



Effect of Ayurvedic Panchkarma Therapy in management of Cerebral Palsy-A Systemic Review

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Abstract

Cerebral palsy (CP) is a non-progressive, developmental, neuromotor disorder of cerebral origin, resulting from brain injury that occurs before its development is complete. It is characterized by the inability to normally control motor functions, which affect the child's ability to explore, speak, learn, and become independent. It is a common disorder with a prevalence of 2/1000 population.

Objective: To review existing reported human clinical trials of Panchkarma based treatment procedures for the management of cerebral palsy. **Design:** Review of the database, with searches conducted in PubMed, Google Scholar, and AYUSH Research Portal. Search terms included "Cerebral palsy," "Panchkarma," "Ayurveda" articles dated between 2000-2020. Inclusion criteria were human trials with a treatment arm that included "Panchkarma" based treatment procedures as a remedy for "cerebral palsy" having minimum 06 participants. **Intervention:** Management with any regimen of "Panchkarma". **Outcome measures:** Number and results of studies identified in the review. **Results:** Thirty-six articles were screened; Thirteen human trials met inclusion criteria. Ten studies used Ashworth Scale to assess spasticity with different Panchkarma procedures in cerebral palsy reported improvement in spasticity, and most commonly internal medication used in studies were in ghrita dosage form. Udwartana (Dry powder massage), Abhyanga (Oil massage), Shashtika Shali Pinda Sweda (A type of hot fomentation), Sarvanga Swedana (Fomentation), Salavana Upanaha (Poultice), Matra Basti (Medicated oil enema), Anuvasana Basti (Medicated oil enema), Niruha Basti (Medicated enema), and Parisheka (Pouring liquid medication) were the treatment procedures adopted in managing cerebral palsy and these procedures have shown good result is spasticity. Whereas some procedures like Nasya (Nasal medication), Shirodhara (Pouring medication over head), Shiroabhyanga (Head massage),

Shiropichu (Medication-soaked cotton cloth on the head) are unexplored. Conditions like mental retardation, ophthalmologic defects, hearing impairments, and speech and language disorders occurring in CP are not addressed in these studies. Panchkarma interventions have shown good result in spastic cerebral palsy whereas studies on other forms of cerebral palsy are lacking. There is need to conduct future studies in other forms than spastic cerebral palsy like Atonic CP, Choreoathetoid CP, Dyskinetic CP, Ataxic CP, Mixed Dystonic CP. This study attempts to aggregate all clinical studies on CP published between 2000–2020 into a single study to find out what has been done and what is lacking in previous clinical work, so that future study can be planned.

Key words: Cerebral palsy, Previous clinical work, Panchkarma, Ayurveda

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