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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

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given with *Eranda Taila* 15 ml and *Dinadayal Churna* 2.5 gms. Total eight *Virechana Vega* 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*, *Sarvanga Abhyanga* 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 Dosha*.^[5] When *Vata Dosha* is vitiated through *Nidana Sevana*, Vitiated *Vata Dosha* disturbs the *Karma* of *Indriya*. As *Hasta*, *Pada*, *Vani* are *Karmendriya*,^[6] affected in cerebellar ataxia.

Management of *Vatavyadhi* should be treated with *Mridu Virechana*^[7] 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.^[8]

Specific treatment of *Indriyagata Vata* is described as *Shirobasti*, *Nasya*, *Karnapurana* etc.^[9] As *Shirah* is the placement of all *Indriya*,^[10] 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*.

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