

A CASE STUDY OF SPASTIC CEREBRAL PALSY WHICH RESPONDED TO PANCHAKARMA TREATMENT

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INTRODUCTION: Congenital spinal anomalies are a rare occurrence and the only treatment available is surgical intervention. In conditions of fused vertebrae surgery does not promise complete recovery and it is also associated with severe complications.

Case presentation: A boy of 1 year of age had complaints of not able to sit without support, and not able to stand with/without support. Examination of motor system revealed spasticity in all the four limbs with increased severity in the lower limbs. Deep tendon reflexes were brisk in the lower limbs. Muscle power- grade II. Sensory examination: no sensation for touch and pain.

Keywords: spastic cerebral palsy, panchakarma treatment, delayed developmental milestones

Investigation:

MRI of brain: normal

MRI of spine: -short segment of lumbar cord extending from lower border of L1 vertebral body to L3 vertebra is absent / severely hypoplastic. Atrophy of the lower Bulky thickened terminal cord that is low lying and tethered.

Segmentation abnormalities in lower lumbar vertebrae, fused lower lumbar vertebrae.

Considering the complaints and on examination the *vata* and *kapha dosha* was vitiated

Management and outcome: First *udwarthana* was done with *kolakulathadi choorna* 3 days, *dhanyamla dhara* for 7 days, and then for treating *vata dosha* -- *dhara* with *dhanwanthara thaila* for 7 days. After 18 days of treatment the spasticity reduced and the patient was able to sit with support, crawl and stand with support and could feel deep touch sensations

Discussion: In this case the patient was unable to sit, stand and walk. There was no history of trauma/ high fever/ convulsions. These rule out traumatic causes and infective causes. Hence a MRI of the brain showed normal study. MRI of the spine showed congenital anomalies of the spine and spinal nerves. On the basis of the symptoms and investigations we can diagnose this case as *janmajat vata vyadhi*. Hence the treatment would involve *bahya* and *abhyanthara snehana* (oleation therapies), *swedana*,

sodhana, brihmana procedures^{2,3}.

CASE STUDY:

Introduction: Congenital anomalies of the spine causing paraplegia are rare. In these conditions surgery is the only option available to the patient. Surgical procedures generally cause complications and don't promise complete cure to the patient. Such interventional procedures are expensive. This is a case study of a boy aged 1 year who came with complaints of not able to sit, stand and walk. Spasticity was seen in the lower limbs. The symptoms were similar to *vata vyadhi* with *avarana of kapha*. Hence the first line of management was *kaphahara chikitsa* and then *vata doshahara chikitsa*. MRI of the spine showed short segment of lumbar cord extending from lower border of L1 vertebral body to L3 vertebra is absent / severely hypoplastic. Atrophy of the lower spinal nerves. Fusion of the lower lumbar vertebrae from L1-L3.

Case presentation:

A boy of 1 year came to the pediatric OPD with following complaints of not able to sit, stand, crawl and walk, loss of pain sensation in the lower limbs. The other milestones such as social smile, head holding and turning over was achieved at appropriate age. The patient didn't have any history of fall or trauma or high grade fever, convulsions. The antenatal, birth h/o and post natal h/o were normal.

Central nervous system examination showed normal higher mental functions such as speech, intellect, and orientation. The sensory motor and functions of the upper limbs were normal. Motor Examination of the lower limb showed decreased muscle power, muscle tone and bulk. Reflexes were exaggerated- grade III in the lower limbs. Both

the superficial and deep sensations were lost in the lower limbs.

Investigations:

MRI of brain: normal

MRI of spine: -short segment of lumbar cord extending from lower border of L1 vertebral body to L3 vertebra is absent / severely hypoplastic. Atrophy of the lower lumbar cord. Bulky thickened terminal cord that is low lying and tethered. Segmentation abnormalities in lower lumbar vertebrae, fused lower lumbar vertebrae. The MRI showed congenital anomaly i.e. fusion of the lower lumbar vertebra and atrophy of the lumbar cord.

In such conditions the only treatment option available is surgical and does not provide complete relief to the patient and surgery is associated with complications. The disease was diagnosed as *janmajat kaphavrita vata vyadhi*.

Management and outcome:

The line of management in *Vata vyadhi* external treatments such as oleation therapy (*snehana*) sudation therapy (*nadi sweda*) and internal administration of *sneha* (oil, ghee etc) and *vatahara* medicines¹ In this particular case initially *kaphahara chikitsa* was followed since there is *avarana of kapha dosha*. So *Udwarthana* with *kolakulathadi choorna* for 3 days was done followed by *dhanyamla(kanji) dhara* for 7 days. Next line of management was aimed to subside *vata dosha*. Hence *pizhichil* with *dhanwanthara thaila* was done for 7 days followed by *shastikapinda sweda* for 7 days. Oral medicines such as *kalyanaka ghrita* 1/2 tsp twice daily and *rajanyadi choorna* 1/4tsp twice daily were given for 30 days.

The following findings were noted in the lower limb before treatment and after 30 days of treatment

Sign	Before tt	After 15 days of tt
Muscle tone	Grade III	Grade II
Muscle power	Grade II	Grade III
Head holding	Present	Present
Sitting	Absent	Sits with support
Standing	Not achieved	Stands with support
crawl	Not achieved	achieved

DISCUSSION:

In this case study the patient was not able to sit, stand, crawl and walk. The patient had no history of trauma/ high fever/ convulsions. Hence this rules out traumatic causes and infective causes. MRI of the brain and spine was done. MRI showed normal brain study. MRI of the spine showed congenital anomalies of the spine and spinal nerves. Considering the above said symptoms and investigations we can diagnose this case as *janmajat kaphavrita vata vyadhi*. So the treatment would involve *kaphahara chikitsa to alleviate kapha*. For vitiated *vata dosha-bahya* and *abhyanthara snehana* (oleation therapies), *swedana*, *sodhana*, *brihmana* procedures^{2,3} have to be followed.

For the *bahya snehana - abyanga*, *pizhichil* was used. For *swedana* procedure *nadi sweda* is best in children. In this patient since there is association of *kapha* with *vata*. so the first line of management was towards subsiding *kapha*. Hence *udwarthana* with *kolakulathadi choorna* was advised for three days. *Udwarthana* is a *ruksha*, *ushna* and *tiksna* procedure and it subsides *kapha dosha*. *kolakulathadi choorna* is *usna* and *tikshna*. hence it is also *kaphahara* in nature^{4,5}. After *udwarthana* procedure *dhan-yamla dhara* was advised. It is also *usna* and *tikshna guna* and hence subsides *kapha*. so once *kapha dosha* has subsided the next treatment was aimed to treat vitiated

vata. *pizhichil* was done with *Dhanwantahra thaila*. *pizhichil* procedure has *usna* and *snigdha gunas* and so is *vata hara*^{5,6}. it was done for a period of 7 days. This was followed by *sastikapinda sweda* for 7 days. For *abyanthara sneha kalyanaka ghrita* ½ tsp twice daily was given for a period of 30 days. *Rajanyadi choorna* 1/4 tsp twice daily was given orally for 30 days. After 24 days of treatment significant improvement was seen in the muscle tone and muscle power. The child also showed improvement in the motor milestones. The child was able to sit and stand with support. After treatment there was improvement in the touch and pain sensation. The child was able to feel pain and touch sensations. The treatment procedures and the oral medications improved the child's motor and sensory functions. The treatment has to be followed once in three months till the child achieves all the milestones.

CONCLUSION:

1. Congenital anomalies of the spine with delayed developmental milestones can be co related with *janmajat kaphavrita vatavyadhi*
2. *Udwarthana* and *dhan-yamla dhara* help in subsiding the *prakupita kapha*
3. *Bahya* and *abhyantara snehana* help in subsiding *vata* and hence helps in im-

proving the sensorory and motor functions.

4. *Abyanthara snehana* using *kalyanaka ghrita* helps in nourishing the *mastishkagata majja* and also in subsiding *vata*.
5. The treatment should be done once in every 3months to get complete relief

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6. *kasture,Pancakarma vijnana* (Chaukambha surbharati prakashan9 oriental publishers and distributers Varanasi)

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