



**A CASE STUDY ON AYURVEDIC MANAGEMENT OF CEREBRAL PALSY WITH
CHATURBHADRA KALPA BASTI**

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ABSTRACT

Cerebral Palsy is a group of permanent movement disorders that appears in early childhood. It cannot be directly correlated with any disease in Ayurveda but considering the signs and symptoms of CP, this disease entity seems very closer to the presentation *Vata Vyadhi*. Complete cure of cerebral palsy is not possible with any treatment modality. Here, an effort was made to treat a 2 year old female child with spastic type of cerebral palsy. At the end of 94 days treatment with *Panchakarma* procedures and internal medication resulted in 15-20% improvement in overall presentation of the condition.

KEYWORDS: Cerebral Palsy, Ayurveda, *Chaturbhadra Kalpa Basti*, *Vata Vyadhi*.

INTRODUCTION

Childhood period is considered as the foundation of the better future life and every incidence has influence on the further life. It is quite true but opposite in case of those special children having any sort of disability due to any hindering ailment or dyscrasia. The term CP encompasses a group of non progressive, non contagious condition that causes motor impairment syndrome characterized by abnormalities in movement, posture and tone.^[1] CP is the leading cause of disability in children, making them physically and mentally handicapped and socially apart.^[2]

It is a disorder of motor control due to a static (non progressive) lesion of the developing brain. It is historically considered as **Static encephalopathy** and excludes all the progressive neurological disorder.^[3] CP is classified into four types viz.-spastic, ataxic, hypotonic and mixed.^[4] Spastic CP patients are common among all 4 types with an incidence of 70-80%.^[5] Prevalence of CP is 2-2.8/1000 live birth in India.^[6] With reference to the prevalence of this disorder, more than 15 million people worldwide and more than 25 lakh people in India are living with this disability. No complete cure is available for CP in any of the medical systems, though the severity may be reduced. Keeping this thing in mind this case study had been undertaken.

CASE REPORT

Basic information of the patient - A 2 year old female child residing in Jamnagar was brought to Kaumarabhritya OPD, IPGTRA Jamnagar by her parents, presented with chief complaint of stiffness of whole body, Social smile not achieved, Neck holding not achieved, sitting with and without support not achieved,

speech milestone not achieved, standing with and without support not achieved, cognition poor. Child also had chronic constipation (passing hard stool, 1 episode in 4 to 5 days), drooling of saliva and recurrent attacks of respiratory tract infection. On asking regarding Vartaman vyadhi vrutta (history of present illness) and birth history, parents told that child was delivered vaginally with normal delivery at full term. History of prolonged labour was there. She did not cry soon after birth. As per pediatrician who handled the baby after delivery, Due to prolonged labour birth asphyxia occurred which caused cerebral hypoxia. Birth weight was 2.5 kg. At the age of 4 months parents noticed some problem in growth and behavior of baby. Then parents started treatment of child going to many doctors without any significant benefit and also undergone through physiotherapy. They approached us for the further management. Diagnosis was confirmed by modern Neuropediatrician. Purva vyadhi vrutta (History of past illness) was very significant for confirming the diagnosis. As per history of past illness, She got an attack of convulsion at the age of 2 days of life and was admitted in NICU for 15 days. Since then recurrent attacks of fever with convulsion were there till 1.5 year of age. Patient is on anti epileptic drugs sodium valproate. No attack since 18 months of age. Kulaja vrutta (Family history) and consanguinity was found nil. Immunization - was done proper as per schedule. Patient was totally dependent on food intake and all the day to day activities. She was eating liquid as well as semi solid food. Appetite was moderate. Diet was dominant in Madhura Rasa (sweet taste). Nature of activities was always assisted.

General Examination - Vitally stable. Patient was conscious but not oriented. Prakruti (Constitution) was

Vatakaphaja. Nadi(pulse)was vatadhiktridoshaja. Slightly squint eyes were found.

Systemic Examination-Cardiovascular system-No abnormality detected. Respiratory system-No abnormality,chest was clear .Per abdominal examination –abdomen soft and non tender. There was no complaint regarding Mutra(urine)Frequency and colour were normal.Mala(stool)was constipated and was passing stool once in 4-5 days. Jivha(tongue)was sam(coated) suggestive of improper digestion..

Central nervous system examination-Muscle power could not be assessed as patient was unable to follow instructions. Patient was diagnosed to have hypertonic (spasticity) and contracture at ankle joint, knee joint and elbow were found. Deep tendon reflexes at biceps, triceps, and knee were exaggerated. Hyperreflexia was found suggestive of upper motor neuron lesion (which is the hallmark of CP). Babinski sign was positive.

Differential diagnosis-Spastic CP, Demyelinating (degenerative)disease of central nervous system(CNS),Sequel of postnatal hypoxia.



Figure 1- Pictures showing before treatment status of patient

❖ **Treatment protocol**- Deepana Pachana(improving appetite) 3 days. For Deepana Pachana Chitrakadi Vati(tablet)was given.

❖ 5days Udvartana (dry powder massage) followed by and 5 days abhyanga(massage with sudation) followed by 12 days Chaturbhadr kalpa Basti.3 such courses were done with an interval of 14 days . Total duration of therapy was 94 days.

❖ **Treatment Schedule**

First Course	Second Course	Third Course
5 days Udvartana	5 days Udvartana	5 days Udvartana
5 days Abhyanga with Balataila & Nadisweda	5 days Abhyanga with Balataila & Nadisweda	5 days Abhyanga with Balataila & Nadisweda
12 days Chaturbhadr Kalpa Basti	12 days Chaturbhadr Kalpa Basti	12 days Chaturbhadr kalpa Basti
14days interval	14 days interval	-

Follow up-8 weeks

Udvartana- with Yava(Barley) and kulattha (horse gram) powder for 30min was done. Abhyanga- with Bala taila for 20 min followed by sudation by Dashamoola kwatha steam for 20 min. Chaturbhadr kalpa basti – includes total 12 Basti, 4 Asthapana basti and 8 Anuvasana Basti. Anuvasana Basti was given with 20 milliliter lukewarm Bala taila and Asthapana basti with 80 milliliter Madhutailika Basti with classical reference.

Internal medicine- Medhya Churna was used as an internal medicine throughout 94 days. Contents of Medhya churna are Shankhapushpi, Yashtimadhu, Guduchi, Brahmi, Vacha,Pippalimula
Anupana- Madhu(Honey)
Dose- 1.5 grams twice /day

Improvement-Social smile achieved, contractures at all joints are relieved, no drooling of saliva, constipation is not there, weight gain 4 kg after complete course, neck holding achieved, sitting with support achieved, scissoring of limbs is not there,general health status of child is improved.



Figure 2- Pictures showing improvement after treatment.

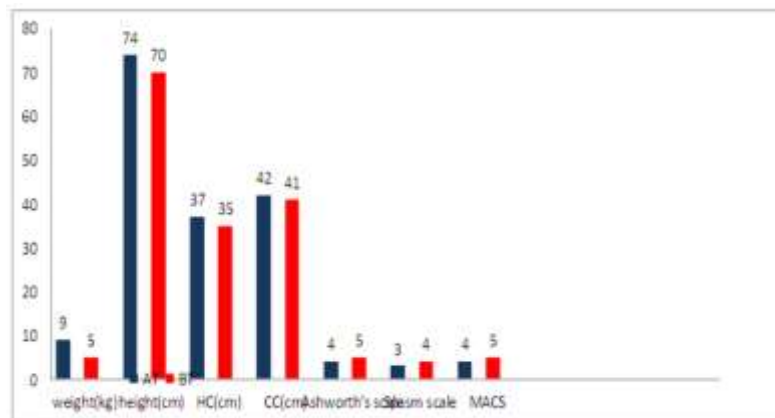


Figure 3- Effect of therapy

DISCUSSION

As per Modern science any insult to a developing brain during prenatal, natal or postnatal period can result into Cerebral palsy.^[7] In this child also due to prolonged labour birth asphyxia was there and condition was worsened by an attack of convulsion at 2 days of life. Static nature of disease, stiffness, scissoring, contractures at joints, global delay of milestones, Exaggerated deep tendon reflexes, Hyper tonicity confirms the diagnosis as Spastic quadriplegic Cerebral Palsy. As far as Etiology and Clinical features are concerned, predominance of *Vata* is obvious. *Alpa Chalatra*(restricted movement), *Alpabalatra* of Child(Less immunity), *Kapha Sthana Dushti* (Damage in brain), *Kapha* predominant *Aayu* etc shows involvement of *Kapha Dosha* along with *Vata*. Stiffness of whole body and global development of milestones confirms *Sanga* kind of *Srotodushti* in this disease. So, to remove *Sanga* and *kapha Sthanastha Dushti*, in this present study treatment protocol was started with 5 days of *Rukshana* i.e. *Udvardana* with dry powder, followed by purely *Vata Shamak* t/t i.e. *Abhyanga*, *Swedana* & *Basti*. Age of child is less so improvement was good. All the drugs in *Medhya churna* are proven to be good for mental health. So *Medhya Churna* as a whole combination helps to calm the patient (irritability is also a common complaint in Cerebral Palsy), improves sleep and general brain functions.

CONCLUSION

In this patient, the overall effect was found near 15-20%. As there is no any permanent treatment of this disease in any pathy and disease is incurable in nature, this percentage of improvement also helps the patient to improve quality of life (QOL) And can reduce the burden on parents of such patients at least up to some extent. From this study, it can be conclude that, A properly selected treatment protocol that includes *Panchkarma* procedures as well as appropriate internal medication can show a better improvement in Cerebral Palsy child and can help to reduce the extent of dependency on parents and to improve QOL.

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