ROLE OF AYURVEDA IN CEREBRAL PALSY

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ABSTRACT

Cerebral palsy is one among the most common childhood disabilities, which cripple and hamper the development of a child. It is ubiquitous and it occurs all around the world, causing considerable hardship to affected individuals and their families. Cerebral palsy is a disorder of movement and posture that appears during infancy or early childhood. It is caused by non-progressive damage to brain before, during or after birth. It is not a single disease but a name given to wide variety of static neuromotor impairments syndrome occurring secondary to a lesion in the developing brain. Cerebral Palsy is not curable; several advances in its management and research are going in various parts of world with goal to improve the physical and functional status of the CP child. Cerebral palsy cannot be co-related with any single disease or condition in Ayurveda as it is a multifactorial condition. All most all major neurological disorders are identified with Vatadosha. So, considering the classification and their respective features, Cerebral Palsy can be compared to Vatavyadhiti or Vikara, which may manifest itself in any form like pakshaghata, ekangavata, pangu, sarvangavata, kamapvata etc., and diagnosis is based on the lakshanas. In Cerebral palsy, as the main etiology is damage to the brain, so along with panchakarama procedure (shali sashtic pind sweda & basti) a group of Medhya drugs, vatahara drugs are used. Acharya Kashyapa had mentioned many medhyarasayanas among which yastimadhu, vacha, brahmi, satavari etc.

Keywords: Ayurveda, Cerebral palsy, basti, medhya drugs, Vatadosha.

INTRODUCTION: Cerebral palsy is a disorder of movement and posture that appears during infancy or early childhood. It is caused by non progressive damage to brain before, during or after birth. It is not a single disease but a name given to wide variety of static neuromotor impairments syndrome occurring secondary to a lesion in the developing brain. Cerebral Palsy is not curable; several advances in its management and research are going in various parts of world with goal to improve the physical and functional status of the CP child. Cerebral palsy may also be considered as Shiro marmabhighetaja vatavyadhi as charaka while describing Shiromarmabhighetaja vatavyadhi had mentioned vatavikaras like chesta nasha (loss of motor activities), hanugraha, mukatva (dumbness), gadgadatva, lalasrava, svarahani (aphasia) etc., Marmaaghata is one of the causes of vatavikara. The main causative factor is vata and all the acharyas including Kashyapa have mentioned basti karma as the best line of treatment in alleviating vitiated vata. Vasti provides strength, particularly in children and aged people. basti is very important, as it radically expiates the morbid vata, the sole dosha responsible for the movements
of all doshas, dhatu and mala within the body. Charaka aptly highlighted basti - as Vasti vataharanam shreshtha. Basti indeed is the half of the entire management of diseases. Basti increases Agni, Medha, and Varna etc. The panchakarma procedure (shali sashic pind sweda & basti) and a group of Medhya drugs, vatahara drugs are used for treatment of cerebral palsy. Acharya Kashyapa had mentioned many medhya rasayanas among which satavari, vacha, brahmi, mandukparni, suvaran, madhu, ghrita.

AIM AND OBJECTIVES:
- To assessment the role of Ayurveda in cerebral palsy.
- To assessment the Ayurvedic literature in useful for treatment the cerebral palsy.
- To assessment nidan, samprapti, lakshanas, chikitsa (preventive & special measures), certain vatahara panchakarma procedures are described which have good role in prevention & cure of the cerebral palsy.

MATERIAL AND METHODS: The material helpful to this context was collected and complied from different classical Ayurveda literatures, renowned paediatric textbooks and journals. Its comprise of subsection dealing with prevention and management of cerebral palsy.

PREVALENCE: This condition was described by an orthopedician Ian Little 150 years ago. Unfortunately its incidence has not come down in spite of recent advances in neonatology and imaging technology. Instead it is increased with the survival of premature babies. Its incidence is 2 – 2.5 cases per 1000 live births.

NIDANA: Cerebral Palsy can occur during pregnancy (about 75%), during childbirth (about 5%) or after birth (about 15%) up to about age three. The causes of Cerebral Palsy remain unclear. Some causes of Cerebral Palsy are asphyxia, hypoxia of the brain, birth trauma, premature birth, and certain infections in the mother during and before birth such as central nervous system infections, trauma, consecutive hematomas, abruption placenta and multiple births.

In Ayurveda it can be interpreted as follows:
2. Garbhakaleena nidana: Improper garbhini paricharya, asatmya and ahitkara ahara sevana, ahitkara vihara, dauhridya apachara, jataharinis, abhighatas, dhumapana, vataprakopa.
3. Prasavakaleena nidana: Vilambita avi, akalapravahana, moordhabhighata.

SAMPRAPTI: The ahara and vihara of the parents causing vikruti of vata is likely to affect artava or Shukra, which may lead to the vitiation in panchtanmatras leading to khavaigunya or sroto dushti of mastulunga majja. This in turn results in khavaigunya or dushti of mastulunga majja of the foetus or garbha. This may also occur due to atma karma of the past life of developing garbha. Another possibility of vitiation of garbha mastulunga majja is by nidanas like dauhrudaavamana, garbopaghatakara ahara vihara, dhumpana, and madyapana etc of the mother during her pregnancy.

These can affect poshaka rasa, which in turn affect the developing mastulunga majja of the foetus. The third possibility of mastulunga majja of shishu getting afflicted is vilambitaavi, akalapravahana,
murdhabhigatha during prasavakala, dushhta stanya pana and jvara in grahas like skanda etc. may act as precipitating causes which trigger the site of khavaigunya for an early onset of shiromarmabhighta janya vatavikara. Vagbhata is of opinion that if, the child is suffering from fever, deep unconsciousness, does not cry, or his dhatus are decreased or unstable, and has too much pain on touching and the child look like almost dead; he should be irrigated with Bala tails and fanning with Winnowing basket (blackened by applying smoke). Such child, if not revived properly may have various serious complications (cerebral palsy) therefore, proper growth and development is not achieved by the child. By observing this, the Vagbhata had mentioned that in these children attainment of youth is doubtful and develop the features of unconscious (asphyxiated) baby like deep unconsciousness, no cry (even after deep stimulation), decreased or unstable dhatus, hypersensitivity of pain stimuli, dying like appearance etc.

**Lakshanas:**

**Pakshavadha**11: When aggravated vayu causes abhighta to indriyas of one side mastulunga majja either on right or left, paralysis of the contra lateral side of the body occurs by causing karma hani.

**Pangutva:** Pangutva means paralysis or karmahani of both the lower limbs after vitiating part of mastulunga majja vayu takes seat in katipradesh and constricts sira, snayu etc. and paralyses the legs. Here again pranavayu causes damage to the karmendriyam (Legs).

**Ekanga roga**12: Aggrivated vata may cause injury to the part of mastulunga majja and cause constriction of sira, snayu with contractures of either one leg or one hand or may produce such conditions like viswachi and avabhauka.

**Sarvanga roga**13: This condition is due to severe and extensive injury to the moolasthanas of indriyas in ‘siras’ by causing constriction of the vessels and ligament. The contractures occur in all the four limbs and the morbidity pervades entire body.

**KampaVata:** Generalized involuntary movements of all parts of the body are called kampa vata and may be produced due to injury to subcortical neurons that is shiromarmas; hence, based on the etiopathogenesis and clinical features cerebral palsy can be correlated with shiromarmabhighta vata vyadhi.

**Chikitsa:** As such perfect or definite cure is not there for this condition so preventive measures play important role in the management, “Prevention is better than cure” proverb holds good for cerebral palsy condition. As cerebral palsy is due to many etiological factors starting from the time of conception to first 2-3 years of life Ayurveda holds a high position in explaining in detail the now so called Preventive pediatrics or the do’s and dont’s. It can be considered in two ways: a) Preventive measures (b) Special measures

**Preventive measures:**

Preventive Measures can be subdivided into following heads:

a. Before conception
b. During pregnancy
c. During labor
d. During neonatal period

**a. Before conception:**

- By avoiding consanguineous marriages the congenital anomalies can be minimized. Both Caraka &Sushruta14 stressed over this point.
Acharya Bhela had clearly mentioned that to prevent diseases related to medha, the consanguineous marriages should be avoided.

- By following the rules & regulations during ritukala as laid down in texts and the male by observing brahmacharya and eating masha etc as described in texts. The object is to keep both sperm and ovum shuddha.
- By avoiding pregnancy in very young and elderly women.

**b. During pregnancy:** By following the principles of antenatal care (garbhiniparicarya) i.e., masanumasika pathya, this may further lead to the timely delivery of an excellent healthy child possessing all the qualities with expected long life without complications.
- Avoiding of Garbhopaghatakarabhavas as stated earlier.
- Honoring of dauhrida (desires of pregnant lady):- If the longings happen to be harmful, then it can be modified by neutralizing their injurious effects through processing or by adding wholesome substances.
- Avoiding madya, dhumapana etc. as prescribed in the texts of Ayurveda.

**C. During labour:**
- The education regarding bearing down efforts is very much important, because undue straining by woman may exhaust her. So in absence of labor pains she should not bear down and during labour pain she should bear down properly.
- By avoiding any moordhabhighata (cranial injury) & infections during labor.

**d. During Neonatal Period:**
- **Prana pratyagamana:** By ensuring timely prana pratyagamana (resuscitation) to the neonate. All resuscitative methods should be followed quickly, which prevent birth asphyxia, which is one of the most important causes of cerebral palsy by providing sufficient amount of Ambarapeeyusaha to the neonate. One should even avoid excess oxygenation also to prevent ICH.
- **Jatakarma:** Jatakarma is a samskara. It should be performed after establishment of respiration to a neonate. During this samskara, a blend made of madhu and ghrita is administered to the neonate while chanting Vedic mantras. This is said to promote the medha and bala in the new born.
- **Rakshakarma:** To prevent from infections certain raksha karma are prescribed in the texts and should be followed. Broadly by using rakshoghna dravyas and by ensuring perfectly washed and sterile clothes.
- **Dhupanakarma:** Rakshoghna dravyas are prescribed to be burnt in the room and dhupana is done over the linen used for the baby. Agni is lit in one corner of the room continuously.
- **Dharana:** Dharana of various drugs like mani etc. which are said to possess magical effect in protecting from the evil spirits have been mentioned to improve ayu, medha, smrithi etc.

**Special Measures:**

**a. Use of Medhya Rasayanas:**
- Acharya Charaka mentioned 4 medhya rasayanas. These are mandookaparni, yastimadhu, guduchi and shankhapuspi. These rasayana drugs may help in preventing both physical & mental disabilities.
- Acharya Kashyapa has described swarna prasana and varieties of medhya drugs administration in lehanaadhyaya
and described the benefits of its usage. Medhya drugs described by Kashyapa are mandukaparni, brahmi, vacha, triphala, chitraka, trivrit, danti, nagabala etc.

- Lehana of medhya ghritas- kalyana ghrita, brahmi ghrita, panchagavya ghrita, samvardhana ghrita etc. were indicated to improve proper mental and physical growth and thereby preventing and promoting the normal developmental activities.
- Swarna with ghrita, vacha & kustha.
- Matsuyskhi, swarna, vacha, ghrita & madhu.
- Shankhapuspi, ghrita, swarna, vacha & madhu.
- Swarna, kaidarya, shvetadurva, ghrita & madhu.

Administration of any of these yogas quoted above may promote the medha, smrithi & general vigor in a child.

Certain Vatahara Panchakarma Procedures:

Abhyanga: Abhyanga with balataila, mahamasha tailam, lakshadi Taila etc. is said to be beneficial. Rajataila abhyanga is advised in phakka. Rajataila is indicated to cure pangu, jadata etc. Abhyanga is advocated to reduce the effect of vitiated vata.

Swedana: This helps in relieving the stambhana (stiffness) and gaurava (heaviness) in limbs and body. This is a good procedure essential in conditions like jada, pangu etc. Shastikashali pinda sweda is one, which does brumhana.

Basti24: Basti is the best treatment to vitiated vayu; basti may destroy the seed of all the diseases moving in madhyamamarga. In shiromarmabhigata vata vyadhi basti can be administered. In general basti is said to be administered to a child by one year of age.

Physiotherapy: Acharya Kashyapa is the first among the ancient scholars, who had made the provision for physiotherapy and considered its importance in rehabilitation of crippled child. Practice of walking should be encouraged with the help of specially prepared tricycle (Phakkarathath25) –Stand with three wheels. Similarly in Cerebral Palsy we can advocate use of a four wheeler made in a round shape (a walker) to assist and inculcate the faculty of walking.

CONCLUSION: Cerebral palsy is one among the most common childhood disabilities, which cripple and hamper the development of a child. Cerebral palsy is a disorder of a movement and posture that appears during infancy or early childhood. It is caused by non progressive damage to brain before, during or after birth. It may be due to asphyxia, hypoxia of brain, trauma, premature birth etc. Cerebral palsy is a group of permanent movement disorders that appear in childhood, sign and symptoms include poor coordination, stiff muscles, weak muscles and tremors. Cerebral palsy may be considered as shiramarmabhigat vata vyadhi and for treatment of vata vyadhi ‘Basti’ is the important treatment that increases agni, bala and medha also along with these treatment abhyanga, swedana, physiotherapy, medhya rasayana is also very useful. Cerebral palsy is partly preventable through proper nutrition of mother, antenatal care, and proper care at a time of delivery; prevent hypoxia in intrauterine life and just after birth in newborn and efforts to prevent head injuries in children. There is no permanent cure for cerebral palsy.

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