



ISSN 2456-3110

Vol 9 · Issue 7

July 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

# Ayurvedic management of Parkinson's Disease - A Case Study

Anush N<sup>1</sup>, Yadu Gopan<sup>2</sup>, Lakshmi Prasad L Jadhav<sup>3</sup>

<sup>1</sup>Post Graduate Scholar, Dept. of Kayachikitsa, Sri Dharmasthala Manjunatheshwar College of Ayurveda and Hospital, Hassan, Karnataka, India.

<sup>2</sup>Assistant professor, Dept. of Kayachikitsa, Sri Dharmasthala Manjunatheshwar College of Ayurveda and Hospital, Hassan, Karnataka, India.

<sup>3</sup>Professor, Dept. of Kayachikitsa, Sri Dharmasthala Manjunatheshwar College of Ayurveda and Hospital, Hassan, Karnataka, India.

## ABSTRACT

Parkinson's disease is a movement disorder characterized by the degeneration of neurons in the nigrostriatal dopaminergic system, with its etiology remaining unknown. An imbalance between dopamine and acetylcholine neurotransmitters, involving either an increase in acetylcholine or a decrease in dopamine levels, is observed. Clinical features of Parkinson's disease are an expressionless face with a staring look and infrequent blinking, along with characteristics such as greasy skin, soft and rapid monotonous speech, and a flexed posture known as universal flexion. The gait of individuals with Parkinson's disease is characterized by walking with short steps, a tendency to run, delayed initiation of walking, shortened stride, rapid small steps, and a phenomenon known as festination. Other gait-related issues include reduced arm swinging, impaired balance during turning, propulsion and retropulsion, as well as lateropulsion and kinesia paradox. Resting tremors, rigidity and hypokinesia are common symptoms experienced by patients with Parkinson's disease. In a case study involving a 54-year-old male diagnosed with Parkinson's disease, treatment included *Basti*, *Abyanga*, *Swedana*, and *Shamanaushadi*. Significant improvement in symptoms was observed, highlighting the beneficial effects of *Shodana* and *Shamana* therapies in enhancing the patient's quality of life.

**Key words:** *Abyanga*, *Basti*, *Parkinson's disease*, *Swedhana*, *Shamana*

## INTRODUCTION

Parkinson's disease (PD) is a long term progressive 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.<sup>[1]</sup> The clinical features are resting tremors, cog wheel rigidity, bradykinesia and postural instability. Most PD cases

occur sporadically and are of unknown cause. Degeneration of pigmented pars compacta neurons of the substantia nigra in the midbrain resulting in lack of dopaminergic input to striatum; accumulation of cytoplasmic intraneural inclusion granules (Lewy bodies). Cause of cell death is unknown, but it may result from generation of free radicals and oxidative stress, inflammation, or mitochondrial dysfunction; no environmental factor has yet been conclusively determined to cause typical PD. Rare genetic forms of parkinsonism exist (~5% of cases); most common are mutations in glucocerebrosidase, *LRRK2*,  $\alpha$ -synuclein or parkin gen.<sup>[2]</sup> In early stages the symptoms like tremors, postural imbalance, bradykinesia, rigidity are seen. In advanced stages dementia, sleep disturbance, speech impairment, dysphagia, urge incontinence and nocturia are seen.

In Ayurveda due to the similar clinical presentation Parkinson's disease has close similarity with *Kampavata*. *Kampavata* has been described under

### Address for correspondence:

Dr. Anush N

Post Graduate Scholar, Dept. of Kayachikitsa, Sri Dharmasthala Manjunatheshwar College of Ayurveda and Hospital, Hassan, Karnataka, India.

E-mail: anushn67@gmail.com

Submission Date: 13/05/2024 Accepted Date: 27/06/2024

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: [10.21760/jaims.9.7.48](https://doi.org/10.21760/jaims.9.7.48)

*Vataja Nanatmaja Vyadhi* in Ayurveda literature<sup>[3]</sup> It is described with symptoms like *Karapadatalakampa* (upper and lower limbs tremors), *Stambha* (rigidity), *Chestasangha* (bradykinesia and akinesia), *Vakvikruthi* (disturbance of speech).<sup>[4]</sup>

## CASE REPORT

A 54-year-old male, employed as a farmer, sought medical attention at the *Kayachikitsa* Outpatient Department of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital in Hassan. He presented with concerns of tremors in both hands, postural instability, stiffness in both upper limbs, and overall weakness persisting for the past six months. The patient has a documented history of hypertension spanning eight years and has been consistently taking prescribed medications for the condition. Despite prior treatment with allopathic medications for his current complaints, he did not experience significant relief in symptoms.

**Table 1: Timeline of the Case**

October 2022	Healthy and asymptomatic
November 2022	Observed mild tremors in left hand
December 2022	Observed generalised weakness and tremors in both hands
February 2023	Underwent conservative allopathic management
April 2023	Admission to SDMCAH, Hassan

## Clinical Findings

### General examination

The general condition of the patient was fair and his vital signs were found to be normal. He has moderate built. He had normal appetite and bowel-bladder habits. His sleep was sound.

### Vital signs and Physical Examination:

**Table 2: Vital signs**

Blood Pressure	130/90 mmHg
Heart Rate	70/min

Height	170 cm
Weight	70 kg
BMI	24.2 kg/m <sup>2</sup>

**Table 3: Physical Examination**

Gastro intestinal system	Soft Abdomen, Non-Tender and No Organomegaly
Respiratory system	Symmetrical Chest, No added sound
Cardio vascular examination	S1, S2 heard, No Murmurs

**Table 4: CNS Examination**

Higher mental function	Intact
Muscle movements Coordination	Poor
Tandem walking	Normal
Romberg's sign	Normal
Knee heel test	Normal
Finger to nose test	Negative, patient was unable to do it with precision due to tremors
Involuntary movements	Resting tremors in right upper limb
Tone	Both Upper Limb - Rigid
Power	Both Upper Limb and Lower Limb - 4/5
Reflexes	Both triceps, biceps - + Both knees - ++

## Assessment Criteria

**Table 5: Hoehn & Yahr scale: Stage III**

Stages	Description
Stage I	Unilateral involvement only with minimal or no functional disability
Stage II	Bilateral or midline involvement without impairment of balance

Stage III	Bilateral disease: mild to moderate disability with impaired postural reflexes; physically dependent.
Stage IV	Severely disabling disease; still able to walk or stand unassisted
Stage V	Confinement to bed or wheelchair unless aided

### Diagnostic assessment

**Table 6: MRI Brain**

Dated 31/04/2023	Diffuse age-related cerebral atrophy Normal study
---------------------	--

**Diagnosis:** *Kampavata*, Parkinson's disease stage II,

### Therapeutic Interventions

Initially, the patient underwent *Shodhana Chikitsa*, followed by subsequent *Shamana Chikitsa*. The treatment plan was devised, considering the etiology, clinical features, outcomes of clinical examination, and laboratory findings.

**Table 7**

Date	Treatment
01/05/2023	Admitted
01/05/2023 - 02/05/2023	1. <i>Saravnga Udwartana + Dashamoola Kwatha Parisheka</i> 2. Cap <i>Balamoola</i> 4-0-4 before food with warm milk 3. <i>Ekgaveera Rasa</i> 1-0-1 after food with warm water
03/05/2023	<i>Sadyovirechana</i> with <i>Gandharvahastadi Erandataila</i> - 60ml + warm water No of Vegas: 7
04/05/2023 To 09/05/2023	1. <i>Saravnga Abhyanga</i> with <i>Mahanarayana Taila + Shashtika Shali Pinda Sweda</i> 2. <i>Veshtana</i> with <i>Mahanarayana Taila</i> to all four limbs 3. <i>Niruha Basti</i> with <i>Yeshtimadhu Ksheerapaka</i> 300ml

4. <i>Anuvasana Basti</i> with <i>Ashwagandha Bala Lakshadi Taila</i> - 70ml
5. Cap <i>Balamoola</i> 4-0-4 before food with warm milk
6. <i>Ekgaveera Rasa</i> 1-0-1 after food with warm water

### RESULT

The condition of the patient improved with gradual course of treatment.

**Table 8**

Before treatment	After Treatment
Hoehn and Yahr scale: Stage II with B/L involvement	Hoehn and Yahr scale: Stage I with no Functional disability

### DISCUSSION

Initially, the patient was treated using the *Mrudu Langhana* approach. This involved *Rukshana* and *Swedana* therapies, specifically *Sarvanga Udwartana* and *Sarvanga Parisheka*, respectively. *Mrudu Langhana* is recommended for patients who will later undergo *Brimhana* treatment.<sup>[5]</sup>

In this patient, *Brimhana* was administered through various types of *Snehana*. Consequently, the patient first underwent *Mrudu Langhana* using *Udwartana* and *Parisheka Sweda*. *Mrudu Langhana* helped to increase *Agni*, thereby enhancing the absorption of *Brimhana Dravyas*. Later, the patient received *Sadyovirechana* with *Gandharvahastadi Eranda Taila*. *Mruduvirechana* or *Snigdhavirechana* with *Eranda Taila* is recommended for *Vatavyadhi*, as it aids in *Vatanulomana* and *Koshtashuddhi*.<sup>[6]</sup>

Following *Sadyovirechana*, various forms of *Snehana Chikitsa* were initiated. *Mahanarayana Taila* was used for *Veshtana* on all four limbs as well as for *Sarvanga Abhyanga*. *Veshtana* is one of the treatments recommended for *Vataprakopa*, particularly effective in conditions characterized by increased *Chala Guna* (tremors) of *Vata*.<sup>[7]</sup>

*Abhyanga* pacifies *Vata* and is beneficial for age-related disorders. It offers *Pushti* (nourishment) and

*Ayu* (longevity).<sup>[8]</sup> *Mahanarayana Taila* contains *Brimhana-Pradhana Vatahara Dravyas* and is indicated for all types of *Vata Vyadhis*. It enhances the *Shareera Dridhata* (stability of the body).<sup>[9]</sup>

*Abhyanga* was followed by *Shashtika Shali Pinda Sweda*, a *Brimhana Sweda* particularly effective for *Dhatukshaya* (degenerative conditions) and *Stambha* (stiffness). *Basti* is the best treatment for *Vatavyadhi*, and since the present case involves *Dhatukshayajanya Vatavyadhi*, the *Basti* should be *Brimhana* and *Dhatuposhaka* in nature. Therefore, *Anuvasana Basti* was administered using *Ashwagandha Bala Lakshadi Taila*, which is *Pushtikara* (nourishing) and specifically indicated for *Kshaya* and various types of *Vatavyadhi*. *Yashtimadhu Ksheerabasti* was given as *Niruha Basti*, selected for managing *Majjadhathu Kshaya*, which correlates with neurodegeneration, as *Madhura Ksheerabasti* is indicated for such conditions.

Oral medications prescribed included Cap. *Balamoola* and *Ekgaveera Rasa*. *Bala* is a *Rasayana Dravya* and *Vatahara* that nourishes *Dhatu* and *Oja* and promotes *Ayu* (longevity). It is indicated for *Kshaya*. *Ekgaveera Rasa* is recommended for all types of *Vatavyadhi*, particularly neurological disorders. With collective actions such as *Vatahara*, *Balya*, *Brimhana*, and *Rasayana*, the aforementioned treatment procedures and oral medications helped alleviate the symptoms of Parkinson's disease, resulting in significant improvement in the patient's condition.

## CONCLUSION

The integrated approach of *Shodhana* and *Shamana* therapies in this case study shows promising results in Parkinson's disease. The combination helped in pacification of *Vata* and improvement of *Deha-Dhatu Bala* contributes to symptomatic relief and improved quality of life for the patient. Long-term management and follow-up are essential to monitor the progression of the disease and make necessary adjustments to the treatment plan. Additionally, lifestyle modifications, dietary recommendations, and stress management strategies can complement the Ayurvedic interventions for a comprehensive approach to Parkinson's disease. This case study provides valuable

insights into the potential benefits of *Ayurvedic* interventions, emphasizing the importance of a personalized treatment approach in chronic neurological disorders like Parkinson's disease. Further research and clinical studies are required to validate and refine Ayurvedic protocols for the management of such conditions.

## REFERENCES

1. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo, *Harrisons Principle of Internal Medicine*, 19th Edition, page no. 996
2. Kasper, Fauci, Hauser, Longo, Jameson, Loscalzo, *Harrisons Principle of Internal Medicine*, 19th Edition, page no. 997
3. Agnivesha, *Charaka Samhita*, revised by Charaka & Dridhabala, *Ayurveda Dipika commentary Chakrapani Dutta*, edited by Yadav ji Trikam ji, *Chaukhamba Academy*, Varanasi, reprint 2010, page no. 738
4. Yogaratnakar, *vidyothini hindi commentary by Vaidya lakshminpathi shastri* edited by Bhisagratna Brahma Shankar Shastri, *Chaukhambha Sanskrit Sansthan*, Varanasi, 2014, page no. 540.
5. Vagbhata, *Sutrastana 14<sup>th</sup> Chapter*, *Astanga Hridaya*. Edited by Pandit Harisadhashiva Paradakara Bhisagacharya with commentaries, *Sarvanga Sundari of Arunadatta and Ayurveda Rasayana of Hemadri*. *Chaukhamba Varanasi: Sanskrit Sansthan: Verse 15*
6. Agnivesha, *Chikitsastana 28<sup>th</sup> chapter* *Charaka Samhita*, revised by charaka & Dridhabala, *Ayurveda Dipika commentary Chakrapani Dutta*, edited by Yadav ji Trikam ji, *Chaukhamba Academy*, Varanasi, reprint 2010, Verse 84
7. Vagbhata, *Sutrastana 13<sup>th</sup> Chapter*, *Astanga Hridaya*. Edited by Pandit Harisadhashiva Paradakara Bhisagacharya with commentaries, *Sarvanga Sundari of Arunadatta and Ayurveda Rasayana of Hemadri*. *Chaukhamba Varanasi: Sanskrit Sansthan: Verse 2*
8. Vagbhata, *Sutrastana 2<sup>nd</sup> Chapter*, *Astanga Hridaya*. Edited by Pandit Harisadhashiva Paradakara Bhisagacharya with commentaries, *Sarvanga Sundari of Arunadatta and Ayurveda Rasayana of Hemadri*. *Chaukhamba Varanasi: Sanskrit Sansthan: Verse 8*

9. K R Shrikantha Murthy, Bhavaprakasha of bhavamishra; Vatavyadi Adikara vol 2. 3<sup>rd</sup> edition. Varanasi: Chaukamba Krishnadas Academy; 2005 verse 151-162

**How to cite this article:** Anush N, Yadu Gopan, Lakshmi Prasad L Jadhav. Ayurvedic management of Parkinson's Disease - A Case Study. J Ayurveda Integr Med Sci 2024;7:309-313.

<http://dx.doi.org/10.21760/jaims.9.7.48>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*