40
16/02/2025	1	1	1	1	1	2	1	2 (25%)	1	1	12/40
17/03/2025	1	0	1	1	0	1	1	2 (25%)	1	1	10/40

### 3. DISCUSSION

Parkinson's disease managed based on *Vatavyadhi* and *Kampavata* produces noticeable outcomes both on the physician as well as patient's levels. [5] For the *vata* vitiation present without any association, it is advised to address it initially with *Snehana* (oleation), along with *Swedana* (fomentation), which helps to restore mobility to rigid-limbs, like bending a dried piece of wood. *Snehana* replenishes *dosha* and *dhatu*, enhances *bala* (strength), *agni* (metabolism), and overall vitality. [6] *Niruha Basti* (decoction enema), here *mustadi-yapana-basti*, offers numerous benefits, including anti-ageing

effects, increased-strength, improved-digestion, enhanced-intellect, better vocal-quality, and a finer-complexion. It not only pacifies vitiated *doshas* through deep-penetrating systemic action, but also provides *rasayana* effects, both at level of *shareera* and *manas*, making it beneficial in PD. [7] Utilisation of *Panchagavya ghrita* and *Mahanarayana taila* in *mustadi-yapana-basti* helped in achieving *Medhya* (improving intellect) & *srotoshodhana* (clears passages), and *brihmana* (nourishing) properties, respectively. *Ksheerabala-taila-abhyanga* alleviates *vata-dushti* (*vata* vitiation), hence reducing tremors, rigidity and stiffness

in *kampavata* patient. Also, being *balya* (strengthening), it enhances muscle-tone and mobility, improving overall neuromuscular health. *Ashwagandhaghrita* improves the status of *ojas*, improves *buddhi* and *medha* (mental faculties) along with pacifying *vataja* diseases. [8] *Pippalyadi-anuvasana-taila*, is indicated for constipation (*vata-varchas nigraha*) along with correcting *vata-dushti* in *koshtha* (gastrointestinal tract).[9] The ingredients of the *niruha-basti* help in pacifying *vata-dosha* at the level of *koshtha*, *shakha* (*dhatu*) and *marma-ashtisandhisthana* (vital organs/organ systems). [6] Brain being derived from *majja-dhatu*, being the *marma* (*shiras/head*), is involved in *kampavata*, hence, *mustadi-yapana-basti* improves the dopamine functions, reduces the neuroinflammation and improves the mobility and coordination, hence making it effective in cases of *kampavata* symptomatology. *Dasamoolaparisheka* [10], alleviates *kapha* and *vata-dushti* in initial phase, while *shastikashali-pinda-sweda* provides strength in later stage, and being *swedana*, improves mobility and reduces *vata-dushti*.

*Brihatvatachintamani-Rasa-Gold*, being a *rasayana* (aiding rejuvenation), promotes neuromuscular-health, rejuvenation, but also helps in correcting vitiated-*vata*. *Kampavatari Rasa*, as per *Rasa Raja Sundara*, contains *Rasasindooram*, *Tamrabhasma*, triturated in *katukiswarasa* (fresh juice); reduce *kampavata-lakshanas* because of its *vyadhi-pratyaneeka* (targeting the disease) effects. *Kapikacchu*, *Mucuna pruriens* (proprietary medicine in powder form), is abundant in L-Dopa and enhances dopamine levels, hence improving motor function in *Kampavata* as well as the PD-

symptomatology. It provides neuroprotection, mitigates oxidative-stress, and helps balance *vata-dosha*. In comparison to synthetic Levodopa, *Mucuna pruriens* powder has fewer side-effects, a superior bioavailability, and additional adaptogenic benefits, making it a safer and natural alternative for managing PD. The proprietary medicine for clearing the bowel is made with *Ajamoda* (*Trachyspermum roxburghianum*), *Jeeraka* (*Cuminum cyminum*), *Balharitaki* (*Terminalia chebula*), *Yashtimadhu* (*Glycyrrhiza glabra*), *Shunthi* (*Zingiber officinale*), *Saindhav lavana* (*Rock Salt*) and *Swarnaksheeri* (*Argemone mexicana*) which helps to exert carminative and laxative effects to alleviate the symptoms of constipation in cases of *kampavata*. Hence, the said management was effective in reducing the complaints of the patient along with improvement in overall well-being and status of health.

#### 4. CONCLUSION

A patient with Parkinson's disease for 5 years, was managed utilising *Kampavata Chikitsa*, incorporating *panchakarma* therapies of *ksheerabala-taila sarvanga-abhyanga*, *dashamoola-parisheka*, *shastikashali-pindasweda*, *anuvasana-basti* with *ashwagandha ghrita* and *pippalyadi anuvasana taila*, *mustadi-yapana-basti*, *shirootalam* and *veshtana*; along with *shamana* medicines (*brihatvatachintamani-rasa-gold*, *kampavatari rasa*, *dashamoolarishta*, *Anuloma DS* and *Zandopa granules*). The treatment lasted for 8 days with 1-month follow-up, with remarkable improvement in complaints of tremors, speaking difficulties, constipation and urinary incontinence. The UPDRS-8 score improved from 25/40 to 12/40 on discharge and to 10/40 after 1-

month, paving way for exploration in mental health and cognitive sciences in *Ayurveda*. No adverse events or side effects were reported during treatment.

**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 attenders, with improved status of tremors, sleep, bowel habits and overall wellbeing.

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