



## UNDERSTANDING PARKINSON'S DISEASE THROUGH THE LENS OF KAMPAVATA: AN AYURVEDIC CLINICAL NARRATIVE

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**How to cite this Article:** Murari Vaishnavi<sup>1\*</sup> and Abdul Khader<sup>2</sup> (2026). Understanding Parkinson's Disease Through The Lens Of Kampavata: An Ayurvedic Clinical Narrative. World Journal of Pharmaceutical and Life Science, 12(2), XX-XX.

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Article Received on 26/12/2025

Article Revised on 15/01/2026

Article Published on 01/02/2026

### ABSTRACT

Kampavata, described as a Vataja Nanatmaja Vyadhi in classics such as Charaka Samhita, that which exhibits clinical features that closely resemble to those of Parkinson's disease. It is also referred to as Vepathu in texts like Madhava Nidana, which highlight hallmark symptoms such as Sarvanga Kampa and Shiro Kampa. Basavarajeeyam further elaborates the symptomatology with descriptions of Karapadatale Kampa, Deha Bhramana, Nidrabhanga, and Ksheenamati, aligning with the clinical profile of Parkinsonism. This article presents a case study of a 50-year-old male patient diagnosed with Kampavata who was managed using Ayurvedic principles of Vatavyadhi Chikitsa. The treatment protocol included Sarvanga Abhyanga, Baspaha Swedana, Mridu shodhana and Matra Basti, followed by administration of Shamanaushadhis of neurotoxic, Brihatvata Chintamani rasa, Ashamed capsule, stresscom capsule, zandopa powder. Post-treatment observations revealed notable improvement.

**KEYWORDS:** Kampavata, Parkinson's disease, Sarvanga Abhyanga, Baspaha Swedana, Mridu shodhana and Matra Basti.

### INTRODUCTION

Parkinson's Disease (PD) is a chronic, progressive neurodegenerative disorder primarily affecting the motor system, characterized by tremors at rest, bradykinesia, rigidity, and postural instability. It results from the progressive degeneration of dopaminergic neurons in the substantia nigra of the midbrain, leading to a dopamine deficit in the basal ganglia and disrupted motor control. Alongside motor symptoms, non-motor manifestations such as cognitive decline, mood disturbances, autonomic dysfunction, and sleep irregularities significantly impact the quality of life.

Globally, Parkinson's Disease is the second most common neurodegenerative disorder after Alzheimer's disease, affecting approximately 1% of individuals over the age of 60. Its prevalence increases with age, with incidence rates ranging from 8 to 18 per 100,000 person-

years. The etiology of PD is multifactorial, involving a complex interplay of genetic predisposition, oxidative stress, environmental toxins, mitochondrial dysfunction, and abnormal protein aggregation (notably  $\alpha$ -synuclein). While several genetic mutations such as LRRK2, PINK1, and SNCA have been identified, idiopathic or sporadic cases remain the most prevalent.

The main treatment for Parkinson's Disease involves dopaminergic medications, especially levodopa, which helps reduce motor symptoms like tremors and stiffness. It is often combined with carbidopa to enhance its effect and reduce nausea. However, long-term use may lead to motor complications such as wearing-off, on-off fluctuations, and levodopa-induced dyskinesia (involuntary movements). Other drugs like dopamine agonists and MAO-B inhibitors are also used but may cause hallucinations, sleep disturbances, and impulse

control disorders. In advanced stages, deep brain stimulation (DBS) may be considered, though it carries surgical risks. Thus, treatment aims to balance symptom control with side effect management.

Kampavata exhibits clinical manifestations that closely resemble those of Parkinson's disease. It is described as one of the Vataja Nanatmaja Vyadhis in Charaka Samhita, and is also referred to as Vepathu by various other Acharyas. In Madhava Nidana, Vepathu is elaborated upon in a separate chapter, characterized by features such as Sarvanga Kampa and Shiro Kampa.

In Basavarajeeyam, the clinical description of Kampavata offers diagnostic insight into the presentation of Parkinson's disease, with symptoms like Karapadatale Kampa, Deha Bhramana, Nidrabhanga, and Ksheenamati. As Kampavata is categorized under Vatavyadhi, its management follows the general principles outlined for Vata disorders, with modifications based on specific nidanas. Therapeutic procedures like Snehana, Swedana, and Basti Chikitsa are foundational approaches for addressing Vata Dushti.

In the present case, a 50-year-old female diagnosed with Kampavata was treated using Sarvanga Abhyanga, Baspha sweda Swedana, and matra basthi, followed by administration of Shamaushadhis. This integrative therapeutic protocol resulted in significant improvements in both physical and mental domains.

### CASE REPORT

A 50-year-old male patient was apparently healthy 6 yrs back [2019] he gradually developed involuntary movements in right hand followed by mild stiffness in right upper limb and experienced difficulty in writing and holding objects for which he consulted neurologist and diagnosed as Parkinson's disease and put on medication levodopa. After continuing medication for 4 year, patient stopped medication without any consultation for 6 months.[2023] Following which there was increase in the symptoms of involuntary movements and stiffness. Over the period of 2 years [2023-2024] the symptoms progressed and the patient started experiencing involuntary movements in left upper limb, both the lower limbs associated with severe stiffness. Tremors are rhythmic which increases during rest, stress and decreases during activity, sleep The patient later also started noticing slowness in movements while working, Tendency to fall forwards, imbalance while walking, difficulty in holding objects, writing, buttoning shirt all of this affected his daily activities. For these complaints patient visited a nearby Hospital [unknown] in 2023 and was advised with medications [Tab .Sinemet CR ] but patient didn't get much relief . Around may in 2024 Along with above symptoms patient began to notice more stiffness along with pulling type of pain in both lower limb and upper limbs, coarse tremors in both hands associated with disturbed sleep, reduced appetite,

fatigue, anxiousness, irritability and confusion, gradual weight loss of 5kgs in 6 months.

For the above complaints he visited a neurologist [in June 2024] and was prescribed trihexphenidyl HCL, syndopa CR 250 mg. Even after taking these medication for about 6 months he didn't get much relief. And so, for the better management of his condition he visited SKAMCH & RC.

### PAST HISTORY

N/K/C/O HTN, Hypothyroidism, Diabetes mellitus  
No history of trauma

### MEDICAL HISTORY

- 1.Tab.Madopar 250 mg ½-0-½
2. Tab .Sinemet CR 25/100 mg 1-1-1
- 3.Trihexyphenidyl hcl 2mg ½ -0-0
- 4.Tab.Syndopa ca 250mg 0-0-1
- 5.Tab.Pacitane 1-0-0

**FAMILY HISTORY:** Patients grandfather is known case of Parkinson disease.

### PERSONAL HISTORY

Diet: Mixed [non veg weekly thrice]  
Appetite: Reduced  
Sleep-Disturbed  
Difficulty in initiating and maintaining sleep  
Duration: 3-4 hrs  
Bowel-Regular 1time/day  
Micturition:4-5 times/day,1-2times/night  
Habits:Cigarette /bidi since 30 years [1-2 /day]  
Gutka since 30 years[2/day]  
Tea- 10times/day

### GENERAL EXAMINATION

On the day of examination patient was found to be poorly nourished, ectomorphic, a febrile, other parameters like pallor, icterus, clubbing, cyanosis, lymphadenopathy, edema was absent with stooped posture and festination gait.

### Systemic examination

Cvs: s1 s2 heard, no murmur  
GIT: P/A soft, nontender, no organomegaly  
RS: NVBS heard, no added sounds

### CENTRAL NERVOUS SYSTEM

#### MENTAL STATUS EXAMINATION

General Appearance and behavior  
Level of consciousness : Conscious  
Posture and motor behaviour: Sitting, involuntary movements in b/l hands seen  
Dressing, grooming and personal hygiene: Properly maintained.  
Manner, Affect and relationship to people and things: Anxious, irritability, hesitancy

**SPEECH AND LANGUAGE**

Rate : Slow  
 Quantity: Less  
 Volume : soft  
 Articulation of words : Clear,monotonous  
 Fluency : Hesitancy  
**COMPREHENSION**  
 One stage command: Normal  
 Two stage command: Normal  
 Repetition: Normal  
 Naming: Normal  
 Reading: Normal  
 Mood:Anxious  
 Writing: Difficulty in Writing

**THOUGHTS AND PERCEPTION:** Normal.

**COGNITIVE FUNCTIONS**

Orientation to time, place and person: Intact  
 Attention: Intact

**SENSORY SYSTEM EXAMINATION**

Superficial	deep	cortical
Touch -Intact Pain-Intact Temperature-Intact	Touch -Intact Temperature-Intact Pressure-Intact	Tactile localization-Present Tactile discrimination-present Stereognosis-Present Graphesthesia-Present

**Motor System Examination**

Muscle bulk	RIGHT [IN INCHES]	LEFT [IN INCHES]
<b>UPPER LIMB</b>		
ARM	10	10
FOREARM	7	7
<b>LOWER LIMB</b>		
THIGH	17	17
CALF	10	10

**TONE:** cog wheel rigidity in b/l upper limb.

**COORDINATION TEST**

Romberg Sign – positive  
 Upper limb: Finger to nose test – able to perform slowly  
 Finger to finger test – able to perform slowly  
 Lower limb : Heel to shin test –Not possible

Rapid Movement – Very difficult to perform  
 Tandem walking –not possible

**Gait** –Freezing and festination gait.

**Involuntary movements:** Present

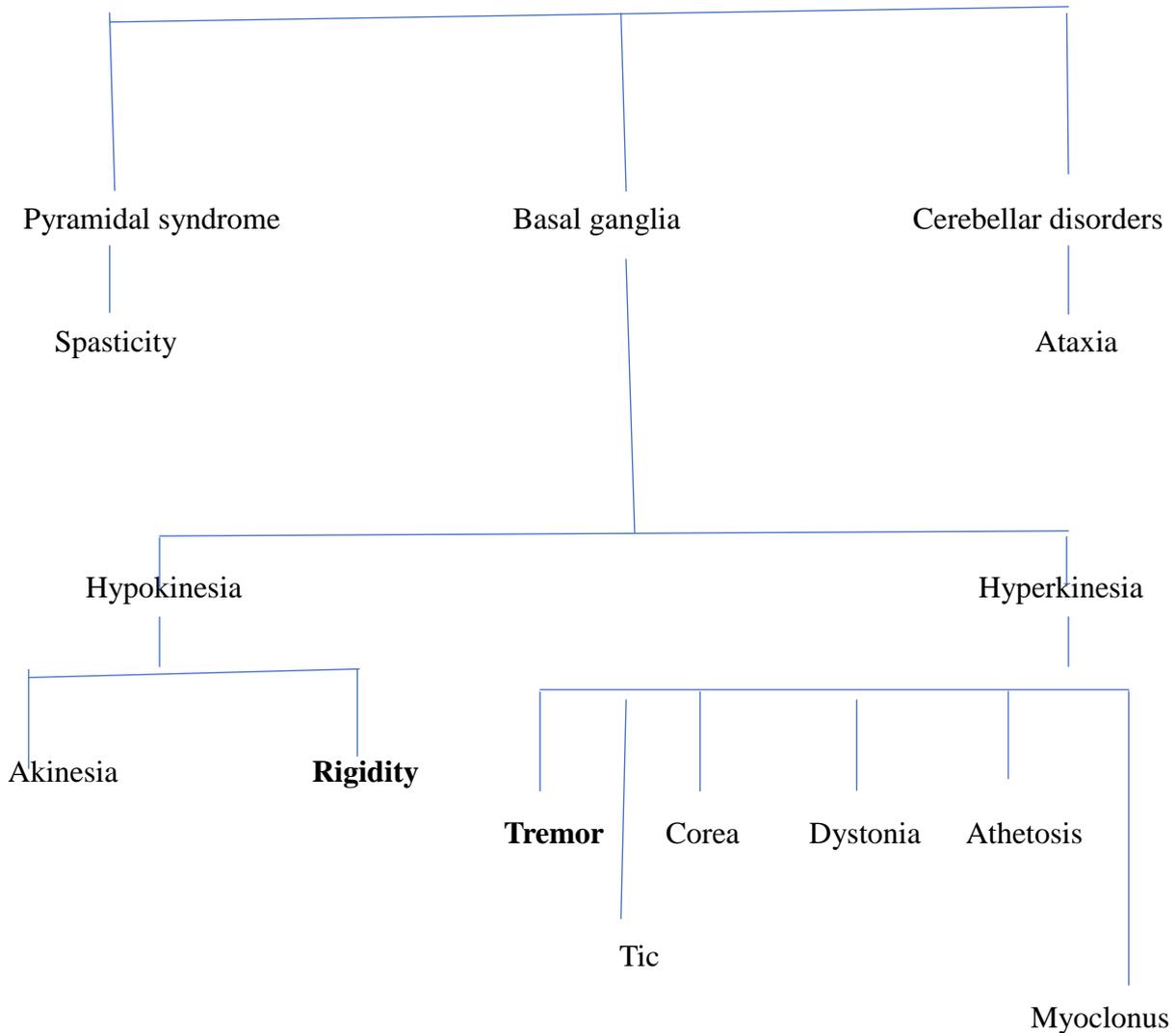
Both hands  
 Both feet when legs are unsupported

SUPERFICIAL REFLEXES	DEEP REFLEXES
Corneal reflex - positive	Biceps Jerk 2+
Abdominal reflex - positive	Triceps Jerk2+
Planter reflex: flexor	Supinator Jerk2+
	Knee Jerk2+
	Ankle Jerk2+
	Jaw Jerk2+
	Clonus patella and ankle :absent

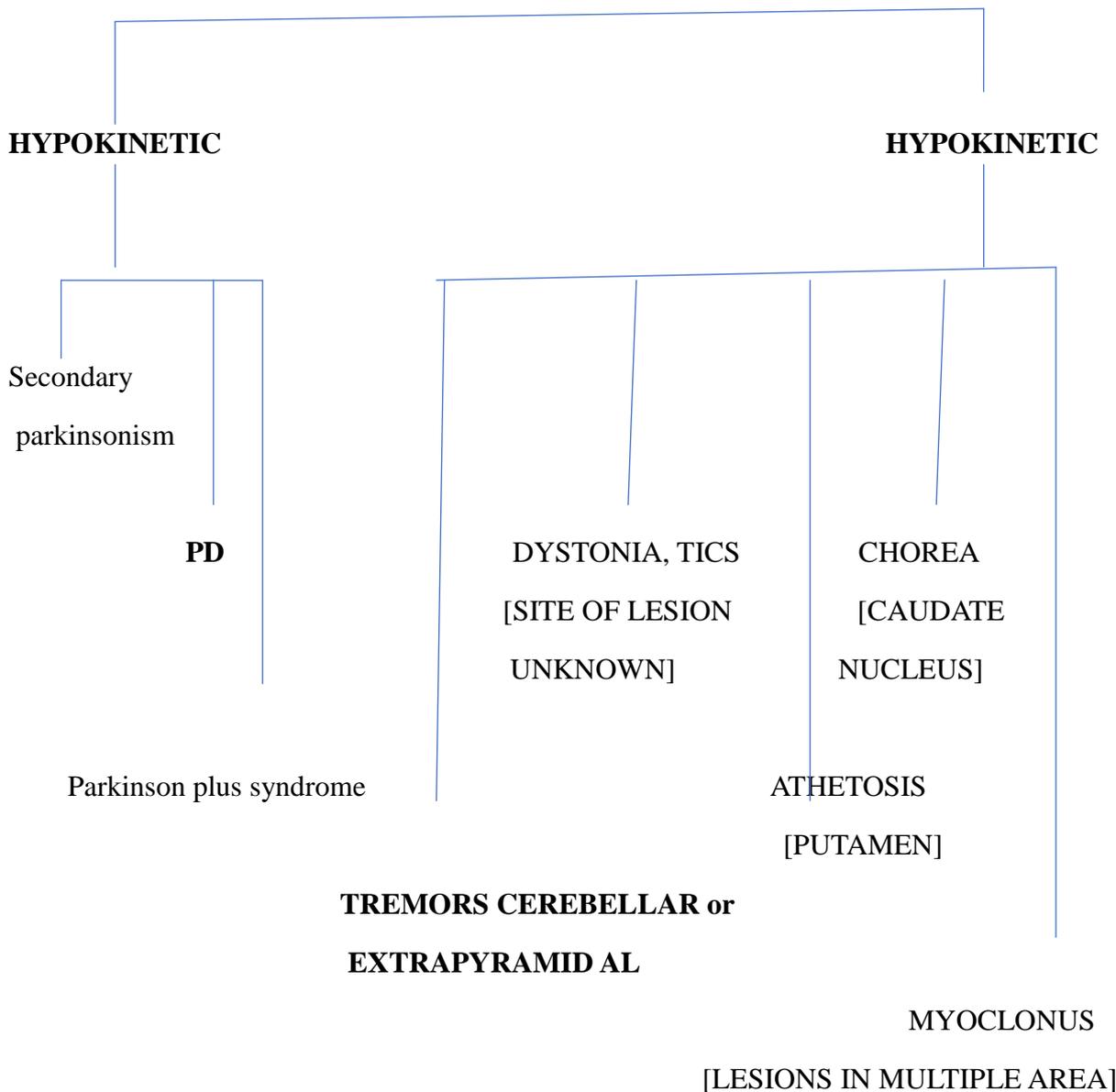
**Differential Diagnosis**

VYADHI	INCLUSION CRITERIA	EXCLUSION CRITERIA
Kaka vata	Hasta Pada Kampa	Shirobhramana Netra Bhramana
Ekangakampa	Kampa	Kampa or tremor localized to one part of body
Bahu kampa	Bahuprakampanam Mahadukha diva ratri	Kampana is seen in other parts of the body
Snayugata Roga	Kampa Shula Stambha	Bahirayama, antarayama
<b>Kampavata</b>	<b>KaraPadatale Kampa Dehabhramana Dukhita Nidra bhanga Mati ksheena</b>	

**CATEGORIZATION OF MOVEMENT DISORDER**



**Systematic approach to movement disorders based on site of lesion**



**Based on Anatomical location.**

Signs	UMN LESIONS	LMN LESIONS	EXTRA PYRAMIDAL	CEREBELLAR
POWER	weakness	weakness	<b>NO weakness</b>	NO weakness
ATROPHY	Absent	Absent	<b>None</b>	None
FASICULATIONS	Absent	Absent	<b>None</b>	None
TONE	Spasticity	Flacididty	<b>Rigidity</b>	Normal/reduced
DEEP TENDON REFLEX	Exaggerated	Reduced/ Absent	<b>Normal</b>	Normal/reduced
SUPERFICIAL TENDONREFLEX	Lost	Lost	<b>Normal</b>	Normal
PLANTAR RESPONSE	Extensor	Flexor	<b>Flexor</b>	Flexor
COORDINATION	Reduced due to weakness	Reduced due to weakness	<b>Normal but slow</b>	Impaired

DISEASE	INCLUSION CRITERIA	EXCLUSION CRITERIA
Ataxia	Gait impairment Tremor	Weakness Problems with task like buttoning cloths, writing
Tardive dyskinesia	Involuntary movements in B/L upper limb and B/L lower limbs Muscle, rigidity	History of antipsychotic drug intake, Choreiform movements typically present in mouth, lips, tongue
Dementia with lewy bodies	Slow movements Tremors	Recurrent visual hallucination Dementia
Essential Tremors	Slow movement Involuntary rhythmic movement	Stooped posture Voice Tremors Bilateral Prominence Tremors when skeletal muscle holding in one position.
Progressive Supra Nuclear Palsy	Impaired balance, Slowed movements, Anxiety	Dysarthria, dysphagia, supranuclear gaze palsy
Huntington's disease	Involuntary movements Cognitive disturbances Muscle rigidity	Onset in child Dance like movements No response to levodopa Negative family history
Drug induced parkinson	Symmetrical rigidity Bradykinesia	Onset in child Dance like movements No response to levodopa Negative family history History of intake of ca channel blockers, antipsychotic Resting tremors is uncommon
Idiopathic Parkinson disease	Resting tremors Bradykinesia Rigidity Gait disturbance Anxiousness Sleep disturbance Fear of falling	

**DIAGNOSIS**

Kampavata/Parkinson disease stage 3.

**INTERVENTION**

Date	Treatment given	Observation And Results
6/1/25-9/1/25	<ul style="list-style-type: none"> <li>✓ Sarvanga abhyanga with ksheerabala taila followed by bashpa sweda</li> <li>✓ ON 9 /1/25 Mridu shodhana with Gandharvahasthadi taila 45 ml with 1 glass of warm water given at 8.15 Am</li> <li>Orally:</li> <li>1]Zandopa powder 1Tsp BD with milk afterfood</li> <li>2]Cap.Neuro xt 1 BD Afterfood</li> <li>3]Tab.Brihat vata Chintamani 1 BD After food</li> <li>4]Cap.Stresscom 1 BD After food</li> <li>5]Cap.Ashwamed 1BD After food</li> </ul>	<ul style="list-style-type: none"> <li>Total no.of vegas-13</li> <li>C/o stiffness in B/L palms and B/L foot since 2yrs reduced by 10%</li> <li>C/O Pulling type of pain in B/L lower limb,B/L upper limb reduced by 10%</li> </ul>
10/1/25-20/1/25	<ul style="list-style-type: none"> <li>✓ Sarvanga abhyanga with ksheerabala taila followed by bashpa sweda x 2days</li> <li>✓ Matra basthi with Sahacharadi taila [40ml] +Mahamasaha taila[40ml] x 9 days</li> <li>Orally:</li> <li>1]Zandopa powder 1Tsp BD with milk afterfood</li> <li>2]Cap.Neuro xt 1 BD Afterfood</li> <li>3]Tab.Brihat vata Chintamani 1 BD After food</li> <li>4]Cap.Stresscom 1 BD After food</li> <li>5]Cap.Ashwamed 1BD After food</li> <li>6] Bhadradarvyadi kashaya+ Sahacharadi</li> </ul>	<ul style="list-style-type: none"> <li>• C/o Involuntary movements and stiffness in B/L palms and B/L foot since 2yrs reduced by 60%</li> <li>• C/O Pulling type of pain in B/L lower limb,B/L upper limb reduced by 60%</li> <li>• C/o Involuntary movements in B/L upper limb,B/L lower limb reduced by 60 %</li> <li>• C/O persistent anxiousness,irritability,sudden onset of</li> </ul>

	kashaya+Prasarinyadi kashaya 9 tsp with 12 tsp water afterfood	anger, reduced by 50 % <ul style="list-style-type: none"> <li>• C/O Generalized fatigue,Reduced appetite-60%</li> <li>• C/O Imbalance while walking - Improved</li> <li>• Qailtiy of sleep improved[duration - 6-7 hrs without awakning]</li> </ul>
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**FOLLOW UP MEDICATION**

- 1]Zandopa powder 1Tsp BD with milk afterfood
- 2]Cap.Neuro xt 1 BD Afterfood
- 3]Tab.Brihat vata Chintamani 1 BD After food
- 4]Cap.Stresscom 1 BD After food

5]Cap Ashwamed 1BD After food

- 6] Bhadaravyadi kashaya+ Sahacharadi kashaya+Prasarinyadi kashaya 9 tsp with 12 tsp water afterfood

**ASSEMENT CRITERIA**

SCALE	BEFORE TREATMENT	AFTER TREATMENT
HOEHN AND YAHR SCALE	STAGE 3	STAGE 2
HAMILTON ANXIETY RATING SCALE [HAM-A]	18	8
ATHENS INSOMNIA SCALE	17	9

**DISCUSSION****Snehana and sweda**

Sarvanga abhyanga with ksheerabala taila<sup>[1]</sup> provides nourishment to dhatus and also do vatahara and vatanulomana action by its snigdha guna. Abhyanga corrects the viguna gathi of vata dosha involved in the pathology. Sweda is srotoshuddikara, agnideepaka. Baspha sweda using vatahara Kashaya will also helps in allivating vata and there by reducing the stiffness in the body.

**MRIDU SHODHANA**

In Astanga Sangraha, Vagbhata has mentioned that, even though Vata is pervading the whole body, it is localized especially in the Pakwashaya, hence that should be treated with Mrudu Sneha Virechana with Eranda Taila along with milk, so the channels thus become cleared, and Vata begins to move without any hinderance.

**MATRA BASTHI**

According to Acharya charaka 'Basthihi vataharanam'<sup>[2]</sup> basthi is the greatest treatment for vata. Matra basthi is indicated in those individual who are emaciated owing to overwork, Physical exercise, weight lifting, vehical travel, indulgence in women, as well as those who are debilitated and vata derangement. Matra basthi with mahamashataila<sup>[3]</sup> acts as brimhana helps in combacting Ruksha guna of vata.

**ORAL MEDICATIONS**

Neuro XT Capsules contains ingredients like Ekanga Veera Rasa, Maha Vata Vidhwamsana Rasa, Vata Kulantaka Rasa, Vata Gajankusha Rasa, Bala, Shudda Shilajatu. It is having properties like, antioxidant effect and helps in regeneration and strengthening of nerve.

Brihat Vata Chintamani Rasa<sup>[3]</sup> is having properties like Balya, Rasayana, Medya, Kshayagna, Ojovardhaka & Yogavahi which is beneficial for the management of Vataroga. The formulation arrests neurodegenerative

activity with the added benefit of crossing the blood brain barrier.

Ashwamed capsule contains kali Musali, Ashwagandha, Kapikacchu, guduchi, kokilaksha helps in providing relief ffrom stress, anxiety, fatigue and acts as balya, rasayana.

Stresscom capsule contains Ashwagandha helps in relieving stress,anxiety,fatigue,improves the sleep quality and has adaptogenic activity.

Zandopa powder contains kapikacchu beeja. Kapikacchu<sup>[4]</sup>(Mucuna Pruriens) seed powder is used in vataj vyadhi like Kampvata, Ardita etc. Kappikacchu contains Levodopamine or L-dopa within its seeds. L-dopa is precursor of dopamine the neurotransmitter which is absent, or decreased in Parkinson's disease. In additionit contain serotonin, 5 HTP, Nicotine itcould potentially have psychedelic effects. Levodopa resolve Regidity. Tremor first, then gradually improves posture, gait, mood

**CONCLUSION**

Kampa Vata, classified under Vata Vyadhi, is a progressive neurological condition attributed due to impairment of the Chala Guna of Vata. The pathological progression involves Vata Prakopa leading to depletion Dhatus, Ojas and longevity. Hence, the cornerstone of management lies in stabilizing Vata through Vatahara approach, incorporating both bhaya and abhyanthara regimens. Key therapeutic strategies include the correction of Strotodushti, Vata Shamana, Vatanulomana, and Rasayana therapy will lead to effective cure of Parkinson disease. Alongside medicinal interventions, one has to avoid Vata-prakopaka ahara and vihara. Based on clinical signs and symptoms Parkinson's disease can be correlated with kampavata.. This study shows that the patient can cope-up with the disease with the help internal medication and panchakarma therapy and which helps in improving quality of life.

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