

## ***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.<sup>1</sup> 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<sup>2</sup>. 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<sup>3</sup>. 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<sup>4</sup>

*Ardita*<sup>5</sup> (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

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

**Table 2:** Treatment

| Date                   | SHODHANA  | SHAMANA  |
|------------------------|---|--|
| 15/3/2017 to 23/3/2017 | 1. <i>Mukhaabhyanga</i> with <i>Ksheera Bala Taila</i> <sup>6</sup><br>2. <i>Nasya karma</i> with <i>Karpastyadi Taila</i> <sup>7</sup> 8 drops in each nostril<br>3. <i>Dhumapana</i> with <i>Dashamoola Ksheera Dhuma</i> | 1. Cap. Nuro 1 BD,<br>2. Tab. Neurocil 1 TID,<br>3. <i>Dhandhanyakashaya</i> <sup>8</sup> 3 tsf TID.<br>4. Cap. Ksheera bala 101 |

## RESULTS:

There was encouraging result by 7<sup>th</sup> day of treatment. There were significant reduction in the complains.( Table no 3 ).

**Table 3:** Assessment

|   | Before Treatment  | After treatment   |
|---|---|---|
| House Brackmann Grading System <sup>9</sup> | <b>Grade 4 denotes :</b><br>Moderately severe 3/8<br>Normal tone at rest<br>Obvious weakness<br>Asymmetry with movement<br>Incomplete closure of eye<br>Estimated function % : 40 % | <b>Grade 2 denotes :</b><br>Mild dysfunction 7/8<br>Slight weakness on close inspection<br>Normal symmetry at rest<br>Estimated function % : 80 % |

## DISCUSSION

The present case is treated with the concept of following *chikitsa sutra* i.e treatment of *Vata vriddhi* in *Kapha sthana*, *Kapha Vata samanam*, removal of *avarana* (*avaranaagnam*). *Mukhabhyanga with ksheerbala taila as it is vatashamaka and naadi balakara (nerve stimulator)*. *Nasya with Karpast-yaditaila* was selected because of *Ushnavirya* with property of *Vata -Kapha Hara* and *avaranhara*. By *Shodhana chikitsa* like *Nasya* will clear the *srotas of urdhwa-jatrugata* 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 *Dhatu-gata vata vyadhi, sammerpanaga rasa* which is used in Chronic complicated disease, *Demyelination* 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 *bhumyamalaki* 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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