

AYURVEDIC OF CEREBRAL PALSY: A CASE REPORT

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ABSTRACT

Cerebral palsy is a common chronic motor disability among developmental disorders. Cerebral palsy is the leading cause of childhood disability affecting cognitive function and development. The worldwide incidence is 1.5 to 3 per 1000 live births. Cerebral palsy is known as a non-progressive neuromotor disorder of cerebral origin. Motor disorders of cerebral palsy are accompanied by disturbances of sensation, perception, cognition, communication, and behavior. In *Ayurveda*, there is no single condition that exactly shows similarity with cerebral palsy. Various panchakarma procedures like *Sarvang Snehana*, *Shalishatik Pind Sweda*, and *Matra Basti* are found to be beneficial in the management of cerebral palsy in children. The present study reported a case of cerebral palsy diagnosed and observed marked improvement.

Keywords: *Cerebral palsy, Ayurveda, Panchakarma in pediatrics, Sarvang snehana, Salishastik Pind sweda, Shirodhara.*

INTRODUCTION

Cerebral palsy is static encephalopathy resulting from various events in the prenatal period with or without mental sub normality, sensory deficits (like deafness,

blindness, etc.) with or without epilepsy, and other involuntary movements. The disease is otherwise known as 'Little's disease'¹ Cerebral palsy is a com-

mon cause of childhood disorder. It is known as a group of non-progressive but often changing motor impairment syndromes, which are secondary to anomalies or lesions of the brain arising in the early stage of its development. *Maansa*, *Medas*, and *Majja* are sites of *sthansamshraya* which are predominant in *kapha Doshas*². Cerebral palsy can't be correlated with any single condition. Cerebral palsy is called '*Janmabala pravritta vyadhi* (congenital disorder). It can also be due to *Shiromarmabhighatatva vata vyadhi*, where *Marmabhighatatva* occurs due to various causes which are *Garbhapurvak*, *Prasavpurvak*, *Prasavkaleen*, and *Prasavottar*³. The management of cerebral palsy is done with considering it is *vata kapha pradhanta*. Where *shodhan chikitsa* like *Snehan*, *Shalishatik pind swed*, *Matra basti*, *Nasya* are main line of treatment, and *Shaman Chikitsa Brahmi Ghrita Sevan*. *Deepan Pachan* is done with *Aampachac vati* and *Krumikuthar Rasa* for 7 days. This case study focuses on the management of cerebral palsy with administration of certain *Ayurvedic Shodhan* and *Shaman Chikitsa*.

The subject was selected from Ipd of *Kaumarbhritya* of Sidhhakala Ayurved Mahavidyala, Sangamner.

Case Report-

Patient Information-

- Age of patient-6 year
- Gender-female
- Socioeconomical status-medium
- Religion-Hindu

Chief complaints –

- Mentally unstable.

Developmental History⁴-

Domains	Milestone	Attained at	Normal
Gross motor	Neck holding	9 months	3 months
	Sitting with support rest.	1.2year Not attained	6 months -
Fine motor	Bidetro grasp	6 to 7 months	4 months
	Unidetr grasp	10 months	6 months
	Reaches for objects.	1.5 year	7 months
	Rest	Not attained	-
Language	Turns head to sound.	6-7 months	1 month
	Cooting	6 months	3 months
	Rest	Not attained	-
Personal and social	Social smile	7 months	2 months
	Recognize mother	8 months	3 months

Diagnosis - CEREBRAL PALSY

Treatment protocol –

- Unable to correlate things.
- Poor concentration
- Unable to do normal activity.
- Patient was unable to sit, stand or walk without any support.
- Can speak bisyllables.

Vartmanvyadhivritta –

Patient was delivered via FTND but did not cry immediately after birth. Bag and mask ventilation were given, and the baby was admitted in NICU for 6-7 days i.e. baby suffered from birth asphyxia. Due to this complication after 6-7 months parents noticed delayed in development, but it was neglected. Then neck holding, sitting with support and crawling was delayed and it achieved after 9 months. For which they took consultation at an allopathic hospital. Later at the age 6 yrs. they approached Sidhhakala Ayurveda hospital for further management.

Purvavyadhivritta-

The patient was suffered from birth asphyxia and admitted in NICU for 5-6 days for management of birth asphyxia.

Birth history-

Baby did not cry immediately after birth. The birth weight of the baby was 2.8kg. At that time no congenital anomalies were seen.

History of immunization-

Patient has taken BCG, DPT, Hib, HBV, OPV, and Meseals at proper age as per schedule.

Total duration of treatment 3 months in which Panchkarma procedure Shodhan and Shaman was given.

1 Treatment in first setting (for 1st month) – Shodhan chikitsa- 7days Pachan and Deepan chikitsa followed by 15 days Snehan by Bala tail.

Shalishatik pind sweda with Ashwagandha, Bala, Kavachbeeja Churna 1-1 spoon in it.

Nasya with Panchendriyavardhan tail 2 drops Bd.

Shaman chikitsa- Brahmi Ghrita 1 spoon BD with hot milk or lukewarm water

2 Treatment in 2nd sitting (2nd month)- 10 days Matra Basti. Two such courses were done with intervals of 1 month. After those 10 days gap and again Nasya for 10 days. Shirodhara for 10 days simultaneously Snehan by Bala Tail with Shalishatik Pind Swed with Aswagandha, Bala, Kavachbeeja 1-1 spoon and Nasya with Panchendriyavardhan tail 2 drops Bd.

Shaman chikitsa- Hingwashtak churna 1 gm twice a day before meal with lukewarm water.

3 Treatment in 3rd sitting (3rd month)- Snehan by Bala Tail with Shalishatik Pind Swed with Aswagandha,

Bala, Kavachbeeja churna 1-1 spoon. Nasya with Panchendriyavardhan tail.

Shaman chikitsa-Brahmi ghrita 1 spoon Bd with hot milk or lukewarm water.

Shodhan chikitsa used drugs- Deepan pachan-Hingwashtak churna 1 gm twice a day before meal with lukewarm water.

Snehan – Bala tail

Swedan- shalishatik Pind swed

Nasya- Brahmi ghrita

Matrabasti- Basti was given with balashwagandhadi tail followed by 15 days.

Shirodhara- shiradhara done by shirodhara tail for 15 min.

Shaman chikitsa-

Bramhi ghrita- 5ml of hot water before food twice a day.

Exercise- pulling the rope, forward bending.

Criteria for assessment –

Anthropometrial measurement, reflex scale to assess deep tendon reflex and muscle power grading were taken, Ashworth scale for measurement of spasticity.

Anthropometrial measurement-

PARAMETERS	BEFORE TREAT- MENT (Date-1.6.2022)	AFTER 1 ST SETTING (Date30.7.2022)	AFTER 2 ND SET- TING (Date31.8.2022)	AFTER 3 RD SET- TING (Date29.9.2022)
Height in inches	100	100	102	106
Weight in kg	12 kg	12.5 kg	14 kg	16 kg
Head circumference	40 cm	42 cm	42.2 cm	43 cm
Chest circumference	42 cm	42 cm	44 cm	44.1 cm

Criteria for measurement of muscle power-

0- no contraction

1-Flicker or trace of contraction

2-Active movements against gravity eliminated

3-Active movement against gravity

4-Active movement against gravity and resistance

5. Normal power

Sr no.	BEFORE TREAT- MENT (Date -1.6.2022)	AFTER 1 ST SETTING (Date-30.7.2022)	AFTER 2 ND SET- TING (Date-31.8.2022)	AFTER 3 RD SET- TING (Date-29.9.2022)
1.	UL – 2/5	UL-3/5	UL-3/5	UL-4/5
2.	LL-3/5	LL-3/5	LL-4/5	LL-5/5

Aswarth scale for measurement of spasticity⁵

0= No increase in muscle tone

1- = Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end

of the range of motion when the affected parts (s) are moved in flexion or extension.

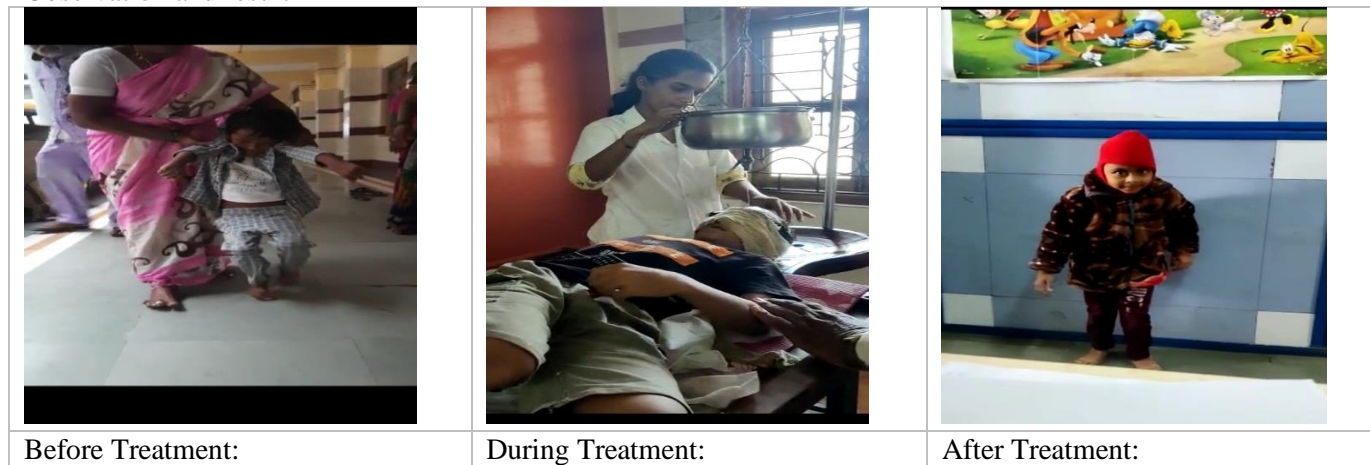
1+= Slight increase in muscle tone, manifested by catch, followed by minimal resistance through the remainder (less than half) of the ROM.

2= More marked increase in muscle tone through most of the ROM but affected parts (s) easily moved.

3=Considerable increase in muscle tone, passive movement difficult.

Sr no	BEFORE TREATMENT (Date-1.6.2022)	AFTER 1 ST SETTING (Date-30.7.2022)	AFTER 2 ND SETTING (Date-31.8.2022)	AFTER 3 RD SETTING (Date-29.9.2022)
1	UL-0/3	UL-0/3	UL-1+/3	UL-2/3
2	LL-0/3	LL-1/3	LL-1/3	LL-3/3

Observation and result-



Improvement in growth was achieved by nourishment of 'Rasadi dhatu. Sarvang Snehan with Bala Tail causes Brihan effect. Internally taken Brahmi Ghrita causes Brihan of the body. Effects of Sarvang snehan- Bala Tail was used for sarvang snehan. The ingredients of Bala Tail are Bala and Tila Tail etc. Sarvang snehan have Vata Anuloman Mardavkaram, Vatakapha nirodhanam ⁶. It nourishes the body, extends the life span, and provides better physical stability. Effect of Shalishatic Pind Sweda - Shalishatik rice is Snigdha, Balvardhan and Dehdardhyakrita.⁷ The bolus of shatikshali rice is kept one cloth and make Pottali and that Pottali kept in Dashmool Kwath with Godugdha may increase the blood flow, relives muscle spasm. Thus, Sarvang Snehan and Shatikshali Pind Swed cumulatively help in reduction of spasticity.

Effect of Matra Basti

Basti is the best treatment modality for treating neurological disorders. Bala tails are Vatashamak and Balya. The effect of Basti on the gastrointestinal system as well as it definitely effects on other system

also. Thus, it helps to control and regulate the system of cerebral palsy.

Effect of Shirodhara-

Shirodhara deeply relaxes the nervous system. Shi-rodhara also helps mood stability, regular treatments increase blood circulation to the brain, improve memory and sound sleep and calm body and mind.

DISCUSSION

This case study showed 75% improvement in global delayed milestone, neck holding, and improvement in sitting. Parameters of growth, anthropometry, a swarth scale to assess spasticity, criteria for assessment of muscle power (grade 0-5). The improvement has been achieved by nourishing, 'Rasadi dhatu'. Sarvang snehan nourishesh body by its Mridu, Snigdha, Guru, Picchil Guna. Shalishatic pind swed helps in reduction of spasticity, Marta basti has capacity to pacify and regulate vata dosh, Nasya karma and internal shaman chikitsa shows calm effect on body. Various Panchkarma also helpful in the management of cerebral palsy like Udavartana, Vidhha Karma etc. Udavartana helps to do Rukshan Karma of the body

and remove obstruction from *Strotas*. In *Vidhha Karma* we insert a hallow fine needle into painful site, in that first *Vata dosh* come out from its *Laghu* and *Chal Guna* thatswhy patient immediately. *Rasayan sevan* also helpful in cerebral palsy. It improves mental health because it has *Medhya* properties. According to modern management of cerebral palsy is not specified symptomatic treatment is prescribed like seizers tranquillizers are administered, muscle relaxant for improving muscle function Baclofen and Tizanidine helps to reduce spasticity. Dantrolene sodium helps in relaxation of skeletal muscle such type of treatment also given in the management of cerebral palsy.

CONCLUSION

The selected *Ayurvedic* treatment modality is effective in relieving signs and symptoms like spasticity, appetite and improve bowel habits and thus reducing

the spasticity in child with spastic cerebral palsy along with improvement in muscle tone and muscle power *Matra Basti* and *Shirodhara* gave good result in this case.

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