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Management of Insomnia and Huntington's Chorea (*Tandava Roga*) – A Case Study

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Abstract

Huntington's disease (HD), also known as Huntington's chorea, is a rare, progressive, inherited neurodegenerative disorder. It is marked by involuntary movements, cognitive decline, psychiatric problems, and sleep issues. Insomnia is among the most distressing symptoms. It significantly reduces quality of life and worsens disease progression. Modern medicine provides only temporary relief, with no cure available.

This case study examines how Ayurvedic management can help with Huntington's chorea, linking it to Tandava Roga as described in Ayurvedic texts. A 30-year-old woman with a strong family history of HD came in with involuntary movements, slurred speech, trouble walking, behavioral issues, and chronic insomnia. Despite receiving allopathic and homeopathic treatments for a long time, her symptoms continued.

Using Ayurvedic assessment, we diagnosed her condition as Tandava Roga, which involved vitiation of Vata-Kapha Dosha, depletion of Majja Dhatu, and disturbance in Rasavaha, Mamsavaha, and Majjavaha Srotodushti. We created a holistic treatment plan that included Shodhana therapies such as Sarvanga Snehana, Pinda Sweda, and Shiropichu, along with Shamana therapies. Special attention was given to treating her insomnia with Tagara (Valeriana wallichii), a well-known sleep aid and Vata-reducing herb.

The patient experienced complete relief from insomnia and

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significant improvement in involuntary movements. Her behavior stabilized, she felt emotionally calmer, and her overall quality of life improved. This case illustrates that while Huntington's disease has no cure, Ayurvedic treatments—especially Tagara—can be vital for symptom management and enhancing patient well-being.

Key words : Huntington's disease, Tandava Roga, Insomnia, Tagara, Ayurveda.

Huntington's disease[5,10] is a rare, progressive, autosomal dominant neurodegenerative disorder caused by expansion of CAG trinucleotide repeats on chromosome 4. It typically manifests in mid adulthood with choreiform movements, cognitive decline, psychiatric disturbances, and sleep disorders. The prevalence in Asian populations is reported to be approximately 0.40 per 100,000[9]. Despite advancements in modern medicine, no curative treatment is available, and management remains largely symptomatic.

Ayurvedic classics do not describe a direct equivalent of Huntington's disease; however, *Tandava Roga*[12] described in *Sharangadhara Samhita* shows close resemblance in terms of etiology, symptomatology, and pathogenesis. The condition is primarily attributed to *Vata Vriddhi* and *Majja Dhatu Kshaya*, leading to progressive neurological dysfunction.

Insomnia[7] is one of the most disabling symptoms in HD, aggravating motor, cognitive, and psychiatric manifestations. Ayurveda emphasizes the role of *Nidra* in maintaining mental and physical health. *Tagara* (*Valeriana wallichii*)[2], described as *Nidrajanaka* and *Medhya*, has been traditionally used for sleep disorders. The present case study evaluates the effectiveness of Ayurvedic management with special emphasis on insomnia in Huntington's disease.

Case Report :

A 30-year-old female patient presented to the OPD with a complex array of symptoms. She reported a 5-6 month history of involuntary movements of the whole body, slurred speech, difficulty in walking, and breathing difficulties, which significantly impacted her daily activities. Additionally, she had been experiencing generalized itching all over her body for the past 5-6 years, which had not been adequately managed. The patient also reported a 5-year history of anger issues, which had been affecting her relationships and overall well-being. Furthermore, she had been experiencing disturbed sleep patterns, primarily difficulty initiating sleep, and amenorrhea for the past 6 months.

Despite seeking treatment from allopathic and homeopathic systems, she did not experience significant relief, leading her to seek Ayurvedic treatment at Khemdas Ayurvedic Hospital's *Panchakarma* department.

History of Present Illness :

The patient was apparently healthy three years ago but gradually developed

difficulty walking, weakness in the right leg, and simultaneous onset of insomnia. Due to the above problem, started medication (Tab.Revocon, Tab.Zincovit, Tab.Azro 500mg, and Tab.Pantact 40).

The symptoms initially subsided with medication, but recurred after discontinuation. Then went for checkup to Neurophysician, took Medication for a one and half year, but no significant relief in symptoms.

Later started Homeopathy Medications for 3 months, She was then admitted to Khemdas Ayurvedic Hospital (KAH) for Ayurvedic management for the same complaints in Panchakarma department.

Table-1. Personal History

Diet	Vegitarian Breakfast-Tea,2Roti Lunch-Rice (1 bowl), Dal Sabji, 2Roti Dinner- 3Roti , 2 bowl of sabji
Sleep	Disturbed
Addiction	No any

Past History :

- Hemorrhoid- 8 years back cured by medications
- Burn by Boiling Water- Artificial Skin grafting-5years back
- LSCS- 1 girl 10 year old

Family History :

- The patient has a significant family history of Huntington's disease, with both her grandmother and mother being affected by the condition, suggesting an autosomal dominant inheritance pattern.

Gynecological History : Amenorrhoea from 6 months

O/H–G1 P1 A0 L1 P0 LSCS- 10yrs female

Table-2. General examination

Pulse	68/min
Respiratory rate	19/min
B.P	130/80 mmHg
Temp	97.5 F
Weight	58 kg
Height	149cm
Agni (digestion of ingested food)	*Manda* (low)

Table-3. *Asthavidha Pariksha* (Eightfold Examination)

1	*Nadi* (pluse)	68/min *vatapitta*
2	*Mala* (Stool)	1time/day
3	*Mutra* (Urination)	3-4times/day 1 time/night
4	*Jihva* (Tongue)	*Nirama*
5	*Shabda* (Speech)	Slurred speech
6	*Sparsha* (Skin)	*Snigdha* (Normal)
7	*Druka* (Eyes)	*Prakrut (*Normal)
8	*Akriti* (Appearnace)	*Madhyma* (medium)

Table-4. *Dashavidhapariksha* (Tenfold examination)

1	*Prakriti*	*Vatapittaja*
2	*Vikriti*	*Vatakapha dosha, Rasavaha, Mamsavaha Majjavaha srotas*
3	*Sara*	*Madhyama*
4	*Samhanan*	*Madhyama*
5	*Praman*	*Madhyama*

6	*Satmya*	*Madhyama*
7	*Satva*	*Madhyama*
8	*Aaharsakti*	*Abhyaharana Shakti-Avara Jarana Shakti-Madhyama*
9	*Vayamshakti*	*Avara*
10	*Vaya*	*Madhyama*

Systemic examination :

1.Respiratory Examination: difficulty in breathing on exertion
Inspection: Bilateral Symmetry
Palpation: NAD
Percussion: Resonant node
Auscultation: Mild Wheezing

2. GIT-
Abdomen- no tenderness
Bowl sounds Normal
No any mass/lump

2. Circulatory System- S1S2-Heard
Blood Pressure- 130/80 mmHg

3. Central Nervous System-

- Well oriented to place, person and time
- Conscious
- Memory –.Short term-intact
  Long term- intact
- Speech –slurred

Table-5. Examination of Motor function

	Right	Left
Muscle Power	Upper limb -4/5 Lower limb -4/5	Upper limb -4/5 Lower limb -3/5
Muscle Tone	No muscle wasting	No muscle wasting
Reflexes 1. Planter 2. Ankle 3. Knee	 Normal Normal Exaggerated	 Exaggerated Normal Exaggerated

Treatment

Table-6. *Ayurvedic* Management- *Shodhana Chikitsa*

Treatment Plan	Medicine use	Days
Sarvanga Snehana	*Sahacharadi taila*	15days
Shiropichu[3]	*Amalaki, Jatamaamsi, Tagara*	15 days

Table-7. *Shamana Chikitsa*

Medicine	Frequency	Time period
Yogaraja guggulu[2]	500mg 2tab BD after food with lukewarm water	3 months
Brihat Vata Chintamani Rasa[10]	125 mg OD before meal with warm water	3 months
Tab. *Tagar*[2]	500 mg BD 1tab after meal with lukewarm water	3 months

Follow up and Outcome :

- Insomnia completely cured with the use of ***Tagara*** within a short duration.
- Improved quality and duration of sleep (6–7 hours/night) maintained throughout treatment.
- Significant reduction in involuntary movements; improved voluntary motor control.
- AIMS score reduced progressively, indicating improvement in neuromuscular coordination.
- Behavioral disturbances like irritability and agitation significantly reduced.
- Increased emotional stability and mental calmness.
- Patient gained confidence and independence in daily activities.
- 0verall quality of life markedly improved with better patient and family satisfaction.
- Improvement in speech and cognitive functions

Table-8. Abnormal Involuntary Movement Scale (AIMS)

Segment	Signs & Symptoms	BT	1st follow up	2nd follow up	3rd follow up	% improv-ement
Facial & Oral Movements	Muscles of facial expression	4	3	3	2	60%
Lip and perioral area	Movements	4	3	3	1	75%
Jaw	Movements	3	3	2	2	75%
Extremities movement	Upper limbs	4	4	3	3	
	Lower limbs	4	3	3	1	75%
Trunk movement	Neck, shoulder, hips	3	2	2	1	50%
Global judgment	Overall severity of abnormal movements	4	3	3	2	60%
	Incapacitation due to abnormal movements	4	3	3	2	60%
	Patient's awareness of abnormal movements	3	2	2	1	75%
Dental status	Dentures	No				
Sleep	Do movements disappear with sleep	Yes				

BT: before treatment, AT: after treatment, 0: none/normal, 1: minimal, 2: mild, 3: moderate, 4: severe

This case illustrates that while Huntington's chorea is incurable, Ayurvedic therapies—especially *Tagara*[2]—can offer substantial relief from associated symptoms like insomnia, which is otherwise difficult to manage. Classical *Vatahara* and *Majja-poshaka* therapies were used to support *Majja Dhatu* and nervous functions.

The Ayurvedic perspective of HD, understood as *Tandava Roga*[12], links the disease's core pathology to *Majja Dhatu Kshaya*, *Vata Dosha vitiation*, and progressive *Dhatukshaya*. The hallmark features of HD, such as involuntary movements, muscular weakness (*Bala-Mamsa Kshaya*), cognitive decline, and behavioral disturbances, Insomnia align well with the descriptions of *Majja Dhatu Kshaya, Vyaana*, *Prana*, *Udana*, and *Samana Vata* dysfunctions.

In this case, the treatment strategy was devised to address both systemic and nervous degeneration using a multidimensional Ayurvedic approach :

- ***Snehana*** with Sahacharadi Taila nourishes and strengthens the body, pacifies aggravated Vata, improves circulation, relieves pain, stiffness, and neuromuscular issues, and enhances flexibility. Its Snigdha, Guru, Mridu, and Sukshma gunas help in deep tissue penetration, stimulating nerves and promote nourishment to *Mamsa* and *Majja Dhatu*.

- ***Nadi Swedana,*** a form of *Bashpa Sweda,* is especially indicated in *Stambha* and *Sankocha-pradhana Vata Vyadhi.* By its *Ushna* and *Snigdha Guna,* it performs *Stambhaghna, Gauravaghna, Shitaghna,* and *Swedakarakatva actions.* It promotes *Srotoshodhana, Amapachana,* and stimulates *Dhatvagni* and *Bhutagni,* facilitating the expulsion of *Doshas* and *Mala* through *Sweda.* This process restores the normal function of *Samana Vayu* and *Sleshaka Kapha,* alleviates *Vata-Kapha* vitiation, and improves *Mamsa, Meda,* and *Vasa Dhatu* function, thereby enhancing mobility, reducing pain.

- ***Shastishali Pinda Swedana***[1] acts as a potent *Brimhana* and *Balya* therapy, providing nourishment (*poshana*) to *māmsa dhātu* and enhancing muscular strength. By the combined action of *snehana* and *swedana*, it alleviates *vāta prakopa*, reduces *stambha* and *spandana*, and promotes proper *rasa–rakta sanchāra*. Thus, it improves neuromuscular coordination, supports *śarīra bala*.

- ***Shiropichu***[3] helps reduce stress and nervous tension by balancing Tarpaka Kapha, Sadhaka Pitta, and Prana Vayu. It improves brain circulation and corrects Manas vikaras through its nourishing and calming properties.Specific emphasis on the **treatment of insomnia** using ***Tagara* (Valeriana wallichii)**, known for its *nidrajanaka* (sleep-inducing), *vatahara*, and *medhya* (neurotonic) effects.

- ***Rasayana* medications** such as *Yogaraja Guggulu*[3], *Brihat Vata Chintamani Rasa*, provided deep tissue-level regeneration and nerve stimulation and reduces excess aggravated *vata* in the body and according to *Yograntakara, Yogaraja Guggulu* also works on *asthi-majjagata vikaras*.

- *Brihat Vata Chintamani*[11] *Rasa is also*

Medhya and works in nurological disorders

The hallmark feature of this case, however, was the **successful resolution of insomnia**, which is not only a symptom but also a precipitating factor for worsening psychiatric and neurological states in HD. The administration of ***Tagara* (Valeriana wallichii)** played a pivotal role in correcting sleep disturbances. With its *nidrajanaka*, *manashshamak*, and *vata-pacifying* qualities, *Tagar*a acted centrally to stabilize neurotransmitter imbalances and restore circadian rhythms. Within a short duration, the patient's sleep normalized, resulting in improved cognitive and behavioral function and reduced fatigue The outcome was quantified using the AIMS (Abnormal Involuntary Movement Scale) score, which showed a dramatic reduction from 33 (baseline) to 11 after months of holistic treatment. While previous studies, such as that by Wasnik KS *et al*., reported similar improvements over a span of three years, this study achieved significant outcomes within six months, highlighting the efficacy of a well-integrated, individualized Ayurvedic protocol with special emphasis on insomnia management.

Huntington's chorea is an **incurable, progressive genetic disorder**, and complete reversal of symptoms is not possible. Ayurvedic treatment cannot cure the disease but can **significantly reduce symptoms** and slow progression. The Ayurvedic approach focused on ***Vatahara*, *Balya*, *Rasayana***, and ***Majja Dhatu poshana***. **Insomnia**, one of the most disturbing symptoms, was **completely cured** with the use of ***Tagara* (Valeriana wallichii)**. Tagara acted as a **natural sedative and nervine tonic**, improving sleep quality without side effects.

Improvement was also seen in **involuntary movements, behavioral stability**, and **emotional calmness**. The treatment enhanced the **patient's quality of life**, even though the disease itself remains incurable. This case highlights the **importance of symptom-specific Ayurvedic management**, especially the role of ***Tagara* in neurodegenerative insomnia**. Long-term Ayurvedic maintenance therapy can help in **symptom control and better disease adaptation**.

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