



Role Of Panchakarma In The Management Of Cerebral Palsy In Children: Review Of Literature

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Abstract

Cerebral palsy is a non-progressive neurological disorder that occurs due to damage to the developing brain around the time of birth. It is primarily characterized by impaired control over movement and posture, often accompanied by disturbances in cognition, communication, and behaviour. As one of the leading causes of childhood disability, it significantly impacts physical, mental, and social development.

In Ayurvedic literature, several factors are described that influence foetal brain development, along with various preventive measures and guidelines for expectant mothers. The symptoms and manifestations of cerebral palsy can be correlated with *Vatavyadhi* in Ayurveda. The major causative factors include *Dauhrud Avamanana* (neglecting the desires of a pregnant woman), aggravation of *Vata dosha* during pregnancy, exposure to *Garbhopaghatakara bhava* (factors harmful to the foetus), and consumption of *Dusta stanya* (impure breast milk).

Although modern medicine has yet to discover a cure for the underlying brain injury in cerebral palsy, Ayurveda—being a holistic and time-tested science—offers a comprehensive approach to management. Ayurvedic treatment includes the use of *Medhya Rasayana* (nootropic herbs) to enhance brain function and therapies such as *Panchakarma* procedures—*Snehana* (oleation), *Swedana* (sudation), *Nasya* (nasal therapy), *Shirodhara* and *Basti* (medicated enema)—to reduce spasticity and strengthen the muscles.

Therefore, it is essential to explore and promote Ayurvedic principles and therapies for the effective management of cerebral palsy in children.

Keywords: Cerebral Palsy, *Ayurveda*, *Panchakarma*, *Basti*, *Medhya Rasayana*

Introduction:

Cerebral palsy refers to a group of movement and posture disorders that arise from permanent, non-progressive damage to the developing brain. The primary clinical feature is motor impairment, which consequently affects the overall biomechanics of the body⁽¹⁾. Children affected by cerebral palsy often experience poor muscle coordination, challenges in processing sensory information, and various functional limitations⁽²⁾.

Nearly all children with this condition exhibit dysfunction in both upper and lower motor neurons, which can manifest as muscle weakness, involuntary mirror movements, reduced movement speed, exaggerated reflexes, muscle contractures, altered body mechanics, disuse atrophy, sensory deficits, and increased muscle tone (hypertonia). Impairments in the upper limbs commonly result in difficulties with reaching, grasping, and handling objects effectively⁽³⁾. Deficiencies in one or more of these fundamental functions can limit the ability to perform daily activities, thereby negatively affecting an individual's independence and overall quality of life. In Ayurveda, there is no direct correlation with a single specific disease that matches this condition. Cerebral palsy is often considered under *Janma Bala Pravritta Vyadhi* (a congenital disorder) or as *Shiro Marmabhighata* (a condition arising from injury to the head or vital organs) and is also associated with *Vata Vyadhi* (neurological disorders). Furthermore, several symptoms described under *Vata Vyadhi*—such as *pangulya* (locomotor impairment), *muka*, *minmin*, and *gadgad* (speech defects or muteness), *badhirya* (hearing loss), *ekangaroga* (monoplegia), *sarvangaroga* (quadriplegia), *pakshaghata* (hemiparesis), *pakshavadha* (hemiplegia), and *vepathu* (choreoathetoid movements)—show similarities with the clinical manifestations of cerebral palsy. In addition, certain symptoms related to *graha* disorders, such as *skanda* and *skandaapasmaar graha*, also overlap with those seen in cerebral palsy. 'CHAL' is the main *Guna* of the *VATA* and Cerebral palsy is mainly related with *Vata Vyadhi*. Which show mainly, locomotory dysfunction along with other motor disability.

Ayurveda, time tested life science having holistic approach for the management of all aspects and disorders of the life. In case of cerebral palsy Ayurveda has various aspect of treatment such as medicines like *Medhya Rasayana* to promotes stamina of the brain and *Panchakarma* therapy for reliving the spasticity and strengthening the muscles. So that it is necessary to review and promote the Ayurvedic system of medicine in the management of cerebral palsy.

TYPES OF CEREBRAL PALSY

Cerebral palsy is characterized according to affected part of the controlling brain and movement. The movement abilities of a person with cerebral palsy (CP) are influenced by the extent of brain injury and how it affects muscle tone. Cerebral palsy is generally classified into four main types:

1. Spastic Cerebral Palsy

This type results from damage to the motor cortex or the pyramidal tracts of the brain.

Individuals with spastic CP often find routine tasks, such as walking or holding small objects, more difficult. Some may also experience associated conditions like attention-deficit hyperactivity disorder (ADHD) or epilepsy. Based on the areas affected and the degree of muscle stiffness, spastic CP is further categorized into spastic diplegia, spastic hemiplegia, or spastic quadriplegia.

2. Athetoid (Dyskinetic) Cerebral Palsy

Also called dyskinetic CP, this form arises from injury to the basal ganglia, the cerebellum, or both. The basal ganglia help coordinate voluntary movement and contribute to cognitive functions, while the cerebellum plays a critical role in balance and fine motor skills.

3. Ataxic Cerebral Palsy

In ataxic CP, motor coordination is impaired, leading to challenges in maintaining balance and performing smooth, controlled movements.

4. Mixed Cerebral Palsy

Individuals with mixed CP exhibit characteristics of more than one type of cerebral palsy, combining features from spastic, athetoid, and/or ataxic forms.

Causes of Cerebral Palsy:

- Genetic factors and complications during pregnancy.
- Various conditions can contribute to its development, including maternal infections, health issues, disruptions in fetal brain growth, and difficulties during labor and delivery. The risk of cerebral palsy is higher in cases where mothers face postnatal complications, especially in premature infants weighing under 1,500 grams. Additionally, brain damage caused by accidents, bacterial meningitis, malnutrition, or exposure to toxins can also lead to cerebral palsy.

Cerebral palsy is a sporadic, non-progressive, and non-contagious disorder with multiple causes⁽⁴⁾. It is often linked to damage to the developing brain, commonly resulting from prenatal, perinatal, or postnatal injuries, with birth asphyxia being a frequent contributor.

Ayurvedic literature identifies several factors potentially associated with cerebral palsy or similar neurological conditions:

- ***Dauhrud Avamanana*** the inability to satisfy the cravings of a pregnant woman ⁽⁵⁾.
- ***Vata Prakopa during pregnancy*** – an imbalance or aggravation of Vata dosha during gestation ⁽⁵⁾.
- ***Exposure to Garbhopaghatakara bhava*** – dietary and lifestyle practices that may lead to fetal anomalies or miscarriage ⁽⁶⁾.

Symptoms of cerebral palsy:

Cerebral palsy primarily affects movement and coordination, and it can involve one side of the body or both. Common signs and related challenges may include:

- Stiff or rigid muscles
- Poor coordination and involuntary movements
- Delays in reaching motor milestones, such as sitting or crawling
- Challenges with walking
- Difficulty with feeding, including sucking and swallowing
- Slower development of speech
- Trouble performing precise tasks, like using a spoon or holding a crayon
- Impaired vision or hearing
- Increased risk of mental health issues
- Problems with bladder control

Cerebral palsy usually becomes noticeable during infancy or early childhood. It is characterized by a range of motor and postural difficulties, including:

- Impaired movement often accompanied by abnormal reflexes
- Floppiness or stiffness of the limbs and trunk
- Unusual postures
- Involuntary movements, such as bending arms or clenching fists without intention
- Unsteady or awkward walking
- Walking on toes
- “Teddy bear” posture, where the arms are raised or held in the air

Early signs in infants may include:

- Inability to lift the head at the expected age
- Low or uneven muscle tone
- Stiff joints or muscles, or uncontrolled movements of the arms or legs

In addition to motor issues, children with cerebral palsy may also experience difficulties with thinking, communication, and behavior. Some children may show abnormalities on brain imaging, such as localized brain damage, malformations, or periventricular leukomalacia. However, not all children with cerebral palsy have visible brain abnormalities, making it more difficult to determine the underlying cause in these cases⁽⁷⁾.

CEREBRAL PALSY ACCORDING TO AYURVEDA

Since it is multifactorial and multi featured disorder so could not be correlated with any single disease or condition mentioned in Ayurvedic texts. In Ayurvedic literature, the features of cerebral palsy can be related to several conditions, including:

- **Phakka roga** – a nutritional disorder described in *Kashyapa Samhita*
- **Pangulya** – a disorder affecting locomotion
- **Mukatva** – conditions involving loss of speech
- **Jadatva** – mental or cognitive impairments
- **Ekangaroga** – monoplegia (paralysis of one limb)
- **Sarvangaroga** – quadriplegia (paralysis of all limbs)
- **Paksaghata** – hemiparesis (partial weakness on one side)
- **Paksavadha** – hemiplegia (complete paralysis on one side)
- **Akshepaka** – convulsive disorders

All these conditions fall under the category of **Vatavyadhi**. Management should be planned based on an Ayurvedic diagnosis using tools such as *Rogi-Roga Pareeksha*, which examines Dosha, Dushya, Srotas, Adhithana, Vyaktasthana, Prakriti, and *Ashtavidha Pareeksha*. According to Vagbhatta, these disorders can be classified as **Sahaja** (congenital), **Garbhaja** (arising during pregnancy), or **Jataja** (present from birth)⁽⁸⁾.

AIMS AND OBJECTIVE:

Although there is currently no permanent cure for Cerebral Palsy, several therapeutic approaches can support affected children in improving their functional abilities and quality of life.

In Ayurvedic literature, extensive guidance is available regarding the management of Vata disorders, which may offer potential benefits in the treatment of Cerebral Palsy. The treatment approach includes Shamana Chikitsa (pacification therapy) with oral medications such as *Medhya* herbs, *Rasayanas*, and *Brimhana Dravyas*. Additionally, Shodhana Chikitsa (purification therapy) is recommended, which involves:

- Purva Karma (preparatory procedures): *Snehana*, *Swedana*, *Deepana*, *pachan*
- Pradhana Karma (main procedures): *Basti*, *Nasya*, *Shirodhara*

In the present study, therapies such as Abhyanga (therapeutic oil massage) and Swedana (sudation therapy) are utilized, which act primarily through the skin and superficial tissues. These procedures are considered among the key therapeutic measures in Ayurvedic management.

The primary therapeutic methods for the pacification of Vata include various specialized Ayurvedic procedures. Among them, *Basti* therapy is considered the most effective, as it exerts multidimensional effects and is particularly beneficial in managing Vata-related disorders (Vata Vyadhi). Additionally, treatments such as *Shirodhara* and *Nasya* are employed to stabilize the nervous system.

The overarching aim of these treatments is to support the child in achieving their maximum potential in physical, mental, and social development.

REVIEW METHODOLOGY:

Panchakarma refers to a group of five primary therapeutic procedures designed to detoxify and purify the body, supported by several complementary treatments. The term itself is derived from two Sanskrit words: '*Pancha*', meaning "five," and '*Karma*', meaning "procedure" or "action of purification." In Ayurveda, diseases are managed through two main approaches — *Samana* (palliative therapy), which aims to alleviate symptoms without removing the underlying toxins, and *Shodhana* (purificatory therapy), which focuses on cleansing the body by expelling the vitiated doshas. Generally, treatment begins with *Shodhana* to eliminate toxins followed by *Samana* for long-lasting therapeutic effects. This process is essential for removing *ama* (toxic accumulations within bodily channels) and restoring the body's natural equilibrium.

Classification of cerebral palsy and major causes ⁽⁹⁾

| Motor syndrome (approx.% of CP) | Neuropathology | Major causes |
|--|---|---|
| Spastic diplegia (35%) | Periventricular leukomalacia, Periventricular cysts or scars in white matter, enlargement of ventricles, squared-off posterior ventricles | Ischemia, Infection, Prematurity, Endocrine/metabolic (e.g, thyroid) |
| Spastic quadriplegia (20%) | Periventricular leukomalacia, Multicystic encephalomalacia, Cortical malformations | Ischemia, Infection, Endocrine/metabolic, genetic/developmental |
| Hemiplegia (25%) | Stroke: in utero or neonatal, Focal infarct or cortical, subcortical damage, Cortical malformations | Thrombophilic disorders, infection, Genetic/developmental, Periventricular hemorrhagic infarction |
| Emapyramidal (athetoid, dysknetic) (15%) | Asphyxia: symmetric scars in the putamen and thalamus Kernicterus: scars in globus pallidus, hippocampus Mitochondrial: scarring of globus pallidus, caudate, putamen, brainstem No lesions: dopa-responsive dystonia | Asphyxia, Kernicterus, Mitochondrial, Genetic/metabolic |

Effective Panchakarma Procedures in Cerebral Palsy:

Several Panchakarma therapies have shown beneficial results in the management of Cerebral Palsy. The present study emphasizes specific Panchakarma treatments such as Sarvanga Abhyanga (full-body massage with medicated oil), Shashtikshali Pinda Sweda (sudation using a bolus prepared from cooked rice), Nasya (instillation of medicated oil through the nostrils), Shirodhara (continuous pouring of medicated oil over the forehead), and Basti (administration of medicated oil or decoction enemas).

Cerebral Palsy is considered a Shiromarma-Abhigata Vataja Vyadhi, meaning a neurological disorder caused by injury to the vital head region and vitiation of *Vata dosha*. These Panchakarma therapies are traditionally recognized for their effectiveness in balancing *Vata dosha* and treating *Urdhvajatrugata rogas* (diseases of the head and neck region).

Abhyanga (Snehana):

Abhyanga, also known as external oleation therapy (bahya snehana), is regarded as a vital component of the rejuvenation treatments described in Ayurveda⁽¹⁰⁾. According to Ayurvedic principles, the skin (Twak) serves as the main site for Vata and Bhrajaka Pitta.

Snehana is a therapeutic procedure aimed at imparting *Sneha*, *Vishyandana* (enhancing fluidity or solubility), and *Mardava* (softness), while also promoting *Kleda* (moisture) within the body⁽¹¹⁾. This therapy supports overall health by enhancing longevity, complexion, strength, nourishment, and vitality, while helping to eliminate vitiated *Doshas*⁽¹²⁾. Snehana can be administered both externally and internally using various forms of *Sneha* (medicated oils or ghee). When combined with *Medhya* (nootropic) herbs, *Sneha* helps to nourish the brain and counteract pathological conditions, thereby proving beneficial in neurological disorders. External application, such as *Abhyanga* (oil massage), helps nourish tissues and alleviate muscle stiffness or spasticity, which is particularly useful for patients with cerebral palsy. As Snehana effectively pacifies *Vata* disorders (*Vata Vikara*)⁽¹³⁾, it serves as a supportive therapy in the management of cerebral palsy.

Mode of Action

Abhyanga is a therapeutic procedure involving the manipulation of the skin and underlying tissues through massage. It is regarded as one of the principal methods for alleviating *Vata* imbalance. The therapeutic effects of *Abhyanga* are primarily achieved through two mechanisms—local and systemic. *Abhyanga* helps to pacify aggravated *Vata* and facilitates the movement of vitiated *Doshas* from the *Shakha* (peripheral tissues) toward the *Koshtha* (gastrointestinal tract), where they can be effectively eliminated through *Shodhana Karma* (purification therapies). The term *Abhyanga* is often considered synonymous with an oil bath and is recommended as a part of daily routine practice (*Dinacharya*). When the oil is applied to the head, the procedure is known as *Shiroabhyanga*, and when applied to the feet, it is referred to as *Padabhyanga*.

Swedana

Swedana Karma is an essential part of the *Purva Karma* (preparatory procedures) in *Panchakarma*¹. It refers to the therapeutic process that induces perspiration to help

According to *Acharya Kashyapa*, there are eight main types of *Swedana*⁽¹⁴⁾:

1. *Hasta Sweda*
2. *Pradeha Sweda*
3. *Nadi Sweda*
4. *Prastara Sweda*
5. *Sankara Sweda*
6. *Upanaha Sweda*
7. *Avagaha Sweda*
8. *Parisheka Sweda*

Acharya Kashyapa also emphasized the importance of *Avasthika Sweda* in children, meaning the application of *Swedana* should be individualized according to the child's disease condition (*Roga*), strength (*Bala*), and environmental factors such as temperature (*Sheeta*) and overall vitality (*Sharirika Bala*).

Pinda Sweda

Pinda Sweda is a form of fomentation therapy in which heat is applied to the body using *Pinda*—boluses containing medicinal substances. These boluses may be used with or without being wrapped in a cloth.

Among the various forms of *Pinda Sweda*, *Shashtikashali Pinda Sweda* is most commonly practiced in pediatric care. In this procedure, either specific body parts or the entire body are made to perspire using boluses prepared from *Shashtika Shali* (a special variety of rice) processed in medicated milk and herbal decoctions. The medicated boluses, tied in small cloth bundles (*Pottalis*). The *Shashtika Shali* rice is cooked along with milk and herbal decoctions, then portioned into pieces of cloth to form *Pottalis* (boluses). The remaining decoction (*Kwatha*) and milk are combined and gently heated, providing a warm medium in which the *Pottalis* are dipped before application. During the therapy, the patient's body is massaged using these warm boluses, which are applied with gentle, systematic movements. The complete procedure typically lasts between 30 minutes to one hour, allowing adequate time for the body to perspire and for the medicated properties of the *Pottalis* to be absorbed.

Mode of Action:

The heat from the *Pottalis*—boluses of *Shashtikashali* dipped in the warm herbal-milk decoction—enhances local blood circulation, allowing the nutrients from the bolus to penetrate muscular tissues. This nourishment prevents muscle wasting and promotes tissue strength. Therapeutic heat also induces vasodilation, facilitating the removal of metabolic waste, improving oxygen delivery, and supporting anabolic processes.

Additionally, the warmth and medicated properties of the *Pottalis* reduce muscle stiffness and increase tissue extensibility, thereby improving joint mobility and range of motion. Collectively, these effects help relieve spasticity, enhance joint function, prevent deformities and contractures, and provide overall nourishment to the tissues. Therefore, *Shashtikashali Pinda Sweda* is particularly beneficial for children affected by cerebral palsy.

Nasya

Nasya is a therapeutic technique used in Ayurveda for treating various systemic disorders, particularly those affecting the head and upper regions of the body (*urdhvajatrugat roga*). It involves administering medicinal substances through the nasal passages. Commonly used oils and formulations for Nasya include Panchendriyavardhan Tail, Anu Tail, and Shadbindu Tail, among others.

In Ayurvedic philosophy, the nose (*nasa*) is considered a gateway to the head (*shira*), which is regarded as the seat of *prana* (vital life force).

During the Nasya procedure, the patient should either sit or lie down in a comfortable position. The treatment usually begins with a gentle massage of the head, face, and forehead, followed by mild swedana (steam or fomentation) to prepare the area. After this, lukewarm medicated oil is carefully instilled into the nostrils.

Mode of Action

Nasya Karma primarily functions to purify and clear the channels located in the head and neck region. This therapy helps in expelling the aggravated *Kapha dosha* that often obstructs the upper respiratory pathways. By administering medicated substances through the nasal route, these blockages are effectively removed.

In Ayurveda, it is believed that the sensory channels of the body are directly connected to the *Shira* (head), much like the rays of the sun are connected to the sun itself. When medicinal drops are instilled into the nostrils, they reach the *Sringataka Marma* and then spread throughout the internal structures of the head, including the areas where the channels of the eyes, ears, and nose converge.

Shirodhara-

Shirodhara is a form of Ayurveda therapy that involves gently pouring of liquid over the process involves allowing a continuous and rhythmic flow of liquid over the forehead from a specific height and for a certain duration, enabling the oil to spread across the scalp and nourish the hair. The term *Shirodhara* originates from the Sanskrit words “*Shiro*” (head) and “*Dhara*” (flow).

The liquids commonly used include medicated oils such as Bala Taila, Bhrhami tail, and Narayana Taila

Mode of Action

The active components used in *Shirodhara* are believed to influence the secretion of various neurotransmitters and hormones at the cellular level within the brain. This therapy acts as a *purifying and rejuvenating* Panchakarma procedure that helps eliminate toxins, reduce mental fatigue, and alleviate stress, thereby supporting the proper functioning of the central nervous system.

As a result, it may help regulate seizures, improve cognitive function, and manage behavioral issues such as anxiety and attention-deficit hyperactivity disorder (ADHD). Hence, *Shirodhara* can be beneficial in supporting children affected by cerebral palsy

Basti :

Basti is a therapeutic procedure in which medicinal substances, usually in a suspension form, are administered through the rectal route. It is considered one of the most effective treatments for disorders caused by the vitiation of *Vata dosha*.

In pediatric practice, the rectal administration of medicine is regarded as particularly beneficial, as *Basti* provides gentle yet powerful therapeutic action suitable for children. Among all Panchakarma

procedures, *Basti* is described as the most superior — often compared to *Amrita* (nectar) — for its nourishing and restorative effects on the child's body⁽¹⁵⁾.

Proper understanding and skillful administration of *Basti* in children are essential, as it requires precision and care. This therapy not only promotes overall nourishment and growth but also purifies the *srotas* (body channels) by cleansing them initially, followed by supporting anabolic and rejuvenating functions.

Matra Basti is a specific type of *Sneha Basti* in which a small quantity of medicated oil is administered rectally. It is gentle in nature and can be safely given daily without causing any adverse effects. This procedure is suitable for individuals of all age groups and generally does not require extensive precautionary measures.

Matra Basti possesses *Brimhana* (nourishing) properties and is believed to help in eliminating various disorders from the body, especially in children⁽¹⁶⁾. In cases of *Cerebral Palsy*, it has been observed that *Basti* therapy enhances joint flexibility by pacifying *Vata dosha* (*Vata-samana* effect). Since *Vata* imbalance is the primary factor in *Vataja Vyadhi* (neurological disorders), *Basti* is considered to represent half of the treatment for such conditions and is one of the most important Panchakarma procedures used in their management.

Mode of Action of Basti

Basti therapy involves the administration of medicated substances through the anal route, allowing the medicine to reach regions such as the umbilical area, hips, waist, loins, and small intestine. This process facilitates the removal of toxins that are distributed throughout the body, helping them to be expelled along with the body's excretory materials.

The action of *Basti* instantly promotes strength (*Bala*), complexion (*Varna*), cheerfulness (*Harsha*), softness (*Mridutva*), and unctuousness (*Snehana*) of the body. It is widely regarded as one of the most effective Panchakarma procedures for managing neurological disorders. *Matra Basti* is known for its *Balya* (strength-promoting), *Brimhana* (nourishing), and *Vata-roghara* (*Vata*-pacifying) properties.

According to Ayurveda, the *Pakwashaya* (colon) is the *Moola Sthana* or main site of *Vata dosha*. By acting on this region, *Basti* helps regulate *Vata* throughout the entire body. When medicated oil reaches the rectum and colon, the presence of short-chain fatty acids allows direct diffusion of the active components through the epithelial lining into the capillary blood vessels. Because the rectum is rich in blood and lymphatic supply, these substances are easily absorbed into the systemic circulation, producing effects throughout the body.

In patients with *Cerebral Palsy*, *Basti* has been observed to improve fine and gross motor activities and is particularly beneficial in cases of spastic diplegia. It also supports overall nutrition and promotes better neuromuscular coordination.

Basti performs two key actions: it expels accumulated *Doshas* (waste and toxins) and simultaneously nourishes the body. In chronic neurological conditions, these dual actions help eliminate morbid substances from the body, primarily through the colon, leading to systemic detoxification and revitalization.

According to Acharya Kashyapa, *Basti* therapy should generally be administered after the child reaches the crawling stage. However, *Anuvasana Basti*—a milder, oil-based form—can be introduced safely even during early infancy. In pediatric practice, strong *Shodhana* (purificatory) procedures are usually avoided or applied in very mild forms due to the delicate nature of a child's body.

Among the different types of *Basti*, *Anuvasana Basti* and *Matra Basti* are preferred over *Niruha Basti* for children, as they are gentler, nourishing, and better suited for managing neurological conditions. Considering these factors, *Basti* therapy proves highly beneficial for children with Cerebral Palsy, helping in the regulation of *Vata dosha*, improving motor functions, and supporting overall physical development.

Conclusion:

The selected Ayurvedic treatment modalities have demonstrated effectiveness in alleviating the signs and symptoms of Cerebral Palsy in children, thereby contributing to a reduction in disability. Panchakarma is a comprehensive therapeutic approach with preventive, curative, and rejuvenating effects in pediatric neurological conditions.

Combined therapies including *Abhyanga* and *Swedana* aid in opening micro-channels, improving both blood and lymphatic circulation and preparing the body for subsequent Panchakarma interventions.

Abhyanga and specific physiotherapeutic supportive procedures (SSPS) enhance joint flexibility, increase the range of motion, and reduce pain and spasticity. Treatments like *Nasya* and *Shirodhara* strengthen the head and the sense organs (*Shirogata Indriyas*), supporting neurological function and mental well-being.

Matra Basti nourishes the deeper tissues, improves fine and gross motor functions, and supports overall physical development. In children, *Basti* is often considered to *Amrita* (nectar) due to its profound therapeutic and rejuvenating effects, making it one of the most appropriate Panchakarma procedures for managing Cerebral Palsy.

Basti is considered a primary treatment for *Vata Vyadhi* and, therefore, plays a major role in managing children with Cerebral Palsy. While there is currently no definitive cure for Cerebral Palsy, various therapeutic approaches can help affected children function more effectively and improve their quality of life.

The primary goals of management include preventing secondary complications and enhancing the child's developmental potential. Among these therapies, Panchakarma is particularly valuable, as it helps to increase joint range of motion, reduce spasticity, and strengthen muscles. Through these interventions,

children can achieve improved functional abilities, greater independence, and enhanced overall quality of life.

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