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Case Report: Ayurvedic Management of Parkinson's Disease (Kampavāta)

Authors:

¹Dr Rahul H (Professor)

²Dr Keerthana V Nampoothiry (House Surgeon)

Department:

Panchakarma Department

Vaidyaratnam Ayurveda College, Ollur, Thrissur
Kerala , India

Abstract

Parkinson's Disease (PD) is a progressive neurodegenerative disorder characterized by tremor, rigidity, bradykinesia, and postural instability. In Ayurveda, the condition correlates with Kampavāta, a Vāta-nanātmaja vyādhi. This case report presents the Ayurvedic management of a 56-year-old female diagnosed with PD. Treatment included Udwarthanam, Dhanyamladhara, Shirovasthi, Abhyangam, Shiropichu, Mathravasthi and Mustadi yapana vasti protocol along with Vātahara and Rasāyana internal medications. After 5 weeks of treatment, the patient showed significant improvement in tremors, gait stability, rigidity, sleep, and overall quality of life. This case highlights the therapeutic potential of Ayurveda in neurodegenerative disorders.

Keywords

Parkinson's Disease, Kampavāta, Ayurveda, Vasti, Neurodegeneration, Vātavyādhi

Introduction

Parkinson's Disease (PD) is a chronic and progressive neurodegenerative disorder primarily caused by degeneration of dopaminergic neurons in the substantia nigra. The primary symptoms include resting tremor, rigidity, bradykinesia, and postural instability. According to Ayurveda, these symptoms correlate with Kampavāta, a condition resulting from aggravated Vāta causing involuntary body movements due to dhātu-kṣaya and srotas obstruction. Management focuses on Vāta-śamana, br̥mhaṇa therapies, neuro-restorative (rasāyana) strategies, and functional rehabilitation.

Case Presentation

A 56-year-old female, who is a known case of Diabetic and hypertensive presented with tendency to fall while walking, slowness of movement and stiffness of muscles for 2 years. The patient took Allopathic consultation and was diagnosed with parkinsonism and was on levodopa-carbidopa, with partial relief. No history of stroke, head injury, or substance use.

Examination

General Examination: Stooped posture, masked facies. Neurological Findings: Resting pill-rolling tremors, cogwheel rigidity, bradykinesia, reduced arm swing, short-stepped gait with mild festination, hypophonia. Ayurvedic Examination: Vāta pradhāna with mild pitta involvement; duṣyas involved—rasa, māṃsa, majjā; srotoduṣṭi—saṅga and kṣaya; roga mārṅga—madhyama.

Investigations

- MRI brain shows chronic small vessel ischemic changes involving the bilateral frontoparietal white matter with mild diffuse cerebral parenchymal atrophy.
- Nerve conduction study : Motor and sensory nerve conduction studies are within normal limits in all tested nerves; however, F-waves are absent in the bilateral peroneal nerves.

Ayurvedic Diagnosis

Based on symptoms of tremors (kampa), rigidity, bradykinesia, and gait disturbance, the condition was diagnosed as Kampavāta, a Vāta-dominant disorder affecting majjāvaha srotas.

Management

Internal Medicines

1. TIKTAKA KASHAYAM - 15 ml+ 45 ml lukewarm water B/F (6AM,6PM)
2. KAPIKACHU CHOORNAM- 1 tsp-0-1 tsp in B/W food.
3. ERANDA VEERA RASAM - 2-0-2 with kasayam.
4. KANCHANARA GUGGULU- 2-0-2 A/F.
5. MANASAMITHRA VATAKAM- 0-0-2 A/F.
6. KARPASAHASTYADI TAILAM - for head oil massage

Panchakarma Procedures

- Udwarthanam (Kolakulathadi choornam): for 5 days.
- Nadi Svedana: Following Udwarthana.
- Dhanyamladhara (Mashasaindhava tailam+ Saindhava): 7 days.
- Mashatmaguptadi Yapana Basti Therapy (Yoga Basti): 5 days.
- Shirovasti: 5 days with Karpasasthyadi tailam
 - Abhyangam with Karpasasthyadi tailam for 3days
 - Shiropichu with Karpasasthyadi taila for 3 days
 - Mathravasthi with Pippalyadi Anuvasana tailam for 1 day

Outcome

After 5 weeks, the patient demonstrated notable improvements:

- Tremors reduced by 40–50%.
- Improved gait stability and arm swing.
- Decrease in rigidity and better movement initiation.
- Improved sleep quality and reduction in anxiety.

Discussion

Kampavāta results from aggravated Vāta due to dhātu-kṣaya and obstruction in majjāvaha srotas. Basti is the prime treatment for Vātaja disorders as it has neuro-restorative effects. Aśvagandhā, Brahmī, and Bala taila support nerve function and act as rasāyanas. The combination of Vātahara, br̥ṃhaṇa, and rejuvenative interventions lead to improvement in both motor and non-motor symptoms. This case shows the potential of Ayurveda in managing neurodegenerative disorders like Parkinson's Disease.

Conclusion

In the given Case Ayurvedic treatments, especially Panchakarma therapies such as Basti combined with internal Vātahara and Rasāyana medications, had significantly improved symptoms of Parkinson's Disease (Kampavāta). The holistic approach helps slow disease progression and enhances functional ability and quality of life.

References

1. Sharma PV. Charaka Samhita, Chikitsa Sthana. Vātavyādhi Chikitsa Adhyaya.
2. Murthy KR. Ashtanga Hridaya, Nidana Sthana – Vātavyādhi Nidana.
3. Olanow CW, Stern MB, Sethi K. Parkinson's Disease. Lancet. 2009.
4. Manyam BV. Ayurveda and chronic neurological diseases. J Altern Complement Med.

