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Siddha methodologies which enhancing the quality of life for Sirakkambavatham (Cerebral palsy) childrens

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Abstract

Sirakkambavatham is one of the vatha diseases among the 80 types of vatham classified in siddha classical literatures. In siddha system of medicine sirakkamabavatham also known as sirasthamabavatham which is correlated with cerebral palsy that was managed by various neuroprotective medicines and external therapies. Cerebral palsy is a group of disorders that affects a persons ability to move and maintain balance and posture. The childrens who are assessed with the symptoms of cerebral palsy in inpatient department of kuzhanthai maruthuvam is included in this study. Siddha methodologies reduce the sufferings and symptoms of childrens with sirakkambavatham and enhance the quality of life.

Keywords: siddha system, Sirakkambavatham, vatha diseases, childrens.

Introduction

Siddha system of medicine is one of the most ancient medical systems in India. It classifies the disease on the basis of mukkuttram which includes vatham, pitham and kabam. Any imbalance in mukkuttram will result in illness. Sirakkambavatham is one of the vatha diseases among the 80 types of vatham classified in siddha classical literatures. In siddha system of medicine sirakkamabavatham also known as

sirasthamabavatham which is correlated with cerebral palsy that was managed by various neuroprotective medicines and external therapies.

Cerebral palsy is the most leading cause of lifelong physical disabilities in most countries affecting about 1 in 500 neonates with an estimated prevalence of 17 million people worldwide. It is a clinical description of children who share features of a non progressive brain

injury or lesion acquired during the antenatal, perinatal or early postnatal period.

There are four types of cerebral palsy which include spastic (70%), dyskinesia (10%), ataxic (10%) & mixed (10%) along with varying degrees of motor, sensory and intellectual impairment such as mental retardation, epilepsy, visual, hearing, speech, cognitive, behavioural abnormalities & chronic systemic diseases. The practice towards reaching the goal in the management of sirakkambavatham is on process by Indian system of medicine.

Nowadays siddha system of medicine is blooming in its own way in the management of cerebral palsy. So this study will focus on complete documentation of history, diagnostic measures, treatment approaches and prognosis of patients of sirakkambavatham visiting the inpatient department of kuzhantaimaruthuvam.

This study will enhance the therapeutic approaches of siddha physicians towards sirakkambavatham and may act as encouragement factor in managing the disease.

Materials and Methods

Primary objective

To document the history, symptoms, diagnostic measures, therapeutic approaches of patients with sirakkambavatham visiting inpatient – department of kuzhantaimaruthuvam.

Secondary objective

To analyse therapeutic procedures of sirakkambavatham and to observe the prognosis of the patients.

Proposed methods:

Study populations:

Inpatients department of kuzhantaimaruthuvam in govt.siddha medical college and hospital ,palayamkottai.

Method of approach:

Direct approach

Sampling procedure:

Non random sampling

Sample size:

10 Individuals

Data collection:

Information collected:

Information such as history, duration of symptoms, severity of symptoms, diagnostic measures, treatment approaches and prognosis of patients are collected

Raw data collected.



Interpretation of data done by MS EXCEL



Data were aligned, segregated by symptoms and patients



Improvement of milestones were recorded with the use of GMFCS scale



Improvement was recorded statistically.

Clinical study:

The present study was a prospective, non randomized ,trial conducted in the Department of Kuzhantaimaruthuvam, Government siddha medical college, Palayamkottai..Before enrolment into the study, children satisfied the inclusion criteria and were willing to participate in the study signed the informed consent.

The children with the age of 3-12 age are involved in this study. Childrens who are

diagnosed with sirakkambavatham (spastic cerebral palsy) were included in this study. children with serious illness are excluded in this study.

The children is measured under GMFCS classification system.(Grade I-V).It is a five level classification that differentiates the children based on gross motor abilities ,limitations in gross

motor function and need for assistive technology and wheeled mobility. Recrited patient were subjected to:

Day 1 :Oil bath (chukka thylam).

Day 2:Purgation with maanthaennai(5-10 ml)

bd

Day 3:Rest.

Day 5:

INTERNAL	DOSAGE	AFTER FOOD	ADJUVANT
i.Thalisathichooranam	1 g	twice a day	Honey
ii.Pavalaparpam	100 mg	twice a day	Honey
iii.Kasthurikaruppu	50 mg	twice a day	Honey
iv.Brahminei	5 ml	once a day	Hot water
v..Balasanjeevimaathiurai	1	twice a day	Honey

EXTERNAL:

I.Ulunthu thylam

II.Podithimirthal

III.Varmam for further management

Results and Observations

incidence of sirakkambavatham in childrens reported in GSMS palayamkottai showed female predominance of about 56% over the male child.The age of the children at the time of reporting at palayamkottai is found to be more in age group between 5-10 years.

Table 1.0

Milestones /cases	Neck holding	Social smile	Rolls over	Monosyllables	Sitting	Standing
Case 1	6 mon	8 mon	11 mon	10 mon	3 yrs	Not attained
Case 2	8 mon	5 mon	Not attained	3 years	Not attained	7 yrs
Case 3	8 mon	5 mon	5 ½ mon	2 years	2 1/2yrs	2 1/2 yrs
Case 4	Not attained	Not attained	Not attained	Not attained	Not attained	Not attained
Case 5	10 mon	3 mon	Not attained	1 1/2year	8 mon	Not attained
Case 6	Not attained	2 mon	8 mon	Not attained	Not attained	Not attained
Case 7	5mon	8 mon	3 mon	1 ½year	8 mon	2 yr
Case 8	1 yr	2 mon	3 mon	1 1/2yr	2 yr	Not attained
Case 9	Not attained	Not attained	Not attained	Not attained	Not attained	Not attained
Case 10	Not attained	Not attained	Not attained	Not attained	Not attained	Not attained

Fig:1.0

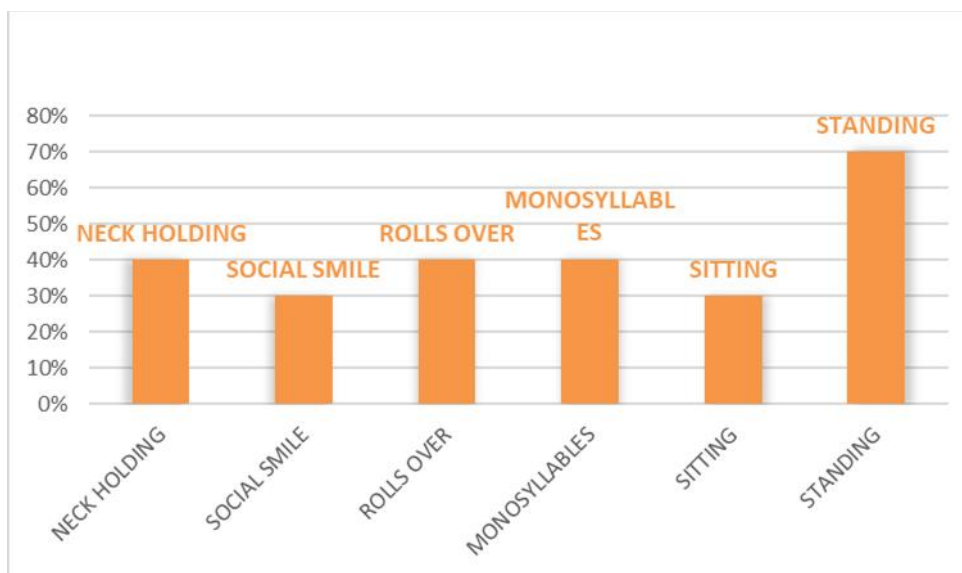


Table 1.2

Age	
1-5 years	50%
6-10 years	30%
10-14 years	20%

Fig:1.1

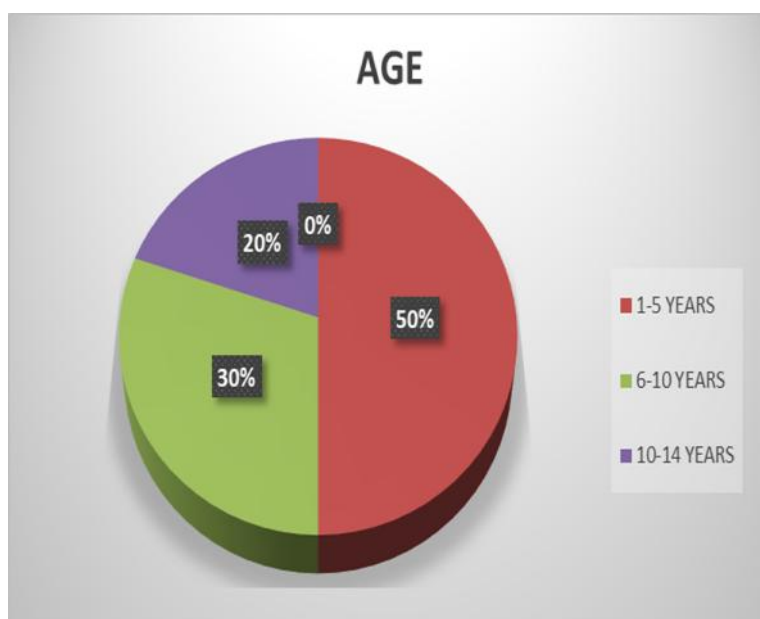


Table 1.2

Sex	
Male child	40%
Female child	50%

Fig:1.3

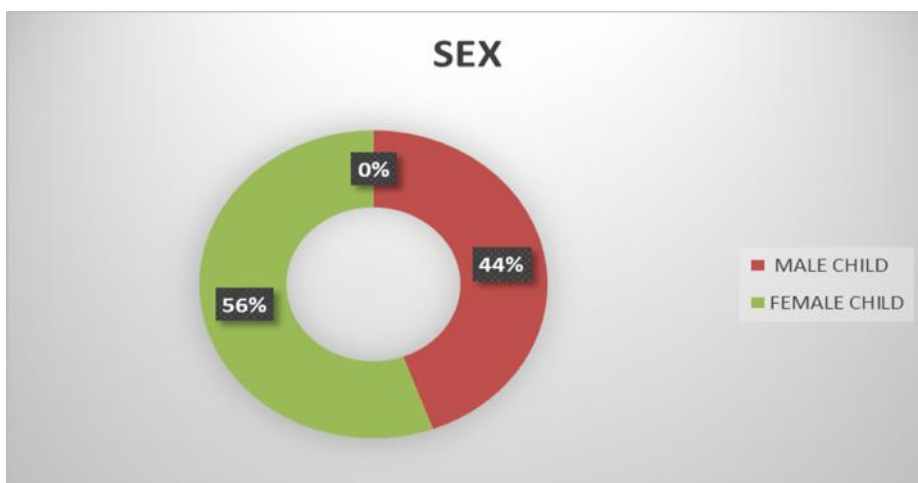


Table 1.3

Term or preterm	
Term baby	50%
Preterm baby	50%

Fig:1.3

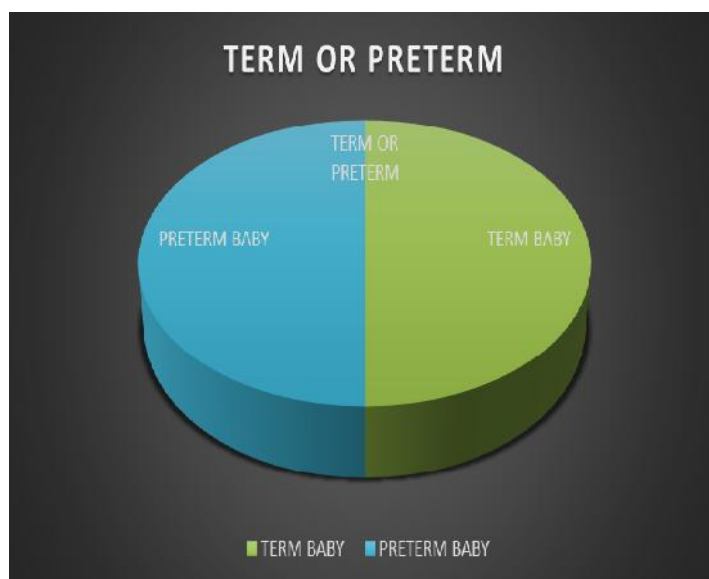


Table 1.4

Symptoms	
Constipation	50%
Drooling of saliva	40%
Hyperactivity	40%
Seizure	60%
Squint eye	70%
Stridor	30%

Fig:1.4

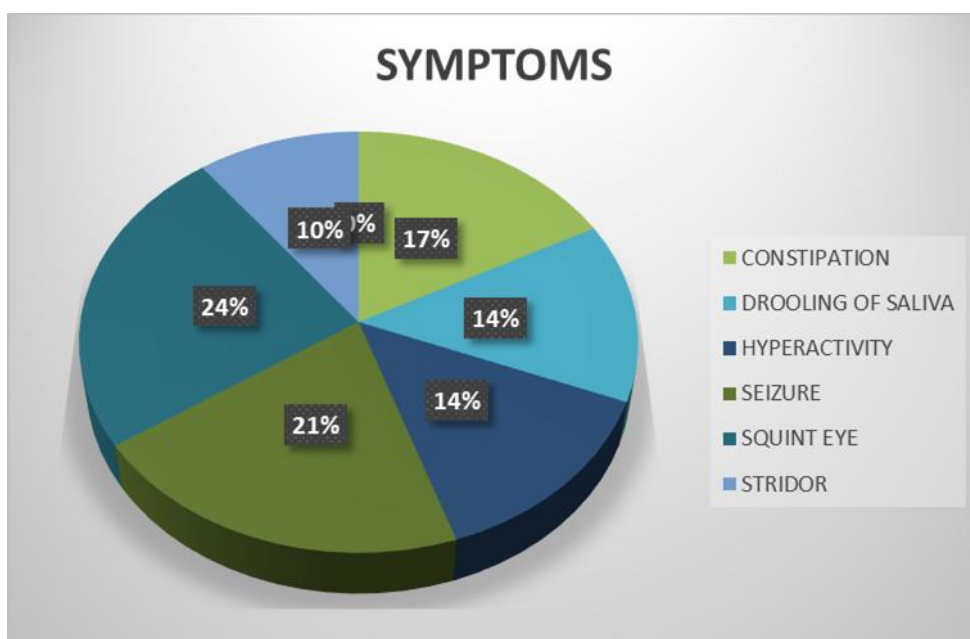


Table 1.5

Cerebral palsy		after treatment		
Clinical features	Before treatment	Good	Moderate	Poor
Loss of neck control	40%	25%	50%	25%
Seizures	60%	50%	66%	33%
Angular salivation	30%	0%	66%	33%
Difficulty in sitting & standing	80%	63%	25%	13%
Stiffness	80%	25%	38%	38%
Social behaviour	60%	50%	17%	30%
Constipation	50%	60%	20%	20%

Fig:1.5

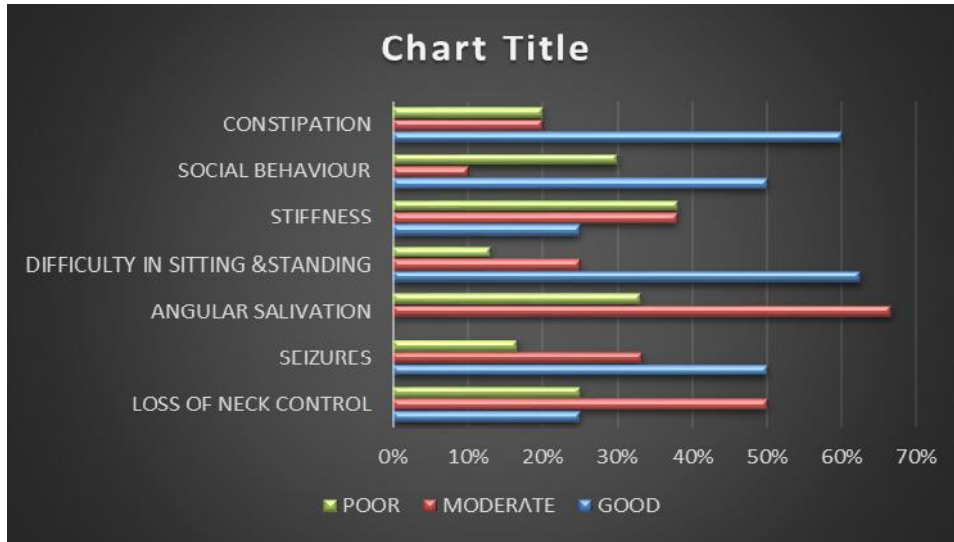
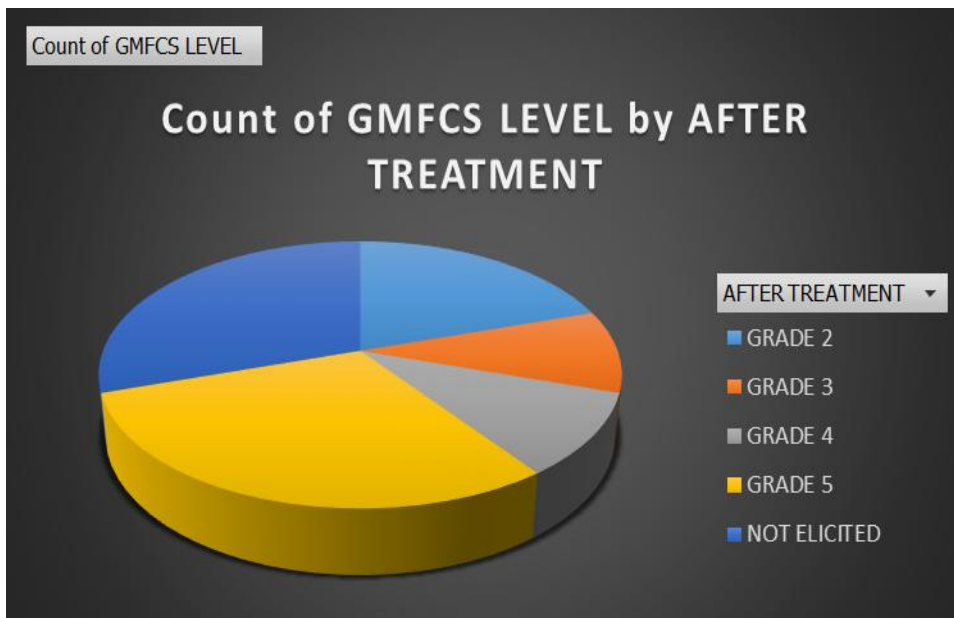


Table 1.6

GMFCS Level	Before treatment	After treatment
CAS E 1	Grade 4	Grade 3
CAS E 2	Grade 3	Grade 2
CAS E 3	Grade 5	Grade 4
CAS E 4	Grade 5	Grade 5
CAS E 5	Not elicited	Not elicited
CAS E 6	Grade 5	Grade 5
CAS E 7	Grade 3	Grade 2
CAS E 8	Not elicited	Not elicited
CAS E 9	Grade 5	Grade 5
CASE 10	Not elicited	Not elicited

Fig:1.6



Discussion

-) Based on the result of the study there is a significant reduction in the sufferings of children included in this study. there is gradual improvement in the children who are taking internal medicines along with kollupodithimirthal and varmam therapy.
-) Andathylam reduces the episodes of seizures and improve the speech disorder.
-) Pavalaparpam which encourages the vital activity and reduces the tremors of the children.
-) Kasthurikarupu which clears the respiratory disturbances. Brahminei significantly improves the intelligence level.
-) Podithimirthal which reduces the muscle stiffness along with varmam therapy.
-) Hence the efficacy of the siddha treatment in the management of
-) sirakkambavatham is good and proved statistically.

Conclusion

It is concluded that this study shows the improvement in the quality of life of cerebral

palsy affected children with proper medications and external therapies. Spasticity and frequency of seizures reduced gradually. The medications aim to attain neck control and brain development. Hence this study conclude that mother medicine siddha has a significant role in promising betterment of life of special children

Acknowledgments

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