A Pilot Clinical Study on Mahamasha Taila Matra Basti and Kheerabala Taila Orally in the Management of Cerebral Palsy

Dr. Astitva Tyagi¹, Dr. M. N. Gupta²

¹P.G. Scholar Kaumarabhritya, State Ayurvedic Collage & Hospital Lucknow, U.P. India

²Head of Department of Kaumarabhritya, State Ayurvedic Collage & Hospital Lucknow, U.P. India

1. Introduction

¹Cerebral palsy (CP) is defined as a non-progressive neuromotor disorder of cerebral origin. It includes a group of heterogeneous clinical states of variable etiology and severity ranging from minor incapacitation to total handicap ²The prevalence of cerebral palsy among children is almost 2/1000 live births. There are approximate 25lakhs cerebral palsy affected children in India. The World Health Organization estimates that about 10% of the population have some form of disability

Ayurveda has separate branch of clinical specialization concerning child health care known as Kaumarabhritya. There is no one to one correlation available in ayurvedic classics with CP, but there are many conditions and some causative factors linked to etiopathology for such type of disease condition described in many chapters in different texts. Cerebral palsy in Ayurveda can be considered as Shiro-Marmabhigathaja Bala Vata-Vyadhi, which may manifest itself in any of the following main clinical presentations such as spastic monoplegia (EkangaRoga), hemiplegia (Pakshavadha), spastic diplegia (Pangu), spastic quadriplegia (SarvangaRoga), choreoathetosis (Vepathu) and ataxia, which are described under Vata Vyadhi in the texts.³ Skanda vyadhi (A.S.U 3/10), which is described in Balgrah⁴, Balasamvardhan vikara⁵*Pakshavadha*⁶also having similar symptoms as found in cerebral palsy. In Ayurvedic classics while describing Shiromarmabhighata, there is description of certain Vatavikar such as Chesta-nasha, Gadgada etc. which indicates towards mental impairment.⁷

Basti Karma is the best treatment in the management of Vata Vyadhi. Basti Chikitsa is also better treatment for disorders of Marmas (Vital organs).⁸ Basti is advised for both children and aged person, which is excellent both for the elimination of doshas and nourishment of the body.

The protocol of present study aimed to use appropriate combinations of interventions (Abhyanga, SSPS as Poorva Karma, Matra basti as rectal administration and Ksheerbalataila as oral administration) to promote functions, to prevent secondary impairments and to increase the scope of child's developmental capabilities.

1.1 Need of Study

In all treatment modalities other than Ayurveda there is no treatment of CP having satisfactory results. Modern;

- 1) Medicines that are in use to manage CP have serious side effects in long term use.
- 2) Numbers of patients have got benefited from our OPD through Ayurvedic treatment. A lot of improvement has been noticed in developmental disabilities of cerebral palsy patients with Ayurvedic medicines and procedures but evaluation of these improvements on scientific parameters and proper documentation is need of the hour and so this clinical trial was selected to move in this direction.

1.2 Aim & Objectives

The present research study has been conducted with following Aim and Objectives-

- 1) To understand the concept of Cerebral Palsy on the basis of fundamentals of Ayurveda as a part of literary research.
- 2) To evaluate the role of Mahamashtaila Matra Basti and oral Ksheerabalataila in the management of Cerebral Palsy.
- 3) To decrease the muscle spasticity and improve the quality of life.

2. Materials and Methods

Type of Study:

Randomized, parallel group, active control trial.

Sample Size:

30 patients, 15 in each group- A & B

Selection of Cases and Group Allocation:

Age: 1 - 10 year

Source:

Total 34 patients were randomly selected from OPD and IPD of Kaumarabhritya department of State Ayurvedic College and Hospital Lucknow

Criteria to be adopted-

For conducting the research following criteria has been adopted.

Diagnostic Criteria

- 1) Significant delay in gross or fine Motor function with abnormality in Tone, Posture & movement on neurological examination.
- Children with complaints of spasticity or dysfunction of limbs and delayed developmental milestones along with related birth history.
- 3) Radiological investigation such as CT Head.

Inclusion Criteria

- 1) Children with CP aged 1 year to 10 years of either sex.
- 2) Children physically and mentally handicapped due to cerebral palsy.
- 3) Children with delayed growth and milestone development.
- 4) Already diagnosed cases of CP.

Exclusion Criteria

- 1) Children below 1 years and above 10 years of age.
- 2) Children of CP with major congenital disorder & other disease status viz. Juvenile DM, Acute infections etc.
- 3) Children with any progressive neurological anomalies.
- 4) Child suffering from any Muscular dystrophy.
- 5) Children with severe systemic illness.

Discontinuation Criteria

- 1) Any acute or severe illness
- 2) Parents not willing to continue the treatment.

The assessment of subjects was done before and after 15 days of intervention. However, the following laboratory investigations (complete blood count) were performed only before the treatment:

- 1) Goniometer⁹
 - Shoulder Flexion: 0–180
 - Extension: 0–40
 - Abduction: 0–180
 - Internal rotation: 0–80
 - External rotation: 0–90
 - Elbow Flexion: 0–150
 - Wrist Flexion: 0–60
 - Extension: 0–60
 - Radial deviation: 0–20
 - Ulnar deviation: 0–30
 - Hip Flexion: 0–100
 - Extension: 0–30
 - Abduction: 0-40
 - Adduction: 0–20
 - Internal rotation: 0-40
 - External rotation: 0–50
 - Knee Flexion: 0–150
 - Ankle Plantar flexion: 0–40
 - Dorsiflexion: 0–20

- 2) Power of the limbs ^[10]
 - 0: Complete paralysis
 - 1: Flicker of contraction
 - 2: Movement if gravity excluded
 - 3: Movement against gravity
 - 4: Moderate power against resistance
 - 5: Normal power
- 3) Modified Ashworth scale for spasticity^[11]
 - a. 0: No increase in muscle tone
 - b. 1: Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the range of motion when the affected part (s) is moved in flexion or extension
 - c. 1+: Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the range of motion
 - d. 2: More marked increase in muscle tone through most of the range of motion, but affected part (s) easily moved
 - e. 3: Considerable increase in muscle tone, passive movement difficult
 - f. 4: Affected part (s) rigid in flexion or extension

CDC Grading Scale for Motor milestones¹²

Head Holding

Grade 0	No Head holding at all
Grade 1	Head erect and steady momentarily
Grade 2	Supine-Lifts head when pulled by arms
Grade 3	Prone- elevates self by arms and chest
Grade 4	Hold heads steady when moved around
Grade 5	Head balanced always

Sitting

Sitting	
Grade 0	Not sitting at all
Grade 1	Sits momentarily
Grade 2	Sits 30 seconds or more leaning forward
Grade 3	Sits with the child's back straight
Grade 4	while sitting can manipulate a toy
Grade 5	Raises self to sitting position

Standing

Grade 0	Does not stand at all
Grade 1	Stands holding a furniture
Grade 2	Take a few steps, both hands held
Grade 3	Without support can stand alone (leg apart)
Grade 4	Stand up, all by himself by throwing weight on arms
Grade 5	Take a few steps without support

Speech

Grade 0	Unable to speak or produce sound at all
Grade 1	Marked cooing
Grade 2	Monosyllable
Grade 3	Bisyllables
Grade 4	Two words with meaning
Grade 5	A complete sentence

www.ijsr.net

Modified Barthel Score for ADL¹³

ITEM	Unable to perform task	Attempt task but unsafe	Moderate help required	Minimal help required	Fully independent
Personal hygiene	0	1	3	4	5
Bathing self	0	1	3	4	5
Feeding	0	2	5	8	10
Toilet	0	2	5	8	10
Stair climbing	0	2	5	8	10
Dressing	0	2	5	8	10
Bowel control	0	2	5	8	10
Bladder control	0	2	5	8	10
Ambulation (Wheel-chair)	0 (0)	3 (1)	8 (3)	12 (4)	15 (5)
Chair-bed transfer	0	3	8	12	15

Score	Interpretation
00 - 20	Total Dependence
21 - 60	Severe Dependence
61 - 90	Moderate Dependence
91 - 99	Slight Dependence
- 100	Independence

3. Statistical Analysis

Assessment was done on the basis of pre & post observations found. Result obtained was statistically analyzed. The statistical method adopted for intra group analysis was t- test paired, and Wilcoxon Signed Rank test while t- test unpaired and Mann Whitney Test has been adopted for analysis of intergroup subjects.

Observations

The observation data according demographic clinical profile were as follows- Maximum patients belonged to Vata-pittaj Sharirik Prakriti, (60.0%) Maximum no of patients (group-A 66.7% and Group-B 66.7%) belonged to Avar samhanana, followed by Madhyam samhanana (Group-A 26.7% and Group-B 33.3 %). Maximum patients were belonged to Madhyam satmya in both groups (group A 66.7% and group B 46.7%). In both groups A & B maximum cases (63.3%) belonged to Avarasatva with proportion 46.7% &80% respectively. Maximum patients were of Avar ahara shakti in group A and B (53.3%). maximum patients were of Avar vyayam shakti in both groups (group A 100% and group B 86.7%). Maximum patients were of Supine decubitus in both groups (group A 93.3% and group B 80%). Maximum patients were of medium nutritional status in both groups (group A 46.7% and group B 46.7%). maximum patients were Hypertonic in both groups (group A 80.0% and group B 83.3%). Maximum patients were bedridden in both groups (group A 46.7% and group B 33.3%). Maximum patients (46.7%) showed diplegia in both groups. In Group-A and B 46.7% patients have 46.7% of diplegia. Total 16.7% patients showed past h/o fever, 3.3% showed past h/o febrile convulsions and total 10% patients showed past h/o neonatal jaundice in both groups. Total 13.3% patients showed antenatal h/o intake of drugs, 3.3% showed antenatal h/o fever with rash in both groups. Total 13.3% patients showed natal h/o bleeding/leaking per Vaginum, 43.3% showed natal h/o LSCS. 6.7% showed h/o decreased fetal

movement. Total 53.3% patients were showed post natal h/o delayed cry, 3.3% showed h/o fever, 6.7%% have h/o IUGR, 3.3% showed h/o convulsions and 6.7% showed h/o prematurity. Total 6.7% patients were unclear speech, 13.3% doesn't response to command, 10.0% were irritable, 6.7% have inappropriate smile. Total 73.3% patients showed exaggerated reflexes.

4. Results

results section including results of therapeutic trial, the obtained data were as follows-Statistically significant improvement was seen in all motor milestones - head holding (p=0.030%) in group-A, but not significant improvement was seen in group-B. Statistically significant improvement was noticed in terms of sitting in group A (p=0.041) and group B (p=0.025). Significant improvement was observed in terms of standing in group A (p=0.03) and group B (p=0.005). Statistically significant improvement was seen in spasticity of URL (p=0.007) in group-A, and in group-B (p=0.002). Spasticity of ULL has also been improved at the end of trial in both groups. (p=0.004 group A) (p= 0.002 group B). Statistically significant improvement was in LRL in terms of Spasticity in both groups at the end of trial (p=0.002 for group A) (p=0.001 for group B) Statistically significant improvement was seen in LLL in both groups at the end of trial (p=0.003 group A) (p=0.001group B). Overall effect on power (p=0.018) in group-A, and in group-B (p=0.001). Statistically, significant improvement was seen at 4th follow up and after trial (p>0.005) in group-A, while in group-B, Significant improvement was seen on 6th follow up (p=0.008). Statistically significant improvement was seen in overall effect of range of motion in both groups-A (p=0.002) & group B (p=0.003). Statistically highly significant improvement was seen in overall effect of therapies in all parameters in both groups-A & B (40% in group A and 26.7% in group B).

Motor Milastona Hand Halding		Group	А		Group B					
Motor Milestone - Head Holding	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	3.33	2.09	-			3.67	1.80	-		
Day 15	3.33	2.09	0.00	0.00	1.000	3.67	1.80	0.00	0.00	1.000
Day 30	3.33	2.09	0.00	0.00	1.000	3.67	1.80	0.00	0.00	1.000
Day 45	3.33	1.99	0.00	0.00	1.000	3.67	1.80	0.00	0.00	1.000
Day 60	3.53	1.92	6.00	-1.34	0.180	3.67	1.80	0.00	0.00	1.000
Day 90	3.60	1.96	8.00	-1.63	0.102	4.00	1.46	9.09	-1.41	0.157
AT	3.93	1.53	18.00	-2.17	0.030	4.07	1.49	10.91	-1.67	0.096

Effect of Treatments on MOTOR MILESTONE - Head Holding in both the Groups

Effect of Treatments on MOTOR MILESTONE - Sitting in both the Groups

Motor Milestone – Sitting		Group	А		Group B					
Motor Milestone – Sitting	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	2.87	2.17	-			3.47	1.85	-		
Day 15	2.87	2.17	0.00	0.00	1.000	3.47	1.85	0.00	0.00	1.000
Day 30	2.87	2.17	0.00	0.00	1.000	3.47	1.85	0.00	0.00	1.000
Day 45	3.00	2.14	4.65	-1.41	0.157	3.47	1.85	0.00	0.00	1.000
Day 60	3.00	2.14	4.65	-1.41	0.157	3.47	1.85	0.00	0.00	1.000
Day 90	3.07	2.05	6.98	-1.73	0.083	3.60	1.80	3.85	-1.41	0.157
AT	3.47	2.00	20.93	-2.46	0.014	3.80	1.74	9.62	-2.24	0.025

Effect of Treatments on MOTOR MILESTONE –Standingin both the Groups

MOTOR MILESTONE – Standing	Group A						Group B					
MOTOR MILESTONE – Standing	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value		
BT	1.87	1.92	-			2.33	1.88	-				
Day 15	1.87	1.92	0.00	0.00	1.000	2.33	1.88	0.00	0.00	1.000		
Day 30	1.87	1.92	0.00	0.00	1.000	2.33	1.88	0.00	0.00	1.000		
Day 45	2.00	1.93	7.14	-1.41	0.157	2.33	1.88	0.00	0.00	1.000		
Day 60	2.13	1.96	14.29	-2.00	0.046	2.33	1.88	0.00	0.00	1.000		
Day 90	2.33	1.99	25.00	-2.65	0.008	2.67	1.95	14.29	-2.24	0.025		
AT	2.53	2.03	35.71	-2.43	0.015	2.80	2.01	20.00	-2.65	0.008		

Effect of Treatments on Spasticity - URL in both the Groups

Specticity UDI			Group	А		Group B				
Spasticity – URL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	1.43	1.35	-			2.30	1.41	-		
Day 15	1.43	1.35	0.00	0.00	1.000	2.30	1.41	0.00	0.00	1.000
Day 30	1.43	1.35	0.00	0.00	1.000	2.30	1.41	0.00	0.00	1.000
Day 45	1.27	1.32	11.63	-1.63	0.102	2.30	1.41	0.00	0.00	1.000
Day 60	1.13	1.17	20.93	-2.12	0.034	2.23	1.40	2.90	-1.00	0.317
Day 75	1.10	1.17	23.26	-2.27	0.023	1.90	1.28	17.39	-2.46	0.014
Day 90	1.03	1.14	27.91	-2.46	0.014	1.67	1.03	27.54	-3.07	0.002
AT	0.63	0.83	55.81	-2.71	0.007	1.67	1.03	27.54	-3.07	0.002

Effect of Treatments on Spasticity - ULL in both the Groups

Specticity III I			Group	А		Group B				
Spasticity – ULL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	1.63	1.45	-			2.17	1.44	-		
Day 15	1.63	1.45	0.00	0.00	1.000	2.17	1.44	0.00	0.00	1.000
Day 30	1.63	1.45	0.00	0.00	1.000	2.17	1.44	0.00	0.00	1.000
Day 45	1.47	1.45	10.20	-1.63	0.102	2.17	1.44	0.00	0.00	1.000
Day 60	1.40	1.34	14.29	-1.89	0.059	2.10	1.42	3.08	-1.00	0.317
Day 75	1.37	1.34	16.33	-2.07	0.038	1.93	1.32	10.77	-1.89	0.059
Day 90	1.27	1.28	22.45	-2.33	0.020	1.57	1.10	27.69	-2.97	0.003
AT	0.77	0.98	53.06	-2.87	0.004	1.53	1.11	29.23	-3.07	0.002

Effect of Treatments on Spasticity - LRL in both the Groups

Spasticity - LRL			Group	A		Group B				
	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	2.47	1.13	-			2.73	1.28	-		
Day 15	2.47	1.13	0.00	0.00	1.000	2.73	1.28	0.00	0.00	1.000
Day 30	2.47	1.13	0.00	0.00	1.000	2.73	1.28	0.00	0.00	1.000
Day 45	2.27	1.03	8.11	-1.73	0.083	2.73	1.28	0.00	0.00	1.000
Day 60	2.07	0.96	16.22	-2.45	0.014	2.60	1.24	4.88	-1.41	0.157
Day 75	2.07	0.96	16.22	-2.45	0.014	2.37	1.20	13.41	-2.33	0.020

Volume 11 Issue 11, November 2022

www.ijsr.net

International Journal of Science and Research (IJSR) ISSN: 2319-7064

SJIF (2022): 7.942

1	Day 90	1.63	0.79	33.78	-3.17	0.002	1.97	0.93	28.05	-3.36	0.001	
	AT	1.40	0.76	43.24	-3.10	0.002	1.93	0.94	29.27	-3.27	0.001	

	Effect	of fre	atments	on spasi	licity - Li	LL III DO	oun une	Groups)	
Specticity III			Group	А				Group	В	
Spasticity - LLL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	2.40	1.35	-			2.40	1.40	-		
Day 15	2.40	1.35	0.00	0.00	1.000	2.40	1.40	0.00	0.00	1.000
Day 30	2.40	1.35	0.00	0.00	1.000	2.40	1.40	0.00	0.00	1.000
Day 45	2.20	1.26	8.33	-1.73	0.083	2.40	1.40	0.00	0.00	1.000
Day 60	2.07	1.16	13.89	-2.24	0.025	2.27	1.39	5.56	-1.41	0.157
Day 75	1.90	1.17	20.83	-2.71	0.007	2.07	1.32	13.89	-2.27	0.023
Day 90	1.57	0.96	34.72	-3.02	0.003	1.87	1.17	22.22	-2.81	0.005
AT	1.37	0.88	43.06	-2.98	0.003	1.70	1.01	29.17	-3.07	0.002

Effect of Treatments on Spasticity - LLL in both the Groups

Effect of Treatments on Muscle Power - URL in both the Groups

Muscle Power – URL			Group	А				Group	В	
Muscle Power – UKL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	4.13	0.92	-			3.40	0.99	-		
Day 15	4.13	0.92	0.00	0.00	1.000	3.40	0.99	0.00	0.00	1.000
Day 30	4.13	0.92	0.00	0.00	1.000	3.40	0.99	0.00	0.00	1.000
Day 45	4.13	0.92	0.00	0.00	1.000	3.40	0.99	0.00	0.00	1.000
Day 60	4.27	0.80	3.23	-1.41	0.157	3.40	0.99	0.00	0.00	1.000
Day 75	4.33	0.82	4.84	-1.73	0.083	3.60	0.91	5.88	-1.73	0.083
Day 90	4.53	0.74	9.68	-2.12	0.034	3.93	0.70	15.69	-2.83	0.005
AT	4.53	0.74	9.68	-2.12	0.034	4.07	0.70	19.61	-3.16	0.002

Effect of Treatments on Muscle Power - ULL in both the Groups

Muscle Power – ULL			Group	А				Group	В	
Muscle Power – ULL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	3.93	1.03	-			3.53	1.06	-		
Day 15	3.93	1.03	0.00	0.00	1.000	3.53	1.06	0.00	0.00	1.000
Day 30	3.93	1.03	0.00	0.00	1.000	3.53	1.06	0.00	0.00	1.000
Day 45	4.00	1.00	1.69	-1.00	0.317	3.53	1.06	0.00	0.00	1.000
Day 60	4.13	0.83	5.08	-1.73	0.083	3.53	1.06	0.00	0.00	1.000
Day 75	4.27	0.80	8.47	-2.24	0.025	3.73	0.96	5.66	-1.73	0.083
Day 90	4.40	0.83	11.86	-2.65	0.008	4.00	0.76	13.21	-2.65	0.008
AT	4.40	0.83	11.86	-2.33	0.020	4.07	0.80	15.09	-2.83	0.005

Effect of Treatments on Muscle Power - LRL in both the Groups

Muscle Power – LRL			Group	А				Group	В	
Muscle Fower – LKL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	3.40	0.83	-			3.00	0.93	-		
Day 15	3.40	0.83	0.00	0.00	1.000	3.00	0.93	0.00	0.00	1.000
Day 30	3.47	0.74	1.96	-1.00	0.317	3.00	0.93	0.00	0.00	1.000
Day 45	3.60	0.74	5.88	-1.73	0.083	3.07	0.96	2.22	-1.00	0.317
Day 60	3.73	0.70	9.80	-2.24	0.025	3.07	0.96	2.22	-1.00	0.317
Day 75	3.80	0.77	11.76	-2.45	0.014	3.47	0.92	15.56	-2.65	0.008
Day 90	4.07	0.80	19.61	-2.64	0.008	3.73	0.70	24.44	-3.32	0.001
AT	4.27	0.70	25.49	-3.13	0.002	3.73	0.70	24.44	-3.32	0.001

Effect of Treatments on Muscle Power - LLL in both the Groups

Muscle Power – LLL			Group	А				Group	В	
Muscle Fower – LLL	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	3.33	1.05	-			3.07	0.88	-		
Day 15	3.33	1.05	0.00	0.00	1.000	3.07	0.88	0.00	0.00	1.000
Day 30	3.40	0.99	2.00	-1.00	0.317	3.07	0.88	0.00	0.00	1.000
Day 45	3.40	0.99	2.00	-1.00	0.317	3.07	0.88	0.00	0.00	1.000
Day 60	3.73	0.88	12.00	-2.45	0.014	3.20	0.94	4.35	-1.41	0.157
Day 75	3.87	0.83	16.00	-2.53	0.011	3.60	0.83	17.39	-2.83	0.005
Day 90	3.93	0.88	18.00	-2.97	0.003	3.73	0.70	21.74	-3.32	0.001
AT	4.13	0.83	24.00	-3.52	0.001	3.80	0.68	23.91	-3.67	0.001

Volume 11 Issue 11, November 2022

www.ijsr.net

	IItatin	cints on	Active	tange or	wionon b	nounder	- I'ICAIO	11		
Active Dance of Motion ELEVION			Group A	ł				Group H	3	
Active Range of Motion- FLEXION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	144.00	37.95	-			139.33	24.41	-		
Day 15	144.00	37.95	0.00	0.00	1.000	139.33	24.41	0.00	0.00	1.000
Day 30	144.33	37.65	0.23	-1.00	0.317	139.33	24.41	0.00	0.00	1.000
Day 45	147.00	34.48	2.08	-2.06	0.039	139.33	24.41	0.00	0.00	1.000
Day 60	147.67	33.96	2.55	-2.06	0.039	140.00	23.53	0.48	-1.00	0.317
Day 75	149.33	31.95	3.70	-2.27	0.023	141.67	22.57	1.67	-2.33	0.020
Day 90	152.00	30.34	5.56	-2.55	0.011	143.00	22.26	2.63	-3.05	0.002
AT	153.33	29.26	6.48	-2.54	0.011	143.67	22.24	3.11	-3.13	0.002

Effect of Treatments on Active Range of Motion Shoulder- Flexion

Effect of Treatments on Active Range of Motion - Extention

Active Dense of Motion EXTENTION			Group	A				Group	В	
Active Range of Motion – EXTENTION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	42.67	18.21	-			41.33	13.29	-		
Day 15	42.67	18.21	0.00	0.00	1.000	41.33	13.29	0.00	0.00	1.000
Day 30	43.33	17.59	1.56	-1.41	0.157	41.33	13.29	0.00	0.00	1.000
Day 45	44.00	16.82	3.13	-2.00	0.046	41.33	13.29	0.00	0.00	1.000
Day 60	45.00	15.70	5.47	-2.33	0.020	43.67	12.60	5.65	-2.33	0.020
Day 75	45.33	15.86	6.25	-2.53	0.011	44.67	12.02	8.06	-2.89	0.004
Day 90	46.67	16.11	9.38	-2.59	0.010	45.33	11.41	9.68	-2.97	0.003
AT	48.67	13.43	14.06	-2.64	0.008	45.67	11.32	10.48	-2.92	0.004

Effect of Treatments on Active Range of Motion - Internal Rotation

Active Range of Motion - INTERNAL ROTATION			Group	А				Group	В	
Active Range of Motion - INTERNAL ROTATION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	54.00	13.26	-			44.00	14.54	-		
Day 15	54.33	12.80	0.62	-1.00	0.317	44.00	14.54	0.00	0.00	1.000
Day 30	54.33	12.80	0.62	-1.00	0.317	44.00	14.54	0.00	0.00	1.000
Day 45	55.33	12.02	2.47	-1.63	0.102	44.00	14.54	0.00	0.00	1.000
Day 60	57.33	11.00	6.17	-2.27	0.023	45.00	13.89	2.27	-1.73	0.083
Day 75	58.00	10.32	7.41	-2.46	0.014	46.33	13.95	5.30	-2.65	0.008
Day 90	58.33	10.12	8.02	-2.41	0.016	47.67	12.66	8.33	-3.05	0.002
AT	59.67	9.35	10.49	-2.46	0.014	48.33	12.34	9.85	-2.97	0.003

Effect of Treatments on Active Range of Motion - External Rotation

Active Dange of Motion EXTEDNAL DOTATION			Group	bА				Group	bВ	
Active Range of Motion - EXTERNAL ROTATION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	71.67	20.15	-			66.33	15.86	-		
Day 15	71.67	20.15	0.00	0.00	1.000	66.33	15.86	0.00	0.00	1.000
Day 30	72.00	19.71	0.47	-1.00	0.317	66.33	15.86	0.00	0.00	1.000
Day 45	72.67	18.98	1.40	-1.34	0.180	66.33	15.86	0.00	0.00	1.000
Day 60	73.33	18.77	2.33	-1.89	0.059	67.33	15.57	1.51	-1.73	0.083
Day 75	74.67	16.85	4.19	-2.25	0.024	69.00	15.14	4.02	-2.83	0.005
Day 90	76.00	16.71	6.05	-2.41	0.016	69.33	14.50	4.52	-3.00	0.003
AT	77.33	15.22	7.91	-2.46	0.014	70.67	14.98	6.53	-2.92	0.004

Effect of Treatments on Active Range of Motion - Abduction

Active Range of Motion – ABDUCTION			Group A	A				Group H	3	
Active Ralige of Motion – ABDUCTION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
BT	151.00	21.56	-			133.00	19.16	-		
Day 15	151.00	21.56	0.00	0.00	1.000	133.00	19.16	0.00	0.00	1.000
Day 30	151.33	21.34	0.22	-1.00	0.317	133.00	19.16	0.00	0.00	1.000
Day 45	153.67	18.17	1.77	-2.07	0.038	133.00	19.16	0.00	0.00	1.000
Day 60	154.00	17.95	1.99	-2.12	0.034	134.00	18.44	0.75	-1.73	0.083
Day 75	155.67	17.92	3.09	-2.64	0.008	134.67	18.27	1.25	-2.24	0.025
Day 90	158.00	16.99	4.64	-2.54	0.011	136.00	17.55	2.26	-3.00	0.003
AT	159.33	16.24	5.52	-2.57	0.010	136.67	18.09	2.76	-3.32	0.001

Effect of Treatments on Active Range of Motion - Adduction

	Active Range of Motion –ADDUCTION			Group	А				Group	В	
	Active Range of Motion – ADDUCTION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value
	BT	15.00	5.00	-			13.33	7.24	-		
	Day 15	15.00	5.00	0.00	0.00	1.000	13.33	7.24	0.00	0.00	1.000
ĺ	Day 30	15.00	5.00	0.00	0.00	1.000	13.33	7.24	0.00	0.00	1.000

Volume 11 Issue 11, November 2022

<u>www.ijsr.net</u>

Day 45	16.00	4.31	6.67	-1.73	0.083	13.33	7.24	0.00	0.00	1.000
Day 60	16.33	4.42	8.89	-2.00	0.046	14.00	6.87	5.00	-1.41	0.157
Day 75	16.67	4.08	11.11	-2.24	0.025	15.33	6.67	15.00	-2.45	0.014
Day 90	18.00	2.54	20.00	-2.71	0.007	16.33	6.11	22.50	-3.00	0.003
AT	18.67	2.97	24.44	-2.60	0.009	17.00	5.92	27.50	-3.32	0.001

Effect of Treatments on Elbow - Flexion

Elbow - FLEXION			Group A	4		Group B						
EIDOW - FLEAIOIN	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value		
BT	137.33	19.07	-			125.67	16.02	-				
Day 15	137.67	18.70	0.24	-1.00	0.317	125.67	16.02	0.00	0.00	1.000		
Day 30	137.67	18.70	0.24	-1.00	0.317	126.00	15.95	0.27	-1.00	0.317		
Day 45	138.33	18.19	0.73	-1.73	0.083	126.00	15.95	0.27	-1.00	0.317		
Day 60	140.33	16.42	2.18	-2.53	0.011	126.33	16.31	0.53	-1.41	0.157		
Day 75	141.67	15.31	3.16	-2.39	0.017	128.33	15.55	2.12	-2.83	0.005		
Day 90	143.00	13.86	4.13	-2.59	0.010	129.33	14.62	2.92	-3.32	0.001		
AT	144.00	13.39	4.85	-2.55	0.011	130.00	15.00	3.45	-3.13	0.002		

Effect of Treatments on Hip – Flexion

Hip - FLEXION			Group A	A		Group B					
HIP - FLEXION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value	
BT	110.00	16.15	-			113.00	10.32	-			
Day 15	110.00	16.15	0.00	0.00	1.000	113.00	10.32	0.00	0.00	1.000	
Day 30	110.67	15.45	0.61	-1.41	0.157	113.00	10.32	0.00	0.00	1.000	
Day 45	111.33	14.70	1.21	-1.63	0.102	113.00	10.32	0.00	0.00	1.000	
Day 60	114.00	13.65	3.64	-2.23	0.026	113.00	10.32	0.00	0.00	1.000	
Day 75	116.00	12.56	5.45	-2.55	0.011	115.67	9.80	2.36	-2.83	0.005	
Day 90	119.00	10.21	8.18	-2.82	0.005	117.33	9.23	3.83	-3.36	0.001	
AT	120.67	9.23	9.70	-2.82	0.005	117.33	9.23	3.83	-3.36	0.001	

Effect of Treatments on Hip – Extension

Hip -EXTENSION			Group 2	A		Group B						
hip-extension	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value		
BT	18.00	10.14	-			13.33	7.24	-				
Day 15	18.00	10.14	0.00	0.00	1.000	13.33	7.24	0.00	0.00	1.000		
Day 30	18.00	10.14	0.00	0.00	1.000	13.33	7.24	0.00	0.00	1.000		
Day 45	19.33	10.15	7.41	-2.00	0.046	13.33	7.24	0.00	0.00	1.000		
Day 60	20.33	9.35	12.96	-2.65	0.008	14.33	7.99	7.50	-1.73	0.083		
Day 75	20.67	9.61	14.81	-2.53	0.011	15.71	8.05	17.86	-2.65	0.008		
Day 90	21.00	9.49	16.67	-2.71	0.007	17.33	6.51	30.00	-3.46	0.001		
AT	21.67	9.00	20.37	-2.81	0.005	18.00	6.49	35.00	-3.50	0.000		

Effect of Treatments on Hip – Abduction

Hip – ABDUCTION			Group	А		Group B						
HIP-ABDUCTION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value		
BT	25.00	8.02	-			18.33	9.00	-				
Day 15	25.00	8.02	0.00	0.00	1.000	18.33	9.00	0.00	0.00	1.000		
Day 30	25.33	7.67	1.33	-1.00	0.317	18.00	9.22	1.82	-1.00	0.317		
Day 45	27.33	6.51	9.33	-2.12	0.034	18.33	9.00	0.00	0.00	1.000		
Day 60	28.33	6.45	13.33	-2.71	0.007	20.00	9.64	9.09	-2.24	0.025		
Day 75	29.00	6.04	16.00	-2.59	0.010	21.67	8.80	18.18	-3.16	0.002		
Day 90	29.67	5.50	18.67	-2.72	0.006	22.33	8.42	21.82	-3.21	0.001		
AT	31.00	6.32	24.00	-2.70	0.007	23.33	7.94	27.27	-3.42	0.001		

Effect of Treatments on Hip – Adduction

Hip ADDUCTION			Group	А		Group B						
Hip – ADDUCTION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value		
BT	24.67	8.96	-			20.33	7.43	-				
Day 15	24.67	8.96	0.00	0.00	1.000	20.33	7.43	0.00	0.00	1.000		
Day 30	25.33	9.54	2.70	-1.41	0.157	20.33	7.43	0.00	0.00	1.000		
Day 45	25.67	9.23	4.05	-1.73	0.083	20.33	7.43	0.00	0.00	1.000		
Day 60	26.33	8.76	6.76	-2.24	0.025	21.00	8.06	3.28	-1.41	0.157		
Day 75	27.33	7.76	10.81	-2.53	0.011	23.00	6.49	13.11	-2.83	0.005		
Day 90	27.67	7.53	12.16	-2.46	0.014	23.67	6.67	16.39	-3.16	0.002		
AT	27.33	7.53	10.81	-2.13	0.033	24.67	6.67	21.31	-3.36	0.001		

Volume 11 Issue 11, November 2022

<u>www.ijsr.net</u>

Effect of Treatments on Hin _ Internal Rotation

	Effect of freatments on hip – internal Kotation													
INTERNAL DOTATION			Group	A	Group B									
Hip -INTERNAL ROTATION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value				
BT	25.67	11.78	-			23.00	8.19	-						
Day 15	25.67	11.78	0.00	0.00	1.000	23.00	8.19	0.00	0.00	1.000				
Day 30	25.67	11.78	0.00	0.00	1.000	23.00	8.19	0.00	0.00	1.000				
Day 45	26.33	11.57	2.60	-1.41	0.157	23.00	8.19	0.00	0.00	1.000				
Day 60	28.33	9.57	10.39	-2.33	0.020	23.67	7.90	2.90	-1.41	0.157				
Day 75	28.67	9.35	11.69	-2.53	0.011	26.00	7.84	13.04	-3.00	0.003				
Day 90	29.33	9.42	14.29	-2.89	0.004	27.00	8.41	17.39	-3.21	0.001				
AT	30.67	8.63	19.48	-2.71	0.007	27.67	7.76	20.29	-3.50	0.000				

	Effect of Treatments on Hip – External Rotation													
Hip EVTEDNAL DOTATION			Group	A	Group B									
Hip - EXTERNAL ROTATION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value				
BT	26.33	12.02	-			17.00	7.75	-						
Day 15	26.33	12.02	0.00	0.00	1.000	17.00	7.75	0.00	0.00	1.000				
Day 30	27.00	11.31	2.53	-1.41	0.157	17.00	7.75	0.00	0.00	1.000				
Day 45	27.67	10.83	5.06	-1.63	0.102	17.00	7.75	0.00	0.00	1.000				
Day 60	28.67	9.90	8.86	-2.07	0.038	17.67	7.04	3.92	-1.41	0.157				
Day 75	29.33	9.80	11.39	-2.26	0.024	20.33	7.43	19.61	-3.16	0.002				
Day 90	31.67	8.38	20.25	-2.72	0.006	20.67	7.29	21.57	-3.32	0.001				
AT	31.67	8.38	20.25	-2.72	0.006	22.00	6.76	29.41	-3.22	0.001				

	Effect of Treatments on Knee – Flexion													
Knee - FLEXION			Group	A		Group B								
KIEE - FLEXION	Mean	SD	% imp	z-value	p-value	Mean	SD	% imp	z-value	p-value				
BT	109.67	9.72	-			112.67	8.21	-						
Day 15	110.33	9.35	0.61	-1.00	0.317	112.67	8.21	0.00	0.00	1.000				
Day 30	110.67	9.42	0.91	-1.34	0.180	112.67	8.21	0.00	0.00	1.000				
Day 45	112.00	9.41	2.13	-2.07	0.038	112.67	8.21	0.00	0.00	1.000				
Day 60	117.00	7.27	6.69	-3.11	0.002	113.33	8.59	0.59	-1.41	0.157				
Day 75	118.00	7.27	7.60	-3.23	0.001	115.67	7.99	2.66	-3.00	0.003				
Day 90	120.67	6.23	10.03	-3.21	0.001	116.00	7.84	2.96	-3.16	0.002				
AT	124.00	7.61	13.07	-3.32	0.001	117.67	8.42	4.44	-3.22	0.001				

5. Discussion on Overall Effect of Therapy

Marked improvement was not observed in 40% of patients in group A and 26.7% of patients in group B.

Moderate improvement was observed in 26.7% patients in group A and in 33.3% patients in group B.

Mild improvement was observed in 26.7% of patients in group A and in 33.3% of patients in group B.

No improvement – in group-A, and group B No improvement was found in 6.7% of the patients.

Complete remission- No complete remission has been found in any of the group.

No significant difference (p=0.891) was found in final improvement status between the two groups. Though Group A showed more proportion of marked improvement (40%) than B (26.7%).

Probable Mode of Action of Drugs

In present study protocol 3 formulations were selected

- 1) Kheerabala tail- for oral administration in group A
- 2) *Mahamashtaila* for Abhyanga and as *Matrabasti* in group A & B

1) Mode of action of Kheerabalatail

The probable mode of action of Ksheerabala Taila could be analyzed by its Rasa Panchaka. All the three ingredients Bala, Ksheera and TilaTaila possess Madhura Rasa and Vipaka. Madhura Rasa mitigates both Vata and Pitta Dosha. It is Dhatunaamprabalam (strength to the tissue) and is good sense organs and pleasing for to mind (Shadindriyaprasadaka). It nourishes the body (Tarpayati) and plays a major role in promoting life (Jeevayati). TilaTaila possesses Tikta Rasa (bitter taste), the most effective in mitigating Pitta Dosha and Kapha Dosha in addition to Madhura Rasa. Tikta Rasa is effective in relieving fainting (Murchaprasamana) and promotes memory and intellect (Medhya). UshnaVeerya (of heating virtue) of TilaTaila reduces the Vata and Kapha. Since it has gone through processing by Sheeta Veerya drugs like Bala and Ksheera, its Ushnatva may get altered. Vata and Kapha are alleviated without agitating Pitta which is also Ushna. Thus, Ushna Guna of Ksheerabala acts without having adverse on Dhatu. This clears the channels, thereby allowing the action of the properties like Snigdha, Manda, Sukshma and Vyavayi. Ksheerabala Taila is said to have pacifying effects on all the eighty chronic conditions of Vata origin Vikara) (Vata Nanatamja such as Akshepaka (~convulsions), Vepathu (~tremors), Shrama (~fatigue), Glani (~malaise), Vishada (~depression), Aswapna (~behavioral (~insomnia) and Anavasthithachitata disorders). KsheerabalaTaila is being utilized as a Rasayana

Volume 11 Issue 11, November 2022

<u>www.ijsr.net</u>

drug in conventional Ayurveda treatment for epilepsy. The continuous administration of this formulation prevents the release of abrupt electric discharges and improves the physical and mental condition of the patient. It has profound soothing and relaxing effect on mind. Recent research has showed that it reduces the oxidative stress in rat brain and hence proven effect on neurotoxicity. The oxidative stress is the most important mechanism in the development and progression of epilepsy and other diseases including Alzheimer's disease, chronic degenerative disorders, stroke, rheumatoid arthritis, diabetes and cancer. The presence of flavonoids in Sida cordifolia has been confirmed by phytochemical analysis and these as well as their glycosides exert anxiolytic, sedative and anticonvulsant effects on the central nervous system. The presence of antioxidants prevents the possible damage of neurons. The antiinflammatory activity of Trividha Paka of KsheerabalaTaila against carrageenan induced acute inflammation and edema was compared to the standard anti-inflammatory drug, Diclofenac. Significant anti-inflammatory activity with late onset was observed in the Mridu and Madhyama Paka of Ksheerabala Taila. The Nasya with Ksheerabala Taila suppresses nerve inflammation due to its Sheeta property and promotes nerve regeneration and gives strength to muscles due to its Balya and Brihmana properties of drug present in it. It precludes wear and tear of nervous and muscular tissue. Another similar study shows that Ksheerabala¹⁰¹ significantly protects brain cells and reduces the severity of damage caused by alcohol intoxication. Nasya with Ksheerabala Taila in case of Sandhigata Vata with special reference to cervical spondylosis shows highly significant results. Shirobasti with Ksheerabala Taila along and Navana Nasya with Mahamasha Taila are found to be effective in the management of Ardita (facial paralysis).Snehana Karma with Ksheerabala Taila nourishes the Sleshaka Kapha stimulate the sensory nerve endings and provide strength to the facial muscles 1 [Charaka Samhita, Sutrasthana, chapter 14, verse 20-24]. Moordha Taila with Ksheerabala Taila when applied on the head, produces clarity of the sense organs, confers strength to the voice, lower jaw and head. It serves to rejuvenate the body and eliminate mental exhaustion. Ksheerabala Taila Matra Basti and Parisheka Sweda has a role in the management of Katigraha (lumbar spondylosis). KsheerabalaTaila is used for the purpose of Anuvasana Basti. Panchatikta Ksheera Basti and Anuvasana Basti with KsheerabalaTaila as per Yog Basti regime are found significant in case of Greeva Hundana (cervical spondylosis).Ksheerabala Taila is one among the treatment protocol in the management of childhood Karshya (undernutrition).Ksheerabala Taila has effect in children with cerebral palsy

Mode of Action of Mahamashta taila basti

Mahamash taila one of the effective oil widely used for many neurological condition. Masha is the main ingredient of this oil. It is used for both external and internal administration. Other ingredients are Dashmooladravya, Chhagamamsa, and many Kalka ingredients. As base Tilataila was used. Masha is said to be "Param Vatahara" (Ch. Su.27/24) due to Madhura rasa, Guru Snigdhaguna, UshnaViryaand Madhura Vipaka all are Vata pacifying properties. Masha also indicated in nervous disability, paralysis and weakness of memory. Dashmoola indicated in Vatavyadhi due to its Vatahara properties. Chhagamamsa is sarvarogaprashamanam (alleviates all diseases) and promotes vidya (wisdom), swarya (good voice), bala (strength) of vayas (age), buddhi (intellect), indriyas (senses) respectively (Ch.Su.314), Tilataila with Snigdha, Guru properties pacifies Ruksha, Khara properties of Vata and due to its Sukshma, Vyavayi, Vikasi, Visada and Sara properties increases permeability of cell membrane, Godugdha having Madhur Rasa.Guru Snigdhagunaand Madhur Vipaka. Due to these properties it pacifies Vata dosha. Maximum kalka ingredients are posses Vatakaphahar properties. Keeping all in mind this taila was selected for Anuvasana Basti and Abhyanga. When medicated oil reaches rectum and colon, presence of short chain fatty acids in oil allows direct diffusion of drugs from epithelial cells in to capillary blood villi showing its generalized effect. In children mridu basties are used commonly in the management of various neurological conditions. By considering all the above facts, Basti seems to be beneficial in children with CP.

Abhyanga with Mahamashtaila and Shashtika Shalipinda sweda (as poorva karma) also relieves muscle spasticity and improves range of motion.

6. Discussion on Overall Improvement of the Herapy

Delayed milestones, Activity of daily life, and Gross motor functions-

- Group A showed early improvement and higher efficacy in these parameters. This shows that *Mahamasha Taila Matra Basti along with Kheerabala tail orally* has significant effect on improvement of gross motor functions by cumulative *Balya* and *prabhava of* both drugs. This improvement in patients also supports the concept of Neuroplasticity
- 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.

Spasticity and Range of motion:

• Group A and Group B both showed significant improvement but statically insignificant difference in results on comparison. This means that common therapy in both groups *mahamasha taila matrabasti* has therapeutic effect on muscle spasticity and range of movement along with *abhyanga* and *SSPS* as *vatavyadhi chikitsa upakrama*. However group A showed early improvement in spasticity and range of motion it might be due to cumulative effect of Kheerabala tail, Mahamasha Taila as well as SSPS.

7. Conclusion

• Group A and Group B both showed significant improvement and statically insignificant difference in results on comparison. This means that common therapy in both groups *mahamashatail Matrabasti* has therapeutic effect on muscle spasticity and range of movement along with *abhyanga* and SSPS as *vatavyadhi chikitsa upakrama*.

- Group A showed early improvement and higher efficacy in these parameters. This shows that *Kheerabala taila* has significant effect on improvement on milestone and gross motor functions by its *Balya prabhava*. This improvement in patients also supports the concept of Neuroplasticity.
- The clinical study was planned to compare the effectiveness of *Mahamasha taila Matrabasti* when given alone and when given with *Kheerabala taila*. The clinical study concluded that *Kheerabala taila* along with *Panchkarma* procedures is more effective in achieving delayed milestones, improvement in activity of daily life, spasticity, gross motor functions, range of motion.while muscle power can be improved by using *Panchkarma* procedures (*abhyanga, SSPS* and *basti*) only.

References

- [1] Practical paediatric neurology, Dr. Veena Kalra, Arya publication-Delhi, 2008
- [2] Nelson Textbook of pediatrics, 18th Edition-2008, vol-2
- [3] Ashtanga Hridaya, Sharira Sthana, 1/48;346, Ibidem 15 Charaka Samhita, Sharira, 4/19; 320
- [4] Astanga Samgrah Uttarsthana 3\10
- [5] Kashyapa Samhita, Pandita Hemraja Sharma, Vidyotini Hindi commentary, Chaukhamba Sanskrit Sansthan, Varanasi 2009
- [6] Charak Samhita 28\53
- [7] Charak Samhita by Agnivesh; Vidyotini Hindi commentery edited by Pt.K.N, Shastri and Dr. G.N. Chaturvedi; Part –I, Chaukhambha bharati academy, Varanasi, reprint 2008
- [8] Kashyapa Samhita, Panchkarmiya siddhi- 7 Pandita Hemraja Sharma, Vidyotini Hindi commentary,
- [9] Cole TM: Gonýometry: The Measurement of Joint Motion. In: Krusen FH (eds.) Hand Book of Physical Therapy and Rehabilitation. Philadelphia, London WB Saunders Co, 1971; 40–47
- [10] Paternostro-Sluga T, Grim-Stieger M, Posch M, Schuhfried O, Vacariu G, Mittermaier C, et al. Reliability and validity of the medical research council (MRC) scale and a modi□ ed scale for testing muscle strength in patients with radial palsy. J Rehabil Med 2008;40:665
- [11] Bohannan RW, Smith MB: Interrater reliability of a modified Ashworth scale of muscle spasticity. Physical Therapy, 1987; 67 (2): 206–7
- [12] Nice publishes guideline on diagnosing and managing cerebral palsy in young people published 27 January 2017; BMJ 2017;356:j462. http://doi.org/10.1136/bmj.j462
- [13] Shah, S., Vanclay, F., & Cooper, B. (1989a)

DOI: 10.21275/MR221116142447