ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AYURVEDIC SUPPORTIVE MANAGEMENT OF PARKINSON'S DISEASE

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Article info

Article History:
Received: 23-02-2026
Accepted: 28-03-2026
Published: 10-04-2026

KEYWORDS:
Avarana, Ayurvedic treatment, Hoehn and Yahr Scale, *Kampa vata,* Parkinson's disease, UPDRS Score.

ABSTRACT

Parkinson's disease is the most common form of Parkinsonism and is a chronic, progressive neurodegenerative disorder of the central nervous system, typically manifesting in the sixth decade of life. It is characterized by four cardinal features including tremor, rigidity, akinesia/bradykinesia and postural instability. Men are affected more often than women. Clinical features of Parkinson's disease can be correlated with *Kampa vata*, which is classified among the *Nanatmaja Vata Vyadhi*. *Kampa vata* typically presents with features such as *Dehabhramana* (postural instability), *Karapada-tala Kampa* (tremors of the hands and legs), *Matiksheena* (cognitive decline), and *Nidrabhanga* (disturbed sleep). This case report describes a 66-year-old woman who presented with tremor in the left upper limb and stiffness of the left foot and toes, accompanied by slowness of body movements, reduction in the size of handwriting, and difficulty in walking with impaired gait. Based on the clinical manifestations and neurological examinations it was diagnosed as Parkinson's disease. The symptoms had gradually progressed and were interfering with her routine daily activities inspite of taking Syndopa medication. Application of Ayurvedic principles to the underlying pathology reveals a distinct vitiation of *Vata Dosha* associated with *Avaraṇa.* Ayurvedic treatment as a supportive management including *Vata anulomana*, *Anuvasana vasti, Shirodhara, Dhanyamladhara, Snehapana* and *Nasya* for a period of 30 days resulted in betterment of the condition. Unified Parkinson's Disease Rating Scale changed from 70 to 31 and Hoehn and Yahr Scale from 4 to 2.5 from the time of admission to the time of discharge. The clinical outcome suggests a supportive role of Ayurveda in the management of Parkinson's disease.

INTRODUCTION

Parkinsonism is a broad term describing a clinical syndrome that includes several neurodegenerative disorders characterized by motor symptoms such as rigidity, tremor, bradykinesia, and postural instability, often resulting in significant gait impairment. Parkinson's disease accounts for nearly 80% of Parkinsonism cases, while the remaining cases consist of other neurodegenerative conditions that present with similar motor manifestations [1]. It is the second most common neurological disorder worldwide, with its prevalence rising by 74.3% between 1990 and 2016.

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https://doi.org/10.47070/ijapr.v14i4.4054

The condition was first described by James Parkinson in 1817 in his monograph titled "An Essay on the Shaking Palsy" [2]. Global prevalence is projected to double by 2040, due partly to an ageing population [3].

Parkinson's disease involves dysfunction of the basal ganglia, a network of interconnected nuclei responsible for motor regulation. The striatum receives both excitatory and inhibitory inputs from different regions of the cerebral cortex. The characteristic motor symptoms mainly arise due to the degeneration of dopaminergic neurons[4]. Along with it, intracellular accumulation of alpha-synuclein (Lewy bodies), constitutes the neuropathological hallmark of the disease [5]. A reduced risk of PD has been linked to cigarette smoking, caffeine consumption, and regular physical activity [6].

Parkinson's disease is primarily characterized by tremor at rest (often unilateral), bradykinesia, rigidity, and later gait instability, with clinical features such as reduced arm swing, micrographia, and

difficulty performing rapid or coordinated movements. In addition to motor symptoms, patients may experience non-motor manifestations including constipation, drooling, depression, REM sleep disorder, anosmia, and autonomic dysfunction, with cognitive decline and dementia developing in advanced stages [4]. As the disease progresses, can severely impact quality of life of patient.

The clinical presentation of Parkinson's disease closely resembles *Kampa vata* described in Ayurveda. In *Bhasavarajeeyam, Kampa vata* is described with features such as *Dehabhramana* (postural instability), *Karapada-tala Kampa* (tremors of the hands and legs), *Matiksheena* (cognitive decline), and *Nidrabhanga* (disturbed sleep) [7]. These manifestations show a close correlation with the clinical features of Parkinson's disease.

Vepathu, mentioned under *Vataja Nanatmaja Vyadhi* in the *Maharoga Adhyaya* of *Charaka Samhita*[8]*,* is considered equivalent to *Kampa vata*. The concept of *Avaraṇa* is relevant in understanding the pathology of *Kampa vata.*

Kampa may result from *Vata kopa* or *Rasa kshaya.* Features such as *Cheshṭasthambha, Gati sanga,* and *Skalanam gatou* can be explained by *Kaphavṛta Vyana Vata*, while *Vakgraha* or *Swaragraha* may occur due to *Kaphavṛta Udana Vata.* In addition, *Anyonyavaraṇa* of *Vata* may also be involved, where *Cheshṭahani* results from *Udanavṛta Vyana*, and *Smriti kshaya* may be attributed to *Praṇavṛta Vyana*.[9] These mechanisms collectively help explain the pathogenesis of *Kampa vata.* According to Vangasena, the treatment of *Kampavata* includes *Abhyanga, Swedana, Anuvasana Vasti, Niruha Vasti, Shirobasti*, and *Virechana.*[10]

MATERIALS AND METHODS

Case report

A 66-year-old moderately built female presented with tremor of the left upper limb and stiffness of the toes of the left foot for the past 13 years, along with stiffness of the finger joints bilaterally and pain over the upper and lower back for the last 1 year.

Thirteen years earlier, the patient first noticed occasional tremor in the left upper limb. She consulted an allopathic physician and was prescribed internal medication, which reduced the frequency of tremors during intake. However, the tremor aggravated during periods of stress and at rest. Around the same time, she also experienced muscle stiffness in the toes and foot of the left lower limb. She consulted practitioners from different systems of medicine and was eventually diagnosed with Parkinson's disease and advised medication. During the course of medication, the symptoms did not show significant aggravation.

Six years later, her relatives noticed that she began taking short steps while walking and gradually developed a stooped posture. She experienced occasional falls while walking, which created a fear of walking. To avoid falling, she adopted short, quick steps. The stiffness in her feet showed slight improvement while walking.

Three years ago, she developed difficulty getting up from a lying position and required external support. This made her increasingly anxious and tense about getting up, walking, and performing daily activities. Dressing and household work became difficult for her.

One year ago, she developed difficulty sitting for long durations during travel, during which she tended to fall on either side. Climbing stairs and walking on upward slopes became possible only with support. She also noticed that her activities had gradually slowed due to tremor. Picking up objects from the floor and writing also became difficult.

Around the same time, she developed pain in the right shoulder joint and upper back. Sitting for long hours aggravated the upper back pain, which was catching in nature and occasionally extended to the lower back. The pain increased with movement.

At present, the patient complains of tremor in the left upper limb, stiffness of the left foot, and pain in the right shoulder joint along with upper and lower back pain. It is also accompanied with difficulty in walking, writing and fine motor movements. For further supportive management along with Syndopa intake, she consulted our OPD and was admitted in the IP department.

History of past illness

Hypertension, coronary artery disease and type 2 diabetes mellitus in the last 18 years.

Under medication for the same.

Coronary Artery Disease- Angioplasty done in 2007, 2019, 2014.

Tab. Syndopa 110 1tds.

Family history: Younger brother was diagnosed with Parkinson's disease.

Occupational history: worked as nursing assistant in Medical College for 16 years and retired.

Personal history

Bowel- Constipated, irregular- once in 4 days.

Appetite- Reduced

Sleep- Reduced- 4 hours

Micturition- Within normal limits- 3 times/ day, 2 times/ night

Allergy- Nil

Addiction- Nil

Diet- Non-vegetarian, predominantly veg in the last 1 year.

Habit- Nil
Exercise- Moderate

Vital signs:

Respiratory rate: 16 breaths/ min
Temp: 37°C
Weight: 59kg
Pulse rate: 78beats/min
BP: 130/80mm Hg
Heart rate: 78beats/min
Height: 155cm

General examination

Built: Moderate Cyanosis: Absent
Nutrition: Moderate Clubbing: Absent
Pallor: Present Lymphadenopathy: Absent
Icterus: Absent Edema: Absent

Physical Examination

Head and neck: Slightly stooping posture
Normocephalic
Normal hair pattern
Thorax and abdomen: Thorax- Symmetrical
Slightly scaphoid abdomen
Upper limb and lower limb: Right shoulder- Slightly raised

Motor system

Normal carrying angle
Stiffened toes and feet
Spine: Increased thoracic kyphosis
Reduced cervical lordosis

Systemic examination

CNS

Higher Mental Function

Appearance and Behaviour
Level of consciousness: Alert
Dress grooming and personal hygiene: Well-dressed, hygienic
Facial expression: Masked
Relation to person and things: Intact

Cognitive function

Orientation to time, place and person: Intact
Attention: Attentive
Memory: Immediate and short term: Impaired
Long term: Intact
Speech: Normal

Cranial Nerve Examination

Facial nerve: Forehead wrinkling reduced.
All other cranial nerves are intact.

Table 1: Motor system

Muscle Bulk	Right (in cm)	Left (in cm)
Arm: 16cm from olecranon process	25.5	25
Fore arm: 11 cm from olecranon process	20	20
Thigh: 13 cm from upper border of patella	34	33.5
Foreleg: 16cm from medial malleolus	27	27

Muscle tone: Rigidity in the upper and lower limbs.
Muscle power: 5/5 – all muscles of upper and lower limbs.

Table 2: Reflexes

Superficial reflex		**Right**	**Left**
	Corneal	Intact	Intact
	Abdominal	Intact	Intact
	Plantar reflex	Flexor reflex	Flexor reflex
	Glabellar tap	Persistent	
Deep reflexes	Biceps	++	++
	Triceps	++	++
	Supinator	++	++
	Knee	+++	+++
	Ankle	++	++
	Clonus-Ankle & patella	Absent	Absent

Table 3: Sensory system examination

Superficial	Deep	Combined
Touch- Intact	Pain- Intact	Two-point discrimination- Intact
Pain- Intact	Vibration- Intact	Graphesthesia- Intact
Temperature- Intact	Joint position- Intact	Stereognosis- Intact

Co-ordination

Upper limb: Finger nose test: Slow but possible

Nose finger nose test: Slow but possible

Supination pronation test: Impaired

Lower limb: Heel shin test: Possible

Tandem walking: Not possible

Romberg test: Intact

Involuntary movements: present in the upper limbs

Gait: Festinant gait

Locomotor system

Spine- Cervical spine

Inspection- Slightly reduced lordosis

Palpation- No tenderness

Range of motion- Flexion, extension and lateral bending possible without pain.

Thoracic spine

Inspection- Slightly increased kyphosis

Palpation: Grade 1 tenderness over T3, T4, T5, T6

Range of motion- Thoracolumbar rotation possible.

Lumbar spine

Inspection- No swelling

No redness

Palpation- No tenderness

Range of motion- Not elicited as patient has difficulty performing movements.

Table 4

	Inspection	**Palpation**	**Range of Motion**
Right shoulder joint	No swelling No redness	Grade 1 tenderness- anterior	Flexion, extension, adduction, abduction, internal and external rotation possible with pain.

Investigations: Hb- 11g/dL

Table 5: *Ashtasthana pareeksha*

Nadi	*Sadharana*
Mutra	*Anavilam*
Mala	*Avabadham*
Jihwa	*Anupaliptam*
Shabda	*Aspashtam*
Sparsha	*Anushnasheetam*
Drik	*Vyaktam*
Akriti	*Madhyama*

Table 6: *Samprapti Ghataka*

Dosha	*Kapha Avruta Vata (Vyana, Udana), Udanavruta Vyana, Pranavruta Vyana*
Dushya	*Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Kandara, Snayu*
Agni	*Manda*
Srotas	*Rasavaha, Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha*
Srotodushti	*Sanga, Atipravrutti*
Rogamarga	*Bahya*
Vyadhyavastha	*Puranam*
Adhishtana	*Shiras*

Diagnosis: Based on the clinical manifestations and neurological examination, the condition was diagnosed as Parkinson's disease- *Kampa vata.*

Treatment approach

Table 7: Internal Medicine

S.No	Date	Medicines	Dose and Time of Administration of medicines	Duration
1	30/11/2025-29/12/2025	*Gandharvahastadi Kashaya*	90ml before food daily twice at 6am & 6pm.	30 days
2	30/11/2025-29/12/2025	*Chiruvilwadi Kashaya*	3 teaspoons daily twice at 6am & 6pm with *Gandharvahastadi Kashaya*- before food.	30 days
3	30/11/2025-21/12/2025	*Gandharveranda Taila*	10ml 6am before food with *Gandharvahastadi Kashaya.*	22 days
4	30/11/2025-29/12/2025	*Nayopayam Kashaya*	Frequently	30days

During *Snehapana,* other internal medicine dose tapered to evening dose alone.

Table 8: Procedures done

S.No	Date	Procedure	Medicines Used	Duration
1	30/11/2025-1/12/2025	*Anuvasana vasti*	*Pippalyadi Anuvasana taila*- 60ml	2 days
	2/12/2025-21/12/2025		*Pippalyadi anuvasana taila* 100ml	20 days
2	30/11/2025-6/12/2025	*Sirodhara*	*Triphala Kashaya*	7 days
3	30/11/2025-19/12/2025	External application- over right shoulder, upper back & low back	*Gandha taila*	20 days
4	7/12/2025-16/12/2025	*Dhara*	*Dhanyamla* with light application of *Gandha taila*	10 days
5	11/12/2025-20/12/2025	*Nasya*	*Rasnadashamoola ghrita*- 4 drops – each nostril	11 days
6	17/12/2025-21/12/2025	*Dhara*	*Kolakulathadi churna + Dhanyamla*	5 days
7	22/12/2025-28/12/2025	*Snehapana*	*Shadpala grita + Panchatiktaka churna*	7 days
8	24/12/2025-29/12/2025	Movement therapy	Continue after discharge	

Table 9: Snehapana with *Shadpala grita+ Panchakola churna*

S.No	Date	Dose: *Shadpala grita + Panchakola churna*	Time of appetite and food intake
1	22/12/2025	20ml + 5g	10:30am
2	23/12/2025	20ml + 5g	11:00am
3	24/12/2025	20ml + 5g	11:15am
4	25/12/2025	20ml + 5g	10:45am
5	26/12/2025	20ml + 5g	11:05am
6	27/12/2025	20ml + 5g	10:45am
7	28/12/2025	20ml + 5g	11:00am

Table 10: Discharge Medicines

S.No	Medicines	Dose and Time of Administration of medicines	Duration
1	*Gandharvahastadi Kashaya*	90ml daily twice at 6am & 6pm before food.	14 days
2	*Chiruvilwadi Kashaya*	3 teaspoons daily twice at 6am & 6pm with *Gandharvahastadi Kashaya*- before food.	14 days
3	*Nayopayam Kashaya*	Frequently	14 days
4	*Shadpala grita+ Panchakola churna*	20ml+ 5g bd 9am & 9pm after food.	14 days
5	*Sahacharadi taila+ Dhanwantaram taila*	External application on alternate days.	14 days

Total duration of treatment: 30 days

RESULTS AND DISCUSSION

Table 11: Assessment criteria

S.No	Result	Before treatment	After treatment
1	Tremor	Resting tremor of left upper limb	Reduced considerably
2	Bradykinesia	Slow in carrying out activities	Mild Improvement
3	Rigidity	Marked rigidity in major joints of limbs	Feebly present
4	Speech	Understandable, monotony present	Improved

Table 12: Scales

	Before treatment	After treatment
Unified Parkinson's Disease Rating Scale	70	31
Hoehn and Yahr Scale	4	2.5

DISCUSSION

Kampavata is described in Ayurvedic literature as a *Vata*-dominant disorder characterized by tremors, impaired motor functions, and instability of posture. In the present case, the clinical manifestations closely resemble the cardinal features of *Kampa vata.* The gradual progression of symptoms, including bradykinesia, impaired gait, micrographia, and reduced motor coordination, further supports the correlation between Parkinson's disease and *Kampa vata.*

The pathogenesis in this patient can be understood through the concept of *Kapha-avṛuta Vyana* and *Udana. Lakshanas* of *Anyonya Avarana* like *Udanavruta Vyana* and *Pranavruta Vyana* were also observed in the patient. Thus, the pathology indicates a complex interplay of *Vata* vitiation and *Avaraṇa* mechanisms. Based on this understanding, the treatment approach was planned with the objective of removing *Avaraṇa, Anulomana* of *Vata*, and restoring normal neuromuscular function.

Internal medications including *Gandharva-hastadi Kashaya, Gandharveranda Taila, Chiruvilwadi Kashaya* and *Nayopayam Kashaya* were administered to facilitate general *Vata Anulomana*, improve *Agni*, and regulate bowel function. The ingredients of *Gandharvahasthadi Kashaya* are predominantly of *Ushna veerya* and exhibit carminative and purgative actions, thereby helping to relieve *Kapha* obstruction and normalize *Vata* movement. *Gandharva Eranda Taila* acts as a *Vatahara* and *Rechana dravya,* promoting *Anulomana* of *Vata Dosha* and facilitating *Mala pravṛuthi,* thereby relieving *Vibandha* (constipation) and clearing *Ama* from the *Koshṭha.*

Anuvasana Vasti (oil enema) nourishes the *Dhatus,* improves *bala,* and helps manage *Vata* disorders. *Anuvasana Vasti* with *Pippalyadi Anuvasana Taila* aids in pacifying *Vata Dosha* and strengthens the *Sareera* [11]. In view of the patient's bowel irregularity and abdominal distension, *Pippalyadi Anuvasana Vasti* was chosen as a suitable therapeutic measure.

External therapies such as *Shirodhara* with *Triphala Kashaya* and *Dhanyamla Dhara* were employed to remove *Kapha Avarana.* These procedures provide relaxation, reduce stiffness, and improve normal *Vata* functions. *Swedana* is enlisted under the treatment of *Kampa vata* in *Bhasavarajeeyam* and *Dhara* is considered a type of *Swedana* procedure. *Swedana* is *Stambhaghna* and *Dhanyamla Dhara* is particularly effective in *Kaphavruta Vata.* These therapies help alleviate *Vata* and *Kapha* imbalance.

Individuals with Parkinson's disease report pain more frequently than age-matched older adults without the condition. Low back pain is considered one of the most common sites of musculoskeletal pain in individuals with Parkinson's disease. The prevalence of

shoulder pain among individuals with Parkinson's disease (PD) has been reported to range widely from 15% to 80%. [12]

Gandha taila detailed in the *Bhagna Pratishedha Adhyaya* of *Ashtanga Hridaya* is used for external application to address the backpain and shoulder joint pain. It helps in strengthening the bones and associated structures, thereby providing relief from musculoskeletal discomfort.

Nasya was administered using *Rasnadasha-moola Ghrita*. According to *Acharya Vagbhata,* the nose is considered one of the most effective routes for delivering medicines to the cranial cavity[13], making *Nasya* particularly useful in disorders affecting the head and nervous system addressing *Prana Vata. Rasnadasamoola Grita* is indicated in *Sirakampa* and various neurological disorders and can be taken as *Pana, Nasya* or *Vasti*.[14]

Samana Snehapana is a distinctive method of internal administration of *Sneha Dravya* described in the classical Ayurvedic texts[15]. It helps pacify the aggravated *Doshas* and restore their normal state of balance without eliminating them or disturbing the already balanced *Doshas*[16]. In this case, *Snehapana* with *Shadpala Ghrita* and *Panchakola Churna* was administered for 7 days to provide internal oleation, balance *Ojas*, and pacify aggravated *Vata. Panchakola Churna* possesses *Deepana* and *Pachana* properties which aid in the proper digestion and assimilation of *Grita.*

Physical therapy helps individuals with Parkinson's disease maintain mobility and preserve physical function as the condition progresses. Hence, movement therapy was incorporated during the treatment period and was also advised after discharge.

Following 30 days of treatment, the patient showed considerable clinical improvement, as reflected by the reduction in Unified Parkinson's Disease Rating Scale (UPDRS) score from 70 to 31 and Hoehn and Yahr scale from 4 to 2.5. Tremors, rigidity, and bradykinesia were reduced, and the patient demonstrated better ability in performing daily activities. These outcomes indicate that Ayurvedic management can play a supportive role in improving functional ability and quality of life in patients with Parkinson's disease.

CONCLUSION

Ayurveda, the traditional science of life, has an important role in the management of various diseases, particularly degenerative disorders. The present case highlights the potential supportive role of Ayurvedic management in Parkinson's disease, which can be correlated with *Kampa vata* in Ayurveda. The treatment approach focused on pacifying aggravated *Vata*, relieving *Avaraṇa*, and improving neuromuscular function, which resulted in noticeable clinical improvement in the patient. The reduction in the UPDRS and Hoehn and Yahr scores after 30 days of treatment indicates that Ayurvedic therapies such as *Vata Anulomana, Snehapana, Vasti, Nasya*, and *Dhara*, may help in reducing symptoms and improving functional ability.

Acknowledgement

The author(s) gratefully acknowledge the valuable guidance and constructive support received from mentors and colleagues during the preparation of this report. Appreciation is also extended to the classical texts and contemporary references that served as the foundation for this work.

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Cite this article as:
Gopika Nataraj, PM Madhu. Ayurvedic Supportive Management of Parkinson's Disease. International Journal of Ayurveda and Pharma Research. 2026;14(4):118-125.
https://doi.org/10.47070/ijapr.v14i4.4054
Source of support: Nil, Conflict of interest: None Declared

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