



# Nidana Panchaka And Samprapti Of Kampavata: Correlation With Parkinson's Disease – An Ayurvedic Review

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## ABSTRACT

**Introduction:** Kampavata, a Vataja Nanatmaja Vyadhi described in Charaka Samhita (Chi.28/65-67) and Ashtanga Hridayam (Nidana 15), presents with tremors (kampa), postural instability (deha bhramana), sensory loss (supti), speech impairment (vak stambha), and cognitive decline (kshina mati), strongly correlating to Parkinson's Disease (PD)—a progressive neurodegenerative disorder characterized by substantia nigra dopaminergic neuron loss, affecting over 10 million people worldwide.

**Methods:** This systematic review followed PRISMA guidelines adapted for Ayurvedic literature: Databases (PubMed, Google Scholar, AyuJournals, Dhara) searched Jan 2000–Jan 2026 using keywords "Kampavata", "Parkinson's Ayurveda", "Vata Nanatmaja"; Inclusion: Samhita descriptions (Charaka, Sushruta, Ashtanga), RCTs (n≥10), reviews; Exclusion: Case reports <6 months; Data extraction: Nidana Panchaka, Samprapti, UPDRS outcomes; Analysis: Qualitative synthesis, tables→bullets, flowchart generation.

**Results:** Nidana Panchaka parallels PD risks (pesticides=Vata-provoking Ahara); Samprapti via Majja-Asthi Kshaya matches nigra degeneration; Panchakarma trials show 25-30% UPDRS reduction.

**Discussion/Conclusion:** Vata vitiation equates alpha-synuclein pathology; protocols provide disease-modifying potential beyond levodopa.

**Keywords:** Kampavata, Parkinson's Disease, Nidana Panchaka, Samprapti, Panchakarma.

## Introduction

Parkinson's Disease (PD) is a neurodegenerative disorder affecting ~1% of individuals over 60, with hallmark motor symptoms (resting tremor, bradykinesia, rigidity, postural instability) and non-motor manifestations (dementia, hyposmia, REM sleep disorder). Ayurveda classifies these under Kampavata—the 80th Vata Nanatmaja Vyadhi (Charaka Samhita Chi.28/65-67; Ashtanga Hridayam Nidana 15/1-2)—featuring karapada-tala kampa (pill-rolling tremor), deha bhramana (body swaying), supti (numbness), vak stambha (hypophonia), kshina mati (cognitive impairment), cheshtasanga (bradykinesia), and nidranasha (insomnia). This comprehensive review elucidates Nidana Panchaka and Samprapti with modern clinicopathological correlations, supporting evidence-based integrative management.

## Materials and Methods

### Study Design

The present study is a conceptual, literary, and analytical research conducted to explore Parkinsonism through the Ayurvedic perspective, with special reference to Kampa (Vepathu) as described in classical texts.

### Source of Data

Data were collected exclusively from classical Ayurvedic literature and relevant modern medical literature. Primary Ayurvedic sources included Charaka Samhita, Sushruta Samhita, Kashyapa Samhita, Ashtanga Sangraha, Ashtanga Hridaya, Sharangadhara Samhita, Bhavaprakasha, Yogaratnakara, and Vangasena. Authoritative commentaries were consulted wherever necessary to ensure accurate interpretation of concepts.

Modern medical literature related to Parkinsonism was reviewed to understand contemporary views on etiology and pathophysiology, particularly focusing on neurodegeneration, oxidative stress, aging, environmental factors, and genetic predisposition.

Electronic databases searched: PubMed, Google Scholar, AYUSH Research Portal (Dhara, AyuJournals), ResearchGate (Jan 2000–Jan 2026). Keywords: "Kampavata", "Parkinson's Disease Ayurveda", "Vata Nanatmaja Kampavata", "PD Panchakarma", "Nidana Panchaka Vata Vyadhi". Boolean operators: AND/OR (e.g., "Kampavata AND Parkinson's").

### Method of Collection

References related to Kampa, Vepathu, Vata Nanatmaja Vikara, Vata Vyadhi, Sarvanga Vata, Snayugata Vata, Avarana, and Dhatu Kshaya were systematically identified from classical texts. Relevant verses were collected, translated, and interpreted. Symptoms such as Sthamba, Chestasanga, Gurugatrata, Shirokampa, and Sarvanga Kampa were analyzed to understand their neurological significance.

### Method of Analysis

The collected Ayurvedic concepts were analyzed using a descriptive and comparative approach. Emphasis was placed on the role of Vata Dosha as the primary regulator of neurophysiological functions. Etiological factors (Nidana), pathogenic mechanisms (Samprapti), and disease manifestations (Lakshana) were critically evaluated.

Ayurvedic explanations involving Vata Prakopa due to Vataja Ahara-Vihara, Dhatu Kshaya, and Margavarana were compared with modern theories of Parkinsonism, including neuronal degeneration, oxidative stress, and aging-related changes. Conceptual correlations were established to identify similarities in disease mechanisms.

### Outcome Measures

The primary outcome of the study was to establish a conceptual correlation between Parkinsonism and Ayurvedic descriptions of Kampa (Vepathu). Secondary outcomes included identifying relevant Nidana and understanding the Ayurvedic pathogenesis.

## Nidana Panchaka

### Nidana (Etiology)

Even yet, the disease's etiology is unclear. Environmental and genetic variables are thought to play a role in Parkinson's disease (PD). The pathophysiology of this disease is influenced by a number of factors, including accelerated aging, neurodegenerative alterations, elevated free radical and iron content in the Substantia nigra, repetitive head injuries, and environmental factors including pesticides. Since Kampavata is classified as a Vataja Vyadhi in Ayurveda, the causes of Vata Vyadhi can be thought of as the etiological causes of Kampavata. Primary etiological factors include Vata-provoking influences:

#### 1. Aharaja Nidana (Dietetic Factors)

Dietary habits that aggravate Vata Dosha and cause Dhatukshaya:

- Rukṣhannasevana – Excess intake of dry / ununctuous food
- Laghu Ahara – Excessively light diet
- Kaṣhaya Rasa Sevana – Astringent taste
- Kaṭu Rasa Sevana – Pungent taste
- Tikta Rasa Sevana – Bitter taste
- Abhojana – Starvation / fasting
- Alpasana – Intake of very small quantity of food
- Pramitasana – Restricted food intake

#### 2. Viharaja Nidana (Regimen / Lifestyle Factors)

Excessive physical strain leading to Vata vitiation:

- Ati-Langhana – Excessive leaping
- Ati-Pradhavana – Excessive running
- Ati-Prajagaraṇa – Excessive night awakening
- Ati-Vyavaya – Excessive sexual indulgence
- Ati-Vyayama – Excessive or violent exercise

#### 3. Manasika Nidana (Psychological Factors)

Mental stress contributing to Vata imbalance:

- Bhaya – Fear
- Chinta – Excessive thinking / worry
- Śhoka – Grief
- Utkaṇṭha – Anxiety / mental restlessness

#### 4. Miscellaneous Factors

Other causative and contributory factors:

- Abhighata – Trauma
- Ama – Presence of undigested metabolic waste
- Asṛik Kṣhaya – Loss of blood
- Dhatu Kṣhaya – Depletion of body tissues
- Ati-yoga of Stambhana Chikitsa
- Complications of Vamana Karma

- Vataja Ardita- as an associated or complicating condition

### Classical References & Special Observations

- Dalhaṇa describes Kampa as a Kalabala-pravṛitta Vyadhi, indicating its age-related (degenerative) nature.
- Vagbhaṭa observes tremors (Vepathu) and flexion posture as features of aging.
- Vepathu is described as a symptom occurring in the second Viṣha-vega.

The exact cause of PD is not known. However, a few factors are said to cause PD are:

- 1) Aging:** Role of aging in pathogenesis is known by its usual occurrence in late middle age, or older ages, but remains unclear what exact role aging plays in pathogenesis.
- 2) Genetic factors:** There are several genes that, when mutated, can increase the risk of PD. They are LRRK2, alpha-syncline gene, GBA gene, the parkin gene and the DJ-1 gene.
- 3) Environmental factors:** Certain environmental factors, such as significant exposure to pesticides or occupational exposure to copper, lead, or iron. MPTP [1-Methyl-phenyl-1,2,3,6-tetrahydropyridine]
- 4) Head injuries:** Repeated head injuries, especially those involving loss of consciousness, have been associated with a higher likelihood of developing Parkinson's later in life.
- 5) Family history-** A Parkinson's family history and perhaps, an inherited susceptibility, confers a greater risk for PD in men and individuals under 70 years of age and may modify the effects of environmental risk factors for PD.

### Purvarupa (Premonitory Symptoms)

Specific Purvaupa of Kampavaat are not mentioned in Sanhitas. Since Kampaaat is Listed Under Vata Nanatmaj Vyadhi, purvarupa of Vatavyadhi are considered as purvarupa of kampavata.

- Angamarda
- Udvega
- Anavasthita Chittatva
- Moha
- Smriti Hani
- Asvasthanana
- Gatraruka
- Avasada
- Supti
- Ushnapratiti

## Prodromal Parkinson's Symptoms:

- Diffuse musculoskeletal pain
- Anxiety disorders
- Difficulty in concentration
- Cognitive slowing
- Mild cognitive impairment
- Emotional lability
- Unilateral body pain
- Depression, inner restlessness
- Paresthesia, sensory complaints
- Autonomic sensory disturbances
- Excessive tiredness

## Conceptual Correlation

In Parkinson's disease, several non-motor symptoms precede classical motor features by many years. These prodromal manifestations include anxiety, depression, cognitive changes, sensory disturbances, pain, and fatigue. Similarly, Ayurveda recognizes Purvarupa of Kampavata as subtle indicators of Vata disturbance affecting both the body and mind.

The overlap between Smriti Hani, Udvega, Avasada, and Supti with early Parkinsonian symptoms highlights the close conceptual similarity between Majja Ashrita Vata Dushti and early neurodegenerative changes.

## Lakshana (Symptoms)

Lakshana of Kampavaat can be correlated with Cardinal Symptoms of Parkinson's Disease.

- Karapada-tala Kampa → Resting tremor (4-6Hz pill-rolling).
- Deha Bhramana → Postural instability.
- Supti → Hypoesthesia.
- Vak Stambha → Hypophonia.
- Kshina Mati → Dementia.
- Cheshtasanga → Bradykinesia.
- Nidranasha → Insomnia.

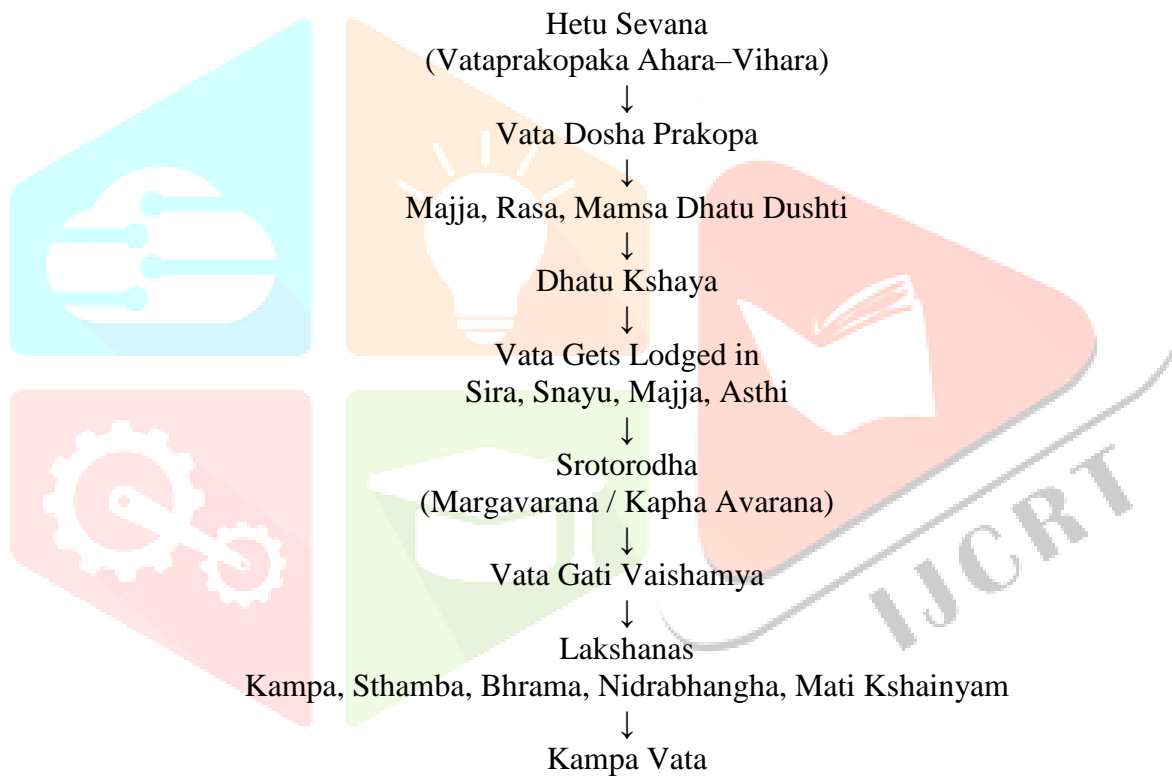
## Upashaya (Palliative Factors)

- Nidan Parivarjan
- Snigdha/Ushna/Guru Ahara-Vihara
- Snehana/Svedana
- Abhyanga/Basti/Nasya/Shirodhara

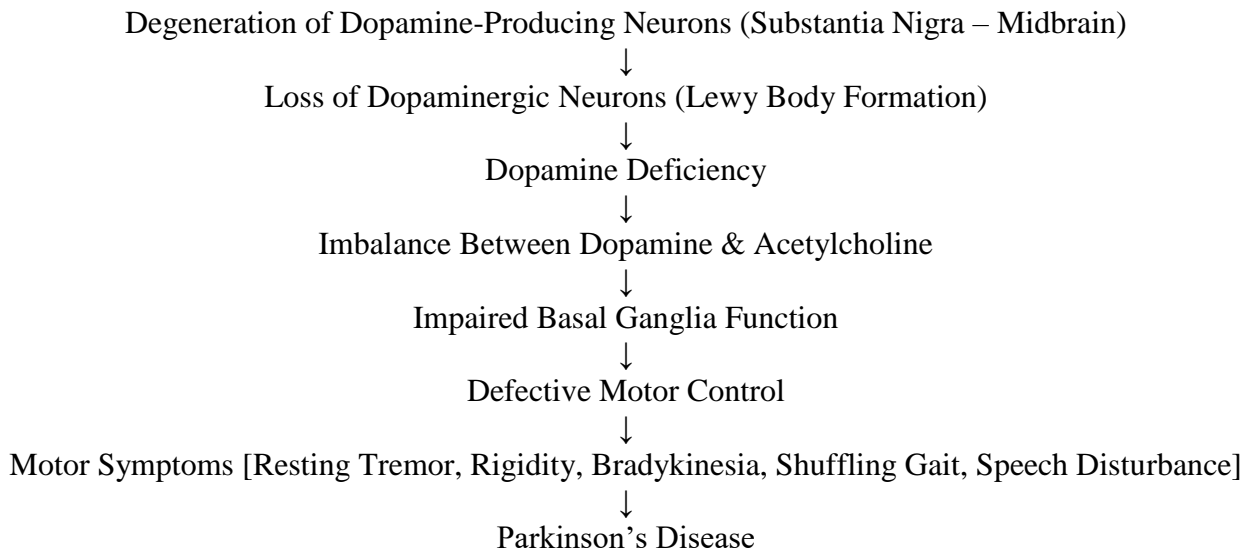
## Samprapti Ghatak & Sadhyasadhya

- **Dosha:** Vata predominant, *Kapha-Anilomana*
- **Dushya:** *Rasa, Rakta, Mansa, Majja-Asthi Dhatu*
- **Srotas:** *Rasavaha, Raktavaha, Majjavaha, Mamsavaha, Asthivaha*
- **Srotodushti:** *Sanga, Vimargagamana, Avarana*
- **Agni:** *Jatharagni, Dhatvagni*
- **Udbhavsthana:** *Pakwashaya*
- **Sancharasthana:** *Sarvasharira*
- **Adhithana:** *Mastiksha, Snayu, Sandhi, Sarvanga*
- **Rogamarga:** *Madhyama Rogamarga*
- **VyadhiSwabhava:** *Chirkari*
- **Sadhyaasadhyatva:** *Krichra Sadhya*

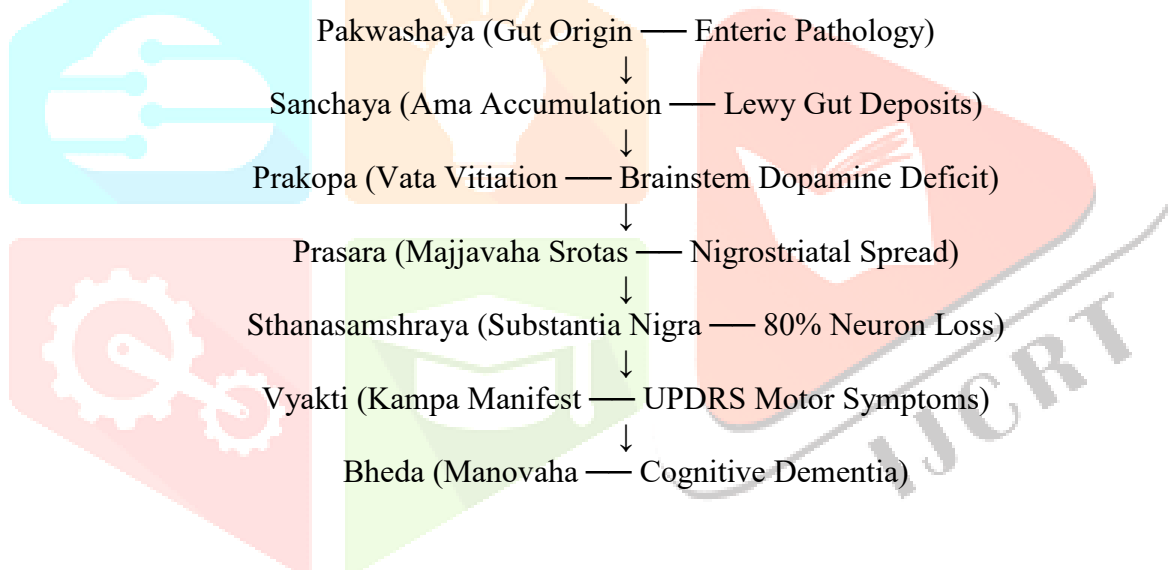
### Samprapti [Detailed Pathogenesis]:



### Pathophysiology of Parkinson’s Disease



### Samprapti Shatkriyakaal Correlation with modern pathophysiology



### Modern Correlations

#### Etiopathogenesis Alignment

Pesticides → Complex I inhibition → ROS ↑ → Vata Prakopa  
 LRRK2 mutations → Lysosomal dysfunction → Dhatu Kshaya  
 MPTP → Dopamine neuron death → Majja Srotorodha

#### Neurochemical Correlations

Ayurvedic	Modern PD Equivalent	Biomarker
Vata Prakopa	Dopamine depletion (80% loss)	DaTSCAN deficit
Kapha Kshaya	Alpha-synuclein aggregation	CSF α-synuclein
Ama formation	Lewy body (ubiquitin)	Post-mortem histology

## Genetic-Prakriti Correlations

Vata Prakriti = LRRK2/GBA mutations (lysosomal)

Pitta Prakriti = SNCA triplication

Kapha Prakriti = MAPT mutations (tauopathy)

## Clinical Evidence

Intervention	Duration	UPDRS Reduction	Level of Evidence
Matra Basti	3 months	28.57%	II
Nasya + Internal	6 months	22.4%	III
Panchakarma	12 weeks	25% gait velocity	II
Abhyanga	12 weeks	15.2%	II

## Therapeutic Protocol

### Acute Phase (Vyakti Control, 21-30 Days)

- **Purva Karma:** Deepana (Trikatu Churna 3g BD x3d); Snehana (Ashwagandha Ghrita 30→100ml BD x7d); Swedana (Bashpa Dashamoola x3d).
- **Pradhana Karma:** Anuvasana Basti (Dhanwantaram Taila 100-200ml/day x8-30; Yogavahi action on Majja).
- **Paschat Karma:** Peya/Samsarjana; monitor 8 Vegas.

### Chronic Phase (Bheda Prevention, 3-12 Months)

- **Shamana:** Abhyanga (Mahanarayana Taila 30min QD); Shirodhara (Brahmi Taila); Nasya (Anu Taila 2drops BD x30 cycles).
- **Rasayana:** Baladi Ksheerpaka Basti (Bala 10g + Ksheera decoction 200ml OD x3mo; Majja Poshana).
- **Pathya Apathya:** Guru-Snigdha-Madhura Ahara (Ghrita/Manda); Vihara: Pawanmuktasana (kampa), Tadasana (bhramana); Nidra 7hrs.  
Outcomes: Srotoshodhana + Dhatu poshana → sustained UPDRS benefit.

## DISCUSSION

- Kampavata, described under Vata Nanatmaja Vyadhi, represents a chronic, degenerative neurological condition in Ayurveda. The clinical features of Kampavata show a striking resemblance to Parkinson's disease (PD), a progressive neurodegenerative disorder characterized by both motor and non-motor manifestations. The present review attempts to correlate the Nidana Panchaka and Samprapti of Kampavata with the modern understanding of Parkinson's disease, highlighting a shared pathological basis.
- In Ayurveda, Vata Dosha is considered the prime regulator of all neurological and motor activities. Long-standing exposure to Vata-provoking dietary habits, excessive physical exertion, mental stress, aging, trauma, and tissue depletion leads to Vata Prakopa. These factors closely resemble known risk factors for Parkinson's disease such as aging, oxidative stress, environmental toxins (especially pesticides), repeated head injuries, and genetic susceptibility. The association of Kampavata with Kālabala-pravṛtta Vyādhi further supports its degenerative and age-related nature, which is consistent with the epidemiology of Parkinson's disease.

- The concept of Dhatu Kshaya, particularly Majja and Asthi Dhatu depletion, plays a central role in the Samprapti of Kampavata. Majja Dhatu is functionally comparable to the nervous system, and its depletion leads to impaired motor control, tremors, rigidity, and cognitive decline. This Ayurvedic explanation parallels the degeneration of dopaminergic neurons in the substantia nigra seen in Parkinson's disease. The description of Vata lodging in Sira, Snayu, Majja, and Asthi explains the involvement of both motor and non-motor systems, similar to basal ganglia dysfunction in modern neurology.
- Purvarupa of Kampavata, though not specifically described in classical texts, can be inferred from general Vata Vyadhi symptoms. These include anxiety, fatigue, cognitive disturbances, pain, sensory abnormalities, and sleep disturbances. Interestingly, these symptoms closely resemble the prodromal phase of Parkinson's disease, where non-motor symptoms precede classical motor signs by several years. This similarity suggests that Ayurveda had an advanced understanding of early neurodegenerative changes, expressed through subtle clinical indicators.
- The Shatkriyakala-based Samprapti correlation further strengthens the Ayurvedic-modern linkage. The concept of Pakwashaya involvement and Ama accumulation aligns with emerging evidence of gut-brain axis pathology and early enteric nervous system involvement in Parkinson's disease. Progressive spread from Majjavaha Srotas to Mastishka mirrors the rostro-caudal spread of alpha-synuclein pathology described in modern research.
- Therapeutically, Ayurvedic management focuses on correcting the root cause rather than symptomatic suppression alone. Panchakarma procedures such as Basti, Nasya, Abhyanga, and Shirodhara aim at Vata Anulomana, Srotoshodhana, and Dhatu Poshana. Clinical studies included in this review demonstrate meaningful improvements in UPDRS scores, gait parameters, and quality of life. Unlike levodopa-centric therapy, which primarily offers symptomatic relief, Ayurvedic interventions may offer disease-modifying potential by addressing neurodegeneration, oxidative stress, and systemic imbalance.

## CONCLUSION

- Kampavata described in Ayurvedic classics shows a strong conceptual and clinical correlation with Parkinson's disease. The Nidana Panchaka explains the role of diet, lifestyle, mental stress, aging, trauma, and tissue depletion in disease onset, which closely parallels modern etiological factors of Parkinsonism. The Samprapti involving Vata Prakopa, Dhatu Kshaya, Srotorodha, and Majja involvement provides a comprehensive explanation for both motor and non-motor manifestations of the disease.
- Ayurveda not only recognizes Parkinsonian features centuries before modern neurology but also offers a holistic, individualized, and preventive approach to management. Panchakarma and Rasayana therapies appear promising in slowing disease progression, improving functional outcomes, and enhancing quality of life. Integrating Ayurvedic principles with modern neurological care may offer a more comprehensive and sustainable approach to Parkinson's disease management.
- Further large-scale, long-term clinical trials with standardized outcome measures are required to validate Ayurvedic interventions and establish evidence-based integrative protocols for Kampavata and Parkinson's disease.

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