



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES

ISSN: 2394 9406

“ROLE OF PANCHKARMA PROCEDURES IN THE MANAGEMENT OF NEUROLOGICAL DISORDER- CEREBRAL PALSY”

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ABSTRACT:

Introduction- Cerebral refers to cerebrum – brain and Palsy means paralysis. This disease comes under *Adhibala, janmabala* and *doshabala vyadhi*. C.P. which is leading cause of childhood disability affecting all essential body functions and development. Its prevalence is approximately 1.5 to 2 cases per 1000 live births, its incidence has not changed in the last more than 4 decades¹, despite significance advances in the medical care of neonates

Material- methods – 3yrs old male child, chief complaints of inability to – sit on his own, to stand with support, and mono and bisyllabus speech, laterally diagnosed as a spastic type of cerebral palsy. He was treated with *abhyanga, Shalishastik pinda sweda, shirodhara* and *matra basti* for every 1 month setting with some internal medications like *medhya* and *balya rasayana* therapies. This line of treatment is continues for 2yrs on every 15 days gap.

Result - above treatment gives significant improvement in the patient with better growth and development of child. **Discussion-** This disease shows closer sign and symptoms with *vata vyadhi*. It is a multifactorial disease with clinical features of wide variations.

The patient suffering from this disease is depends on others for their daily activities and also there is economical and social burden on society. Hence to prevent the morbidity and mortality of the disease, treatment explain in *ayurvedic* classics for *vata vyadhi* helps to manage the disease very effectively. **Conclusion** – At the end of 370 days therapies, *panchakarma* and along with internal medication gives 90% improvement to the patient hence we can call it our “*panchakarma* procedure are incision less surgeries”.

Keywords- cerebral palsy, *Vata Vyadhi*, *Matra Basti*, *Shalishashtik Pinda Sweda*, *Shirodhara*, *Medhya* and *Balya Rasayana*.

INTRODUCTION:

Cerebral palsy is a group of disorders that affects a person's brain (cerebral) and the way that they use their muscles (palsy)². Cerebral Palsy (CP) is an umbrella term encompassing a group of non progressive, non-contagious motor conditions that cause physical disability in human development, chiefly in the various areas of body movement. It is a chronic disability of central nervous system origin characterized by anomalous control of movement and posture, appearing early in life and particularly not as a result of any progressive neurological disease.

In short, it is a group of symptoms occurring due to involvement of musculature, sense organs i.e. Vision, Hearing, Speech etc. and mind including intelligence at variable extent. The motor disorders of cerebral palsy are often accompanied by disturbances of sensation, cognition, communication, perception, and/or behaviour, and/or by a seizure disorder.”³

Cerebral Palsy is the most common physical disability of childhood. The clinical picture in CP

ranges from extremely mild to extremely severe depending on the extent of the CNS lesion. Milestones are delayed or not achieved and association of Mental retardation is common with the clinical presentation.

CASE PRESENTATION:

Name of Patient – Abhishek Patil

Age - 5 yr

Gender - Male

State - Maharashtra

District - Sangali

▶ Appearance - Dull

▶ Physical and mental disposition – VK Pradhan

▶ Socio-economic status – Middle

Presenting complaints with duration:

▶ Unable to stand with support,

▶ Unable to walk with support,

▶ mono and bisyllabus speech is not achieved,

- ▶ Bowel and bladder control is not achieved,
- ▶ constipation,
- ▶ Irritability,
- ▶ Whole growth and development is not achieved according to age. since birth.
- ▶ Recurrent cough and cold with fever and constipation.

Diagnosis:

Assessment Criteria for CP:

▶ **Subjective criteria :**

- ▶ Gross motor function Classification Scale (GMFCS)
- ▶ CDC grading scale for motor milestones
- ▶ Spasticity – Modified Ashworth Scale
- ▶ MRC Power scaling

▶ **Objective criteria :**

- ▶ Blood investigations:
- ▶ CBC, ESR.
- ▶ Urine R/M,
- ▶ Stool R/M,
- ▶ Imaging Techniques
- ▶ X ray
- ▶ MRI
- ▶ CT Scan

Histories:

- ▶ Family history – No any specific history
- ▶ Anti natal history – Regular anti natal checkup
- ▶ Natal history – Fetal distress
- ▶ Meconium stained fetus with 5 min delayed cry
- ▶ NNR – Poor
- ▶ Post natal history – Mixed feeding pattern
- ▶ Physiological jaundice

▶ **Ayurvedic diagnosis** – Mastishka aaghat janya vaat vyadhi

▶ **Description** - A symptom complex hampering the normal physiology by impairment of *Dosha* status in human body is called *Vyadhi*. Vitiation of three main basic *Tridosha* is the main cause of production of any disease. Different factors such as type of *Dushti* (vitiation), causative factor (*Hetu*), time of manifestation, type of *Dushya* involved in the manifestation of disease etc. are considered while describing different disease classification by ancient scholars of *Ayurveda*.

▶ Cerebral Palsy cannot be correlated with any single disease or condition, as it is a multi-factorial disease with clinical features of wide variation. However considering the classification of Cerebral Palsy and their respective features, it can be compared with few of the conditions mentioned in the classics.

Management and outcome:

Treatment Plan-

*vata vyadhi chikitsa*⁴

ABHYANGA – Bahya with Bala and Dashmula Taila

According to

Abhyantar with Kalyanak Ghrita
SHWEDANA – Shalishashtik pinda shweda
SHIRODHARA – With Bala mula kwath
SHIROPICHU – With jyotishmati taila
MATRABASTI – With Dashmula taila n
kwath alternatively

Self feeding is achieved,
Performing the tasks on his own,
Progress of Gross and fine motor
development,
Incidences of recurrent infections are
minimize.

PHYSIOTHERAPY – For 15-20 min.

INTERNAL MEDICATION –Chavanprash 1
small teaspoon once daily morning -
Ashwagandha, Bala, vidarikanda, and
shatavari in ksheer pak form 30ml twice a
day.

THIS TREATMENT CONTINUES FOR 2
YEARS AND ON EVERY 15 DAYS GAP
FOR PANCHKARMA PROCEDURES .

DOSE OF THE MEDICINE VARIES ACC.
TO THE WEIGHT OF THE PATIENT.

Progress of the treatment:

Same line of protocol continues to the patient
for 2 years and patient responding well to the
treatment, *snehan* and *swedana* improves tone
and holding capacities of muscle, *shirodhara*
and *shiropichu* improves brain functioning,
mono and bisyllabic speech attend.

Superficial and deep tendon reflexes improves
grade wise.

Bowel and bladder control is achieved.

Outcomes at Endpoint:

Patient walks without support,

Bisyllabus speech attend,

Bowel and bladder control is achieved,

Relief from constipation and other GIT
disturbances,

DISCUSSION:

▶ No any exact correlation is made with
any clinical condition described in
Ayurveda classics.

▶ Role of *Vata* in causticity and disease
presentation; improvement with its
treatment protocol puts the disease entity
nearer to *Vata Vyadhi* or *Vata*
predominant condition.

▶ Multisystem involvement in this disorder
needs multidisciplinary approach using
drugs having multi factorial effect.

▶ The selected *Ayurveda* treatment
modality is highly effective in relieving
the signs and symptoms and thus
reducing the disability in children with
CP

▶ As it treated as *Vata Vyadhi* with
Shirodhara, *Shiropichu*, *Matra Basti*,
Abhyanga, *Swedana*, *Balya* and *Medhya*
Rasayana therapy it improves the patients
condition up to 90% relief.

▶ *Sarvdehik* (on whole body) action of
Basti relives the spasticity, improves
bowel and bladder control with
coordination, achieves milestones,
improves appetite and whole body

activities with improved muscle tone proves that *Basti* is the best therapy for *Vata* disorders and also for cerebral palsy.

DTR	RT	LT
Knee	2+	4+
Ankle	2+	4+
Biceps	2+	4+
Triceps	2+	4+
Supinator	2+	4+

CONCLUSION:

- ▶ *Ayurvedic* treatment gives relief to the patient and reduces mortality and morbidity status of Cerebral palsy patients.
- ▶ Hence our *Panchkarma* procedures are the incision less surgeries.

CDC Scale :

- Neck holding : Achieved
- Sitting : Achieved
- Standing with support : Not Achieved

2 - Findings at mid point (during treatment) :

DTR	RT	LT
Knee	2+	3+
Ankle	2+	3+
Biceps	2+	3+
Triceps	2+	3+
Supinator	2+	3+

Acknowledgements:

- 1- Dr. Deepak kumar parida (Guide)
Professor , LRPAMC, Islampur, Sangali
- 2- Dr. Supriya Sangale
Assistant professor, LRPAMC, Islampur, Sangali
- 3- Dr. Kapil Patil
Assistant professor, DAMC& H, Bareilly
- 4- Abhishek Patil (Patient)
- 5 -Manubai Patil (Grandmother of patient)

CDC SCALE:

- ▶ Standing with support – Achieved to some extend.

OTHER OBSERVATIONS AT MID POINT :

- ▶ Irritability decreases,
- ▶ Relives constipation to some extend,
- ▶ Monosyllabic speech attend.

**BT - AT Comparison:
BT (Before treatment) -**

- ▶ GMFCS- Grade 4
- ▶ MAS – Grade 2
- ▶ Bowel and bladder control is not achieved

LEGENDS: Tables with figures –

1 - Findings at beginning

Gross motor function classification system:
Grade 4
Modified Ashworth Scale : Grade 2
Superficial Reflexes:
Babinski positive
Abdominal present
Cremasteric present

- ▶ Patient is Irritable
- ▶ Patient is depends on parents for their daily activities
- ▶ Immunity poor
- ▶ Superficial reflexes present
- ▶ DTR – LT – Grade 4+

AT (After treatment) -

- ▶ GMFCS – Grade 2
- ▶ MAS – Grade 1
- ▶ Bowel and bladder control is achieved
- ▶ Patient is Easy
- ▶ Patient is independent to perform their daily activities
- ▶ Immunity well developed
- ▶ Superficial reflexes absent
- ▶ DTR – LT – Grade 3+

Patients perspective:

My self Mrs. Manubai Patil (Dist- sangali, State- Maharashtra) grandmother of Abhishek patil age 5 yr male child (at the time of discharge), admitted in *Panchkarma* dept. LRPAMC, Sangali, patient participating in present study, I agree the terms and conditions of this research study and permits that, the research scholar Dr. Nilima Chaudhari to take photographs, videos and complete data related to disease of patient and he may present the data in research journal and in front of any

scientific committee for the benefits of human beings.

REFERENCES:

1. Bax M, Goldstein M, Rosenbaum P, et al. Proposed definition and classification of cerebral palsy, *Dev Med Child Neurol*; 47:571–576 April 2005.
2. Vincent Iannelli, MD - Reviewed by a board certified physician on cerebral palsy and statistics. Updated March 05, 2017.
3. Bax M, Goldstein M, Rosenbaum P, et al. Proposed definition and classification of cerebral palsy, *Dev Med Child Neurol*; 47:571–576 April 2005.
4. Agnivesh, Charak, Charak Samhita, Chikitsa Sthan, Vaidyamanorama hindi commentary by Prof. Ravi Dutt Tripathi Chapter no. 28, vol 2nd, Chaukhamba Sanskrit Pratisthan Delhi, edition 2015.