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International Journal of Siddha and Ayurveda  
Research

Journal homepage: Vol 3, Issue 1, 2020 (Jan-Mar)

Research Article  
EFFICACY OF SIDDHA MANAGEMENT FOR A RARE DISORDER AND TREATMENT OF  
CEREBAL PALSY  
Research Article

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published by Rathana Siddha & Herbal Research Centre, Chennai, Tamilnadu, India

ARTICLE INFO

Article history:

Received January 2026  
Received in revised form  
February 2026  
Accepted March 2026

Keywords:

Cerebral palsy,  
Siddha,  
Epilepticus,  
herbal juice

Pages: 284-288

ABSTRACT

Cerebral palsy (CP) is the most common disability of childhood that affects motor function as a result of injury to the developing brain. The presently available treatments for the condition in the modern medicine have limited benefits. Since the children with CP develop multiple secondary, often progressive, musculoskeletal condition that ----may require orthopedic surgical intervention. In this case of CP, which was better managed with Siddha medicine intervention. Because, the child who came for the treatment is just 19 months young with Diagnosis status of Epilepticus. The 16 days of medication of [herbal juice](#), [Naga](#), [Yogi and Brambhi](#) have resulted good. Satisfactory results were observed in the patient with improvement. CP may be managed with Siddha herbal drugs with systematic procedure.

**INTRODUCTION**

Cerebral palsy (CP) is a disorder characterized by abnormal tone, posture and movement and clinically classified based on the predominant motor syndrome—spastic hemiplegia, spastic diplegia, spastic quadriplegia, and extrapyramidal or dyskinetic. The incidence of CP is 2–3 per 1,000 live births. Prematurity and low birthweight are important risk factors for CP; however, multiple other factors have been associated with an increased risk for CP, including maternal infections, and multiple gestation.

Based on an international consensus, a generally agreed upon definition of CP is as follows:

CP describes a group of permanent disorders of movement and posture, causing activity limitation, that are attributed to nonprogressive disturbances that occurred in the developing fetal or immature brain. The motor disorders of CP are often accompanied by disturbances of sensation, perception, cognition, communication, and behavior, by epilepsy, and by secondary musculoskeletal problems (1).

In the Siddha system of medicine, cerebral palsy is generally correlated with the terms **Siravatham** or **Sirakamba vatham** (also spelled as *Sirasthambavaatham*). I reviewed a complete manual on siddha treatment for cerebral palsy. The external therapies are like Varmam, Podithimirthal, Ennaiooral (Sira Pootchu), Ennaiozhukku (Tharai), Thokanam, Nasiyam. One of the concepts of Siddha system is diseases are raised from impairment of Mukkutram (Vatham, Pitham and Kabam). These external therapies were found to reduce Vadha and Kabha and induce Pitha. So that the above therapies are used to reduce the symptoms and manage the condition. (2)

**Diagnosis**

The Standardized tools for CP should be administered and interpreted by medical professionals with specific training and experience in their use.

❖ For infants ≤5 months corrected age, the most predictive tools for detecting risk for CP are term-age magnetic resonance imaging (MRI) (86–89% sensitivity), the Prechtl Qualitative Assessment of General Movements (98% sensitivity), and the Hammersmith Infant Neurological Examination (90% sensitivity) (3).

❖ For infants ≥6 months corrected age, the most predictive tools for detecting CP risk are MRI (86–89% sensitivity), the Hammersmith Infant Neurological Examination (90% sensitivity), and the Developmental Assessment of Young Children (83% C index) (3).

Although it is likely that based on a meticulous clinical history, findings on MRI scan and standardized neuromotor assessment, CP can be accurately diagnosed in early infancy by those specifically trained and experienced in using the tools, a specific diagnosis of CP in most primary care or pediatric practice settings is difficult to make with certainty during first 1–2 years of life

Table 1.

Functional classification of children with cerebral palsy

Classification type	Description
GMFCS	Evaluates the gross motor function of the individual with CP
MACS	Evaluates functions of upper limb
CFCS	Evaluates

Classification type	Description
r y d a y  c o m m u n i c a t i o n	
EDACS	Evaluates the ability to eat for children with CP after 3 years

Intellectual disability	50%
Gait disorders	33%
Hip displacement	33%
Speech problems	25%
Epilepsy	25%
Incontinence	85%
Behavior disorders	25%
Sleep disorders	40%
Hearing impairment	9%
Vision impairment	10%
Cognitive impairment	77%
Thyroid dysfunction	3%
G.I. disturbances	2%

Table 2.  
Symptom's identified of the child affected by cerebral palsy

Pain	75%
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**Method**

Internal Herbal Medicine: - The Siddhas have developed a discipline called Kaya Kalpa(5) designed for longevity with a complete freedom from illness.” 8 Another article on Siddha medicine says: “ Siddha medicine was developed by the ancient Tamils, Dravidian people

who lived in South India.

NAGA,Yogi,Brambhi, cert,GG are the pattern rights medicine prescribed by the Radhna Siddha hospital and herbal research center. These medicines are highly effective. Its systematically, (we don't have rights to Name the medicine-based disease or diagnosis)

**Table 1: Details of treatment (Chronological interventions, Duration, Medicine used and Dosage)**

Duration of intervention	Treatment		Dosage
1-7 days	Gut cleansing	<i>Thiripalakasayam</i> <i>Nilavahalchooranam</i> <i>Panchatheepakinichooranam</i> <i>Palavaivukulisai</i>	20ml 2g 2g P2
	Massage of whole body	<i>Nochchithailam</i>	
	Fomentation on affected part	<i>With Vathapottani.</i>	
8-21 days	Internal medicines	<i>Neermullikuduneer</i> <i>Mudakkuchooranam</i> <i>Addachooranam</i> <i>Shangupaspam</i> <i>Vatharatsathanmaththirai</i> <i>Amukiralehiu,</i>	20ml 2g 2g 200mg P2
	Massage of whole body	<i>Vathakesari oil –Forlimbs</i> <i>Sitramaddi oil-For head</i>	
	Fomentation on affected part	<i>WithVathapottani.</i>	
	Rubbing of medicated rice poultice over body		
	Applied medicated oil over the tongue the regulate and stimulate the speech.	<i>AndaThylam</i>	2-3 drops
22-35 days	Internal medicine	<i>Pirapankkilangathikudineer</i> <i>Amukirachooranam</i> <i>Addachooranam</i> <i>Mudakkuchooranam</i> <i>Kunguliyaspam</i> <i>Amukkiralehium</i> <i>Vella vengayakulisai</i>	20ml 2g 2g 2g 200mg 5g P2
	Massage of whole body	<i>Vathakesari oil / Thalankaai oil-For head</i> <i>Ulunthuthailam – ForAffected limbs</i>	



## Conclusion

Injury to the developing brain before, during, and after birth causes various symptoms to evolve in a child; the condition is referred to as cerebral palsy. It affects the normal movement in different parts of the body along with problems such as abnormal resistance to movements, the attitude of the body, and movement and activity limitation, accompanied by various sensory disturbances along with perception, cognition, communication, behavior, epilepsy, and secondary musculoskeletal problems.

In this patient, the overall effect was found near 10–15%. As this disorder is incurable, this percentage of improvement also helps the patient to improve the quality-of-life (QOL). Treatment of this kind of condition is important and in that, if we are able to make small improvements in an earlier age, then it will reflect as a major benefit in later age in the form of developing skills. Previously, it was believed that neurons do not repair or rejuvenate after any injury, but the new concept of neuroplasticity says that CNS have the ability to repair their neurons by axonal sprouting to take over the function of damaged neurons.[05] This improvement in patients also supports the concept of Neuroplasticity. Going by the results of this case study, we can conclude that Siddha herbal medicine along with appropriate experienced Doctor can do a lot for the improvement of Cerebral palsy. Because, it's a treatment connected with the child life.

## References

1. Rosenbaum P, Paneth N, Leviton A, et al. A report: the definition and classification of cerebral palsy April 2006. *Dev Med Child Neurol Suppl* 2007; 109:8-14.
2. Banumathi, Sasikumar, A review of Management of Cerebral Palsy Through Siddha System, *IJFMR*23057925 Volume 5, Issue 5, September-October 2023 (<https://www.ijfmr.com/papers/2023/5/7925.pdf>)
3. Novak I, Morgan C, Adde L, et al. Early, accurate diagnosis and early intervention in cerebral palsy: advances in diagnosis and treatment. *JAMA Pediatr* 2017;171:897-907. 10.1001/jamapediatrics.2017.1689 (<https://pubmed.ncbi.nlm.nih.gov/articles/PMC7082248/>)
4. Pascual-Leone A, Amedi A, Fregni F, Merabet LB. The plastic human brain cortex. *Annu Rev Neurosci*. 2005;28:377–401. doi: 10.1146/annurev.neuro.27.070203.144216.