

**Ayurvedic Management of Parkinson Plus Syndrome: A Single Case Report**Vineesh V<sup>1</sup>, Nimitha B<sup>2\*</sup>

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**ABSTRACT**

Parkinson's disease (PD) is commonly described as a predominantly motor ailment that typically manifests after the age of 50 and is brought on by the death of dopaminergic neurons, particularly in the substantia nigra. Resting tremors, rigidity, akinesia/bradykinesia, and postural instability are some of the main symptoms of PD. Steele mentioned that different clinical variants of the disease occur as different parts of the brain are affected at various times and degrees. These are called Parkinson's plus syndromes. Here I am highlighting a case report of a 31-year-old female patient diagnosed with Parkinson's plus syndrome, with presenting complaints of whole body pain and burning sensation, general weakness, loss of balance, and backward falls for 10 years. She was taking syndopa tablet with a dose of 55mg seven times per day. As per *Ayurveda* perspective, the condition was *pitaavrta vyana*, and initially addressed the *avarana* of *pitha* by giving *ama pachana* drugs internally and *karaskera ksheera dhara* externally, when the *avarana* was cleared *kevala vatika* treatments were done. After 21 days of both external and internal treatments, the patient had considerable improvement in symptoms along with she was able to reduce the dose of syndopa from seven times to three times.

**KEYWORDS:** *Ayurveda*, Parkinson Plus Syndrome, *Pithaavritha vyaana*, Syndopa.

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**Quick Response Code****\*Corresponding Author:****Dr. Nimitha B.**Email: [drbnimitha@gmail.com](mailto:drbnimitha@gmail.com)DOI: <https://doi.org/10.70805/ija-care.v9i1.663>Link: <https://ijacare.in/index.php/ijacare/article/view/663>**INTRODUCTION:**

Parkinson's disease is commonly described as a predominantly motor ailment that typically manifests after the age of 50 and is brought on by the death of dopaminergic neurons,

particularly in the substantia nigra. The disease is progressive and was first clearly described by James Parkinson after whom it's named. <sup>[1]</sup>Resting tremors, rigidity, akinesia/bradykinesia, and postural instability

are some of the main symptoms of PD. Although it is more common in patients over 50, it can also be observed in those under 50. Examination of the substantia nigra reveals a 30%-70% loss of neurons after motor symptoms appear.

For a long time, PD has been considered a rare disease but the increase in the aging population and the side effects of environmental changes and industrialization have now made it a major cause of neurological disorders. Steele mentioned that different clinical variants of the disease occur as different parts of the brain are affected at different times and degrees. These are called Parkinson's plus syndromes<sup>[2]</sup>. Shy Drager syndrome (multisystem atrophy-Parkinsonian type) (MSA-P), multisystem atrophy-cerebellar type (MSA-C), progressive supranuclear palsy (PSP), corticobasal degeneration are the major types of Parkinson-plus syndromes<sup>[3]</sup>. Multisystem atrophy is also a progressive neurodegenerative disorder that is often more damaging than PD. It was found that the accumulation of  $\alpha$ -synuclein in oligodendrocytes begins the loss of cells in the brain and causes MSA. "Progressive supranuclear palsy," and "multiple system atrophy" using a combination of AND/OR phrases. There are other Parkinson-associated syndromes, which are challenging to differentiate from PD itself clinically. While postural instability is not an early indication or hallmark of Parkinson's disease, its presence should alert the doctor to the possibility of atypical Parkinsonian condition. The age of onset is particularly crucial since atypical Parkinsonian illnesses appear sooner than Parkinson's disease. Although clinical evaluation is essential, diagnosis is based on a thorough medical history, timeline of

symptoms, thorough physical examination, early detection of crucial clinical indicators, and being aware of the differential diagnosis and expertise.

According to Ayurveda, Parkinson's disease can be understood as *Kampa vata*, *Kaphavritha vyana*, and *udana* according to its symptoms. But while considering the symptoms of Parkinson Plus syndrome, since its onset is earlier than Parkinson's disease, there we can see the involvement of *pittha* also. So the symptoms are more similar to *pittha avrita vyana* and *udana*.

### CASE REPORT:

A 31-year-old female was admitted to our IPD with main complaints of whole body pain and burning sensation, general weakness, loss of balance, and backward fall for 10 years. She was asymptomatic for ten years. In 2013 she noticed things were slipping from her hands while holding. Gradually she developed general weakness, loss of body weight, and loss of balance with backward fall. She consulted many allopathic physicians. However, the condition remained undiagnosed and symptoms worsened. Four years back it was diagnosed as Parkinson Plus syndrome and the physician advised her to take a half syndopa tablet thrice daily. After taking the tablet seven times daily she could manage her postural imbalance. But all other symptoms remained the same especially whole body pain with severe burning sensation. On 21/5/24 she was admitted to our IPD. The patient had almost all the symptoms of *pitthaavrita vyana vata* (*daaha*, *klama*, *angacheshatasanga*, *santhapa*, and *vedana*) and treatment was given accordingly.

**Family History**

Grandmother had Parkinson’s disease.

**Treatment History**

Syndopa-half tablet seven times daily.

**Personal History**

Bowel: Regular

Appetite: Reduced

Micturition: As per water intake

**Vital Data**

Pulse rate: 68/minute

Blood Pressure:110/70 mm of Hg

**SYSTEMIC EXAMINATION**

CVS: S1 S2 Heard, No murmur.

GIT: P/A Soft, non-tender, no organomegaly.

RS: NVBS heard, No added sounds.

**Nervous system**

Higher mental function, cranial nerve functions, sensory and motor system functions and coordination functions are intact. Muscles are hypertonic and bulk is

Sleep: Reduced

Diet: Mixed

**Menstrual history**

Interval:28-day cycle

Regular Menstruation

No difficulties during menstrual periods

**Obstetric History-** G<sub>0</sub>A<sub>0</sub>P<sub>0</sub>L<sub>0</sub>

reduced symmetrically. Romberg’s sign is positive and all reflexes are diminished.

**ROGI PAREEKSHA**

**Dasavidha Pareeksha**

*The patient had pitha vata prakruthi with pitha-vata dosha vitiation, and the dhooshyas were rasa, raktha, mamsa, meda, and majja. Pramana, Satwa, Abarasakthi, and Vyayamasakthi were Avara and Madhyama vaya.*

**Roga nirnaya:** *Pitha avritha Vyana*

**THERAPEUTIC INTERVENTION:**

Internal medications and external treatments are mentioned in Table 3 and Table-4 respectively.

**Table- 1: General Examination:**

General Appearance	Good, Well dressed
Behaviour	Co-operative
Built	Lean
Facies	Anxious
Personal Hygiene	Hygienic
Posture	Erect
Gait	Normal under medication
Abnormal movements	Occasional tremors present over the both hands
Pallor	Present
Cyanosis	Absent
Clubbing	Absent
Height	145cm
Weight	42kg
BMI	19.9kg/m <sup>2</sup>

**Table- 2: Roga Pareeksha**

<i>Nidana</i>	<i>Aryaktha</i>
<i>Poorvaroopam</i>	<i>Alpa karmabani, Mamsa bala kshaya</i>
<i>Roopam</i>	<i>Daba, toda, klama, angacheshtha sanga</i>
<i>Upasayam</i>	<i>Seetha, ushna</i>
<i>Anupasayam</i>	<i>Ayasa</i>
<i>Samprapthi</i>	<p style="text-align: center;">Due to <i>nidana</i></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><i>Dhatu kshaya, dushti</i> of <i>vata</i> along with <i>pitha</i></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><i>Avarana</i> of <i>vyana</i> by <i>Pitha</i></p> <p style="text-align: center;">↓</p> <p style="text-align: center;"><i>Pithaavrita Vyana</i></p>

**Table- 3: Internal medicines:**

Date	Internal Medicine	Dose	Time
21/05/24	<i>Balakorandadi kashayam</i> + <i>Ashtavargam kashayam</i> + <i>Indukantham kashayam</i>	20ml of <i>Kashaya</i> + 60 ml luke warm water	6 a.m 6 p.m Before food
	<i>Suvarnamuktadi Gulika</i>	1	6 a.m 6p.m with <i>kashaya</i>
	<i>Kalyanakam kashayam</i> + <i>Amruthabalarasnadi kashayam</i> + <i>Mahavatavidhvamsa rasam</i>	15ml <i>Kashaya</i> + 60ml luke warm water 1	11 a.m & Bedtime With 11 am <i>Kashaya</i>
	<i>Manasamithra Gulika</i>	1	With bedtime <i>Kashaya</i>
30/05/24	<i>Sidhamakaradwajam</i> + Beetel Leaf juice	50 mg	10 a.m after food
05/06/24	<i>Balasaireyakadi kashayam</i> + <i>Varuni tailam</i>	15ml <i>Kashaya</i> + 60ml lukewarm water 5ml	11 a.m before food

**Table- 4: External Treatment:**

Date	External Treatment	Medicine	Duration
21/05/24- 22/05/24	<i>Parisbekam</i>	<i>Karaskara ksbeerakashayam</i>	2 days
23/05/24 - 30/05/24	<i>Karaskara kizhi</i> ( <i>choorna pinda swedam</i> )	<i>Kolakulathadi choornam</i> <i>Sabacharadi tailam+ chinchadi tailam</i> (body oil) <i>Balawagandhadi tailam</i> (head oil)	6 days
24/05/24 - 03/06/24	<i>Thalam (siropichu)</i>	<i>Panchagandha choornam+</i> <i>Ksheera bala</i>	11 days
31/05/24 - 03/06/24	<i>Podikizhi (choorna pinda swedam)</i>	<i>Kolakulathadi choornam</i> <i>Sabacharadi tailam+ chinchadi tailam</i>	4 days
04/06/24- 10/06/24	<i>Pizhichil(kayasekam)</i>	<i>Sabacharadi tailam</i> <i>chinchadi tailam</i>	7 days
04/06/24- 10/06/24	<i>Sirodbara</i>	<i>Sabacharadi tailam</i>	7 days
09/06/24- 13/06/24	<i>Mathra vasthi</i>	<i>Sabacharadi tailam</i>	<i>Yogavasthi</i>
11/06/24- 12/06/24	<i>Yapana vasthi</i>	<i>Musthadi</i>	5 days 2 days 1 day
13/06/24	<i>Ardhamathrika vasti</i>		

**Table -5: Result:**

Symptom	Before	After
Burning sensation	Present all over the body	Completely resolved
Syndopa	7 times a day	3 times a day
General health	Weak	Improved energy
Balance	Loss of balance and backward fall	No recurrence of episode

### Follow Up Medications:

1. *Balakorandadi kashayam* + *Indukantham kashayam* -20ml along with 60ml of luke warm water and 1 *Chandraprabha gulika*-6am
2. Above *kashaya* along with 5ml *Balatailam*-6pm
3. *Kalyanakam kashayam* + *Amruthabala rasnadi kashayam*-20ml along with 60ml of luke warm water and 1 *Medha gulika*-11am and bed time
4. *Brahma rasayanam*-5gm twice daily after food
5. *Sabacharadi tailam* + *Chinchadi tailam*- for external application.

### DISCUSSION:

The condition was taken as *pithaavrutha vyana* since the patient had symptoms like *daaha, klama, angacheshantasanga, santhapa,* and *vedana*. So, first, addressed the *avarana* of *pitha* by giving *ama pachana* drugs internally and *karaskera ksheera dhara* externally. Internally gave *Balakorandadi kashayam* (*khanja vata-aurogya kalpadrumam*) -*vata pitha hara, Ashtavargam kashayam*- *kevala vata hara, Indukantham kashayam* -*vata kapha samaka* with *Suvarnamuktadi gulika*. The patient got relief from her burning sensation within 6 days. To pacify *vata*, oil application was also done. *Thalam* (*siro lepa*) with *Panchagandha choornam* and *ksheera bala* was done to improve the mental health of the patient and also reduce excess body heat. When the *avarana* was cleared, *kevala vatika* treatments like *podikizhi* and *pizhichil* were done. *Kalyanakam kashaya* which is *vatapitha samaka* along with *Manasamithra gulika* was given for correcting the *manovaha srotas*. *Amruthabala rasnadi kashaya* (*nidigdhikadi kashayam*-*chakradatham*) indicated for *vata pitha jvara* and

*Mahavatavidhvamsa rasam* were given to pacify *vata* and *pitta*. *Varuni tailam* (*Sarngadhara samhita*) balances *vata* dosha. Sleep disturbances are reduced after *sirodhara*. *Balasaireyakadi kashaya* (*Arogya kalpadrumam*) is *vata pitha hara* and *srotosodbhana* thus relieving the obstructed *vata* by removing the *avarana*. *Sidhamakaradwaja* can impart *bala, veerya, medha, agni* etc. So effective in improving the general health of the patient. *Vasthi* was given, mainly *yoga vasthi*. *Pakwasaya* is supposed to be the main seat of *vata* and *vasti chikitsa* is the best therapy for *vayu*. Studies proved that stimulation with *vasti* (either by chemo or mechano receptors) may lead to activation of the concerned part of CNS which precipitates results accordingly<sup>5</sup>. Here the patient had markedly improved her loss of balance, and backward fall after *vasthi* treatment.

### CONCLUSION:

Parkinson's disease is not a single entity. It is important to consider Parkinson Plus Syndrome, MSA, Progressive Supranuclear Palsy, and other related conditions, as symptoms may differ from person to person. In almost all the newly emerging diseases, there should be some sort of *avarana*. We Ayurveda practitioners value *samprapthi vighatana* more than the name of the disease. Thus, we can successfully manage these types of conditions to some extent.

### Declaration of Patient's consent:

In the form, the patient consented to her clinical information to be reported in the journal.

**Limitation of study:**

The disease's poor prognosis necessitates long-term medication and close monitoring. Due to the rarity of this condition, further investigations are necessary, both literally and clinically.

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**REFERENCES:**

1. Pearce JM. Aspects of the history of Parkinson's disease. *J Neurol Neurosurg Psychiatry.* 1989;52(suppl):6-10.

2. Steele JC, richardson JC, Olszewski J. Progressive supranuclear palsy. A heterogeneous degeneration involving the brain stem, basal ganglia and cerebellum with vertical gaze and pseudobulbar palsy, nuchal dystonia and dementia. *Arch neurol.* 1964;10:333-59.
3. Mark MH. Lumping and splitting the Parkinson Plus syndromes: dementia with Lewy bodies, multiple system atrophy, progressive supranuclear palsy, and cortical-basal ganglionic degeneration. *Neurol Clin.* 2001; 19(3): 607-27
4. Vagbhata, Astangahrdaya, Sarvangasundara commentary of Arunadutta, Chowkhamba Orientalia, Varanasi-2007, nidanasthana verse 16/47-48, p- 538
5. [https://www.researchgate.net/publication/282324532\\_Understanding\\_The\\_Mode\\_Of\\_Action\\_Of\\_Bastikarma\\_Medicated\\_Enema](https://www.researchgate.net/publication/282324532_Understanding_The_Mode_Of_Action_Of_Bastikarma_Medicated_Enema) [Last accessed on 3.12.2024].