Ayurvedic management of Cerebellar Ataxia in Children - A Case Report

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ABSTRACT

Cerebellar ataxia is described as difficulty in maintaining balance and coordinated movements. Cerebellar atrophy is degenerative changes of cerebellum represents as ataxia. Ataxia talangiectasia is associated condition of cerebellar ataxia. In Ayurveda, if the movement of any part of body disturbs it comes under Vatavyadhi. Vatavyadhi is broad terminology; Indriyagata Vata is described when Indriya loses its function. In ataxia, function of Hasta, Pada, Vani are affected. Mridu Shodhana is performed before giving the Samanya Vatavyadhi Chikitsa. In Indriyagata Vata, Nasya, Shirobasti along with Samanya Vatavyadhi Chikitsa gives satisfactory result in patient.

Key words: Cerebellar ataxia, Vatavyadhi, Indriyagata Vata, Mridu Virechana.

INTRODUCTION

Inability to make accurate and coordinated movements is called ataxia usually due to disorder of cerebellum. It may be acute or chronic. Degenerative diseases of the central nervous system represent an important group of ataxic disorders of childhood because of the genetic consequences and poor prognosis.\(^1\) Ataxia talangiectasia, an autosomal recessive condition is the most common of the degenerative ataxias. Ataxia talangiectasia is caused by mutations in ATM gene.\(^2\)

In Ayurveda, the condition comes under Vatavyadhi, Indriyagata Vata.\(^3\) Difficulty in coordination leads difficulty in walking, difficulty in hold the things, difficulty in speech - all these functions are performed by Indriya - Karmendriya, Indriyas lose its functions is described as Indriyagata Vata.

Management described for Vatavyadhi is Abhyanga, Swedana, Basti, Snaihika Nasya and Karnapurana etc.\(^4\)

CASE REPORT

A thirteen year old male child came in OPD of the Kaumarabhritya Department, P. D. Patel Ayurveda Hospital, Nadiad on date 14/12/2016 with the complaints of difficulty in walking, unable to walk without support, difficulty in hold the things and difficulty in speech since 6 years. He had difficulty to maintain balance while working. A known case of cerebellar atrophy and also diagnosed with ataxia talangiectasia. Report of MRI on date 19/09/2011 suggests cerebellar atrophy.

On physical examination, his gate was staggering; support by one arm is required. Not able to stand without support in natural position. Fast alternating hand movements are slightly irregular. On nose finger test, tremors noted on both hands. Patient was advised for admission.

Patient was admitted in IPD of Kaumarabhritya Department, P. D. Patel Ayurveda Hospital, Nadiad on date 15/12/2016. During admission, Sarvanga Abhyanga and Bashpa Sweda was performed for 3 days. On third day of admission, Mridu Virechana was
given with Eranda Taila 15 ml and Dinadayal Churna 2.5 gms. Total eight Virechana Vego were noted. From date 18/12/2016 to 20/12/2016, patient was advised Balamula Kwatha 40 ml twice a day with 2ml Narayana Taila, Sarvangabhyanga and Mashapinda Sweda. On date 23/12/2016, Nasya with Narayana Taila 6 drops and Netra Prakashalana with Triphala Kwatha added with previous treatment. On date 27/12/2016, Shiropichu with Narayana Taila was added. Vacha Churna 250mg with honey once in a day on date 29/12/2017 with previous treatment and all the treatment were continued till the date of discharge on date 12/01/2017. Patient was continued on physical routine exercises during admission. At the time of discharge, Patient was able to walk without support for 5 minutes, able to stand without support for 15 minutes, able to hold the things with mild tremor and developed speech that was easy to understand on follow up after 1 month.

**DISCUSSION**

Maintaining of balance is depending upon normal cerebellar function, disturbance leads into ataxia. Main clinical functions are difficulty in performs routine activity as difficulty in walking, standing, sitting; hold the things and also difficulty in speech. According to Ayurveda, it comes under Vatavyadhi. Any movement of body part (Gati) depends on Vata Dosh. When Vata Dosh is vitiated through Nidana Sevana, Vitiated Vata Dosh disturbs the Karma of Indriya. As Hasta, Pada, Vani are Karmendriya, affected in cerebellar ataxia.

Management of Vatavyadhi should be treated with Mridu Virechana before actual management started. Then Abhyanga should perform before Swedana therapy. A person should be treated with Abhyanga and given Swedana therapy in the form of Sankara Sweda again and again. Specific treatment of Indriyagata Vata is described as Shirobasti, Nasya, Karnapurana etc. As Shirah is the placement of all Indriya, that Shirobasti, Nasya etc. are essential in Indriyagata Vata. In this case Shiropichu is performed to the patient.

**CONCLUSION**

In Ayurveda, Cerebellar ataxia comes under Vatavyadhi, Indriyagata Vata. Management with Nasya, Shiropichu, Karnapurana are essential with Samanya Chikitsa of Vatavyadhi as Shirah is the placement of all Indriya. Mridu Shodhana Karma as Mridu Virechana with Eranda Taila should give before started Samanya Chikitsa of Vatavyadhi. After Shodhana Karma, the medications can easily reach up to Srotasa and balance the functions of the Vata Dosha.

**REFERENCES**


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