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Case Series

# ROLE OF AYURVEDA IN THE MANAGEMENT OF *KAMPAVATA*

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## ABSTRACT

Ayurveda, the ancient science of life, offers a holistic understanding of diseases by balancing the three *Doshas*: *Vata*, *Pitta*, and *Kapha*. *Vata dosha* is considered the chief among the three *Doshas*: the principle of movement, communication, and vitality within the body. It governs all physical and mental activities. *Vata* being the motivator and regulator of *Pitta* and *Kapha,* plays a dominant role in bodily functions, and its vitiation is considered responsible for the manifestation of most diseases. *Kampavata* features closely resembles those observed in Parkinson's disease. This article aims to analyse case report of 5 patients diagnosed with Parkinson's disease who were admitted to our hospital, and to formulate a general treatment protocol by considering factors such as *Prakruti,* chronicity, hereditary factors, trauma and age of patients etc.

## INTRODUCTION

In *Charaka Samhita*, *Vepathu* is described as a *Nanatmaja* disorder of *Vata*[1]. Later, *Acharya Madhavakara* elaborated this condition as a distinct clinical entity under the name *Kampavata*, synonymous with *Vepathu.* In *Basavarajiyam, kampavata* is described along with its clinical features such as *Kara-pada-tale kampa* (tremors), *Dehabhraman* (postural instability), *Matikshaya (*dementia) and *Nidrabhanga* (sleep disturbances).[2]

PD is 2nd most common age-related neurodegenerative disease. Mean age for onset is about 60yr. Lifetime risk for men is 2% and women 1.3%.[3] Clinically Parkinson's cardinal features are: rest tremors, rigidity (stiffness), bradykinesia, festinating gait with postural instability.

Additional features include freezing of gait, speech difficulty, swallowing impairment, sleep dysfunction, fatigue, dementia and cognitive impairment. Pathological features in PD are degeneration of dopaminergic neurons in substantia nigra, reduced dopamine and intraneuronal proteinaceous inclusions i.e., lewy bodies.[4]

Factors like coffee consumption, pesticide exposure, and smoking may contribute to variations in the risk of developing Parkinson's disease. The pathophysiology closely resembles a *Dhatukshayaja vata vikara* and the symptomatology implies *Dhatukshaya* and *Avarana.*[5]

*Samprapti ghataka*

- *Dosha:*
  *Vata:* all 5 types especially *Prana*, *Vyana, Udana*
  *Pitta: Sadhaka*
  *Kapha: Tarpaka*
- *Dushya*

*Dhatu: Rasa, Majja, Shukra, Mamsa.*
*Upadhatu: Snayu, Ojas*

- *Mala: Purisha, Vitsneha*
- *Srotas: Rasa, Shukra, Majja, Mamsa.*
- Type of *Strotodushti: Sanga*
- *Agni: Jatharagni*
- *Marga: Madhyama*
- Manifestation: *Sarvanga*

### Case Report

This case series includes participants who were admitted in the Panchakarma IPD of our institution diagnosed with Parkinson's disease. Cases

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were evaluated initially by detailed history taking and physical examination. Demographic data collected included age, gender and personal and medical history with duration since the onset of the condition. pre-post assessment done using UPDRS Scale.

**Case 1**

A 66-year-old male patient came with presenting complaints of stiffness of left upper and lower limb associated with difficulty in walking, tremors of hand and impaired balance. The symptoms had an insidious onset approximately 13 years ago. Initially stiffness began in the left upper limb and gradually progressed to involve the left lower limb. Around 5 years later, stiffness of left lower limb became more prominent and was associated with slowness of movements. Patient experienced increasing difficulty in performing daily activities such as cooking, cutting vegetables and picking up objects due to slowness and tremors. currently patient is under medication for Parkinson's disease (Tab Syndopa plus 1 tid).

**Clinical examination**

Higher mental functions

Conscious, oriented to time, place, person

Memory: Intact

Speech: Slow

Emotional disturbance: present

Affect: Mask like facies

Cranial nerve examination: All cranial nerve intact

**Motor system**

1. Muscle bulk: Normal
2. Muscle tone: Cogwheel rigidity (more in upper limb)
3. Muscle power: Normal
4. Involuntary movements: Resting tremor (pill rolling type)

**Reflexes**

Deep tendon reflex: Normal

Superficial tendon reflex: Normal

Coordination

Finger nose and heel knee test: Able to perform slowly

Romberg sign: Positive

Gait: Festinating gait

Diadochokinesis: Difficult to perform

**Case 2**

65-year-old male patient complaints of loss of balance while walking along with resting tremors, diplopia and visual hallucination. 4 yrs back he experienced loss of consciousness, slurring of speech and tendency to fall while walking and was shifted to medical college hospital and the condition was diagnosed as Parkinson's disease. Later these symptoms reappeared occasionally and was advised to take medication for the same. Patient also presents with symptoms like resting tremor, involuntary slipping of chappal from foot and urinary incontinence.

**Clinical examination**

Higher mental functions

Consciousness: Impaired

Oriented to time, place, person

Memory: Recent memory impaired

Speech: Slurring of speech

Emotional disturbance: present

Affect: Mask like facies

Cranial nerve examination:

3, 4, 6$^{th}$ nerve: Test for diplopia- Positive on both eyes

5$^{th}$ nerve: Sensory component- Normal

Motor component: Clenching of jaw, opening of the jaw, side to side movement of jaw-Impaired

7$^{th}$ nerve: Motor component: Wrinkling of forehead impaired

Glabellar tap: Positive

**Motor System**

1. Muscle bulk: Normal
2. Muscle tone: Cogwheel rigidity (more in upper limb)
3. Muscle power: Left upper limb and lowerlimb: grade 4
4. Right upper limb: Grade 3
5. Involuntary movements: Resting tremor (pill rolling type)

**Reflexes**

Deep tendon reflex: Normal

Superficial tendon reflex: Normal

**Coordination**

Finger nose test: Positive

Romberg sign: Positive

Gait: Festinating gait

Diadochokinesis: Difficult to perform

**Case 3**

66 yr old male patient with known case of DM and thyroid dysfunction came with presenting complaints of walking difficulty, weakness of bilateral lower limbs, slurring of speech, snoring since 2 years. Patient was apparently normal before 2 years, after the covid vaccination he felt difficulty in walking and weakness of both lower limb, slurring of speech. He was police by profession, while travelling in two wheelers he felt tendency to fall and unsteadiness. All these complaints aggravated since 6 months. He also complaints of occasional giddiness. He took

naturopathic treatment 1 month back and slight improvement in speech noticed. Now he came here for better management. Currently patient is taking syndopa plus 1 TID.

**Clinical Examination**

Higher mental functions

Conscious, oriented to time, place, person

Memory: Intact

Speech: Slurred

Emotional disturbance: Absent

Affect: Mask like facies

Cranial nerve examination: all cranial nerve intact

**Motor system**

1. Muscle bulk: Normal
2. Muscle tone: Cogwheel rigidity (more in upper limb)
3. Muscle power: Normal
4. Involuntary movements: Resting tremor (pill rolling type)

**Reflexes**

Deep tendon reflex: Normal

Superficial tendon reflex: Normal

Coordination

Finger nose and heel knee test: Able to perform slowly

Romberg sign: Positive

Gait: Festinating gait

Diadochokinesis: Difficult to perform

**Case 4**

73 yr old moderately built female patient a known case of Parkinson's disease, was apparently normal 4 years ago. She then gradually developed tremors in both hands, which were initially intermittent but later became persistent. The tremors are more pronounced at rest. Due to these complaints, patient became unable to perform her daily regular activities. Along with tremors she also developed generalised body rigidity. She had undergone allopathic treatment. But did not achieve significant relief. Currently she is taking Syndopa plus 1QID

**Clinical Examination**

Higher mental functions

Conscious, oriented to time, place, person

Memory: Intact

Speech: Slow

Emotional disturbance: Present

Affect: Mask like facies

Hallucination: Present

Cranial nerve examination: All cranial nerve intact

**Motor system**

1. Muscle bulk: normal
2. Muscle tone: cogwheel rigidity (more in upper limb)
3. Muscle power: normal
4. Involuntary movements: resting tremor (pill rolling type)

**Reflexes**

Deep tendon reflex: Normal

Superficial tendon reflex: Normal

Coordination

Finger nose and heel knee test: Able to perform slowly

Romberg sign: Positive

Gait: Festinating gait

Diadochokinesis: Difficult to perform

**Case 5**

61 yr old moderately built male patient with known case of DM and HTN with complaints of slow movement during walking since 6 months. While walking and sitting he is having tendency to fall. For the same complaints he took allopathic medications. Currently he is taking levodopa 100mg and carbidopa 25mg ½ BD.

**Clinical examination**

Higher mental functions

Conscious, oriented to time, place, person

Memory: Intact

Speech: Hypophonia

Emotional disturbance: Present

Affect: mask like facies

**Cranial nerve examination**

7$^{th}$ nerve: Mask face

11$^{th}$ nerve: Shoulder shrug reduced due to rigidity

**Motor system**

1. Muscle bulk: Normal
2. Muscle tone: Cogwheel rigidity (more in upper limb)
3. Muscle power: Normal
4. Involuntary movements: Resting tremor (pill rolling type)

**Reflexes**

Deep tendon reflex: Normal

Superficial tendon reflex: Diminished

**Coordination**

Finger nose and heel knee test: Able to perform slowly

Romberg sign: Positive

Gait: Festinating gait

Diadochokinesis: Difficult to perform

**General treatment principle**

1. *Deepana-Pachana:* All patients were given *Deepana-Pachana* therapy as first line of treatment in *Kampavata. Kashayas* and *Choornas* were given for this purpose and commonly used combination was *Gandarvahasthadi Kashaya*[6] 60ml twice before food given along with 5gm *Vaiswanara choorna.*[7]
2. *Bahya Rukshana- Bahya Rukshana* was administered as the initial external therapy for all patients, and subsequent procedures were selected based on the individual condition of each patient.
   a. *Udwartanam* with *Kolakulatthadi churna* or *Triphala*
   b. *Rooksha sweda* with *Kolakulatthadi churna*
   c. *Kashaya dhara* with *Dashamoola churna*

   According to patient's condition *Rukshana* can be done.
3. *Utsadanam*
   a. *Kolakulatthadi choorna+ Jeevantyadi choorna* along with *Karpooradi taila+ Murivenna+ Mahamasha taila* for 3 patients.
   b. *kolakulatthadi+ Jeevanthyadi* along with honey + *Tila taila* for 1 patient.
   c. *Kolakulatthadi + Mudga choorna* with *Mahamasha taila* for 1 patient.
4. *Snehana* and *Swedana*

   *Abhyanga* was done with following combinations of medicines according to patients *Prakruti* and *Dosha* predominance.
   a. *Bala taila+ Shatahwadi taila*
   b. *Kottamchukadi taila*
   c. *Mahamasha taila + Karpooradi taila+murivenna.*

   *Swedana: Ushma sweda* was done 4 patients with *Vatahara patra. Dhanyamla dhara* done for 1 patient.
5. *Matra vasti*

   *Matra vasti* was administered in a dose of 75ml to 5 different patients, using 3 different formulations, namely *Pippalyadi anuvasana taila, Ashwagandha ghrita, Rashnadashamoola ghrita.*
6. *Moordhini taila*

   According to the clinical condition of the patient's, *Shiropichu* was administered to 2 patients, while *Shirodhara* was performed on 3 patients. *Shirodhara* treatments utilized *Ksheerabala taila, Mahanarayana taila* and *Mahakukkutamamsa taila,* whereas the *Shiropichu* treatments employed *Ksheerabala taila* and *Mahanarayana taila*.

**Internal medicines**

- *Gandharvahastadi Kashaya* 60ml bd before food
- *Mashaatmaguptadhi Kashaya* 60 ml bd before food
- *Kapikachu* tab 1 Bd after food
- *Mahayogaraja guggulu* 1bd after food
- *Ashwagandha choorna* 5gm HS[8]

**OBSERVATION AND RESULTS**

There was gradual improvement in patient's condition with our treatment. After one and half months of IPD management, they were discharged on oral medications. Pre and post-treatment assessment were conducted using the Unified Parkinson's Disease Rating Scale (UPDRS)[9], with the pre assessment perform on the day of admission and the post assessment on the day of discharge.

**Part 1: Mentation, Behaviour and Mood**

| Symptoms | Case 1 Before | Case 1 After | Case 2 Before | Case 2 After | Case 3 Before | Case 3 After | Case 4 Before | Case 4 After | Case 5 Before | Case 5 After |
|---|---|---|---|---|---|---|---|---|---|---|
| Intellectual impairment | 3 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 2 | 1 |
| Thought disorder | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Depression | 1 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 1 | 1 |
| Motivation / initiative | 1 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 2 | 1 |

**Part 2: Activities of Daily living**

| Symptoms | Case 1 Before | Case 1 After | Case 2 Before | Case 2 After | Case 3 Before | Case 3 After | Case 4 Before | Case 4 After | Case 5 Before | Case 5 After |
|---|---|---|---|---|---|---|---|---|---|---|
| Speech | 2 | 0 | 2 | 1 | 2 | 1 | 1 | 0 | 1 | 0 |
| Salivation | 1 | 0 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |
| Swallowing | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 0 |
| Handwriting | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| Cutting food and handling utensils | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 2 | 1 |
| Dressing | 2 | 1 | 2 | 2 | 1 | 1 | 3 | 2 | 2 | 1 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Hygiene | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 0 |
| Turning in bed and adjusting bed clothes | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 |
| Freezing (unrelated to walking) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Freezing when walking | 2 | 2 | 2 | 1 | 3 | 2 | 2 | 1 | 1 | 1 |
| Walking | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 2 |
| Tremor | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 1 | 1 |
| Sensory complaints related to Parkinsonism | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 |

**Part 3: Motor Examination**

| **Symptoms** | **Case 1 Before** | **Case 1 After** | **Case 2 Before** | **Case 2 After** | **Case 3 Before** | **Case 3 After** | **Case 4 Before** | **Case 4 After** | **Case 5 Before** | **Case 5 After** |
|---|---|---|---|---|---|---|---|---|---|---|
| Speech | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 0 | 1 | 1 |
| Facial expression | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 0 | 2 | 1 |
| Tremor at rest | 3 | 2 | 2 | 1 | 3 | 2 | 4 | 3 | 3 | 2 |
| Action or postural tremor of hands | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 1 |
| Rigidity | 2 | 1 | 2 | 1 | 2 | 1 | 3 | 1 | 1 | 1 |
| Finger taps | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| Hand movements | 2 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| Pronation-supination movements of hands | 2 | 1 | 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 |
| Leg agility | 2 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | 2 | 1 |
| Arising from chair | 3 | 2 | 2 | 2 | 3 | 2 | 2 | 1 | 2 | 1 |
| Posture | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 0 | 1 | 1 |
| Gait | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 1 | 1 | 1 |
| Postural stability | 1 | 1 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| Body bradykinesia and hypokinesia | 2 | 1 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 2 |
| Total | 50 | 32 | 48 | 32 | 52 | 37 | 45 | 22 | 42 | 28 |

## DISCUSSION

All the five patients who were admitted in the IPD with symptoms of *Kampavata* were managed through almost similar treatment protocol. The general treatment protocol resulted in significant reduction in the symptoms of *Kampavata.* In *Brihatrayis, Acharyas* did not mention a particular *Nidana* for *Vepathu* but they stated that all *Vatavyadhi samanya nidana* are responsible for *Vepathu. Vata prakopaka nidana* include *Ahara (Ruksha, Seetha, Laghu, Alpa), Vihara (Ativyayama, Atimaithuna, Vegadharana) Abhighata, Manovikara (Chintha, Shoka, Bhaya, Krodha)*[10]*. Katu tikta Kashaya rasa* aggravates *Vata dosha* especially *Katu rasa* which produces *Kampa*[11]. together with other *Nidanas*, they result in *Vata* aggravation.

There is no direct description of *Samprapthi* in *Kampavata, b*ut *acharyas* have considered *Kampavata* under *Nanatmaja vatavyadhi*. So, we conclude that like other *Vatavyadhi, Samprapthi* of *Kampavata* can be studied by two ways *Dhatukshayajanya* and *Margavarodha janya*.

In *Dhatukshaya janya*, administration of *Rukshadigunas (Ruksa, Laghu, Khara*, etc) along with *Sitaguṇa* causes *Dhatukshaya* and following emptiness in *Dhatu* and correspondingly in their respective *Srotas*. In the pathological sequence of *Dhatuksaya, Vata* gets more space (*Avakasa*) in *Riktadhatu* or *Srotas* and vitiated *Vata* with increased *Chala* property is called as *Gatavata*. The vitiated *Vata*, because of specificity of *Nidana* as well as *Khavaigunya,* identifies

its adobe in *Snayu* und manifests as *Snayupraptavata. Snayupraptavata* is characterised, as *Stambha* and *Kampa*. They seem to be inter-complimentary. *Stamba* contributes *Kampa* and vice versa because of the same *Adhisthana* of vitiated *Dosha.*

In the case of *Avarana*, the etiopathological factor is that which aggravates the *Kapha. Kapha* is aggravated along with *Vata* by mixing of *Ushna, Snigdha, Sushka dravyas* and *Guru gunas* combined with *Sheeta* just as in *Urustambha.* The aggravated *kapha* causes obstruction (*Margarodha*) of *Vata,* very specifically *Vyanavata.* In the pathological sequence of *Avarana* of *Vata* by *Kapha*, it may manifest generally as *Kaphavrtavata* and shows symptoms of localized or generalized *Stambha.* The *Avarana* of *Vata* by *Kapha* may be very specific to *Kaphavrtavyana.* The *Kaphavrtavyana* shows the symptoms of *Chestasanga. Gatisanga, Skhalanam gatau*, etc, which are nothing other than due to poverty of movements. They manifest postural and gait disturbances, etc. as bradykinesia.

The pathology of *Avarana* of *Kapha* may advance to higher functional levels of *Vata* like *Kaphavrtaudana*, which manifest as *Vakgraha* or *Svaragraha*[12]. These are speech disturbances characterized as dysarthria and dysphasia. When *Udana* and *Vyana* are under the *Avarana* of *Kapha*, it may further cause *Anyonyavarana* of *Udana* and *Vyana*. *Udanavrtavyana* is manifested as *Chestahani* (akinesia).[13] The *Anyonyavarana* may further advance to higher functional levels according to worsening of pathology. When *Vyana* gets *Avarana* by *Prana* (i.e. *Pranavrtavyana*), loss of memory (*Smrtikshaya*), loss of motor power (*Balakshaya*) and impaired sensorium may manifest. These may also be considered as dementia, fatigue, cognitive and sensory disturbances explained in the later stages of Parkinson's Disease

Initially, *Deepana Pachana* and *Rukshana* was administered to all the patients to convert the *Doshavastha* from *Sama* to *Nirama* and to achieve *Ruksha lakshana*. It is one among *Vatavyadhi*, hence *Vatavyadhi* treatment principle should be followed. *Acharya Vangansena* has mentioned specific treatment for *Kampavata* such as *Abhyanga, Swedana, Virechana, Anuvasana vasti, Niruhavasthi* and *Shirovasthi*[14]. *Acharya Charaka* opines *Snehana* is the first line of treatment for all *vatavyadhi.*[15]

**Case 1**

The treatment was aimed at pacifying aggravated *Vata Dosha*, which is considered the principal factor responsible for tremors, rigidity, slowness of movements, and impaired motor functions. Initially, *Dhanyamla Dhara* and *Udwarthanam* were administered to reduce stiffness, heaviness, and obstruction in body channels, thereby facilitating the proper movement of *Vata*.

*Talam* was applied over the head to provide a calming effect on the nervous system and help control tremors. *Kizhi* (*Pinda Sweda*) and *Utsadanam* provided sudation and nourishment to muscles and joints, reducing rigidity and improving mobility.

*Matra Vasti* and other forms of *Vasti* were the major therapeutic interventions. Since *Vata* resides predominantly in the *Pakwashaya, Vasti* is considered the most effective treatment for *Vata* disorders. The administration of medicated oils through *Vasti* helped in regulating *Vata,* improving neuromuscular coordination, reducing tremors, and enhancing functional capacity.

Among the internal medicines, *Kapikacchu* is well known for its natural L-dopa content and is traditionally indicated in *Kampavata. Dashamoola, Gandharvahastadi Kashayam*, and other *Vatahara* formulations helped in reducing inflammation, improving digestion, and maintaining the normal movement of *Vata.* Nourishing formulations and medicated oils supported strength, muscle tone, and overall quality of life.

**Case 2**

Initially, *Udwarthanam* was administered for 14 days to reduce stiffness, heaviness, and improve the mobility of the body. *Abhyangam* was performed for 5 days to provide nourishment to the muscles and joints and to promote relaxation and flexibility.

*Utsadanam* was administered for 7 days, supporting the reduction of stiffness and improving mobility. *Kashaya Dhara* was given for 7 days with the intention of providing a Vata-pacifying and soothing effect.

*Abhyangam* and *Matravasthi* continued for 3 days. These procedures were aimed at strengthening and nourishing the musculoskeletal system, maintaining the normal movement of *Vata,* and supporting overall functional improvement.

**Case 3**

*Udwarthanam* was administered for 10 days to reduce *Kapha*-associated heaviness, improve circulation, stimulate peripheral nerves, and facilitate better movement. The *Ruksha* and *Ushna* properties of the procedure help remove *Srotorodha* (channel obstruction) and prepare the body for subsequent therapies.

*Matra Vasti*, given for 14 days, formed the main component of treatment. *Vasti* is considered the prime therapy for *Vata* disorders as the colon is the principal seat of *Vata*. Continuous administration of *Matra Vasti* nourishes tissues, alleviates dryness, improves muscle

strength, and helps restore normal neurological functions.

*Adhonabhi Pichu* was administered to provide localized oleation over the lower abdomen. The sustained contact of medicated oil helps regulate *Apana Vata*, promotes pelvic and lower limb nourishment, and supports the action of *Vasti.*

*Shirodhara* along with *Pratimarsha Nasya* was performed for 7 days to influence the higher centers of the nervous system. *Shirodhara* induces relaxation, reduces stress and anxiety, and improves sleep, while *Pratimarsha Nasya* nourishes the sense organs and promotes the proper functioning of the cranial nerves and brain.

*Utsadanam* was given during the final phase of treatment to improve muscle tone, circulation, flexibility, and functional mobility. It also helps reduce stiffness and enhances overall physical performance.

**Case 4**

*Udwarthanam* was administered for seven days to remove *Kapha*- induced obstruction, improve peripheral circulation, and facilitate proper movement of *Vata*.

*Utsadanam* was performed as a nourishing and strengthening therapy. It promotes muscle tone, improves tissue nutrition, and enhances flexibility and functional capacity. This procedure is particularly useful in chronic musculoskeletal and neuromuscular conditions.

*Abhyanga* followed by *Dhanyamla Dhara* was given for seven days. *Abhyanga* provides oleation, relieves dryness, and pacifies aggravated *Vata*, while *Dhanyamla Dhara* helps reduce stiffness, pain, inflammation, and improves circulation. The combined effect contributes to better joint mobility and reduced discomfort.

*Padavagaha* with *Vatahara patra, Dhanyamla* and *Saindhava* was specifically administered for the lower limbs. It helps relieve foot pain, improves local blood circulation, strengthens muscles and ligaments, and promotes relaxation.

**Case 5**

Initially, *Ruksha Sweda* and *Pradeha* with *Kolakulathadi Choorna* in *Dhanyamla* were administered to reduce *Kapha* dominance, improve circulation, and relieve stiffness and heaviness.

*Ruksha Vasti* with *Mahatiktaka/ Mashatmaguptadi Kashaya* and *Ashtachoorna Kalka* was given to eliminate morbid *Doshas* and regulate *Vata. Vasti* acts directly on the principal seat of *Vata* and is considered the most effective therapy for *Vata* disorders. *Udwarthanam* was performed to reduce *Kapha* accumulation, improve peripheral circulation, enhance muscle tone, and decrease rigidity and heaviness.

*Talam* with *Kachooradi Choorna, Jiraka, Vacha Choorna,* and *Mahamasha Taila* was applied over the scalp to pacify *Vata*, calm the nervous system, and improve higher neurological functions. *Kadikizhi* with *Kolakulathadi Choorna* provided localized sudation, helping to relieve pain, stiffness, and muscle tightness while improving joint mobility.

*Abhyanga* followed by *Ushma Sweda* with *Kottamchukkadi Taila* was administered for oleation and sudation. This combination helps reduce dryness, improve circulation, strengthen muscles, and alleviate *Vata*-related symptoms. *Pratimarsha Nasya* with *Anu Taila* was employed to nourish the structures above the clavicle, improve sensory and motor functions, and support nervous system activity.

*Matra Vasti* with *Rasnadasamoola Ghrita* (*Arohana* pattern) constituted the major therapeutic intervention. *Vasti* nourishes tissues, pacifies *Vata,* enhances neuromuscular coordination, and promotes strength and functional recovery.

*Shiropichu* with *Mahanarayana Taila* was administered to provide continuous oleation to the head region, thereby reducing stress, calming the nervous system, and improving neurological function.

*Sandhana Kizhi* with *Kottamchukkadi Taila* was given to strengthen muscles and joints, reduce pain and stiffness, and improve overall mobility.

According to above 5 combined cases, we can conclude that:

*Utsadana* done with *Kolakulathadhi choorna* and *Jeevantyadhi choorna* due to its *Vatahara* properties*. Bahya Sneha abhyanga* was done for 4 patients except 1 according to the condition of the patient and *Dosha* predominance. *Abhyanga* helps in ensuring softness and unctuousness of the skin. *Swedana* help in relieving *Sthamba, Gurutha* and *Sheetata*[16]. *Vasthi* is the prime therapy for vitiated *Vayu*, the main cause of *Kampavata*. Regulation of *Vayu* through *Vasti* restores systemic balance. *Sneha vasthi* counter acts *Vata dushti* through its opposite qualities and reestablishes equilibrium. By doing *Shiro dhara*[17], patient feel relaxation both mentally and physically. Relaxation decreases brain cortisol and adrenalin level, synchronizes the brain wave and strengthen the mind.

*Kampa vata,* a *Vatavyadhi* commonly affecting elderly requires primarily *Brimhana chikitsa*. Due to its neurodegenerative nature *Rasayana* based nervine tonics such as *Aswagandha* and *Kapikachu* are given. *Mashaatma guptadhi Kashaya* due to its *Vatahara, Brimhana* and *Rasayana* properties with *Kapikachu* contributing to improvement in motor symptoms and neuroprotective effects.

## CONCLUSION

*Vatavyadhi* treatment principles like removing *Marga avarana, Srotosodhana, Vatanulomana* have shown effective results in the management of *Kampavata*. The findings of the present study indicate that an integrated therapeutic approach based on classical Ayurvedic principle plays a significant role in management of *Kampavata*. The interventions not only contributed to a marked reduction in disease related signs and symptoms but also resulted in functional improvement and enhancement of patient's overall quality of life. These outcomes suggest that individualized, multimodal ayurvedic treatment strategies offer a promising complementary role in long term management of *Kampavata*.

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