



Original Research Article

Volume 15 Issue 10

October 2026

INTEGRATED AYURVEDIC MANAGEMENT OF KAMPAVATA IN YOUNG-ONSET PARKINSON'S DISEASE: A CASE REPORT

*Dr. Sunidhi Khurana, Dr. Jignesha Charel, Dr. Divya B

Department of Panchakarma, Parul Institute of Ayurved and Research, Parul University, Vadodara.

*Corresponding Author's Email ID: sunidhikhurana4@gmail.com, Contact: 9588584015

DOI: <https://doi.org/10.5281/zenodo.23672335>

Abstract

Parkinson's disease (PD) is a slowly progressive neurodegenerative disorder characterized by resting tremor, rigidity, bradykinesia, and postural instability, along with non-motor manifestations like disturbed sleep, cognitive changes, and fatigue. In Ayurveda, Parkinson's disease is correlated with Kampavata (Vepathu), which is a disease due to predominance of Vata Dosha.

The present case report describes an Indian male, aged 39 years, with four-year history of generalized tremors (worsened in crowds), pain in left side of body, rigidity, and disturbed sleep. His neurological examination revealed advanced-stage Young onset Parkinsonism, with his MDS-UPDRS score being 169. After limited response to allopathic management, he was admitted in Panchakarma department for Ayurvedic treatment. His Ayurvedic management was done according to classical Vatavyadhi chikitsa. The regime included Udvartana, Sarvanga Abhyanga, Nadi Swedana, Sadyovirechana, Shamana medication internally, and yoga and meditation. Post-treatment MDS-UPDRS score reduced to 100 (40.8% improvement).

Tremor intensity, rigidity, gait, and sleep were all significantly improved after treatment. The present case report shows that Panchakarma and Shamana treatment regime can produce clinically significant improvement in Parkinsonism.

Keywords: Panchakarma; Vatavyadhi; Shamana; Shodhana; Sadyovirechana; neurodegenerative disorder.

Introduction

Parkinson's disease (PD) represents a progressive neurodegenerative disorder that affects approximately 6 million people worldwide and displays increased prevalence with advancing age.³ Although the typical age of onset is in the early to mid-60s, approximately 3–5% of cases develop symptoms before the age of 40 years, a condition referred to as young-onset Parkinson's disease.¹² The disorder arises from the degeneration of dopamine-producing neurons located in the substantia nigra, which forms part of the basal ganglia system, resulting in four main motor symptoms: resting tremor, muscular rigidity, bradykinesia, and postural instability.⁹ The non-motor symptoms of the condition, which include sleep disturbances, autonomic dysfunction,

cognitive changes, mood alterations and fatigue, demonstrate a considerable impact on quality of life.²

In Ayurveda, this condition closely aligns with Kampavata, a Vata-predominant disorder classified among the 80 Nanatmaja Vikaras.¹ First referenced as Vepathu in classical texts, it manifests as Sarvanga Kampa (generalized tremors), Shiro Kampa (head tremors), Stambha (rigidity), Chesta Hani (reduced movements), Deha Bhramana (postural instability), Nidrabhanga (insomnia) and other Vata-aggravated features.¹¹ The pathological increase in Vata's Chala Guna (mobility quality) underlies the tremors and imbalance, with treatment focusing on pacifying Vata through Shodhana (purification) and Shamana (palliative) therapies to restore harmony. This case report explores the potential of an integrative Ayurvedic approach combining internal medications with Panchakarma therapies to improve function and quality of life in patients with Parkinsonism.

Case Report

A 39-year-old male patient presented with chief complaints of:

Tremors all over the body which aggravated in crowd,

Pain affecting left half of his body,

Stiffness and rigidity in limbs when patient is conscious,

Severe sleep disturbance.

History of Present Illness

The patient was apparently healthy 4 years prior to admission, when he gradually developed tremors and stiffness in the body, accompanied by pain in the left side of the body. Symptoms progressively worsened, with tremors and rigidity involving all limbs, difficulty in performing daily activities, and disturbed sleep. He was previously evaluated by neurologists and psychiatrists, with documentation of sensory peripheral neuropathy (axonopathy) and MRI brain findings of prominence of both lateral ventricles, but without significant structural lesions. Despite conventional management there was no significant relief, which led him to approach Ayurvedic treatment.

Past History: there is no history of hypertension, diabetes mellitus, thyroid disease, or major medical/surgical illness.

Family History: mother had a history of peripheral neuropathy.

Treatment History: took Dopaminergic agents, Anticholinergic Agents, Beta Blockers, Benzodiazepine, Antioxidant and nutraceutical supplements.

General Examination

Blood pressure – 120/80 mmHg. Pulse rate – 71/min. Respiratory rate – 17/min. Temperature – Afebrile. Weight – 67.9 kg. Facies – mask-like face. Gait: able to walk without support but exhibited stiffness.

Systemic Examination (CNS)

Consciousness: conscious and oriented. Memory: intact.

Motor System: power – 4/5 in right upper limb, 5/5 in left upper limb, 5/5 in lower limbs. Tone – rigidity present (lead pipe/cogwheel type stiffness noted). Reflexes – left knee jerk (KJ) exaggerated; left biceps jerk (BJ) and supinator jerk (SJ) diminished. Involuntary movements – resting tremors present, particularly in the left hand.

Laboratory Investigations

Specific Investigation: MRI brain (3 Tesla) done on 7/1/22 revealed prominence of both lateral ventricles. Nerve conduction study 16/3/21 showed mild sensory peripheral neuropathy (axonopathy).

Disease Severity Assessment: the Movement Disorder Society–Unified Parkinson Disease Rating Scale (MDS-UPDRS)⁸ was used to assess the severity of the disease at baseline, which has four parts: Part I (Non-motor experiences of daily living), Part II (Motor experiences of daily living), Part III (Motor examination), and Part IV (Motor complications) with the baseline total score of 169, explained in Table 3.

Treatment Protocol

Table 1: Internal medications administered during the inpatient stay

Internal Medications				
S. No.	Name of Medicine	Dose	Time & Anupana	No. of Days
1	Dashmoola Kwatha	25 ml	Twice daily, before food	6 days
2	Cap. Palsineuron	2 Tab	Twice daily, after food with warm water	11 days
3	Lashunadi Vati	2 Tab	Twice daily, after food with warm water	11 days
4	Kalyanak Ghrita	1 Tsp	Twice daily, before food with warm water	7 days
5	Bhrami Vati	2 Tab	Twice daily, after food with warm water	5 days
6	Kounchpaka	1 Tsp	Twice daily, after food with warm water	7 days
7	Saraswatarishta	10 ml	Twice daily, after food with warm water	5 days

Table 2: Panchakarma procedures administered during the inpatient stay

Panchakarma Procedures				
S. No.	Procedure	Date	Duration	Rationale
1	Sarvang Udvartana with Udvartana Churna	Day 1 to Day 3	3 days	Kapha removal, lightness
2	Nadi Sweda	Day 3 to Day 5	3 days	Toxin mobilisation, stiffness relief
3	Sarvang Abhyanga with Saindhavadhya Taila	Day 6	1 day	Pre-Virechana oleation
	Bashpa Sweda	Day 6 to Day 12	7 days	Vata obstruction clearance
4	Sadyo Virechana	Day 7	1 day	Mild purgation; Dosha elimination
5	Sarvang Abhyanga with Dhanvantram Taila	Day 7 to Day 12	6 days	Vata pacification, tissue nourishment
6	Shiropichu with Jatamamsi and Bhrami Churna	Day 7 to Day 12	6 days	Neuro-sedative, sleep improvement
4	Physiotherapy and Therapeutic Yoga	Day 1 to Day 12	12 days	Mobility, strength, balance

Results and Outcomes

The patient was assessed using the MDS-UPDRS⁴ at baseline (5 January 2026) and at discharge (16 January 2026) after 12 days of Shodhana and Shamana therapy. Outcomes are presented in Table 3.

Table 3: MDS-UPDRS scores at baseline and after treatment

Part	Domain	Score at Baseline (5/1/26)	Score after Treatment (16/1/26)
I.	Non-motor experience of daily living	36	17
II.	Motor experiences of daily living	40	14
III.	Motor examination	82	54
IV.	Motor complication	11	15
	Total	169	100

The condition of the patient improved gradually along with the course of the treatment. The MDS-UPDRS reduced from 169 to 100 at the time of discharge.

Tremors: by the time of discharge, the intensity of tremors had reduced.

Stiffness/Rigidity: significant reduction in stiffness of the neck and limbs was noted.

Sleep: by Day 3 and throughout the rest of the stay, sleep was improved.

Gait & Mobility: stiffness in walking reduced, and the patient felt lighter in the body (Laghavata).

Activities of Daily Living (ADLs): the person reported through their own experience that they gained new abilities to perform self-care tasks.

Discussion

This case study reports a marked 40.8% improvement in the overall MDS-UPDRS score in just 12 days of an inpatient treatment with Ayurveda for the management of advanced Parkinsonism with early onset.

The management was planned as per classical Vatavyadhi management: Shodhana followed by Shamana Chikitsa, Shodhana initially to remove obstructed Dosha and Ama and later Shamana to stabilize and maintain Vata imbalance.

The initial procedure used Sarvanga Udvartana with Udvartana Churna for the duration of three days, stimulating the skin as well as the muscles and providing a warming effect. This therapy allowed the removal of excessive Kapha that is normally accumulated during Vata diseases.

Acharya Charak indicates the Swedana (sudation) therapy in Vatavyadhi. Mild therapeutic heat is created during these sudation therapies for Vata obstructive disorders. Sudation therapies accomplished three objectives, including managing the obstructing Dosha, providing muscle relaxation, and promoting the circulation of blood via peripheral and central channels.¹

The implementation of Sadyovirechana (mild purgation) was done on Day 4. Acharya Charaka mentions “mild Virechana” in the Vata disorders section and notes that it will also assist in removing accumulated Pitta and Ama from the gastrointestinal tract.¹

According to the patient’s comment, he reported that after the Virechana procedure he experienced the feeling of lightness, and that the left-sided pain improved after the procedure was completed.

In the first phase of treatment, Saindhavadhya Taila was used for Sarvanga Abhyanga on Day 4. Then, using this classical preparation, Dhanwantaram Taila was used for the purpose of treating dry body tissue associated with the Vata dosha from Days 7 to 12. The established classical preparation of Dhanwantaram Taila is used to treat neuromuscular disorders, including both thalassemia major and Pakshaghata, as well as Kampavata.⁸ Both the classical description as well as the emerging pharmacological studies of lipid-soluble constituents and their ability to access the central nervous system have contributed to the use of Abhyanga in administering medicated oils transdermally through the mechanism of absorption.¹

During the last five days of hospital stay, Shiropichu was used to apply the herbs of Jatamansi and Brahmi onto the scalp. Both Jatamansi and Brahmi are classified as Medhya (brain nourishing) and Nidrajanana (sleep-inducing). Experimental evidence supports the neuroprotective and acetylcholinesterase-inhibitory properties of *Bacopa monnieri*, which may be of relevance in the non-motor cognitive domain of Parkinson's disease.⁶

Among internal medicines, the anti-inflammatory and analgesic action from Dashamoola Kwatha using Dashamoolas with Vata pacification effect was helpful in reducing left side pain.¹ Lashunadi Vati (herbal medicine formulated based on Sharangadhara Samhita with garlic as active constituent) is credited to be both digestive as well as a nerve tonic; its possible anti-tremor effect in patients suffering from Vatavyadhi has already been reported. Kalyanakaghrita,¹⁰ a classic formula useful in psychoneurological conditions, along with Saraswatarishta⁷ (herbal medicine with Brahmi and Ashwagandha as active constituent), provided a Medhya (cognition) and Rasayana (rejuvenation) effect. One preparation worth mentioning in this study is Kounchapaka (formulated from *Mucuna pruriens*): it contains L-DOPA in its seed material in substantial amounts,⁵ providing a natural dopaminergic substrate that may have contributed to the motor improvement observed in this case.

Conclusion

The present report highlights the effectiveness of a systematic 12-day integrated Ayurvedic therapy regime, including Shodhana (Panchakarma) and Shamana (administration of internal medicines), which was found to be significantly beneficial for treating motor and non-motor functions in patients with Parkinson's disease, with an overall decline of 40.8% in the total MDS-UPDRS score. The fact that the current case of Parkinsonism was a young-onset and advanced-stage case further supports its relevance as an option for managing Parkinson's disease.

CRedit Author Statement

Dr. Sunidhi Khurana: Data curation, Literature search, Formal analysis, Writing – original draft.

Dr. Jignesh Charel: Supervision, Validation, Writing – review & editing.

Dr. Divya B: Clinical supervision, Patient management, review of manuscript.

Conflict of Interest

The author declares no conflict of interest related to the study.

Funding Source

This study received no external funding or financial support.

Patient Consent

Consent was obtained from the patient for the publication of this case report, including all clinical details and investigation findings. Patient's anonymity has been preserved, no personally identifying information is included in the manuscript.

References

1. Agnivesha. Charka Samhita. Revised by Charka and Dridhabala. Vidyotini Hindi Commentary by Shastri K, Chaturvedi GN. Part 1. Varanasi: Chaukhambha Bharati Academy; 2020.
2. Chaudhuri KR, Healy DG, Schapira AH. Non-motor symptoms of Parkinson's disease: diagnosis and management. *Lancet Neurol*. 2006;5(3):235-245.
3. GBD 2016 Parkinson's Disease Collaborators. Global, regional, and national burden of Parkinson's disease, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet Neurol*. 2018;17(11):939-953.
4. Goetz CG, Tilley BC, Shaftman SR, et al. Movement Disorder Society-sponsored revision of the Unified Parkinson's Disease Rating Scale (MDS-UPDRS): scale presentation and clinimetric testing results. *Mov Disord*. 2008;23(15):2129-2170.
5. Katzenschlager R, Evans A, Manson A, Patsalos PN, Ratnaraj N, Watt H, Timmermann L, Van der Giessen R, Lees AJ. Mucuna pruriens in Parkinson's disease: a double blind clinical and pharmacological study. *J Neurol Neurosurg Psychiatry*. 2004;75(12):1672-1677.
6. Mathur D, Goyal K, Koul V, Anand A. The Molecular Links of Re-Emerging Therapy: A Review of Evidence of Brahmi (*Bacopa monniera*). *Front Pharmacol*. 2016;7:44.
7. Prabhu J, Jayakumari S, Prabhu K, Kumar JA, Subramanian M, Kavimani S. Saraswatarishta Reverses Neuronal Injury in Brain Tissues of Scopolamine-Induced Rat Model. *J Anat Soc India*. 2019;68(4):269-273.
8. Sahsrayoga. Taila Prakarana. Dhanwantaram Taila description. Kottakkal: Arya Vaidya Sala; 2011:218-220.
9. Sampathu D, Lee V. Parkinson's disease. In: *Principles of Molecular Medicine*. 2006:1123-1129.
10. Singh Y, Ansari A, Singh V, Parhate S, Sharma R, Singh T. Therapeutic potential of Kalyanaka Ghrita (polyherbal-medicated Ghrita) in purview of Alzheimer's disease: A literary review. *J Drug Res Ayurvedic Sci*. 2023;8:201-212.
11. Vaidyavarashree Basavaraj. Basavarajeeyam. Sri Govardhana Sharma, editor. 1st ed. Vatavyadhi Nidana Lakshana Chikitsa, Chapter 6. Nagpur: Gorakshana Yantralaya Publication; 1978. p.100-101.
12. Quinn N, Critchley P, Marsden CD. Young onset Parkinson's disease. *Mov Disord*. 1987;2:73-91.