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Review Article

SYNERGISTIC INTEGRATION OF AYURVEDA AND PHYSIOTHERAPY IN PARKINSON'S DISEASE MANAGEMENT: A COMPREHENSIVE REVIEW OF EVIDENCE AND CLINICAL PERSPECTIVES

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ABSTRACT

In Ayurveda, Parkinson's disease closely resembles *Kampavata*, a *Vata*-dominant neurological condition characterized by tremors, rigidity and motor dysfunction. This paper presents a stage-wise integrative approach combining Ayurvedic principles with physiotherapy to optimize rehabilitation and EOL care in PD. **Methods**: The Hoehn and Yahr Scale is a clinical scale that stages the severity of Parkinson's disease (PD) based on motor symptoms and functional disability, with stages ranging from early unilateral symptoms (Stage 1) to severe bedridden or wheelchair bound states (Stage 5). A stage-wise model of integrative care was developed based on literature reviews, classical Ayurveda texts, and clinical observations. **Review Findings**: In early stages (Stage 1 and Stage 2), Ayurvedic interventions include dietary modulation and lifestyle recommendations to manage *Vata dosa* imbalance and promotive *Panchakarma* in the form of *Abhyantara snehana*, *Bahya snehana* like *Murdhni taila* and *Abhyanga*, *Abhyantara rasayana prayogas* while physiotherapy includes gait training, posture correction and co-ordination exercises. In mid stage (Stage 3 and Stage 4), *Panchakarma* treatments like *Snigdha virechana*, *Rasayana basti prayogas* like *Yapana bastis*, *Sneha nasya* and *Nasapana* and physiotherapic interventions like resistance training, balance exercises and fall prevention strategies (in Stage 3) and interventions like assisted mobility, respiratory exercises and caregiver-assisted transfers may be followed (in Stage 4). In end-of-life stage (Stage 5), *Satvic* diet, *Samvahana* / *Mridu abhyanga* (gentle oil applications), *Matrabasti*. **Conclusion**: This stage-wise integrative model emphasizes that combining Ayurveda and physiotherapy can offer complementary benefits throughout the Parkinson's disease continuum. The approach shows promise for broader application in integrative neuro-rehabilitation and palliative care frameworks.

INTRODUCTION

Parkinson's disease (PD) is a brain condition that causes problems with movement, mental health, sleep, pain and other health issues. It is a progressive neurodegenerative disorder characterized by motor symptoms (tremors, rigidity, bradykinesia) and non-motor symptoms (cognitive decline, sleep disturbances). It presents significant challenges in both functional rehabilitation and end-of-life care.[1]

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Parkinson's disease results in high rates of disability and the need for care. The disease usually occurs in older people, but younger people can also be affected. Men are affected more often than women. The cause of Parkinson's disease is unknown but people with a family history of the disease have a high risk. Exposure to air pollution, pesticides and solvents may increase risk.[1]

The prevalence of Parkinson's disease has doubled in the past 25 years. Global estimates in 2019 showed over 8.5 million individuals with Parkinson's disease. Current estimates suggest that, in 2019, Parkinson's disease resulted in 5.8 million disability adjusted life years (DALYs), an increase of 81% since 2000, and caused 329000 deaths, an increase of over 100% since 2000.[1]

In 80 types of *Vataja nanatmaja vyadhis*, the disease *Vepathu* (tremors) was mentioned by *Charaka* in *Sutrasthana Maharoga adhyaya*.[2] *Acharya Susruta* has mentioned the symptoms like *Chestastambha*, *Stambha* and *Gurugatratva* in the condition of *Kaphavrita vyana vata*.[3] In *Astanga Hridaya, Vagbhata* explains *Kampa* as a symptom in *Vata prakopa* and *Sarvanga vata*.[4] *Acharya Madhava* explained the disease *Vepathu* in *Vatavyadhi* for the first time. In *Madhava Nidana*, he has described two types of *Kampavata- Sarvanga* and *Ekanga*.[5] *Vangasena* has replaced *Vepathu* by *Kampavata* as *Sarvanga kampa* under *Vatavyadhi* and also described about the treatment of *Kampavata*. It has been asserted that *Abhyanga*, *Swedana*, *Niruha basti*, *Anuvasana basti*, *Shirobasti* and *Virechana* are the useful measures of treatment.[6] A more precise description of *Kampavata* was found in *Basavarajiyam*. *Basavaraja* has given complete symptomology of *Kampavata* in *Vataroga nidanalakshana chikitsa adhyaya*.[7] In *Ayurveda*, Parkinson's disease closely resembles *Kampavata*, a *Vata*-dominant neurological condition characterized by tremors, rigidity and motor dysfunction.

Parkinson's disease causes motor symptoms including slow movement, tremor, involuntary movement, rigidity, trouble walking and imbalance. The non-motor symptoms of Parkinson's disease include cognitive impairment, mental health disorders, dementia, sleep disorders, pain and sensory disturbances. The symptoms of Parkinson's disease get worse over time, leading to high rates of disability and the need for the care. There is no cure but therapies and medicines can reduce symptoms. Levodopa/ Carbidopa, a combination medicine that increases the amount of dopamine in the brain, is the most common medication for Parkinson's disease. Deep brain stimulation and other therapies can help the tremors and reduce the need for medicines. Rehabilitation including physiotherapy can offer relief and can help improve functioning and quality of life for people with Parkinson's disease. Many medications and surgical resources are not accessible, available or affordable everywhere, particularly low- and middle-income countries.[1]

As the disease advances, through its stages, from early motor symptoms to severe disability and end-of-life (EOL) concerns, patients experience declining functional independence and quality of life. Modern physiotherapy offers symptomatic relief and mobility enhancement, while Ayurveda provides a holistic approach in treating Parkinson's disease addressing physical, mental and spiritual well-being. This review presents a stage-wise integrative approach combining Ayurvedic principles with physiotherapy to optimize rehabilitation and end-of-life care in Parkinson's disease.

METHODS

Hoehn and Yahr Scale had been used for the staging of Parkinson's disease based on motor symptoms and functional disability associated with the disease. It helps us in describing the progression of the disease through various stages, ranging from early unilateral symptoms (Stage 1) to severe bedridden or wheelchair bound states (Stage 5), thus allowing us to measure the severity of the case. Hoehn and Yahr was originally published in 1967 in the journal Neurology by Margaret Hoehn and Melvin Yahr and included stages 1 to 5. In 1983, Larsen *et. al.* published an article entitled "Theoretical and Practical issues in assessment of deficits and therapy in Parkinsonism", wherein they included a modification of the original Hoehn and Yahr scale. They added some minor alterations which did not substantially change the basic classification published in 1967. This scale is used along with Unified Parkinson's Disease Rating Scale for a better assessment of Parkinson's disease.[8] (Table 1)

The five stages of Parkinson's disease according to Hoehn and Yahr Scale can be incorporated into three stages- Early stage (Stage 1-Stage 2), Mid stage (Stage 3-Stage 4) and Late/End-of-life stage (Stage 5).[8] A stage-wise model of integrative care was developed based on literature reviews, classical Ayurveda texts, and clinical observations. Each Parkinson's disease stage (early, mid, late/EOL) was analysed to identify symptom patterns and appropriate Ayurvedic and physiotherapy interventions.

Table 1: Stages of Parkinson's disease[9]

Stage	Hoehn and Yahr Scale	Modified Hoehn and Yahr Scale
1	Unilateral involvement only usually with minimal or no functional disability.	Unilateral involvement only.
1.5	_____	Unilateral and axial involvement.
2	Bilateral or midline involvement without impairment of balance.	Bilateral involvement without impairment of balance.
2.5	_____	Mid bilateral disease with recovery on pull test.

3	Bilateral disease; mild to moderate disability with impaired postural reflexes: physically independent.	Mild to moderate bilateral disease: some postural instability; physically independent.
4	Severely disabling disease; still able to walk or stand assisted.	Severe disability; still able to walk or stand unassisted.
5	Confinement to bed or wheelchair unless aided.	Wheelchair bound or bedridden unless aided.

Review Findings

As *Kampavata* is one among the *Vatavyadhi*, the general treatment modalities of *Vatavyadhi chikitsa* can be undertaken. The *Visesha chikitsa* for *Kampavata* was mentioned by *Vangasena* and it includes *Abhyanga*, *Swedana*, *Niruha basti*, *Anuvasana basti*, *Shirobasti* and *Virechana*. In early stages of Parkinson's disease (Stage 1 and Stage 2), Ayurvedic interventions include dietary modulation and lifestyle recommendations to manage *Vata dosa* imbalance and promotive *Panchakarma* in the form of *Abhyantara snehana*[10], *Bahya snehana* like *Murdhni taila*[11] and *Abhyanga*[12], *Abhyantara rasayana prayoga*[13] and also Kerala traditional procedures like *Thalam*[14] and *Thalapotichil*[15] (*Shirolepa*). In mid stage (Stage 3 and Stage 4), *Panchakarma* treatments like *Snigdha virechana*[16], *Rasayana basti prayogas* like *Yapana bastis*[17], *Sneha nasya*[18] and *Nasapana*[19]. In late/end-of-life stage (Stage 5), *Satvic* diet, *Samvahana*[20] / *Mridu abhyanga* (gentle oil applications), *Matrabasti*[21], other meditative and spiritual support aligned with patient beliefs. (Table 2)

Physiotherapy interventions in early stage of Parkinson's disease include gait training, posture correction and co-ordination exercises. Physiotherapy interventions like resistance training, balance exercises and fall prevention strategies (in Stage 3) and interventions like assisted mobility, respiratory exercises and caregiver-assisted transfers may be followed (in Stage 4). In the late stage of Parkinson's disease, Palliative physiotherapy focusing on positioning, contracture prevention and pain management should be given.[22] (Table 3)

Table 2: Stage-wise suggested Ayurveda interventions in Parkinson's disease

Stage	Suggested Ayurveda Interventions
Early Stages (Stage 1 and Stage 2)	• *Abhyantara snehana* • *Bahya snehana* like *Murdhni taila*, *Kayaseka* and *Abhyanga* • *Abhyantara rasayana prayogas* • Dietary modulation and lifestyle recommendations to manage *Vata dosa* imbalance
Mid Stage (Stage 3 and Stage 4)	• *Snigdha virechana* • *Rasayana basti prayogas* like *Yapana bastis* • *Sneha nasya* • *Nasapana*
Late/End-of-life Stage (Stage 5)	• *Samvahana / Mridu abhyanga* • *Matrabasti* • Other meditative and spiritual support aligned with patient beliefs • *Satvic* diet

Table 3: Stage-wise suggested Physiotherapy interventions in Parkinson's disease

Stage	Suggested Physiotherapy Interventions
Early Stages (Stage 1 and Stage 2)	• Gait training • Posture correction • Co-ordination exercises
Stage 3	• Resistance training • Balance exercises • Fall prevention strategies

Mid Stage Stage 4	• Assisted mobility • Respiratory exercises • Caregiver-assisted transfers
Late/End-of-life Stage (Stage 5)	• Palliative physiotherapy (focusing on positioning, contracture prevention and pain management)

DISCUSSION

Kampavata is primarily, a *Vata nanatmaja vikara*, *Abhyantara snehana* with *Gritha* helps to bring *Vata* under control by their *Snigdha*, *Guru* and *Manda gunas*. *Abhyantara snehana* can be administered in the form of *Sodhanartha*, *Shamanartha* or *Brimhanartha* according to the condition of the patient. The physiological and therapeutic significance of *Abhyantara snehana* are *Vatashamana*, *Majja dhatu poshana*, *Manovaha* and *Majjavaha srotosudhi*, improves *dhatvagni* and metabolism, cognitive and emotional stability and also prepares the patient for *sodhana* in case of *Sodhanartha snehana*. *Rasnadasamula gritha*, *Panchatiktaka gritha*, *Guggulutiktaka gritha*, *Indukantha gritha*, *Kalyanaka gritha*, etc can be used for *Abhyantara snehana.*

In *Kampavata*, where *Vata* is aggravated and *Rukshata*, *Sankocha*, *Kampa* and *Stambha* dominates, *Abhyanga* and *Snigdha swedas* like *Kayaseka*, *Pinda swedas*, etc are the primary therapies for symptomatic relief and neuromuscular nourishment. *Snigdha swedas* act as *Vatahara* and *Rujahara*. It acts as vasodilator, improves circulation and is very much beneficial in conditions where *Sula*, *Stambha* and *Sankocha* are present. *Dhanwantaram taila*, *Sahacharadi taila*, *Balaaswagandadi taila*, *Mahamasha taila*, *Kshirabala taila*, etc can be used for *Bahya snehana*. In the last stages of the disease, only *Mridu abhyanga/ Samvahana* is only recommended.

Murdhini taila prayogas are vital therapies in *Kampavata*, acting as both neuroprotective and psychoneuro-somatic stabilizer, harmonizing the *Tridosas* and calming the mind. It reduces hyperexcitability and oxidative stress in neurons (*Vatapitta shamana*). The four types of *Murdhni taila-shiroabhyanga*, *Shirodhara*, *Shiropichu*, *Shirobasti* may be selected according to the suitability of the patient's condition. The Kerala traditional procedures on *Murdha* like *Thalam* and *Thalapotichil* (*Shirolepam*) are also recommended with suitable drugs according to the patient's conditions.

Among *Sodhana*, *Mridu snigdha virechana* is recommended for *Kampavata* with *Eranda taila* preparations like *Gandharvahastadi eranda taila*. It acts as a mild laxative and detoxifier, improving gut-brain axis function. Castor oil's ricinoleic acid stimulates intestinal peristalsis and exerts anti-inflammatory and neuroprotective effects.

Yapana vastis exhibiting both the properties of *Niruha* and *Anuvasana* are ideal for chronic, degenerative and *Vatapradhana vyadhi* like *Kampavata*. It provides systemic nourishment via rectal mucosal absorption of lipid-soluble neuroactive compounds. *Madhutailika vasti*, *Mustadi rajayapana basti*, *Kshira bastis* like *Mashatmaguptadi*, *Panchatiktaka* are all recommended in treating *Kampavata*. These *Basti* acts as *Brimhana* and *Rasayana*. In the late stages, *Matra basti* with *Dhanwantaram taila* or *Sahacharadi taila* is found very beneficial.

As nose is the gateway to head, *Nasya* and *Nasapana* with *Sneha dravyas* reaches *Shiras*, pacifies *Vata dosa*, nourishes *Majja dhatu* and strengthens *Indriya* and *Mana*. In *Kampavata*, where there is degeneration, these *Karmas* provide *Snigdhatva*, *Brimhana* and *Vatashamana*. *Rasnadasamula gritha*, *Kshirabala taila*, *Prabhanjanavimardanam taila*, *Anu taila* are all recommended for *Nasya* whereas *Nasapana* can be done with *Kshirapakas* of *Mashabaladi* and *Mashatmaguptadi yoga*.

Rasayana karma helps in restoring the neurotransmitter equilibrium and retards the progression of degeneration. The types of *Rasayana* includes *Ajasrika rasayana* like use of *Gritha*, *Kshira*, *Achara rasayana* for mental and behavioural rejuvenation and *Naimittika rasayanas* like *Ashwagandha Rasayana*, *Kapikachu Rasayana* and *Taila Lashuna Rasayana*.

Exercise- based gait training improves walking speed, stride, balance and can reduce freezing episodes in people with Parkinson's disease. Effective techniques include cueing (auditory/visual/tactile)- to increase step length and speed; LSVT (Lee Silverman Voice Treatment)-BIG/Amplitude training- high amplitude, high repetition exercises to improve movement size (reaching, stepping and turning); task specific treadmill training with or without body-weight support improves walking speed, endurance and reduce freezing of gait; strength and balance work-progressive lower limb strengthening (sit-to-stand, squats, step-ups) and dual task training- practice walking while performing a cognitive task.

The common postural changes occur due to rigidity and flexor muscle dominance, weakness of extensor muscles, impaired proprioception and bradykinesia. The goals of posture correction include increasing awareness of postures, to stretch tight flexors, to strengthen weak extensors, to improve balance and stability and to reduce pain and fall risk.

Assistive and supportive devices like back braces, walking sticks, etc. can also be used.

Co-ordination exercises in patients of Parkinson's disease helps to retrain the brain to synchronize movement patterns enhance motor planning and improve confidence in movement. The types of co-ordination exercises include Hand-Eye Co-ordination (eg.: bounce ball on wall or floor and catch), Lower Limb Co-ordination (eg.: marching at place, heel-to-toe walking, toe taps), Bilateral Co-ordination (eg.: opposite arm-leg lifts, cross-body reaching), Rhythm and Timing Co-ordination (eg.: dance/walk to beat) and Dual Task Co-ordination (eg.: walk while counting backward).

Resistance training (strength training/weight training) can be highly beneficial for people with Parkinson's disease. It plays a key role in managing both motor and non-motor symptoms and can help improve mobility, strength, balance, posture and quality of life. It focuses on major muscle groups and functional movements. Some suggested exercises include: Lower body: Sit-to-stand from a chair, squats or mini squats, step ups, calf raises, leg press; upper body- chest press, shoulder press, biceps curls, triceps extensions, seated rows; core: seated or standing torso twists, pelvic tilts, planks (if able).

Balance training is essential for people with Parkinson's disease because balance impairments are one of the core motor symptoms that increases fall risk, reduce independence and limit mobility. Balance exercises in Parkinson's disease reduces risk of falls, improves postural control, enhances walking and turning stability, supports independence in daily activities and improves confidence in patient. Parkinson's disease specific balance training programs include weight shifting, tandem stance/walk, single-leg stance, stepping in all directions, sit-to-stand transfers, marching in place, Tai Chi (dance-based movements), etc.

Fall prevention is a top priority in managing Parkinson's disease, especially as balance, posture and gait decline with disease progression. Falls can lead to injury, hospitalization, loss of independence and fear of falling, which further reduces mobility. The fall prevention strategies include regular exercise, properly addressing the freezing of gait, home safety modifications and use of assistive devices when needed.

To help individuals with Parkinson's disease maintain independence and safety, various assisted mobility solutions are available. The different types of assisted mobility for Parkinson's disease are mobility aids (canes, walkers, rollators, wheelchairs, scooters), smart assistive devices (laser-cued walkers/shoes, wearable sensors, smartphones and apps), home modifications (grab bars in bathroom, ramps instead of stairs, non-slip flooring, bed rails and chair lifts) and assistive technology (exosleletons, robotic assistance).

Respiratory exercises can be extremely beneficial for individuals with Parkinson's disease, especially because it can lead to reduced lung capacity, shallow breathing, weakened respiratory muscle and increased risk of aspiration pneumonia. Diaphragmatic breathing, pursed lip breathing, breath holding, counting breath, resisted breathing with devices like incentive spirometer, breather or positive expiratory pressure (PEP) device, voice and breath integration exercises and cough training.

Caregiver-assisted transfers are crucial for people with Parkinson's disease, especially in mid-to-late stages, where mobility, balance and muscle strength are impaired. In Parkinson's disease, transfers are harder due to bradykinesia, rigidity, postural instability and freezing of gait. The protocols for the safe transfer of the patient should be followed by the caregivers.

Palliative physiotherapy in Parkinson's disease focuses on improving the quality of life, relieving symptoms and preserving dignity, when the curative goals are no longer the focus. Unlike traditional physiotherapy, palliative physiotherapy shifts from restoration to comfort, function and supportive care. Bed mobility and frequent repositioning (every 2-3 hours) should be done to reduce bedsores and to improve comfort. For pain relief, gentle massage, heat therapy and guided stretching can be done. Even if the person can't move independently, passive range of movements can be done by a caregiver or therapist to relieve the contractures happening in joints and muscles in patients of Parkinson's disease.

CONCLUSION

This stage-wise integrative model emphasizes that combining Ayurveda and physiotherapy can offer complementary benefits throughout the Parkinson's disease continuum. Early intervention may slow down progression, while late and EOL stage care enhances quality of life and supports a dignified dying process. While physiotherapy supports motor functions and mobility, Ayurvedic therapies provide systemic and holistic care, particularly beneficial in the later and end-of-life stages. This synergistic model fosters patient-centered care, encouraging more research into its clinical application and long-term outcomes. This combined model enhances quality of life, ensures dignified care and addresses physical, emotional and spiritual needs. The approach shows promise for broader application in integrative neuro-rehabilitation and palliative care frameworks.

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