

CLINICAL SUCCESS STORY OF MANAGEMENT OF VIRAL ENCEPHALITIS SEQUEL THROUGH AYURVEDIC PRINCIPLES

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ABSTRACT:

Viral encephalitis sequel is very difficult to be managed and patients some time may need rehabilitation depending upon the extent of damage caused in the brain tissue. This is often called as *Acquired Brain Injury*. The sufferer usually ends up with either blindness if optic nerve is involved or deafness if auditory nerve is involved. Fewer hopes are available in the modern medicine to treat secondary optic nerve atrophy to regenerate or remyelinate the affected nerve. Very often it is said that over the period of treatment it may regain its function, but not for sure.

Key Words: Avarana, Viral encephalitis, ,Vatavyadhi, Rasayana Chikitsa,

INTRODUCTION: Ayurveda has been recognised since ages for giving the best combinations in various chronic illnesses.

In the neurological conditions the formulations prepared with Herbal and Herbo mineral preparation are the best hope when all drugs fail. The Bhasma like *Swarna*, *Tamra*, *Rajata*, *Loha* have excellent capacity to reverse the pathophysiology and restore normal functions. (*Let us not discuss about heavy metal toxicity at this juncture because the basic understanding about Bhasmas is incorrect in modern medical community*).

The following case study is a documentation to make medical community aware about the therapeutic activity of Ayurvedic medicines in very rare condition.

Case History: A 16 year boy was brought to the OPD with the history of loss of vision and Hearing since 12 years. The Rest of the general condition was normal. The detailed interrogation revealed that boy suffered from viral encephalitis at the age of 2½ years followed with optical atrophy. At the age of 6 to 7 years he developed high frequency hearing loss and at the age of 10 years he suffered with

epileptic seizures for which he was under medication for 6 to 7 years and later medication was stopped for the same on doctor's advice. The Flash- VEP studies reported that bilateral visual pathway conduction block moderate on the right and total on the left side. Audio logical BERA evaluation was suggestive of severe hearing loss in right ear and severe to profound hearing loss.

Fig.1. VEP Studies.(Before treatment)

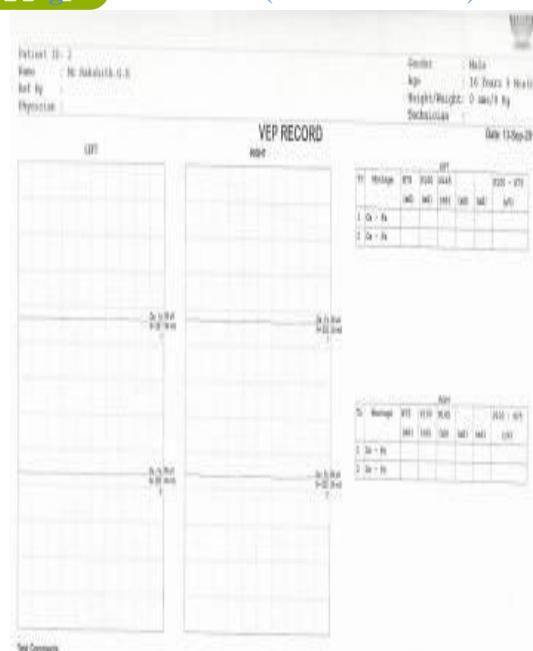


Fig.2.AEP Studies.(Before treatment)

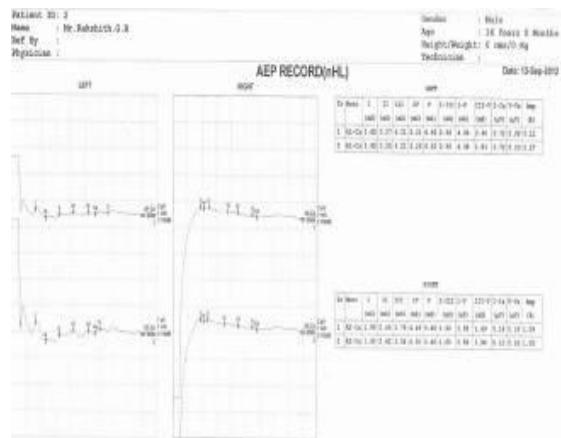
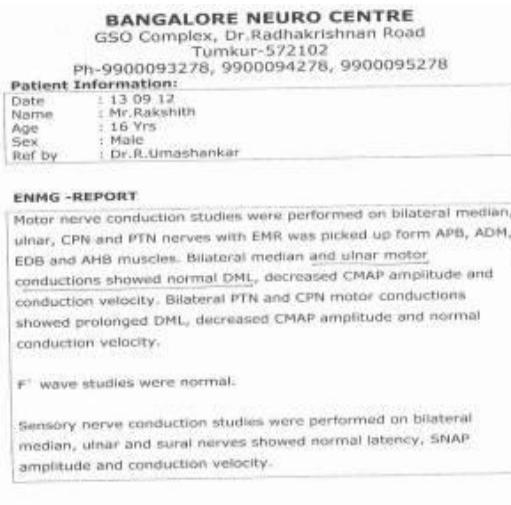


Fig3.ENMG Reports.(Before treatment)



The boy had good apatite, sleep. Since motor axonal neuropathy was established the gait of the boy was disturbed and suffered with tremors in bilateral upper limb and Lower limb.

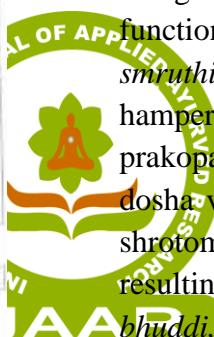
Understanding the condition in Ayurveda: Due to *sannipataja jwara*¹ there is a acute increase of *Kupita Dosha Avasta* resulting in the imbalance in the Doshic homeostasis. These kupita doshas gets stanasamshraya in nadivaha shrotasas and causes karma haani. The vataadi dosha influence in establishing the disability in a complex pattern. The increased *ruksha, khara, guna* of *vata* in association of

tikshna, ushna guna of *pitta* causes dryness in the local *dhatu* where it gets shelter and becomes responsible for drying the *sthana ashrita tarpana kapha*² whose normal function of *chakshuraadi indrya tarpana*³, *indriya tarpana* is hampered leading to function loss.

The *pranaavruta vyana*⁴ lakshana like *smruti bala kshayam* and *pranaavruta samana* lakshana like *jada, gadgada, mukata*⁵ was noted in patient. The adhistana of *pranavata* being *murdhna* and secondary localization are *kantha, uras, aasya, naasika* and *hrudaya*, *manodhamani*⁶ Its important functions are also disturbed. The seat of *Udaana vata* being *Uras* and its secondary localization being *nasa, nabhi, gala, kantha*, and its functions like *preenana, dhi, dhruti, smruthi anubhodha adi karma*⁷ are hampered. As a result of the *vaatadi dosha prakopa* for a longer duration the *sharirika dosha* vitiates the *manovaha shrotasas* the *shrotomoola* of which is again *Hrudaya*, resulting to the *lakshana* like *mano, bhuddi, samgna, gnayna, smruti, bhakti, sheela, chesta, achara, vibrama*⁸

Overall the diseases could be understood on the basis of *sannipataja jwara, vatarakta, vatavyadhi, apasma, unmada samprapties* and collectively the treatment was planned.

Balya, medhya, vatahara, avarana hara, Bruhma, nadibalyakara, Rasaayana chikitsa was done. *Raja yapana basti, shirodhara, nasya, netra tarpana, matrabasti* was performed every six months and as shaman oushadhis combination of *Swarna Bhasma, abraka Bhasma, Rajata Bhasma*, along with *swarna yukta brahmivati, saraswata arista, saraswata Gruta*, was administered.



RESULTS: Fig.4 VEP Studies (After treatment)

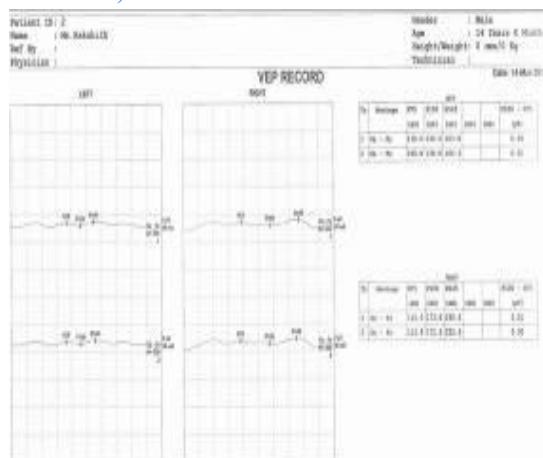


Fig.5.AEP Studies.(After treatment)

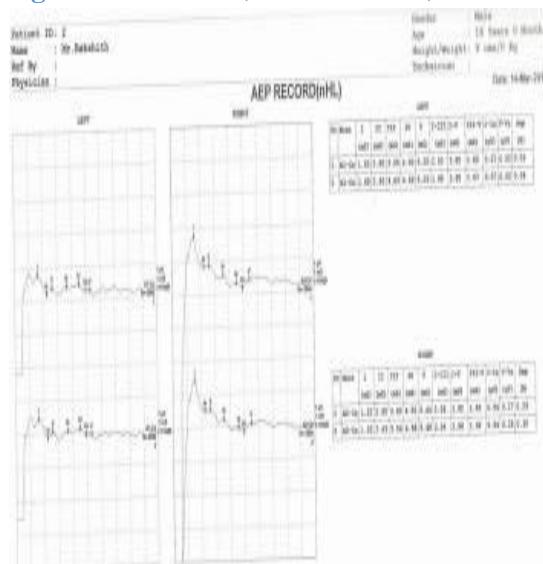


Fig.6.BAER and VEP report.(After treatment)

BANGALORE NEURO CENTRE
GSO Complex, Dr.Radhakrishnan Road
Tumkur-572102
Ph-9900093278, 9900094278, 9900095278

Patient Information:
Date : 14/03/13
Name : Mr.Rakshit
Age : 16 Yrs
Sex : Male
Ref by : Dr.R.Umeshankar

BAER-REPORT

Both ears showed poorly formed waveforms (110dB) with normal latencies and inter-peak latencies.

VEP

Both eyes showed poorly formed waveforms with prolonged P100 latency.

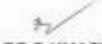

DR.R.UMASHANKAR, DM [NEURO]
Consultant Neurologist

Fig.6.ENMG report.(After treatment)

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Patient Information:

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Name : Mr.Rakshit
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Ref by : Dr.R.Umeshankar

ENMG -REPORT

Motor nerve conduction studies were performed on bilateral median, ulnar, bilateral CPN and PTN nerves with CMAP was recorded form APB, ADM, EDB and AHB muscles. Bilateral median and ulnar motor conductions showed normal DML, CMAP amplitude and conduction velocity. Bilateral CPN and PTN showed normal DML and conduction velocity but decreased CMAP amplitude.

P⁺ wave studies were normal in the bilateral upper limbs.

Sensory nerve conduction studies were performed on bilateral median, ulnar and bilateral sural nerves showed normal latency, SNAP amplitude and conduction velocity.

IMPRESSION: Motor axonal neuropathy involving bilateral lower limbs.


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Consultant Neurologist

After one year of treatment there is significant changes in the condition. The wave patterns which did not develop earlier in VEP reports were recorded after treatment. Clinically the patient could easily hear the sounds spoken from near distance and could walk alone appreciating the shadows of the objects around him.

DISCUSSION: The drugs planned in the treatment was so selected that it should initiate the rejuvenation of myelin sheath and help in the flow of impulses by exchange of chemical complexes. The establishment of *neurohumoral transmission* can be considered as the *chalatva of vata guna* and the chemicals involved in the transmission like *epinephrine, norepinephrine, acetylcholine, possibly histamine, serotonin and gamma-aminobutyric acid* can be compared with *hrudgata Saadaka Pitta*. by improving this definitely *buddhi, medha* can be corrected. *saaraswata gruta* is drug of choice in pacifying *apasmara, indrya gata doshas*. Besides the *Brahmi* in Lipid extract form is known to cross BBB

there by reaching the target tissues. In the nervous system Lipids are represented by cholesterol and phospholipids as constituents of cell membranes and, in particular, of myelin. Therefore, lipids are finely regulated to guarantee physiological functions of Nervous system⁹. Hence lipid based medicaments are explained in Ayurveda for the treatment of *Vata doshas*. Bhasmas like *Swarna*, *Rajata*, *Abraha*, *Rasasindoora* help in improving the rejuvenation and support by activating adequate Biochemical Cycles for rejuvenation.

CONCLUSION: Development of sensory nerves is a slow process unlike Motor nervous system. The improvement noted in above condition though minimal over graphs but has huge clinical changes. The Ayurveda line of treatment when opted according to the various stages will definitely give success in such rare condition where in there is no hopes in other contemporary sciences.

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Declared

