



## Case Study

### EFFECT OF SHASHTIKA SHALI PINDA SWEDA & OTHER AYURVEDIC INTERVENTION IN CEREBRAL PALSY: A CASE REPORT

Ritu Jyani<sup>1\*</sup>, Mohar<sup>1</sup>, Keerti Verma<sup>2</sup>, Reena Dixit<sup>3</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor & Guide, <sup>3</sup>Professor, PG Department of Kaumarbhritya, Rishikul Campus, Uttrakhand Ayurved University, Haridwar, Uttrakhand, India.

#### Article info

##### Article History:

Received: 12-05-2023

Revised: 01-06-2023

Accepted: 15-06-2023

##### KEYWORDS:

Cerebral palsy,  
Vata Vyadhi,  
Panchkarma,  
Swedana,  
Shastikashali.

#### ABSTRACT

Cerebral palsy is a disorder that affects muscle tone, movement and motor skills (the ability to move in a coordinated and purposeful way). Cerebral Palsy cannot be correlated with any single disease or condition mentioned in Ayurveda, as it is a multi-factorial disease. The classical signs and symptoms of CP will fit into criteria of *Vata Vyadhi* spectrum (*Vata* predominant disease) like *Ekanvata*, *Sarvangvata*, *Pakshaghata*, *Pangu*, *Kampavata* etc and *Phakkaroga*. Although cerebral palsy cannot be completely cured but treatment will generally enhance a child's abilities. *Agnimandya*, *Amavastha* and *Kaphavastha* should be considered while planning the line of treatment in CP cases. The selected Ayurvedic treatment modality is highly effective in relieving the signs and symptoms and thus reducing the disability in children with CP. *Swedana* (sudation) is the therapy that relieves the *Stambha* (stiffness) of the body, mitigate feeling of *Guruta* (heaviness) and *Sheeta* (feeling of cold). *Shastika shali panda sweda* comes under the category of *Sagniseda* with *Snigdha dravya* as milk and *Shalidhanya*. It has *Snigdha*, *Guru*, *Sthira*, *Sheeta*, *Tridoshaghna* and *Brimhanaguna*. In this article, an attempt to treat a child with spastic diplegia using multiple Ayurveda treatment modalities. At the end of one year of treatment, *Panchkarma* procedures along with internal medication resulted in 15-20% improvement in the overall effect of therapy.

#### INTRODUCTION

Cerebral Palsy is a non-progressive neuromotor disorder of cerebral origin. It includes heterogenous clinical states of variable etiology and severity ranging from minor incapacitation to total handicap<sup>[1]</sup>. About 2% of all cerebral palsy cases are believed to be due to a genetic cause. CP is one of the most common congenital disorders of childhood<sup>[2]</sup>. It is a static encephalopathy that may be defined as a non-progressive disorder of posture and movement, often associated with epilepsy and abnormalities of speech, vision and intellect resulting from a defect or lesion of the developing brain. CP is a lesion of the developing brain. Its prevalence is 3/1000 population. According to WHO 10% of the world's population has some type

of disability due to various etiology, in India it is 3.8% of entire people. Nearly 15-20% of the total physically disabled children suffer from cerebral palsy<sup>[3]</sup>. Birth Asphyxia was an uncommon cause of CP, moreover, most high-risk pregnancies resulted in neurological normal children. Although a cause of CP could not be identified in most cases, a substantial number of children with CP had congenital anomalies external to the CNS and these may have placed them at increased risk for developing asphyxia during the perinatal period<sup>[4]</sup>.

#### AIMS AND OBJECTIVES

- To review the effect of Ayurvedic drugs in cerebral palsy.
- To analyze the role of *Shastika Shali Pinda Sweda* in the management of Cerebral Palsy.

#### MATERIALS AND METHOD

Cerebral palsy can be correlated *Tivatavyadhi*, which may show itself in any form like *Ekanvata*, *Sarvangavata*, *Pakshaghata*, *Pangu*, *Kampavata* etc. According to Kashyap Samhita, *Stamitya* (stiffness),

#### Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v10i3.1222>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative Commons  
Attribution-NonCommercial-ShareAlike 4.0  
International (CC BY-NC-SA 4.0)

*Shula* (pain), *Kathinya* (hardness), *Vibandha* (constipation), *Anaha* (abdominal distension), *Vakgraha* (dumbness), *Hrillasa* (horripilation), *Aruchi* (anorexia), *Alasaka* (meteorism), are relieved by *Swedan*<sup>[5]</sup>.

*Shastika Shali Pinda Sweda* comes under the category of *Saagnisweda* with *Snigdha dravyas* as *Ksheera* and *Shalidhanya* (rice harvested in 60 days). It has *Snigdha*, *guru*, *Sthira*, *Sheeta* and *Tridoshaghna* properties. It is a *Swedana karma*, but processes *Brimhanaguna* (nourishing properties)<sup>[7]</sup>.

**Procedure of Shastika Shali Pinda Sweda<sup>[7]</sup>**

**Shastika Rice Preparation:** Put 250 grams of *Shastika* rice in 0.5 liters of honey root *Kwatha* (soup) and 0.5 liters of milk and cook until it becomes semisolid like rice pudding. Only necessary warm water can be added to cook properly.

**Preparation of Pottali (boluses)**

The cooked *Shastikashali* rice is equally divided into 4 parts and taken into 4 pieces of cotton clothes. It should be tied to make *Pottali* (bolus) for easy holding.

**Purva karma (Pre-operative Procedure)**

The patient is seated on *Droni* (massage table) by extending both legs. *Talam* (special powder mixed with medicated oil applying on the top of the head) should be applied. *Abhyanga* (massage) should be done by specific oil near around 20 minutes. Among 4 *Pottalis* 2 are kept in the mixture of milk and *Balamoola kwath* in a pan and put on mild fire.

**Pradhana karma (Main procedure)**

Remove two *Pottali* from the crockpot and touch their backs to make sure the patient can withstand the *Pottali's* heat. Massage should be performed simultaneously by two therapists on either side of the drone (massage table). *Pottali's* temperature must be maintained throughout by immersing it in a mixture of milk and *Balamoolakwath* (boiling). The procedure should be done until the patient gets *Samyak Snigdha Lakshana* (good sign of sweating).

**Paschat karma (Post-operative procedure)**

At the end of procedure, the medicine remained over the body should be scraped off and body is wiped with soft towel. *Rasnadichurnam* is applied on the head after removing *Talam*. The patient is allowed to take rest for at least 30 minutes, and then take bath with lukewarm water.

**Case Report**

A 5 years old male child, diagnosed case of CP, came to our hospital along with his father with the complaints of unable to stand and walk without support, delayed developmental mile stones, spasticity of all four limbs. The child was full term with birth

weight of 2.5kg by normal vaginal delivery at hospital. The child did not cry immediately after birth and meconium was passed intra-uterinally. He had breathing difficulty after birth. Meconium was aspirated immediately and child was kept in NICU for 8 days. The child has no history of neonatal jaundice at birth, no history of pneumonia, T.B., typhoid. General condition of patient was poor as his child brought him in his hand to the hospital. Build and nutrition was average. There is no family history of such problems. He has one elder sister of 7 years who is absolutely healthy. He achieved head control at 4 months of age, social smile at 3 months. The child is able to sit without support at one year of age but not able to stand without support for too long and not able to walk without support. His muscle tone is increased and exaggerated deep tendon reflexes. Extensor plantar response was found. No signs of meningeal irritation found. Spasticity was found in all four limbs especially in right lower limb and upper limb. Hypertonia is present in legs, hips and pelvis. Legs remain scissors like while lying position. USG of head revealed dilated frontal horns of lateral ventricle. CT scan of brain reveals edatrophic brain changes and cortical calcification in bilateral parietal lobes. Patient was recommended speech therapy, parent counseling, physiotherapy and occupational therapy.

**Treatment**

Patient was advised to maintain oral hygiene. During his first visit following treatment was given for 15 days.

1	<i>Vacha</i> powder, <i>Ashwagandha</i> powder, <i>Shankhbhasm</i> , <i>Giloy</i> satva <i>Brahmi vati</i>	}
2	<i>Kalyanak Ghritam</i>	
3	<i>Ksheerbala tail abhayangarth</i>	
4	<i>Shastik shali panda sweda</i>	

After completing his therapy some medicines were added like *Smritisagaras* and *Swaranpraashan* and *Panchkarma* therapies were repeated after 15 days rest. Total five times therapies were given each after 15 days rest.

**DISCUSSION**

Pain and stiffness of muscles in CP mainly occurs due to vitiation of *Vata*.

**Probable Mode of action of Abhyanga**

The *Abhyanga* is done before *Swedana*. The effect of *Abhyanga* can be supposed by two means i.e., body manipulation and the effect of medicated oil on body. It is able to penetrate body at various levels it

has long lasting effects on *Rasa, Raktamamsa, Meda, Asthi* and *Majja dhatu*. Blood amino acids like tryptothan increases after massage and an increase in plasma tryptophan subsequently cause a parallel increase in neurotransmitters and serotonin, which is made from tryptophan.

Spasticity i.e., *Sankocha* is a feature of *Vata dosha*, best and simple method of treating *Vata* vitiation is by *Snehana* and *Swedana*. *Masha (urda)*, *Mamsa* (meat), milk, and *Jivniyagana* drugs make complete combination of the nutrition for weak muscles. Milk and oil make it permeable to skin and thus better absorption.

*Bala* is *Vatashamak* and *Balya* that is absorbed topically with the help of an oil medium to provide nutrition to the muscles, prevent muscle atrophy and improve muscle tone. Application of pressure done in correct manner may decrease the alpha motor neuron activity and thus decrease hyper excitability of motor neuron.

#### Probable action of *Shashtik Shali Pinda Sweda*

*Shashtika Shali* is *Snigdha, Balavardhana* and *Dehadardhyakrita*. *Bala* and *Godugdha* is *Snigdha, Balya, Rasayana* and *Vatahara*. The warmth supplied by *Pottali* of *Shashtikshali* dipped in *Balamoola kwath* with *Godugdha* may enhance the blood circulation, decrease muscular stiffness, increase tendon extensibility, and give relief from pain. *Bala* prevents from emaciation through local absorption into muscular tissue. Thus effect of both *Abhyanga* and *Shashtik shali panda sweda* along with physiotherapy helps in reducing spasticity, facilitating the movement of the joints and preventing from advancement of disabilities and contractures.

#### CONCLUSION

CP cannot be correlated with any single disease or condition mentioned in Ayurveda, as it is a multi factorial. However, the diagnosis of *Phakkaroga* should be considered in the management of CP cases. *Agnimandya, Amavastha* and *Kaphavastha* should be considered when planning the treatment line in the case of CP. Ayurvedic treatment options have been

shown to be effective in reducing the signs and symptoms of children with CP, thereby reducing disability. While CP is incurable, Ayurveda can improve the quality of life and longevity of children with cerebral palsy, leading to better management.

The effect of *Shastikashalipindaswedama* helps to reduce spasticity, joint deformities and prevent contractures, thereby improving muscle tone, increasing muscle strength and proper nutrition.

From this review it can be concluded that *Shastikashalipindasweda* can be used in the treatment of cerebral palsy in this research article.

#### REFERENCES

1. Parathasarathy A, IAP Textbooks of Pediatrics, 5<sup>th</sup> edition, New Delhi, Jaypee Brothers Medical Publishers (P) Ltd; 2013. Page no 407-408.
2. Indian Academy of Pediatrics (IAP). IAP Textbook of pediatrics. Edited by Parthasarthy. Childhood diablities – cerebralpalsy. section-8, chapter 18.2. secondedition. New Delhi: Jaypee brother's medical publishers (P) Ltd; 2002.p.668.
3. Apexa G Vyas, Virendra Kumar Kori, S Rajagopala, Kalpana S Patel. Etiopathological study on cerebral palsy and its management by Shashtika Shali Pinda Sweda and Samvardhana Ghrita. Ayu. 2013 Jan;34(1):56-62. doi: 10.4103/0974-8520.115450.
4. Nelson textbook of pediatrics, twenty first edition, page 1863.
5. Tewari P.V. Kashyapa Samhita 1<sup>st</sup> edition, Chakhambha visvabharti, Varanasi, 1996, sutra sthan 23/6-7, page no 37.
6. Lohith Dr B.A. A textbook of panchkarma, 1<sup>st</sup> edition, Chaukhambha Orientalia, Varanasi, 2016, page no 145-147.
7. Choudhary KR, Kumar A. A clinical study to evaluate role of Ayurvedic management for improving activities of daily living in cerebral palsy affected children. Innt J Ayur Pharma Research. 2014; 2(4): 68-82.
8. Choudhary KR, Kumar A. A clinical study to evaluate role of Ayurvedic management for improving activities of daily living in cerebral palsy affected children. Innt J Ayur Pharma Research. 2014; 2(4): 68-82.

#### Cite this article as:

Ritu Jyani, Mohar, Keerti Verma, Reena Dixit. Effect of Shashtika Shali Pinda Sweda & other Ayurvedic Intervention in Cerebral palsy: A Case Report. AYUSHDHARA, 2023;10(3):51-53.

<https://doi.org/10.47070/ayushdhara.v10i3.1222>

Source of support: Nil, Conflict of interest: None Declared

#### \*Address for correspondence

**Dr. Ritu Jyani**

PG Scholar,

PG Department of Kaumarbhritya,

Rishikul Campus, Haridwar,

Uttarakhand Ayurved University,

Haridwar, Uttarakhand, India.

Email: [lyaniritu79@gmail.com](mailto:lyaniritu79@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.