Case Report

Role of *Shodhana* and *Shamana Chikitsa* in Cerebral Palsy - A Case Study

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Sukhada Laxmidas Mayekar

P.G. Scholar, Kaumarbhritya, L.R.P.Ayurvedic Medical College, Hospital,Post-Graduate Institute And Research Centre, Islampur, Dist, Sangli

E-Mail ID: dr.sukhadam@gmail.com

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Abstract

Ayurveda has stood always as a ray of hope in many diseases, when patients have got ultimatum from their modern practitioners. One of such diseases is cerebral palsy (CP) which is defined as a group of permanent disorders of movement & posture due to insults in developing fetal or infant brain. This disease was earlier considered as a static encephalopathy, but some of its neurologic features can change or progress over time. Spasticity of muscles is the main feature that causes joint contractures & limitations for movements, though Pyramidal involvement causes atonic or hypotonic features and extrapyramidal type causes dyskinesia. Recurrent seizures sometimes not responding to any anti-epileptic is also a major problem in children with cerebral palsy, which sometimes can prove Life threatening. According to Ayurveda, *Stambha, Sankocha, Shosha*, *Kampa & Aakshepaka* are signs of vitiated *Vata Dosha.* Since etiology of cerebral palsy suggests fetal or infantile brain insults, we can assume vitiation of *Vata Dosha* during fetal or infantile period & *Vatashodhana* & *Shaman* treatment as well as use of *Medhya* drugs may prove helpful in these patients. In this study a 11 years male child of CP with mental retardation was given *Shodhana Chikitsa* as well as *Shamana Chikitsa* for a period of 1 month & 1 year respectively. Results throughout the course are encouraging & helping to strengthen belief in our *shastra*.

Key words - Cerebral Palsy, *Vatashodhana, Medhya*

Introduction:

Cerebral palsy is a static encephalopathy resulting from damage to the developing brain during fetal or infantile period. The disease was earlier considered as static encephalopathy, but some of its neurologic features can change or progress over time. It is a common disorder with a prevalence of 2/1000 population [1].There are about 25 lakh CP children in India as per the last statistical information [2].

Cerebral palsy is a syndrome or symptom complex rather than a single disease and characterized by abnormalities in movement, posture & tone and/or seizure disorder. Spasticity of muscles is the main feature that causes limitations for movements as well as loss of balance, strength, and selective motor control of the muscles. Increased muscle tone leads to problems such as fixed contractures and bony deformities that cause severe motor dysfunction in patients.

There is no disease described in Ayurveda that covers all the symptoms of CP. However, after considering etiology & clinical features, vitiation of *Vata Dosha* is obvious. Consequently, Cerebral Palsy may also be considered as *Shiro-Marmabhigathaja Bala Vata Vyadhi,* which may manifest itself in any of the following main clinical presentation such as spastic monoplegia (*Ekanga Roga*), hemiplegia (*Pakshavadha*), spastic diplegia (*Pangu*), spastic

quadriplegia *(Sarvanga* Roga), choreoathetoid *(Vepathu)* and ataxia, which are described under Vata Vyadhi in the texts.[3] And according to Vagbhat sutrasthana 13/1, general treatment for *Vata Vyadhi*s is *Snehana, Swedana, Mridu Samshodhana* etc.[4] thus in this case study, a 11 years male patient was given *shodhana & shamana chikitsa*.

Case History

A male patient of 11 years presented with complaints of difficulty & imbalance during walking, Slurred speech, Inability to write, Difficulty in sitting without support and multiple joint contractures.

Previous surgical history revealed that the child received orthopedic correction surgeries of both lower limbs at the age of 7 years.

Birth history revealed Full term normal vaginal delivery the child cried immediately after birth but encountered neonatal seizures on day 3 of life and was admitted in NICU for 1 month. All developmental milestones were delayed e.g. sitting, standing, walking, palmer grasp.

Cognitive & behavioral history revealed that the child interacted well with family members, attends special school in 4th standard, poor grasping capacity, can't learn basic alphabets or numbers, unable to write, can draw straight lines only.

On examination:

Ashtavidha Pariksha -

Nadi - 76/ min, Regular

Mutra - Samyak Niyantrit, occasional nocturnal enueresis.

Mala - Prakrut

Jivha - Aarakta, niraam

Shabda - slurred speech, Jivha-jadatva +

Sparsha - Anushna

Drik - Prakrut

Akruti - Well Built

Systemic examination -

CVS - S1S2 normal, no murmur

RS - AEBE, clear

CNS - conscious, alert

Deep Tendon Reflexes - Bilateral Bicep, Tricep, Wrist, Knee and Ankle reflexes were brisk.

Treatment:

After collecting all history & observations on examination, following line of treatment was decided.

It was very difficult to prepare child for classical *Shodhana* because they are reluctant to take *Abhyantara Snehapan*. For which *Nitya- Virechana* was given with the help of *Abhayarishta* at 15ml BD after meals up to 7 days. It was noticed that after giving *Abhayarishta* patient used to purgation twice a day.

During *Nitya- Virechana* patient was advised following diet schedule as

Breakfast at 8am	Milk 200ml + biscuit or half roti
Lunch at 12noon	Khichadi, , vegetables
Evening 4pm	Milk + biscuits
Dinner at 8pm	Roti+ milk 200ml

After 7 days patient was subjected to *Shalishashtika pindasweda* for 21 days after *Abhyanga* with *Ksheerbala Taila* for 20 min.

Contents of Shali shashtik pinda sweda

Bala kwatha (decoction) - 2 lit

Milk (cow milk) - 2 lit

Shashtika shali - 250 gm

The rice was cooked in the decoction of *Bala* and milk until the consistency like *Payasa*; then *Pinda/Pottalis* were prepared with the help of cotton cloth.[7] The *Pottalis* were then kept in the decoction mixture of *Bala* and milk in a vessel immersed in boiling water continuously. Sufficiently heated *Pottali* was massaged all over the body for sudation. Relay of hot *Pindas* with cold ones was continuously carried out for 20 min, with 10 min for each side. Remaining paste of *Shalishashti* in *Pinda* was rubbed gently all over the body.[7] Rice-paste was gently wiped out. The patient was allowed to take warm water-bath & rest at a *nirvaata* place.

Nasya was given with *Ksheer-Bala tailam,* preceded by *Sthanika Snehana & Mridu- Swedana.*

Aabhyantara chikitsa

Saraswatarishtam was given as 10 ml thrice a day after food.

Swarna prashana was given monthly once on the day of *pushya nakshatra.*

Observations:

After administering above treatment for 6 months following changes were observed by parents:

A) Gross motor - walking without any support, but still needs support to climb stairs, sits for 30 s or more leaning forward

B) Fine motor - Transfers object from one hand to another

C) Language - Two words with meaning, slurred speech is much lesser

D) Personal social Recognizes mother, Stranger anxiety

E) Seizures Antiepileptics were tapered off within first month of *Ayurvedic* treatment; no single episode of convulsions within the course of treatment.

Discussion*:*

After studying cerebral palsy in Ayurvedic perspective, *Samprapti Ghatakas* are found to be as follows. *Nityavirechana* with the help of Abhayari*shta causes Vaatanulomana. **K**hseer-bala taila used for Abhyanga has Brimhana*, *Snighdha*, and *Vata Shamaka* properties. Drugs used for *Shalishashtika Pinda Sweda* also have *Snigdha, Guru, Balya* properties [7]. Skin is considered to be the site of *Vata* (i.e. *Sparshanendriya*) [4] & it occupies *Sarva Shareera* i.e. *Vyadhi Vyaktishthana* [3]. All these *Guna* are opposite to properties of *Vata dosha* [4]. These treatment measures when applied directly on the skin lead to the correction of the deranged functions of *Vata*, which in turn corrects the impaired functions. Also, *Balya Guna* of these drugs improve *Manas Dhatu*. As *vyadhiadhishthana* is *Mastulunga-Majja*, *Medhya Rasayan Chikitsa* in the form of *Saraswatarishtam* and *Swarnaprashana* improves *Majja Dhatu* as well as intellectual functions.

Conclusion:

From this study, we came to conclude that *Abhyanga, Shalishashtika Pinda Sweda* along with *Shamana Chikitsa* prove effective in the management of spastic cerebral palsy. Though further research is necessary to rule out its role in atonic or dyskinetic CP.

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