A CASE REPORT ON AYURVEDIC MANAGEMENT OF CHICKEN POX INDUCED BELLS PALSY - A RARE ASSOCIATION

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ABSTRACT
Objective: To treat Bell’s palsy by normalising the function of facial nerve and facial muscles with Nasya karma. To increase awareness of the rare association of Bell’s palsy as a complication of Chickenpox. Methods: The present case deals with a 12 yrs male child which is a diagnosed case of Chickenpox 20 days ago presented as left sided mouth deviation, unable to close his right eye completely. The Ayurvedic diagnosis of Ardita was made and Nasyakarma, dhumapana along shaman aushadhi were advised. Assessment was taken before and after treatment on House – Brackmann Classification of Fascial Function. Results: There is significant decrease in the grading of House – Brackmann Classification within 7 days of treatment. Conclusion: Acute onset of disease is well manageable with appreciable results through Ayurveda.

Keywords: Ardita, Bell’s palsy, Nasya Karma, Chickenpox

INTRODUCTION
Bell’s palsy is a condition that causes temporary weakness or paralysis of the muscles in the face. The condition causes one side of face droop or become stiff leading to difficulty in smiling, closing of eye on the affected side. Incidence is 11-40 per 100,000 with a lifetime risk of 1 in 60. Bell’s palsy occurs when the seventh nerve becomes swollen or compressed. The exact cause is unknown, but many medical researchers believe it’s most likely triggered by a viral infection.

Varicella-zoster virus (VZV) is a human herpes virus which leads to the onset of two distinct diseases: Varicella (or chickenpox) and Herpes zoster (or shingles). A primary VZV infection result in chickenpox, which normally manifests itself as a generalized exanthematous rash. Generally, Chickenpox is a benign and self-limited infection with good prognosis; however, severe complications may arise. The most common complication is bacterial super infection of the skin, lungs, or bones. Neurological complications develop into 0.03% of
the cases. The main neurological syndromes are Encephalitis, Acute cerebellar ataxia, Myelitis, and Meningitis. Peripheral facial palsy (PFP) is a rare neurologic complication of chickenpox, which may develop five days before to sixteen days after appearance of exanthema

Ardita (Bell’s palsy) is a disease causing the vakratha (deviation) of mukhaardha (half of the face). Among various nidana (cause) for vatavyadhi (neurological disorder) – injury to nerves has made the child to attain vakratha of mukha (facial deviation). The Vata vitiated by the respective causative factors, gets localised in the regions of head, nose, chin, forehead and the eyes and manifests as the disease called “Ardita”. Spectrum of Vatavyadhies which includes Ardita can be cured effectively if the patient is balavan (good strength) and if the disease is developed recently. Line of treatment in Susruthasamhita- Matishkyam (cotton dipped in oil should be kept in anterior frontanelle of the skull), Shirovasti (keeping oil over the head with the help of a tubular leather cap), Dhoomapana (inhalation of medicated smoke), Snehana (oelation)- according to the Dosha involved.

**CASE DETAILS:**
A 12 years male child approached to OPD of KLE BMK Ayurveda hospital with C/O-Deviation of mouth towards left side, unable to close right eye completely and difficulty in smiling since 12 days. Around 20 days ago patient complained of rashes all over the body, for which he consulted the local doctor and was diagnosed as chicken pox. For this he didn’t take any medication and the disease subsided by itself in 10 days. 7 days later his father noticed the above said complains. But due to child’s exams his father neglected again it for 8 days

**Clinical Examination:**
The general condition of the patient at the arrival to the hospital- child thin built, conscious well oriented, ill looking with difficulty in speaking and smiling, deviated mouth on the left side and black spots all over face and extremities. Respiratory system, CVS were normal.

**Table 1:** Investigations and examinations

<table>
<thead>
<tr>
<th>Investigations (17/3/2017)</th>
<th>Vitals</th>
<th>General examinations</th>
<th>Facial nerve examination</th>
<th>Sensory examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb% - 10.9gm%</td>
<td>PR: 82 beats/min</td>
<td>Pallor: absent</td>
<td>Inability to puff cheeks</td>
<td>Superficial reflexes – Intact</td>
</tr>
<tr>
<td>WBC-10,500/cmm</td>
<td>RR: 18/min</td>
<td>Icterus: absent</td>
<td>Inability to smile</td>
<td>Deep reflexes – Intact</td>
</tr>
<tr>
<td>N-46%</td>
<td>Wt: 25 kg</td>
<td>Cynosis: absent</td>
<td>Inability to wrinkle brow</td>
<td></td>
</tr>
<tr>
<td>L-45%</td>
<td></td>
<td>Clubbing: absent</td>
<td>Inability to close eye</td>
<td></td>
</tr>
<tr>
<td>E-07%</td>
<td></td>
<td>Edema: absent</td>
<td>Drooping eyelid</td>
<td></td>
</tr>
<tr>
<td>M-02%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESR - 28</td>
<td></td>
<td></td>
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</tbody>
</table>

**Table 2:** Treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>SHODHANA</th>
<th>SHAMANA</th>
</tr>
</thead>
</table>
| 15/3/2017 to 23/3/2017 | 1. Mukhaabhyanga with Ksheera Bala Taila⁶  
2. Nasya karma with Karpastyaadi Taila⁷ 8 drops in each nostril  
3. Dhoomapana with Dashamoola Ksheera Dhuma | 1. Cap. Nuro 1 BD,  
2. Tab. Neurocil 1 TID,  
3. Dhandhanyakashaya⁸ 3 tsf TID.  
RESULTS:
There was encouraging result by 7th day of treatment. There were significant reduction in the complains. (Table no 3).

Table 3: Assessment

<table>
<thead>
<tr>
<th>House Brackmann Grading System</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grade 4 denotes:</strong></td>
<td>Moderately severe 3/8</td>
<td>Mild dysfunction 7/8</td>
</tr>
<tr>
<td>Normal tone at rest</td>
<td>Slight weakness on close inspection</td>
<td></td>
</tr>
<tr>
<td>Obvious weakness</td>
<td>Normal symmetry at rest</td>
<td></td>
</tr>
<tr>
<td>Asymmetry with movement</td>
<td>Estimated function % : 80 %</td>
<td></td>
</tr>
<tr>
<td>Incomplete closure of eye</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated function % : 40 %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION
The present case is treated with the concept of following chikitsa sutra i.e treatment of Vata vridhi in Kapha sthana, Kapha Vata samanam, removal of avaran (avaranagnam). Mukhabhyanga with ksheerbala taila as it is vatashamaka and naadi balakara (nerve stimulator). Nasya with Karpasyadaitaila was selected because of Ushnavirya with property of Vata -Kapha Hara and avaranhara. By Shodhana chikitsa like Nasya will clear the srotas of urdhwa-jatragata and become cleansed to receive the adjuvant treatment. Dashamoola ksheeradhoomapan is given to balance the vata and helps in srotomukha abhishyandahara. The Shaman aushadhi selected were Cap. Nuro has Ingredients ie rasa sindoor which used in Dhatugata vata vyadhi, sammerpanaga rasa which is used in Chronic complicated disease, Demylation and Swarna makshika is indicated in Ardita As the liver is involved in the infection by hepatotropic viruses that replicate in the liver, thus Tab. Nirocil contains bhumyalaki which is a tonic for liver, which prevent the reoccurrence of the diseases and also infection in the body. Dhandhanyakashaya helps in kaphanubandhavataharam because of ruksha, ushna , lekhanaguna. Cap. Ksheerbala101 is a nadi balakara and hence nourishment of the nerve tissue is achieved.

CONCLUSION
The present case study reveals that patient with Bell’s palsy can gain significant relief in symptoms with minimal risk and high patient acceptance through Ayurveda management. The appropriate diagnosis and treatment are very important for achieving the best possible recovery of facial nerve function. The treatment should focus on non-reoccurrence of disease. The administration of the nasya along with the drugs during early stage of the disease helps in preventing the occurrence of any residual impairment, thus improving the treatment outcome.

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