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Ayurvedic management for Parkinson's Disease : A comprehensive case report on *Kampavata*

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ABSTRACT

Parkinson's Disease (PD) is a progressive neurodegenerative disorder characterized by symptoms such as bradykinesia, tremors, impaired posture, balance, and muscle rigidity. This case report discusses a 57-year-old male with a decade-long history of PD, presenting with tremors, slurred speech, and neck rigidity, who sought Ayurvedic treatment after finding no relief from conventional biomedical approaches. The patient was assessed using Ayurvedic principles of *Rogi-Roga Pareeksha* as *Kampavata*, and accordingly, the treatment plan combining *Rookshana* (drying) and *Snehana* (oleation) therapies were adopted. The intervention included external therapies like *Udvartanam* (powder massage), *Sarvanga Abhyanga* (full body oil massage), *Swedana* (fomentation), and *Vaitarana Basti* (medicated enema). Internal medications included *Maharasnayogaraja Guggulu Kashayam*, *Saraswatarishtam*, *Ashtavarga Kashayam* and *Brihatvatachintamani Rasa*. Over a two-week treatment period, significant improvements were observed in tremors, bradykinesia, rigidity, gait, and speech, with the patient reporting enhanced quality of life and reduced stress. This case highlights the potential efficacy of Ayurvedic treatment modalities in managing neurodegenerative disorders like PD, particularly when conventional treatments fail to provide relief.

Key words: Ayurveda, *Kampavata*, Parkinson's Disease, *Rookshana*, *Snehana*

INTRODUCTION

Parkinson's Disease (PD) is a progressive disorder that is caused by degeneration of nerve cells in the part of the brain called the substantia nigra, which controls movement.^[1] The cause of Parkinson's Disease is unknown but factors such as genetic history, and certain environmental factors are known to cause the

disease. There are bradykinesia, tremors, impaired posture and balance, muscle rigidity etc. as symptoms of PD. The prevalence of Parkinson's disease varies by nation. West Africa and Asia have lower rates of Parkinson's disease than Europe and North America. India has the lowest global generalised incidence of Parkinson's disease (70 per 100,000 normal persons). Nonetheless, the Parsi community in Mumbai has the highest incidence of Parkinson's disease (PD) in the world (328 per 100,000 people).^[2]

Understanding the disease in Ayurveda is based on *Nidana Panchaka*, *Roga-Rogi Pareeksha*, which further helps in understanding medication protocol i.e., *Shamana* (pacifying) and *Shodhana* (purifying) *Chikitsa* (treatment). According to *Ashtanga Hridayam*, *Kampa* (tremor) is a sign of *Sarvanga Vata* and *Vata Prakopa*, or the vitiation of *Vata*. Numerous medications for the treatment of *Kampavata* are described in texts like *Bhaishajya Ratnavali*, *Chakradutta*, and *Vangasena*. A more thorough diagnostic technique that mentions the

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disease's symptoms and the management has been mentioned in *Basavarajeeyam* under the heading *Kampavata*.^[3] Being a pre-diagnosed case of Parkinson's Disease, this report is primarily focused on the management of a PD case using Ayurvedic parameters and treatment modalities.

CASE HISTORY

A 57-year-old male patient visited the Out Patient Department with complaints of tremors, slurred speech and neck rigidity for ten years. As per the patient, he was asymptomatic ten years back, when he gradually developed difficulty in speaking, tremors and rigidity in the neck. On further inquiry, he revealed being diagnosed with Parkinson's Disease by the biomedical medicine and taken previous consultations for the same but found no relief in the complaints. Hence, the patient approached OPD of Kayachikitsa, Shiva Ayurvedic Medical College and Hospital for exploring potentials of Ayurveda in Parkinson's Disease.

Personal History

Ahara (Diet) - Mixed (vegetarian and non-vegetarian)

Nidra (Sleep) - Sound: *Diwaswapna* (day sleep) - Not Elicited

Mala (Bowel) - *Samanya* 1time/day

Mutra (Micturition) - 4 to 5 times/day

Vyasana (Addiction) - Not Elicited

The patient leads a stressful life due to a hectic work schedule.

Family History: There is a history of Parkinson's disease in the family (Grandfather).

History of Past Illness: History of Hypertension (since 1992), *Amlapitta* (since 1993)

History of Past Medication: History of intake of Asomex-TM (Telmisartan 40 mg and Amlodipine 5 mg), Ciplar C-A (Propranolol) 20mg (later up to 40 mg), Pantoprazole 40 mg (regularly)

History of Mansika Bhavas: *Chinta* - increased thought process, *Bhaya* - fear (+)

METHODOLOGY

The *Nidana-Panchaka* examination of the patient as per Ayurveda principles was adopted. *Rogi-Roga Pareeksha* (Examination) followed by eliciting *Lakshana*, *Nidana*, *Poorvaroopo*, *Dosha* and *Dooshya* respectively, formulating the possible *Samprapti*, defining the disease condition and its stage and finally the treatment protocol was followed.

Samprapti (Etiopathogenesis)

Nidana Sevana → *Kapha* Vitiation → *Srotosanga* → *Vata Prakopa* → Continues *Nidana Sevana* → *Vata* and *Kapha* Vitiation → *Sthana Samshraya* → *Udana Vayu* *Vaigunya* → *Kampavata*

Roga Pareeksha (Assessment of the disease)

Eliciting the *Lakshanas* (signs):

1. Tremors (*Kampa*)
2. Bradykinesia (*Cheshtahani*)
3. Rigidity (*Stambha*)
4. Gait impairment (*Skhalita Gati*)
5. Speech Changes (slurred) (*Vak Vikriti-Baddhata*)
6. Difficulty in writing
7. Postural deformity (*Avanamana*)

Amongst these *Kmapa*, *Cheshta Hani* and gait impairment are the signs of most diagnostic importance.

Eliciting the Nidana (Etiological factors)

1. *Chinta*, *Prapatana*, *Sheeta*, *Ruksha Bhojana*
2. *Beejadosha* (genetics and familial history)
3. *Shiro Abhighata* (head injury in childhood)
4. Long use of Proton Pump Inhibitors (Pantoprazole 40 mg)

Rogi Pareeksha (Assessment of the diseased)

- *Prakriti-Kapha Vata* Dominant
- *Vikriti-Kaphavrita Vata*
- *Satva-Madhyama*

- Sara-Madhyama
- Ahara Shakti- +
- Samhanana - Susamhita
- Vyayam Shakti - Avara
- Vaya - Madhyama, Pittakala

Final Diagnosis: Kampavata

Vyadhi Swaroopa: Chirkari, Jeerna

Prognosis: Kricchra Sadhya/Yapya (difficult to treat or manageable)

The patient was recommended for IPD admission on August 16, 2022, following a thorough evaluation of Vyadhi and Rogi. At admission, the patient's general state was well, although slightly stressed. Blood pressure was 118/86 mm Hg, pulse rate was 68 bpm, and SpO2 was 98%.

Therapeutic intervention

Chikitsa in Ayurveda is based on three principles: Yuktivyapashraya, Daivavyapashraya and Sattvaavajaya. Here primarily Yuktivyapashraya Chikitsa was adopted. The following treatment principles were adopted:

1. **Rookshana Chikitsa** (Udvartanam, Swedana, Dhanyamla Dhara, Vaitarana Basti with Gomutra) for Kapha Avrita Dosha.
2. **Snehana Chikitsa** (Abhyanga, Matra Basti, Vaitarana Basti with Ksheera) for Vata Dosha vitiation.

Bahiparimarjana Chikitsa (External therapeutics)

1. Udvartanam (powder massage) with Kolakulathadi Choornam (for initial five days)
2. Sarvanga Abhyanga (full body oil massage) with Mahanarayana Taila following Udvartanam
3. Dhanyamla Pinda Swedana and Nadi Swedana (fomentation procedures with Kolakulathadi Choorna Pottali and Dhanyamla)
4. Sarvanga Dhara with Dhanyamla (pouring medicated liquid over the body)

5. **Matra Basti** (enema) with Sahacharadi Taila (50 ml) added with pinch of Saindhava Lavana.
6. **Vaitarana Basti** (a type of medicated enema) with Gomutra (fresh cow's urine) and Ksheera (cow's milk) as Prakshepa, separately. The Ingredients and plan of Basti have been mentioned in Table no. 1 and Table no. 2.

Table 1: Vaitarana Basti ingredients

Gomutra Vaitarana Basti	Ksheera Vaitarana Basti
1. Saindhava Lavana - 15 gm	1. Saindhava Lavana - 15 gm
2. Guda - 50 gm	2. Guda - 50 gm
3. Ksheerabala Taila - 100 ml	3. Ksheerabala Taila - 100 ml
4. Chinch - 100 ml	4. Chinch - 100 ml
5. Gomutra - 200 ml	5. Balamoola Ksheerapaka - 300 ml
6. Balamoola Kwatha - 200 ml	

Table 2: Plan of Vaitarana Basti and Matra Basti

Day	1	2	3	4	5	6	7	8	9
Niruha Basti (Before Food)	-	gV B	gV B	gV B	kV B	kV B	kV B	kV B	-
Matra Basti (After Food)	s M B	s M B	s M B	s M B	s M B	s M B	s M B	s M B	s M B

gVB: Gomutra Vaitarana Basti; **kVB:** Ksheera Vaitarana Basti; **sMB:** Sahacharadi Taila Matra Basti)

Antahaparimarjana Chikitsa (Internal Medication)

1. Maharasnayogaraaja Guggulu Kashayam 15 ml mixed with 60 ml water before food, twice daily.
2. Saraswatarishtam and Ashtavargam Kashayam (mixed 20 ml) added with Brihatchagalayadi Ghrita 5 ml, one hour after food twice daily.
3. Brihatvatachintamani Rasa for 5 days followed by a gap of 2-3 days. Then again continued for 5 days, then advised for ten days, twice daily.

4. *Shilajatu* one capsule once daily, with milk.

The above said treatments were adopted from 16.08.2022 to 31.08.2022. On Discharge, medicines were continued adding *Kauncha Paka* 10 grams with milk at bedtime, and *Murivenna Taila*, before bath for *Abhyanga* was advised as a daily regimen.

Follow-up

It was recommended to the patient to follow up in three months. The patient was given a suitable diet and exercise regimen up until that point.

Summary of Outcomes

Poor (5); Fair (4); Good (3); Very Good (2); Excellent (1)

Lakshanas (Notable Signs and Symptoms)	Before Treatment (At Time of Admission)	After Treatment (At Time of Discharge)
<i>Kampa</i> (Tremors)	5	2
<i>Chestasanga</i> (Bradykinesia)	4	1
<i>Stambha</i> (Rigidity)	3	1
<i>Gati</i> (Gait)	4	1
<i>Vakstambha</i> (Speech)	4	1
Writing	4	1
Posture	3	1

RESULT

A notable improvement in the complaints was reported. The impairment of *Kampa*, *Stambha*, *Cheshtasanga*, gait, speech, and posture were greatly diminished. In addition, the patient's quality of life increased and stress levels was greatly lowered.

DISCUSSION

Vata Vyadhi addresses a number of serious health issues pertaining to the joints, bones, degenerative diseases, etc. In biomedical medicine, levodopa, dopamine agonists, MAO inhibition, anticholinergics, and other medications are used to manage bradykinesia, tremors, and other symptoms in order to

lessen their severity. With the use of *Nidana Panchaka*, *Hetu*, and *Vyadhi Vipreeta Chikitsa*, Ayurveda takes a holistic approach to treat *Rogi* and *Vyadhi*, thereby improving the patient's quality of life and reducing symptoms. Since, the aforementioned case was a pre-diagnosed case of Parkinson's disease, it was understood using the principles of Ayurveda, specifically *Kampavata*. Despite having a family history, the patient has taken 40 mg of pantoprazole for a very long time. Although the precise role of proton pump inhibitors (PPIs) in Parkinson's disease (PD) is still unknown, research suggests that using PPIs increases the risk of developing neurodegenerative diseases.^[4]

However, in terms of Ayurveda, managing the symptoms was made tricky because this case involved both *Kevala Vata Lakshanas* and *Kapha Avrita Vata Lakshanas*. While the *Kevala Vata* needs more *Snehana* line of modalities, the *Kaphavrita Vata* may benefit from the *Rookshana* line of treatment. Hence, incorporating both, the dual (*Vyatyasyata*) modalities were incorporated in *Bahiparimarjana* and *Antahparimarnjana Chikitsa*. *Udvartanam* (powder massage) with *Kolakulathadi Choornam*, *Dhanyamla Pinda Swedana* (fomentation procedures with *Kolakulathadi Choornam Pottali* and *Dhanyamla*), *Sarvanga Dhara* with *Dhanyamla* (pouring medicated liquid over the body) and the *Vaitarana Basti* (decoction enema) with *Gomutra* (fresh cow's urine) followed the line of *Rooksha Chikitsa*; while the *Sarvanga Abhyanga* (full body oil massage) with *Mahanarayana Taila*, *Vaitarana Basti* (medicated enema) with *Ksheera* (cow's milk) and *Matra Basti* (enema) with *Sahacharadi Taila* (50 ml) added with pinch of *Saindhava Lavana* were based on line of principle of *Snehana Chikitsa*.

Despite *Kapha Aavarana* being the main presentation, the *Snehana Chikitsa* was advised after *Rookshana*. *Udvartanam* aids in *Kapha* depletion, *Meda Pravilayana* (*Meda* removal from the *Srotas*), and organ strengthening. *Kolakulathadi Choornam* was used in the condition because of its *Ushna* and *Vata* pacifying qualities.^[5] As *Bhedi*, *Teekshna*, and *Ushna*, *Dhanyamla Dhara* and *Dhanyamla Pinda Sweda* are the *Rooksha Swedana* (fomentation) that aid in the

removal of *Avarana* and the combat *Kapha-Vata* vitiation. Assessing the *Vata* dominant *Lakshanas*, typically referred to as *Kevala Vata*, full body massage with *Mahanarayana Taila* was advised. *Mahanarayana Taila* alleviates the *Vata Vriddhi* and is recommended in *Shakhagata* and *Koshthagata Vata* pathologies. Furthermore, it is stated that *Mahanarayana Taila* is *Brimhana* and advised for *Snayu* strengthening (the neuro-muscular structures).^[6]

Since *Basti* is regarded as the most effective method of treating *Vata Vyadhi*. Even though the *Kapha* affliction was also observed, two variations of the *Vaitarana Basti* - with *Gomutra* and with *Ksheera*, from the *Chakradutta Amavata Chiktisa* were adopted. *Gomutra* was used primarily to address the *Kapha* dominant conditions because of its more *Rooksha*, *Teekshna*, and *Sookshma Gunas*. In the second type of *Vaitarana Basti*, *Balamoola (Sida cordifolia)* *Ksheerapaka* was used in place of *Gomutra* because, in order to pacify *Vata*, more *Madhura*, *Snigdha Guna* was needed. After having the meal, it was suggested to have a *Matra Basti* with 50 ml of *Sahacharadi Taila*. *Sahacharadi Taila* is used in conjunction with *Kapha* to counteract *Vata*, and it is especially recommended in *Kampa* (tremors) *Lakshanas*.^[7]

Arya Vaidya Pharmacy in Coimbatore offers a proprietary medication called *Maharasnayogaraja Guggulu Kashayam*, which combines the ingredients of *Maharasnadi Kashayam* and *Yogaraja Guggulu*. With its *Kapha* and *Vata* pacifying qualities, *Maharasnadi Kashayam* is *Brimhana Kashaya* and is directed towards the *Marma-Asthi-Sandhis*. However, in addition to strengthening the *Agni*, balancing, and alleviating the *Sandhi-Majja Gata Vata Rogas*, *Yogaraja Guggulu* also aids in *Vata Vyadhi*.^[8] Being a *Medhya* formulation, *Saraswatarishtam* is good for *Medha* (intellect) and aids in *Ksheenasmruti*, whereas *Ashtavargam Kashayam* takes a different approach to alleviate *Vata*. Being *Balya* and *Agni* potentiating *Ghrita*, *Brihatchagalayadi Ghrita* aids in *Rasayana* activity to achieve copious forms of *Dhatu*s in this patient. *Brihatvatachintamani Rasa* is a herbo-mineral preparation that contains gold and is considered a *Rasayana Aushadha*. It is also a *Vyadhi-Pratyaneeka*

Chikitsa for *Vata*-dominant *Vyadhi*. *Shilajatu* is used in *Kapha* and *Vata* dominant conditions as *Tikta*, *Ushna*, and *Katupaka Rasayana*. Even though it functions in the higher mental functions, the aforementioned situation can still use it.^[9] It was recommended as a daily regimen to take 10 grams of *Kauncha Paka* with milk before bed and *Murivenna Taila* massage before bathing. In the treatment of Parkinson's disease, mucuna (*Kauncha*) seeds have demonstrated comparable effectiveness to pure levodopa or carbidopa. Levodopa is a direct precursor of the neurotransmitter dopamine. For the long-term treatment of Parkinson's disease, this powdered mucuna seed formulation is preferable to traditional L-dopa preparations.^[10]

Thus, by applying these various modalities of *Rooksha* and *Snigdha Chikitsa*, a noteworthy improvement in the patient's complaints was observed.

CONCLUSION

In the context of *Kampavata*, it can be said that Ayurvedic intervention in neurodegenerative disorders like Parkinson's disease is very successful. Utilizing distinct methodologies from *Kapha Avarana* and *Rookshana Chikitsa*, the outcomes documented were exemplary. Moreover, there were documented no side effects from the Ayurvedic treatment.

Informed consent

The written informed consent has been taken from patient for treatment as well as publication purpose, without disclosure of the identity, solely meant for the medical education and learning.

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