



Case Study

AYURVEDIC MANAGEMENT OF SPINOCEREBELLAR ATAXIA

Jallundhara Nisha^{1*}, Bhardwaj Anil², Shikha Komal³

¹PG Scholar, ²Professor, Head of Department, ³PG Scholar, Dept. of Panchkarma, Rajiv Gandhi Govt PG Ayurvedic College & Hospital, Paprola, HP, India.

Article info

Article History:

Received: 10-01-2026

Accepted: 12-02-2026

Published: 15-03-2026

KEYWORDS:

Spinocerebellar ataxia, *Ayurveda*, *Mustadi Rajyapana Basti*, and *Shashtika Shali Pinda Swedan*, SARA.

ABSTRACT

Ataxias constitute a heterogeneous group of inherited and acquired neurological disorders, manifesting either as pure cerebellar ataxia or in association with other neurological and systemic features. Despite extensive investigations, a substantial proportion of cases remain idiopathic. Spinocerebellar ataxia (SCA) is a progressive, degenerative genetic disorder characterized by cerebellar dysfunction, for which no definitive or curative treatment is currently available in contemporary medicine. Ayurvedic Management is therefore primarily aimed at symptomatic relief and improvement in quality of life. A 41-year-old female patient clinically diagnosed with spinocerebellar ataxia was treated using a comprehensive *Panchakarma* based therapeutic approach, including *Mustadi Rajyapana Basti*, and *Shashtika Shali Pinda Swedan* administered over a period of 20 days. These procedures were complemented with Ayurvedic medications, namely *Panchtikhta Ghritha Guggulu*, *Ashwagandha Churan* and *Dashmoola Kwath*. Clinical assessment was carried out using the Scale for the Assessment and Rating of Ataxia (SARA) along with detailed neurological examination. Post-treatment evaluation demonstrated a marked reduction in SARA scores from 25 to 6, along with significant improvement in gait, coordination, balance, and overall functional capacity. The patient also reported a notable enhancement in quality of life.

INTRODUCTION

Cerebellar ataxia is a neurological condition with a multitude of etiologies and a broad spectrum of clinical manifestations. Ashizawa and Xia (2016) defined ataxia as “the impaired coordination of voluntary muscle movement,” [1] emphasizing its close association with cerebellar pathology. Depending on the underlying cause, cerebellar ataxia may present with isolated motor incoordination or in combination with additional neurological and systemic features. Spinocerebellar ataxia (SCA) represents a group of hereditary, progressive, neurodegenerative disorders and is one of the most common forms of autosomal dominant cerebellar ataxia (ADCA), accounting for approximately 13–18% of ADCA cases. The age of onset is highly variable, ranging from early childhood to late adulthood (6–67 years), although clinical

manifestations most frequently begin during the third or fourth decade of life [2]. Common clinical features include gait ataxia, delayed initiation of movements, dysmetria, dyskinesia, dysdiadochokinesia, tremors, and progressive impairment of balance and coordination. Owing to its progressive nature, spinocerebellar ataxia significantly affects functional independence and quality of life. At present, no definitive or curative treatment is available in conventional medicine, and management is largely symptomatic and supportive.

From an Ayurvedic perspective, the clinical presentation of this case can be correlated with *Dhatukshayajanya Vatavyadhi* [4], a group of disorders resulting from derangement of *Vata Dosa*, the neurological deficits, motor incoordination, and progressive functional deterioration observed in spinocerebellar ataxia are consistent with classical descriptions of *Vata* predominantly affecting the *Majja Dhatu*. Based on this understanding, *Vatahara Chikitsa* forms the cornerstone of Ayurvedic management in such conditions. In the present case, a comprehensive treatment protocol was planned which aims to

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v14i2.4049
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

document the clinical outcome of an integrative Ayurvedic approach in the management of spinocerebellar ataxia and to contribute to the growing body of evidence supporting traditional interventions for neurodegenerative disorders. The assessment of symptoms was done using the Scale for the Assessment and Rating of Ataxia (SARA) [3].

Patient Information

A 41-year-old female, visited to Outpatient Department of Panchkarma of Rajiv Gandhi Govt. PG Ayurvedic College & Hospital, Paprola, on December 01, 2025 with history of difficulty and unsteadiness while walking since last 4 years and slurring of speech from last 1 year. While walking she reported a tendency to fall, which necessitated support from a wall or another person to maintain balance. Due to progressive nature of the disease, the above symptoms worsened, resulting in significant impairment of mobility. Patient is a K/C/O spinocerebellar ataxia with no history of hypertension, T2 diabetes Mellitus or any other chronic illness. All family members were healthy with no family history of similar disease.

Clinical Findings

General physical examination was normal. Cardiovascular, digestive and respiratory system were normal. Higher mental function was intact except speech in the form of dysarthria. Cranial nerve examination revealed horizontal nystagmus with involvement of the oculomotor (III), trochlear (IV), and abducent (VI) nerves, and scanned dysarthric speech was found during hypoglossal nerve examination. Motor examination shows decreased muscle tone with

normal power and muscle bulk in lower limbs. Reflexes are normal except knee jerk with pendular response. Coordination and cerebellar functions such as (Finger nose test, Finger chase test, Heel to shin test, Dysdiadochokinesia, Rebound phenomena, Romberg’s test) positive with impaired tandem walking, broad based stance and Drunken gait. The *Kostha* (nature of bowel) was *Madhyam*, *Agni* was *Mandagni*.

Ashtavidha Pariksha (eight-fold examination)

Nadi (pulse) was *Vataja*. *Mutra Pravritti* (urination) was *Prakrita*, *Mala Pravritti* (bowel habit) was *Samyak*, and *Jihva* (tongue) was *Lipta* (coated). *Shabda* (voice) was *Aspashtra*, *Sparsha* (touch) was *Samshitushana* (warm), *Drik* (vision) was *Prakrita*, and *Akriti* (body build) was *Madhyama* (medium).

Diagnostic Assessment

Patient was known case of spinocerebellar ataxia and no further modern investigations were done. All other routine investigations (01/12/2025) were performed and were within normal limits. This case was diagnosed as *Dhatukshayajanya Vatavyadhi* based on Ayurveda parameters and *Vatahar Chikitsa* was followed.

Improvement of the patient was assessed using scale for the assessment and rating of ataxia (SARA scale) before starting the treatment and after the completion of the treatment.

Timeline and Therapeutic Intervention

The condition has been managed with comprehensive Panchakarma therapeutic interventions for about 20 days of admission as shown in the figure 1.

Figure 1: Timeline and therapeutic intervention

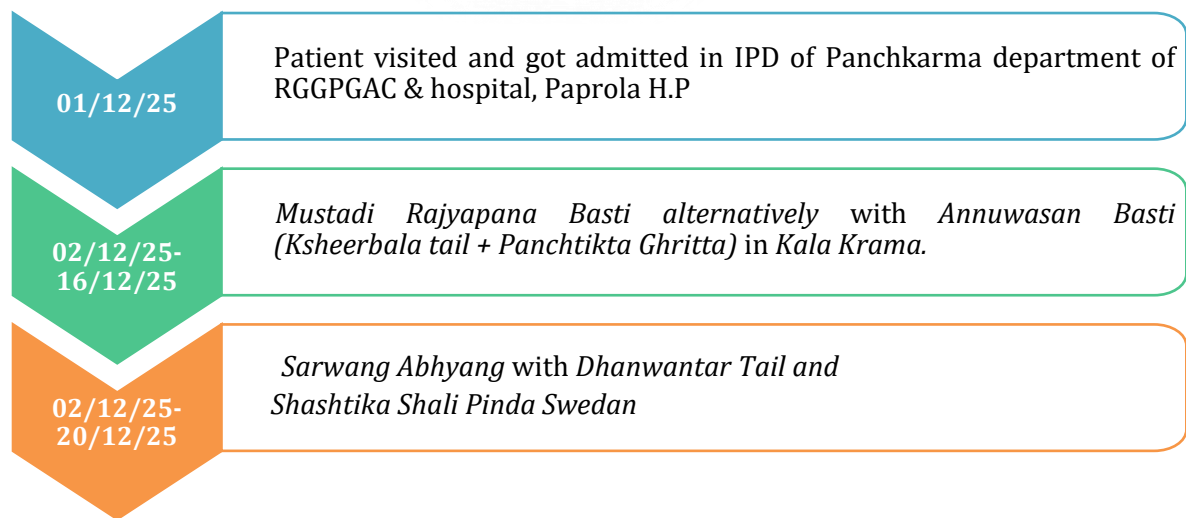


Table 1: Schedule of Annuwasan Basti

Date	2/12/25	3/12/25	5/12/25	7/12/25	9/12/25	11/12/25	13/12/25	15/12/25	16/12/25
Dose	50ml	60ml	70ml	80ml	90ml	100ml	110ml	120ml	130ml
Retention	3hrs	3hrs	3.5hrs	3hrs	5hrs	5hrs	3.5hrs	3hrs	3hrs

Table 2: Schedule of Mustadi Rajyapana Basti

Date	4/12/25	6/12/25	8/12/25	10/12/25	12/12/25	14/12/25
Dose	300ml	350ml	350ml	380ml	400ml	400ml
Retention	15min	16min	20min	22min	20min	28min

Shaman Aushadhis**Table 3: Shamana Aushadhis administered to the patient**

S.No	Name	Dose
1	<i>Panchtikhta Ghritta Gugglu</i>	2 TDS
2	<i>Dashmool Kwath</i>	20ml BD with lukewarm water
3	<i>Ashwagandha Churan</i>	5mg BD with milk

Criteria of Assessment

Improvement of the patient was assessed using scale for the assessment and rating of ataxia (SARA scale) before starting the treatment and after the completion of the treatment.

Table 4: Results According to SARA Scale

Sr.No.	Examination	Score before treatment	Score after treatment
1.	Gait	4	1
2.	Stance	5	2
3.	Sitting	2	0
4.	Speech disturbance	3	0
5.	Finger chase	3	1
6.	Nose- finger test	2	0
7.	Fast alternating movements	3	1
8.	Heel- Shin slide	3	1
	Total Score	25	6

Follow Up and Outcome

During the follow up visit, the patient was advised to take oral medication for one month and *Pathya- Apathya* with emphasis on *Vata Shaman Ahara-Vihara* was advised. On assessment, the patient showed subjective improvement in gait stability and coordination with better control during standing.

DISCUSSION

Spinocerebellar ataxia (SCA) represents a group of progressive neurodegenerative disorders characterized by cerebellar and extracerebellar involvement, resulting in gait ataxia, limb incoordination, dysarthria, and postural instability. While modern medicine offers supportive care to manage symptoms, Ayurveda provides a profound, holistic framework to understand, manage, and potentially arrest the progression of this condition by addressing its root cause.

Ayurvedic Interpretation of SCA

Ayurveda does not have a single term that directly translates to "Cerebellar Ataxia." Instead, it analyzes the condition based on the functional derangement of the *Doshas*. Cerebellar ataxia can be

correlated with *Mastulunga Kshaya* or *Majja Kshaya* as described in Ayurvedic classics. *Acharya Vagbhata* has described *Bhrama* as an important *Lakshana* of *Majja Kshaya*, which can be clinically correlated with loss of balance and impaired coordination seen in cerebellar ataxia. The involvement of higher neurological functions and coordination supports the interpretation of cerebellar ataxia as *Dhatukshayajanya Vatavyadhi*, with predominantly affection of *Majja Dhatu*.

According to *Shat- Kriyakal*,^[5] for manifestation of any disease, imbalance in *Doshas* leads to *Khavaigunya*. In present case of SCA was developed later in life at age of 41yrs suggest the acquired nature of disease. Prolonged exposure to *Vata Prakopaka Ahara* and *Vihara* leads to progressive *Dosha* vitiation and subsequent *Dhatu Kshaya*. The vitiated *Vata* cause blockages in the subtle channels (*Srotas*) that transport nourishment and nerve impulses, further impairing neurological function, *Dhatu Kshaya* (tissue depletion). Chronic *Vata Dosha Prakopa* leads to the degeneration and depletion of bodily tissues (*Dhatu*s) and ultimately leads to degeneration of nervous tissue.

Ayurvedic Treatment Protocol

The Ayurvedic line of treatment in this particular case was planned on the principles of management of *Dhatukshayajanya Vyadhi*, with primary emphasis on *Vata Shaman*, *Brihana*, *Dhatu Poshan* and *Rasayana Chikitsa*. Considering *Vata* predominance due to progressive depletion of *Dhatu*, *Nidana Parivarjana* was advised. Therapeutic measures were directed towards nourishment and replenishment of depleted *Dhatu*, while strengthening *Agni* and *Dhatu Paka*. *Basti Karma*, being prime treatment for *Vatavyadhi*, was incorporated to regulate *Apana Vayu* and promote systemic *Dhatu* nourishment. This was followed by *Shaman Chikitsa* using *Vatahar*, *Brihana* and *Balya* formulations to arrest further degeneration and improve functional capacity, aiming not only at symptomatic relief but also at slowing disease progression and improving functional independence.

Mustadi Rajyapna Basti

Mustadi Rajyapna Basti [6] was selected as the principal therapy due to its superiority among all *Bastis* in providing *Sadyobalajanana*, *Rasayana*, and *Brihana* effects. According to *Samanya-Visesa Siddhanta*, the *Mansa-rasa* predominant formulation enhances *Mansa Dhatu*, strengthens neuromuscular tissues, and arrests further *Vata Prakopa*. Given the central role of *Basti* in managing *Vatavyadhi*, this intervention directly addresses the root pathology.

Shashtika Shali Pinda Swedan

Shashtika Shali Pinda Swedan was employed for its potent *Brihana* and *Balya* properties. The procedure nourishes muscles and peripheral nerves, reduces stiffness, and improves motor coordination. The *Rasayana*, *Vatahara*, and *Balya* attributes of *Shashtika Shali* contribute significantly to functional improvement and enhancement of quality of life.

Oral Ayurvedic Medication

- *Panchtikhta Ghritta Gugglu*: Acts as *Vatahara*, *Amapacaka*, and *Dhatuposhaka*, beneficial in neurodegenerative and inflammatory conditions.
- *Dashmool Kwath*: Provides anti-inflammatory, analgesic, and *Vatashamaka* effects, improving neuromuscular function.

- *Ashwagandha Churan*: Known for *Balya*, *Brihana*, and *Rasayana* actions, enhances strength and endurance.

CONCLUSION

This case highlights the potential role of Ayurvedic management in an acquired case of cerebellar ataxia. Considering the predominance of *Vata* vitiation, *Basti Karma* was adopted as the main line of treatment, supported by *Shashtika Shali Pinda Swedan* as an external therapeutic procedure and appropriate *Shaman Aushadhis*. The integrated therapeutic approach resulted in improvement in balance, coordination and overall functional ability, leading to a notable enhancement in the patient's quality of life. These observations suggests that a comprehensive Ayurvedic regimen May offer supportive benefits in acquired cerebellar ataxia, warranting further systemic clinical evaluation.

Declaration of patient consent

Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting this case report.

REFERENCES

1. Ashizawa T, Xia G. Ataxia. Continuum (Minneapolis). 2016 Aug; 22(4 Movement Disorders): 1208-1226. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5567218/>
2. Munjal YP. Cerebellar disorders. In: Munjal YP, editor. API Textbook of Medicine. 9th ed. Vol. 2. New Delhi: Jaypee Brothers Medical Publishers; 2012. p. 1469.
3. Schmitz-Hübsch T, du Montcel ST, Baliko L, Berciano J, Boesch S, Depondt C, et al. Scale for the assessment and rating of ataxia: development of a new clinical scale. Neurology. 2006; 66(11): 1717-1720. doi: 10.1212/01.wnl.0000219042.60538.92.
4. Singh SK, Rajoria K. Ayurvedic approach in the management of spinocerebellar ataxia-2. Ancient Sci Life. 2016; 35: 167-72.
5. Paradakara HSSB, editor. Astanga Hrdaya of Vagbhata with the commentaries Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri. Uttara-sthana, Ayushkamyadhyaya, chap 1, verse 1. Varanasi: Chaukhamba Surbharati Prakashan; 2016. p. 2.
6. Devragi TL. Keraliya Panchakarma Chikitsa Vigyanam. Varanasi: Chaukhamba Bharati Academy; 2003. p. 22. Sloka 6-7 (Pinda Sweda)

Cite this article as:

Jallundhara Nisha, Bhardwaj Anil, Shikha Komal. Ayurvedic Management of Spinocerebellar Ataxia. International Journal of Ayurveda and Pharma Research. 2026;14(2):134-137.

<https://doi.org/10.47070/ijapr.v14i2.4049>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Jallundhara Nisha

PG Scholar,

Dept. of Panchkarma,

Rajiv Gandhi Govt PG Ayurvedic College

& Hospital, Paprola

Email: nishujallundhara@gmail.com