

**AYURVEDIC THERAPEUTIC APPROACHES IN SPASTIC CEREBRAL PALSY WSR TO PHAKKA ROGA-A CASE REPORT****Dr. Priyanka H. S.<sup>1</sup>, Dr. Pravitha Prabhakar K.\*<sup>2</sup>**

<sup>1</sup>Assistant Professor, Department of Kaumarabhritya, Shri Dharmasthala Manjunatheshwara Institute, Bengaluru, 560074, Karnataka, India.

<sup>2</sup>Assistant Professor, Department of Kaumarabhritya, Shri Dharmasthala Manjunatheshwara Institute, Bengaluru, 560074, Karnataka, India.

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**\*Corresponding Author****Dr. Pravitha Prabhakar K.**

Assistant Professor, Department of  
Kaumarabhritya, Shri Dharmasthala  
Manjunatheshwara Institute,  
Bengaluru, 560074, Karnataka,  
India.



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**ABSTRACT**

Cerebral Palsy<sup>[1]</sup> (CP) is a non-progressive neurological disorder resulting from brain injury during the prenatal, perinatal, or postnatal periods. It affects motor function and leads to delay in gross and fine motor skills, hypertonia or hypotonia, persistence or exaggeration of primitive reflexes, neuro-behavioral issues, cognitive impairment, and musculoskeletal complications. CP is prevalent in about 4 per 1,000 live births<sup>[2]</sup>, with boys having a slightly higher risk than girls, and spastic CP being the most common type.

Children with CP require significant family support and care, making early and effective treatment crucial to enhancing independence and quality of life. Ayurveda describes a condition called "Vyadhija Phakka,"<sup>[3]</sup> which shares symptoms with spastic CP. Ayurvedic treatments, particularly Panchakarma therapies and other supportive treatments

(Upakramas), have shown potential in alleviating spasticity and other symptoms of CP.

This case report presents the successful management of spastic CP in a child using Ayurvedic therapies, demonstrating the positive impact of Panchakarma in reducing spasticity, improving motor milestones, and enhancing neuro-behavioral responses. The application of Panchakarma therapies such as Abhyanga<sup>[4]</sup> (oil massage), Swedana<sup>[5]</sup> (sudation therapy), and

Basti<sup>[6]</sup> (medicated enema) contributed significantly to the child's improvement, highlighting the potential of Ayurvedic approaches in managing CP.

## METHODOLOGY

A 2-year and 2-month-old male child presented at the OPD of the Department of Kaumarabhritya, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru, with complaints of developmental delays. The parents reported that the child was unable to sit without support since 18 months of age, unable to stand without support, and had been exhibiting toe-walking with crossed legs for the past year. Additionally, the child had frequent episodes of cough and cold and had not gained weight since birth. The patient was a pre-term infant (born at 6 months and 5 days gestation) via LSCS with a birth weight of 1.3 kg. The child was born to non-consanguineous parents and had delayed crying, respiratory distress, and pathological jaundice requiring NICU admission for 30 days.

Developmental milestones were significantly delayed. The child achieved neck holding at 8 months, crawling at 12 months, and sitting and standing with support only by 2 years and 2 months. Unidextrous reaching was noted at 8 months, but the mature pincer grasp was not developed until the date of examination. The child had social smile by 4 months, recognized the mother and stranger, cooed at 3 months, and produced monosyllabic sounds at 8 months and bisyllabic sounds at 10 months. There were no major neurological disorders in the family history that could impact development.

On examination, the child was conscious and oriented to time, place, and person. Anthropometric measurements were as follows: height 82 cm, weight 9.9 kg, mid-upper arm circumference 16 cm, head circumference 45 cm, and chest circumference 50 cm. MRI of the brain revealed no abnormalities. According to the Ashworth scale<sup>[7]</sup>, spasticity was graded as 4 (severe) in both lower limbs, with rigidity present. Upper limbs were less affected, though finger movements were clumsy. The cranial nerves and higher mental functions were intact, and tendon reflexes in the lower limbs were hyperactive. Cardiovascular, respiratory, and abdominal examinations were unremarkable. Physical growth was noted to be lagging behind age expectations.

Given the clinical presentation, the diagnosis of cerebral palsy with spasticity was made. Considering the dosha imbalances (primarily Vata) and the condition's severity, a treatment regimen focusing on **Shodhana (detoxification)** followed by **Shamana (palliative care)** was

selected. The treatment plan aimed at reducing spasticity, improving motor function, and supporting neuro-behavioral development.

### Treatment Plan (for 10 days)

Duration	August	October	December	Details
3days	<b>Udwarthana</b> <sup>[8]</sup> (Herbal powder massage) f/b <b>Dashamoola Kashaya Parisheka</b> (Herbal decoction fomentation)	<b>Udwarthana</b> f/b <b>Dashamoola Kashaya Parisheka</b> )	<b>Udwarthana</b> f/b <b>Dashamoola Kashaya Parisheka</b>	To reduce stiffness, improve circulation, reduce inflammation and improve muscle tone.
6days	<b>Sarvanga Abhyanga</b> (Full body oil massage) with Ashwagandha bala lakshadi taila followed by <b>Shastika Shali Pinda Sweda</b> (heated rice bolus therapy)	<b>Sarvanga Abhyanga with ksheerabala taila</b> followed by <b>Shastika Shali Pinda Sweda</b>	<b>Sarvanga Abhyanga with ksheerabala taila</b> followed by <b>Shastika Shali Pinda Sweda</b>	To nourish and relax muscles, promoting flexibility.
6days	<b>Matra Basti</b> <sup>[9]</sup> (Medicated enema) with Kalyanaka Ghrita (10 ml) + Ksheerabala Taila (10 ml)	<b>Matra Basti</b> Brahmi ghrita(20ml)	<b>Matra Basti</b> ABL taila10ml+ Brahmi ghrita 10ml	To nourish the body and improve muscle strength.
4-10	<b>Meru Dand Basti</b> <sup>[10]</sup> (Spinal cord enema) with Ashwagandha Bala Lakshadi Taila	<b>Meru Dand Basti</b> (Spinal cord enema) with Ashwagandha Bala Lakshadi Taila	<b>Meru Dand Basti</b> (Spinal cord enema) with Ashwagandha Bala Lakshadi Taila	To strengthen the nervous system and improve tone.
4-10	<b>Masha Godhuma Upanaha</b> <sup>[11]</sup> (Pulses and wheat poultices for all four limbs)for 4 limbs	<b>Masha Godhuma Upanaha</b>	<b>Masha Godhuma Upanaha</b>	To reduce stiffness and enhance motor function.
4-10	<b>Shirodhara</b> with <b>Brahmi Taila</b> (Oil therapy for the head)	<b>Shirodhara ksheera bala taila</b>	<b>Shirodhara with brahmi taila</b>	To calm the nervous system and improve mental clarity.

### Assessment After Treatment

On December 22, 2024, the child was reassessed using the Ashworth scale along with other clinical parameters, showing significant improvements. Key improvements observed included reduced spasticity, enhanced motor function, a weight gain of 1 kg, and a decrease in the frequency of coughs and colds. Additionally, the child demonstrated the ability to sit without

support, reduced toe standing with improved foot placement, and the ability to stand with support. Overall development also showed positive progress.

Parameter	Before Treatment	After Treatment (Dec 22, 2024)	Change / Improvement
<b>Spasticity (Ashworth Scale)</b>	Higher spasticity noted(score 4 )	Reduced spasticity (score 3)	<b>Improved muscle tone and flexibility</b>
<b>Motor Function</b>	Limited voluntary motor control	Enhanced motor function and coordination	<b>Better control of movements</b>
<b>Sitting Ability</b>	Required support to sit	<b>Able to sit without support</b>	<b>Independent sitting achieved</b>
<b>Standing Ability</b>	Unable to stand even with assistance or significant toe-standing	<b>Able to stand with support</b>	<b>Standing milestone attained with better posture</b>
<b>Foot Placement</b>	Marked toe-standing and poor foot alignment	<b>Reduced toe-standing with improved foot placement</b>	<b>Better weight-bearing and alignment</b>
<b>Weight</b>	Baseline weight (Before treatment)	<b>+1 kg weight gain observed</b>	<b>Indicates better nutrition, growth, and systemic improvement</b>
<b>Immunity / Infections</b>	Frequent coughs and colds	<b>Reduced frequency of respiratory infections</b>	<b>Improved immunity and general health</b>
<b>Overall Development</b>	Slower progression of milestones	<b>Positive progress across multiple developmental domains</b>	<b>Steady developmental catch-up observed</b>

## DISCUSSION

Neurological conditions like Cerebral Palsy are considered non-progressive neuromotor disorders, and their symptoms can be linked to *vataja vyadhi* or *vyadhija phakka roga* in Ayurvedic texts. Ayurveda offers various *purvakarma* and *upakrama* therapies that have proven effective in alleviating such specific conditions.

**Discussion on Abhyanga and Swedana:** Vayu is associated with the *sparsanendriya* (sense of touch). Abhyanga and Swedana work synergistically to clear *aavarana* (obstructions) and *srotorodha* (blockages in the channels). Together, they help shift doshas from the *shakha* (limbs) to the *koshta* (Intestine), where they can be better managed. Balancing vata promotes the normal progression of developmental milestones. Abhyanga also helps reduce excessive muscle tone and improve muscle bulk.

**Discussion on Udwartana:** Udwartana is effective in reducing spasticity in Cerebral Palsy (CP). It promotes *Rukshana* (drying) at the superficial tissue level, including *Twak* (skin), *Raktha* (blood), *Mamsa* (muscles), and *Meda* (fat). For *Ama Pachana* (digesting toxins), Udwartana is recommended. This treatment lightens the body, improves appetite, and alleviates pain. After achieving *Niraamavastha* (clear state) through Udwartana, other procedures like *Snehana* (oleation) and *Swedana* (sudation) can be introduced. Udwartana helps reduce vitiated Kapha through its dryness-inducing and blockage-removing effects. Once the *Aavarana* (blockages) are cleared, vitiated Vata can be pacified with further treatments. Additionally, it opens minute channels and enhances both blood and lymphatic circulation.

**Discussion on Dashamoola Kashaya Parisheka:** This decoction is gently poured or sprinkled (*Parisheka*) over the body or affected areas. The procedure is known for its anti-inflammatory effects, helping to reduce pain and swelling. It balances the Vata and Kapha doshas, making it particularly beneficial for conditions related to these doshas. Additionally, it acts as a muscle relaxant, easing tension and stiffness, while also promoting improved circulation, ensuring better oxygen and nutrient flow to the tissues.

**Discussion on Shashtika Shali Pinda Sweda:** this method is commonly used to induce perspiration in specific areas or the whole body by applying Shashtika Shali in the form of *pottalis* (pouches). Apart from promoting muscle relaxation and relieving stiffness, SSPS is particularly effective in pacifying vitiated Vata dosha, which is responsible for conditions like joint pain, muscle spasms, and neurological disorders. This therapy enhances joint mobility, stimulates nerves, and improves neuromuscular coordination. Additionally, it aids in detoxification by eliminating metabolic waste and boosting circulation, thereby nourishing tissues and alleviating symptoms of chronic Vata-related conditions.

**Discussion on Matra Basti:** is highly effective in balancing and calming vitiated Vata dosha, which is responsible for a variety of Vata-related conditions like neurological issues, and muscle spasms. The medicated oils or decoctions used in this treatment nourish and lubricate the tissues, especially the joints, nerves, and muscles, helping to alleviate the dryness and stiffness commonly associated with Vata imbalances. This process provides essential hydration and support to the affected areas, offering relief from discomfort and promoting overall healing.

**Discussion on Masha Godhuma Upanaha:** the technique that involves the application of a paste made from *Masha* (black gram) and *Godhuma* (wheat) in the form of an *Upanaha*, which is a type of poultice or bandage applied to the affected area, typically in cases of pain or inflammation. It promotes healing by nourishing and detoxifying the tissues, enhancing circulation, and relieving discomfort, making it an important therapy in musculoskeletal and inflammatory conditions.

## CONCLUSION

These positive changes suggest that the Ayurvedic treatment regimen, including Shodhana and Shamana therapies, played a crucial role in improving the child's condition. This case highlights the effectiveness of Ayurvedic interventions, particularly Panchakarma therapies, in managing pediatric cerebral palsy. These therapies not only contribute to improvements in motor functions but also support cognitive development, showcasing their potential as an alternative or complementary approach in pediatric care.

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