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"AYURVEDIC MANAGEMENT OF TANDAVA VATA (HUNTINGTON'S DISEASE): A CASE REPORT WITH PANCHAKARMA INTERVENTION"

[1*]Dr. P. Syed Shavali, [2]Dr. D. Venkata Ravi Krishna, [3]Dr. K. Harsha Vardhana Appaji, [4]Dr. Vijaya Bhaskar Reddy

[*1]PG Final Year Panchakarma, Sri Venkateswara Ayurveda College TTD, Tirupati.

[2]Assistant Professor Dept. of Panchakarma Sri Venkateswara Ayurveda College TTD, Tirupati.

[3]HOD and Professor/PG Reader Department of Panchakarma Sri Venkateswara Ayurveda College TTD, Tirupati.

[4]HOD and Professor/PG Reader Department of Shalya Tantra Sri Venkateswara Ayurveda College TTD, Tirupati.

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***Corresponding Author**

Dr. P. Syed Shavali

PG Final Year Panchakarma, Sri Venkateswara Ayurveda College TTD, Tirupati.

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ABSTRACT

Tandava vata is a condition related to a disturbance in vata dosha, often associated with involuntary, jerky movements similar to a dance, particularly a violent or frantic one like the Tandava dance of Lord Shiva. Huntington's disease is a progressive Neurodegenerative condition characterised by movement disorders, cognitive impairment and behavioural symptoms. A 38-year-old female patient diagnosed with Huntington's disease by molecular genetic analysis and MRI of brain, presented to S.V Ayurveda hospital, Tirupati, with complaints of involuntary jerky movements in both upper limbs and lower limbs, Head and Trunk difficulty in speech for 13 years (at the age of 23 years old onwards. Associated with Shivering and weakness and Numbness of lower limbs, sleep disturbances, abnormal talk, sudden awakening from sleep and crying since 4 years. Ayurvedic treatment protocol planned with a course of Abhyanga and Nadi sweda, Kayaseka, matrabasti, and Niruha vasti for a period of 16 days. The results

were being assessed on MDS UPHRS Scale which has been noticed for marked improvement.

KEYWORDS: Tandava vata, Huntington‘s disease.

INTRODUCTION

Tandava Vata is described as a condition where there is progressive depletion of vital tissues—especially *Majja Dhatu*, which is responsible for the nourishment and functioning of the central nervous system. The degeneration of *Majja Dhatu* leads to an aggravation of *Vata Doṣa*, manifesting as uncontrollable, sudden, flitting-type movements. Clinically, patients present with involuntary movements initially starting in the left hand, gradually progressing to the lower limbs and other body parts. As the condition advances, the person finds difficulty in holding objects, performing fine motor activities, feeding himself, coordinating movements, and exhibits altered facial expressions and impaired cognitive functions. Interestingly, these involuntary movements subside during sleep — a key feature suggestive of *Vata* dominance.

In contemporary medicine, *Tandava Vata* can be closely correlated with Huntington‘s Disease, a progressive neurodegenerative disorder characterised by movement abnormalities, cognitive decline and behavioural disturbances. It is an autosomal dominant genetic condition, typically manifesting in mid-adult life. The global prevalence of Huntington‘s disease is reported to be around 4–8 per lakh population, with juvenile onset occurring in nearly 5–10% of cases, where symptoms appear before 20 years of age.

Huntington‘s disease predominantly affects the **basal ganglia neurons**, leading to destruction of interneurons, motor and sensory pathways. The movement disorders include involuntary jerky or writhing movements (*chorea*), dystonia, impaired eye movements, abnormal gait, poor balance, and difficulty in speech and swallowing. Cognitive deficits include reduced attention, impaired flexibility, difficulty in learning new information, slowness of thought processing and decreased insight.

Psychiatric manifestations are also common, especially **depression**, which is believed to arise due to neurochemical imbalance and progressive loss of neuronal function. Symptoms may include irritability, sadness, social withdrawal, insomnia, fatigue, loss of interest and recurrent thoughts of death or suicide.

Given the chronic, progressive and debilitating nature of Huntington‘s disease, exploring Ayurvedic interpretations such as *Tandava Vata* and its management principles becomes crucial, especially in improving quality of life through *Vata-śamana*, *Nidana-parivarjana*, *Rasayana* and *Majja-dhatu-vardhaka* therapies.

CASE REPORT

A 38-year-old female patient who is a housewife is asymptomatic before 13 years. After that, after the delivery of his 2nd child, i.e after 6 years, she noticed shivering and weakness of lower limbs due to she had fallen from the 1st floor, developed involuntary movements in bilateral lower limbs and trunk, then progressively her involuntary movements

Increased again noticed sleep disturbances, abnormal talk, sudden awakening and crying, and Occasional dysarthria, then she was taken into the nearest allopathic hospital, the doctor advised all routine investigations and MRI-BRAIN and admitted for a week, and was diagnosed as Huntington‘s disease. After discharge, she took medications, but did not found any relief. Gradually, she had increased involuntary movements in both lower limbs, difficulty in speech and sleep disturbances. Later she consulted Allopathic hospitals and underwent medication, but didn‘t found any relief. Hence, she approached S.V. Ayurvedic Hospital, Tirupati, for better treatment.

PERSONAL HISTORY

- Diet: VEG
- Appetite: Good
- Micturition: 5 - 6 times per day
- Bowel: severely constipated
- Sleep: Disturbed
- Addictions: Nil

GENERAL EXAMINATION

- Pallor: absent
- Icterus: absent
- Cyanosis: absent
- Clubbing: absent
- Lymphadenopathy: absent

- Oedema: absent
- Built: Poor

VITALS

- Pulse Rate: 75bpm
- Blood pressure: 126/80 mm of hg
- Respiratory Rate: 16/ min.
- Temperature: Normal

SYSTEMIC EXAMINATION

Respiratory system: shape of the chest - B/L symmetrical, no added sounds heard.

Gastrointestinal system: soft, no tenderness, no abdominal distension.

Cardiovascular system: S1, S2 were normal; no murmur was heard.

Musculoskeletal system

CNS: Higher mental function examination: speech - difficulty in speech, cranial and sensory system were intact, coordination examination: finger-nose test - can be performed, Heel - shin test - cannot be performed, Romberg sign - Negative.

Motor system examination: Muscle tone

limb	Right side	Left side
Upper limb	Normal	Normal
Lower limb	Normal	Normal

Muscle bulk

Limb	Right side	Left side
Mid-arm circumference	25 cm	24.5
Mid-thigh circumference	34cm	33.5cm
Mid-calf circumference	26cm	26cm

Muscle power

Limb	Right	Left side
Upper limb	Grade 5	Grade 5
Lower limb	Grade 5	Grade 5

Deep tendon reflexes

jerks	Right	Left
Biceps-Jerk (C5-C6)	Exagarated	Exagarated
Triceps Jerk (C6-C7)	Normal	Normal
Knee Jerk (C5-C6)	Exaggerated	Exaggerated

Ankle jerk (L5-S1)	Absent	Absent
Babinski sign	Plantar flexion	Plantar flexion

INVESTIGATIONS

Hb% % - 12.4 gm/dl TC – 3,600 cells/cumm ESR - 48 mm/hr

FBS - 98 mg/dl PPBS - 90 mg/dl Aso titre – Positive.

MRI of brain (2023)

Ill-defined hyperintensities in T2 flair in the pons and subcortical white matter.

Clinical findings

Speech - difficulty in speech, Tremors at rest - present, Handling utensils - difficult, Handwriting - Difficulty in writing. There are no hallucinations and delusions. They have severe constipation and dancing-like flitting movements

Treatment protocol

- Abhyangam and Nadiswedana for 4 days
- Kayaseka with (Prabhanjana Vimardhana Tailam) + Tila Tailam for 7 days
- Matra vasti with Nirgundi (60ml) for 7 days.
- Shastika Shali pinda sweda for 7 days
- Nasya karma with Maha Masha taiam for 7 days

Treatment advised

SHAMANA ASPECTS

1) Kapikachu churna ½ tsp ½ tsp
2) Urvi nasal drops 2^{o}--------0 2^{o}
3) Jatamansi 1 1
4) Nirgundi tailam E/A
5) Himasagara tailam E/A
6) Ati bala Qwatha churnam 10ml 10ml
7) Eranda moola Qwatha churnam 10ml 10ml
8) Brahmi tailam E/A for Head.
9) ksheera Bala tailam 101A 1 1

INGREDIENTS

- Abhyangam - Nirgundi tailam

- Nadi swedam – Nirgundi patra + Dashamoola Qwatham.

Matra vasti

- Satapushpa churnam - 3 gms
- Saindhava lavanam - 6 gms
- Nirgundi Tailam - Total 60ml

Shastika shali pinda sweda

- Shastika shali (a specific variety of rice, which is yielded after 60 days) - **500gms**
- Balamoola (root of Sida cordifolia) or Dashamoola Qwatham - **2 litres**
- Milk - **½ lit**
- Ashwagandha churna - **100 gms**

Kayaseka

Prabhanjana vimardhana tailam - 2liters Tila tailam - 200ml

- Nasya karma with Mahamasha taialm - (8 drops in each nostril)

Treatment protocol in detail

Table No. 1: Matra vasti with Bala Tailam.

Day of treatment	Date	Vasti retention time
1st day	15/11/25	3 hrs
2nd day	16/11/25	3 ½ hrs
3rd day	17/11/25	4 ½ hrs
4th day	18/11/25	5 hrs
5th day	19/11/25	6 hrs
6th day	20/11/25	3 hrs
7th day	21/11/25	6 hrs
8th day	22/11/25	6 hrs

Table No. 2: Kayaseka with Prabhanjana vimardhana tailam + Tila tailam.

Day of treatment	Date	Amount of oil used
1st day	19/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)
2nd day	20/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)
3rd day	21/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)
4th day	22/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)
5th day	23/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)

6th day	24/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)
7th day	25/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)
8th day	26/11/25	2 litres (Prabhanajana tailam) 200 ml (Tila tailam)

Table No. 3: Shastika Shali Pinda Sweda.

Day of treatment	Date
1st day of SSPS	27/11/25
2nd day of SSPS	28/11/25
3rd day of SSPS	29/12/25
4th day of SSPS	30/12/25
5th day of SSPS	1/12/25
6th day of SSPS	2/12/25
7th day of SSPS	3/12/25

Table No. 4: Nasya karma with Mahamasha Tailam.

Day of treatment	Date	Dose
1st day of Nasya karma	04/12/25	1 ml
2nd day of Nasya karma	05/12/25	1 ml
3rd day of Nasya karma	06/12/25	1.5ml
4th day of Nasya karma	07/12/25	1.5ml
5th day of Nasya karma	08/12/25	2ml
6th day of Nasya karma	09/12/25	2ml
7th day of Nasya karma	10/12/25	2.5ml

Assessment Criteria

Parameters: MDS - UPDRS Scale - Testing for the Assessment of the condition of the patient before and after treatment.

A**s per the MDS-UPDRS Scale, there was a marked Improvement**

- At the time of admission, the score was - 109/260
- At the time of discharge, the score was - 56/260

PARAMETERS	BEFORE TREATMENT 14/11/25	AFTER TREATMENT 12/12/25
WALKING TIME	2 Min 4 sec/ on an average of 3 times without any support	1 Min 20 sec/ on an average of 3 times without any support
Involuntary movements	3	2
Disturbance in speech	2	1
Pain in the shoulder	2	1
Pain in the neck	2	1
Pain in the lower ba	2	1
Pain in the knee	2	1
Pain in elbow	2	1
Athens Insomnia index	18	7

Pain in the knee 2 1

Segment	Signs and symptoms	Before treatment	After treatment	Percentage improvement after treatment
Facial and oral movements	Muscles of facial expression	3	2	33.3%
Lip and perioral area	Movements	4	3	25%
Jaw	Movements	3	2	33.3%
Extremities movement	Upper limbs	4	3	25%
	Lower limbs	4	3	25%
Trunk movement	Neck, shoulder, hips	4	3	25%
Global judgement	Overall severity of abnormal movements	4	2	50%
	Incapacitation due to abnormal movements	4	2	50%
	Patient's awareness of abnormal movements	3	2	33.67%
Dental status	Dentures	No	-	-
Sleep	Do movements disappear with sleep	Yes	-	-
Scoring		33	22	33.3%

DISCUSSION

Huntington's chorea, also known as Huntington's Disease (HD), is a rare genetic neurodegenerative disorder. It is an inherited disease, with onset usually occurring in middle age, and is characterised by involuntary choreatic movements, as well as psychiatric and behavioural abnormalities.[2] Several case studies conducted in Asia have shown an overall prevalence of 0.40 per 100,000 population.[3] The clinical manifestations of HD consist of motor, cognitive, and psychiatric abnormalities that progress over the years. Initially, the individual can continue working while experiencing common symptoms such as slight loss of coordination, mild involuntary movements, anger spells, and agitation. As the disease progresses, it leads to increased dependency in carrying out daily activities, with motor signs like hypokinesia, akinesia, rigidity, dysarthria, and heightened choreatic movements. Anxiety, depression, and hallucinations are some of the psychiatric disturbances observed. The gene for HD was discovered in 1983, linked to chromosome 4; the Huntington gene provides genetic information for the Huntington protein.[4] In HD, there are more than 36 trinucleotide (CAG) repeats. The trinucleotide repeat expansion for the Huntington protein leads to the production of an abnormal mutant protein, which progressively damages brain cells. Since the mutant protein is dominant, only one parent needs to be a carrier of the disease.

In Ayurveda, no specific disease is mentioned that can be directly correlated with HD. However, there is a brief mention of *Tandav Roga* in the *Sharangdhara Samhita*, which can be correlated with HD. The pathogenesis of *Tandav Roga* begins with *mastulunga majadhatu kshaya* (degeneration of the nervous system), leading to *pratata vata rogi* (repeated affliction

with *vata roga*), decreased strength, and *vatapradhan tridosha* vitiation. The term *Tandava* refers to *Nruthyam*, a divine dance form performed by the Hindu god, particularly attributed to Lord Shiva, characterised by violent and frantic gesticulations. This condition presents with involuntary, violent, and frantic movements that originate from an imbalance or disturbance in the pathway of *vata dosha*.

The line of treatment for Tandav Roga includes Agnivardhan, Brimhana, and Rechana. In Tandav Roga, there are involuntary dancing-like movements of the upper and lower extremities, which are absent during sleep, leading to the diagnosis of the disease. After considering the principles of treatment for this condition, Brimhana, Rasayana, Rechana, and Vatahara Chikitsa were utilized.

The treatment approach in the present case was planned with _Snehana‘ (body massage), which reduces vitiated vata dosha and provides strength and stability to the body. Skin stimulation through Snehana leads to increased circulation and better absorption of drugs. Bala Taila is renowned for its ability to balance the Vata dosha, which is associated with conditions involving pain, stiffness, dryness, and neurological issues. Its primary actions are to provide strength (**Balya**), nourishment, and rejuvenation (**Rasayana**) to the bodily tissues (dhatus), especially the muscles, nerves, and bones. Kayaseka is a powerful therapy for Vata disorders because it combines Snehana (oleation/oiling) and Swedana (sudation and sweating therapy simultaneously. This dual action helps nourish tissues and lubricate joints. Strengthen muscles and enhance overall vitality. Improve blood circulation and remove metabolic waste. Soothe the nervous system and alleviate pain, stiffness, and tremors.

Shastika shali was followed by _kayaseka, which consists of Shashtishali (red rice), Ashwagandha powder, and milk. Pind Swedan promotes strength and stability due to its Vatahara nature, providing nourishment to the nervous system and strength to the muscles.

Nasya Karma‘ was performed based on the concept that ―Nasa Hi Shiraso Dwaram‖-the nose is the entrance to the brain. Drugs administered via the nasal route are directly absorbed through the olfactory and trigeminal pathways, allowing them to enter the brain. The higher centres of the brain control various neurological functions, and Nasya acts on these areas to regulate vata and provide neuroprotective effects.

CONCLUSION

A moderate improvement was noticed in the patient of Tandava vata (Huntington‘s disease) by the significant reduction of MDS - UPDRS Scale from the score 109/260 to 56/260, with the application of the stated therapeutic protocol, i.e Abhyanga - Svedana, Kaya seka, shastika shali, Matra vasti and Nasya karma. Thus, we can say that with Ayurveda - Panchakarma therapies, we can convincingly improve the quality of life in the patients of Tandava vata (Huntington‘s disease).

REFERENCES

1. Sri Sarangadharacharya, Sarangadhara Samhita with Subodhim Hindi commentary of Sri Prayagadatta Sharma, Parishishta 1/12.7th edition, Chaukhamba Amarbharti prakaasahan, Varanasi, 1988; Page No. 487.
2. Sri Sarangadharacharya, Sarangadhara Samhita with Subodhim Hindi commentary of Sri Prayagadatta Sharma, Parishishta 1/12.7th edition, Chaukhamba Amarbharti prakaasahan, Varanasi, 1988; Page No. 616.
3. Kasinath Sastri and Gorakhnath Chaturvedi, Agnivesa, Caraka Samhita, edited with Vidyotini Tikta, vol 1, sutra sthana - 5, verse no 88 – 89. Chaukhamba Bharati publications, Varanasi, 2011; edition, Page No. 42.
4. Kasinath Sastri and Gorakhnath Chaturvedi, Agnivesa, Caraka Samhita, edited with vidyotini tikta, vol 1, Sutra sthana - 28, verse no: 134, Chaukhamba Bharati publications, Varanasi, 2011; edition, Page No. 713.
5. Kasinath Sastri and Gorakhnath Chaturvedi, Agnivesa, Caraka Samhita, edited with Vidyotini Tikta, vol - 1, sutra sthana - 28, verse no: 112, Chaukhamba Bharati Publications, Varanasi, 2011; edition, Page No. 622.
6. Kasinath Sastri and Gorakhnath Chaturvedi, Agnivesa, Caraka Samhita, edited with Vidyotini Tikta, vol 1, Sutra sthana - 5, verse no 53, Chaukhamba Bharati publications, Varanasi, 2011; edition, Page No. 701.
7. Kavi Raja Ambikadatta Sastri Ayurved acarya, Sri Govindha Dasa Sena, Bhaishajya Ratnavali, 26/574, published by Chaukhamba Prakasan, edited and enlarged by Bhishagratna Sri Bramha Sankar Misra, 2022; edition, page No. 583.
8. Sharma R.K., Bhagwan Dash, Caraka Saṃhita (based on Cakrapaṇi data‘s Ayurveda dipīka), uttara vasti siddhi, Chaukamba Sanskrit Series Office, Varanasi, Edition, 2011; 6: page No. 408 - 409.
9. https://www.mayoclinic.org

10. www.ncbi.nlm.nih.gov
11. https://www.movementdisorders.org