



AYURVEDIC MANAGEMENT OF KAMPAVATA– A CASE STUDY

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ABSTRACT

Background: *Kampavata* is a *Vata-pradhana* disorder classified under *Vataja Nanatmaja Vyadhis*, with *Kampa* (tremor) as the predominant feature, often associated with *Sthambha* (rigidity), *Vinamana*, *Gurugatrata*, *Chesthahani* (akinesia), and *Gativikriti* (gait disturbance). Acharya Charaka first described this condition as *Vepathu*, while *Vangasena Samhita* later referred to it as *Kampavata*. Its clinical manifestations closely resemble Parkinson's disease (PD), a progressive neurodegenerative disorder characterized by tremor, rigidity, akinesia, and postural instability. PD affects approximately 1 in 1,000 individuals and about 1% of those above 65 years, with a higher prevalence in men. Ayurvedic interventions may help improve symptoms and quality of life. **Case Presentation:** A 61-year-old female presented with bilateral hand tremors of six years duration. Following detailed clinical evaluation, she was diagnosed with *Kampavata* and admitted for treatment. Internal medications were administered along with external therapies, including *Dhanyamladhara*, *Sarvanga Abhyanga*, *Sashtika Pinda Sweda*, *Kayaseka*, *Pratimarsa Nasya*, and *Sirodhara*. *Pathya-Apathya* (dietary and lifestyle recommendations) was advised, and medications were continued after discharge. **Result:** Treatment effectiveness was assessed based on symptom reduction and improvement in the *Hoehn and Yahr* scale. The patient improved from Stage III to Stage II. **Conclusion:** *Kampavata* shares significant clinical similarities with Parkinson's disease. Ayurvedic therapeutic modalities may contribute to improvement in clinical symptoms and overall well-being in patients with *Kampavata*.

Index Terms: *Kampavata*, Tremor, Parkinson's Disease, *Hoehn & Yahr* scale

INTRODUCTION

Kampavata explains under *Vataja Nanatmajavyadhi* in *Ayurveda* literature.¹ It is described in *Charaka Samhita* as *Vepathu*. *Susrutha*, *Vagbhata*, *Madhavakara*, and *Kashyapa* have described *Kampavata* under the term *Vepathu*. Acharya *Vangasena*, explains *Vepathu* as *Kampavata*, and mentioned the treatment as *Abhyangam*, *Swedam*, *Nasya*, *Niruha Basti*, *Anuvasana Basti*, *Virechana* and *Shirobasthi*.² It is described with symptoms like *Karapadatalakampa* (upper and lower limbs tremors), *Stambha* (rigidity), *Chestasangha* (bradykinesia and akinesia), *Vakvikruthi* (disturbance of speech).³ *Kampa* may manifest as *Sarvanga Kampa* or *Shiro Kampa* and is attributed to the *Prakopa* of *Chala Guna*, the characteristic quality of *Vata Dosha*.⁴ PD is considered closely correlated with *Kampavata* from an *Ayurvedic* perspective. Parkinsonism is characterized by 4 cardinal signs: tremor, rigidity, akinesia and postural disturbance. It was first described by an English physician James Parkinson in 1817 under the term "shaking palsy" & later named to his honour. Parkinson's disease (PD) is second commonest neurodegenerative disorder after Alzheimer's disease.⁵ Parkinson's disease is a progressive neurodegenerative disorder characterized by the loss of dopaminergic neurons in the substantia nigra pars compacta, leading to dopamine depletion in the striatum. This disrupts basal ganglia circuits, resulting in impaired motor control and the characteristic symptoms of the disease.⁵ *Ayurveda* has wide range of treatment modalities to reduce the clinical features of *Kampavata*, and can provide improvement in overall well-being of the patient.

CASE STUDY**MATERIALS AND METHODS****Place of study**

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Chief complaints

- A 61-year-old female with c/o Tremor on B/L hand for 6 years
- C/O Walking difficulty for 6 years.
- C/O Loss of balance while walking, for 1year.

History of Present Illness

The patient was apparently normal six years ago. She suddenly noticed a mild tremor in her right hand, which she initially ignored. Later, as the tremor gradually increased, she consulted an allopathic physician and was diagnosed with essential tremor. She was prescribed medication for the condition and advised to continue regular exercise. After a few months, her condition gradually worsened and began to affect her day-to-day activities. She also developed loss of balance and difficulty in holding objects, combing her hair, and tying her hair. She then consulted an allopathic physician again and underwent an MRI of the brain. The MRI report suggested early Parkinson's disease, with involvement of the left posterolateral putamen, neurodegeneration with brain iron accumulation, and idiopathic degeneration of the left basal ganglia. At present, the patient is suffering from tremors in both hands, difficulty in walking, and loss of balance. She also reports pain and swelling over both ankle joints, more pronounced on the left side (L > R), for the past one month. Hence, she presented to our hospital seeking better management of her condition.

Past History

DM for 20 years, no surgical history

Treatment History

1. Insulin- Human Mixtard 30/70 IU/ml (20-0-15)
2. Tab. Neurokind gold (0-0-1)
3. Tab. Ferrisome 30mg (0-1-0)

Personal History

Bowel: constipated, irregular	Appetite: Poor
Micturition: Decreased	Sleep: Disturbed
Diet: Mixed	Addictions: Nil

Ashtasthanapareeksha

Nadi: Vata kaphaja

Mutra: Anavilam

Mala: Baddha

Jihwa: Amayukta

Shabdha: Avyaktham

Sparsha: Anushnaseetham

Drik: Vyaktham

Akriti: Tremors observed moderately on performing daily activities

Psychosocial history

Co-operative and well behaved

Menstrual history

Menarche: at 13 yrs

Menopause: 52 years

Obstetric History

G4 P2 A2 L2

Family History

No relevant family history

General Examination

Blood Pressure: 130/80 mmHg

Heart Rate: 72 beats/ min

Height: 150 cm

Weight: 59 kg

BMI: 26.22 Kg/m²

Systemic Examination

- **Gastro Intestinal System-** No abnormality detected
- **Respiratory System-** Chest bilaterally symmetrical, No added sound

Pratimarsa Nasyam with Ksheerabala 41 Avarthi	6 drops once daily	Internal through each nostril	7 Days
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Pathyapathya: General *Vatavyadhi pathyapathya* are advised

RESULT

Notable improvement in complaints was reported.

Hoehn & Yahr scale- Stage III improved to Stage II²⁰

DISCUSSION

Kampavata is described as a *Vataja Nanatmaja Vyadhi* in *Ayurveda*. Its clinical features can be correlated with those of progressive neurodegenerative disorders, Parkinson's disease. In the management of *Kampavata*, *Vatahara* therapeutic measures, including both internal and external treatments, can be adopted to alleviate the clinical manifestations and improve functional outcomes.

Dhanyamladhara: The patient was initially treated with *Dhanyamladhara*. *Dhanyamla*, possessing *Bhedi*, *Tikshna*, *Ushna*, *Deepana*, and *Laghu* properties, is indicated for the alleviation of aggravated *Kapha* and *Vata*.⁶ The therapy facilitates *Mridu Langhana* of the body. As *Mridu Langhana* is considered appropriate prior to *Brimhana* therapy, *Dhanyamladhara* was administered as an initial intervention before proceeding with subsequent *Brimhana* measures⁷.

Sarvanga Abhyanga: *Sarvanga Abhyanga* with *Dhanwanthara Taila* was administered for the subsequent seven days. In *Kampavata*, *Vata Dosha* is considered the predominant pathological factor, with clinical manifestations such as *Kampa*, *Stambha*, *Cheshta-hani*, and *Gati-vaishamya*. *Dhanwanthara Taila* possesses *Vata-Shamaka*, *Snigdha*, and *Brimhana* properties, making it beneficial in the management of *Vata*-predominant conditions.⁸ External application through *Abhyanga* helps counteract the *Ruksha* and *Chala* qualities of aggravated *Vata*, while promoting nourishment and relaxation of the *Mamsa* and *Snayu* tissues.⁹ Following the intervention, the patient showed improvement in tremor, rigidity, stiffness, joint mobility, and gait.

Shashtika Shali Pinda Sweda: *Abhyanga* was followed by *Shashtika Shali Pinda Sweda*, a *Brimhana Sweda* particularly effective for *Dhatukshaya* and *Stambha*.¹⁰ *Shashtika Shali Pinda Sweda* administered with *Dhanwantharam Taila* was a supportive therapy in this case, considering its *Vata-Shaman*, *Snigdha*, *Ushna* and *Brimhana* Properties. These procedures provide warmth and nourishment to the neuromuscular tissues. The procedure was intended primarily to alleviate *Vata*-related *Stambha*, *Gurugatrata* and restricted movements and thereby facilitate functional mobility. Improvement in tremor, rigidity, gait and activities of daily living was assessed clinically before and after treatment. As Parkinsonism is a progressive neurodegenerative disorder, the procedure was considered an adjunctive therapy rather than a replacement for standard neurological management.

Kayasekam: *Mahanarayana Tailam* was used for the *Kayaseka*, it possesses predominantly *Snigdha*, *Guru* and *Ushna* properties and is traditionally used in various *Vata* disorders affecting the musculoskeletal and neuromuscular systems. External application can help counteract the *Ruksha* and *Sheeta* qualities of aggravated *Vata*.¹¹

Shirodhara: *Ksheerabala Taila* is traditionally used in *Vata* disorders and contains *Bala* processed with milk and sesame oil. Its *Snigdha*, *Guru* and *Vata-Shamaka* attributes are relevant to disorders associated with *Vata* aggravation.¹² The continuous and rhythmic pouring of the medicated oil over the forehead during *Shirodhara* is considered to provide a calming and relaxing effect on the head and mind. In *Kampavata*, it may help promote relaxation, reduce psychological stress, and improve sleep, thereby contributing to overall symptomatic comfort and well-being.¹³

Pratimarsa Nasya: *Ksheerabala 41 avarthi*, was used for *Pratimarsha Nasya*. *Ksheerabala Taila 41 Avarthi* possesses predominantly *Madhura* and *Tikta*, which alleviate the *Vata* and *Pitta*. *Brimhana* and *Balya* properties and may therefore help in counteracting the *Vata* predominance underlying these manifestations. The nasal route is traditionally considered an important therapeutic route for disorders affecting the head and neck, and *Nasya* is described as having an influence on structures situated above the clavicle.¹⁴ Intranasal administration may facilitate drug transport towards the central nervous system through the olfactory and trigeminal pathways.¹⁵ Regular *Pratimarsha Nasya*, which is *Brhmana* in nature and provide supportive benefits by reducing tremor and stiffness, promoting ease of movement, and maintaining the functional status of the neuromuscular system. Its small dose, gentle nature, ease of administration and suitability for repeated use make *Pratimarsha Nasya* particularly advantageous as a long-term supportive therapy in Parkinsonism.¹⁶

Internal medications included *Maharasnadi Kashayam*, which is mostly used in Vata related diseases, it can help in improving the conditions which related with musculoskeletal and neuromuscular diseases. It will reduce the *Sarvanga Kampa*, *Kubjathwam*.¹⁷ Here the patient suffering with *Kampa* of hands, slight improvement in tremor was observed after the treatment.

Cap. Sahacharadi 21 Avarti: Sahacharadi 21 Avarti was included in the treatment regimen considering the predominant Vata involvement and the presence of *Kampa* (tremor) and *Stambha* (stiffness) in the patient. *Sahacharadi Taila* is traditionally indicated in Vata disorders associated with neuromuscular manifestations such as *Kampa*, *Aksepaka*, and *Stambha*.¹⁸ The repeated processing (*Avarti*) is traditionally considered to enhance the therapeutic potency of the formulation. In the present case, its inclusion was aimed at alleviating Vata-associated tremor and stiffness and supporting neuromuscular function and mobility.

Tab. Brahmi: *Bacopa monnieri* exhibits neuroprotective and cognitive-enhancing effects through acetylcholinesterase (AChE) inhibition, thereby increasing acetylcholine availability and supporting memory and cognitive function. Its bacosides, flavonoids, and polyphenols also contribute to antioxidant and anti-inflammatory activities by reducing oxidative stress and modulating pro-inflammatory pathways such as NF- κ B. These combined effects may help protect neuronal function and provide supportive benefits in neurodegenerative conditions such as Parkinson's disease¹⁹. It also helps to relieve stress and anxiety, improve sleep quality.

Kampavata, described as a *Vataja Nanatmaja Vyadhi*, shares several clinical features with Parkinson's disease, particularly tremor, rigidity, impaired mobility, and gait disturbances. In the present case, the treatment approach was primarily focused on the alleviation of aggravated Vata and the management of the patient's presenting symptoms through a combination of internal medications and external therapeutic procedures. The combined application of *Vatahara*, *Balya*, *Brimhana*, and *Rasayana* measures was intended to support neuromuscular function, improve mobility, and promote overall functional well-being. The observed clinical improvement following the integrated treatment approach suggests that Ayurvedic interventions may have a supportive role in the symptomatic management of *Kampavata*.

CONCLUSION

The present case highlights the potential role of an integrated Ayurvedic approach in the management of *Kampavata* with clinical features resembling Parkinsonism. A treatment protocol comprising *Vatahara*, *Brimhana*, *Balya*, and *Rasayana* measures, along with internal medications and external procedures such as *Dhanyamladhara*, *Sarvanga Abhyanga*, *Shashtika Shali Pinda Sweda*, and *Sirodhara*, was adopted based on the predominant Vata involvement and the patient's clinical presentation. Following treatment, improvement was observed in tremor, rigidity, gait, balance, joint mobility, and activities of daily living. The case suggests that Ayurvedic interventions may provide supportive symptomatic benefits and improve functional well-being in patients presenting with *Kampavata*. However, as Parkinsonism is a progressive neurodegenerative condition, further systematic clinical studies with larger sample sizes and appropriate follow-up are required to establish the efficacy and long-term benefits of this therapeutic approach.

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