



## A CLINICAL STUDY ON AYURVEDIC APPROACH IN PRASAV KALEEN ABHIGHAT (BIRTH INJURY) WITH SPECIAL REFERANCE TO ERB'S PALSY

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### Abstract

A 3 month old Female baby was brought to my clinic and was presented with complete paralysis of Rt. Upper limb with typical waiter tip deformity associated with Dislocation of Rt. Shoulder. The baby was treated with the integrated approach of Allopathy and Ayurveda with the intension of faster recovery of the Baby, So that the baby can live a normal life.

Initially, Dislocated Rt. Shoulder Joint was fixed with the Help of Orthopedic Surgeon and was immobilized for 6 weeks. Later, baby was clinically showing. Asymmetric Moro's Reflex, the rt. arm is adducted and internal rotated at elbow and flexion of wrist and fingers i.e Waiter tip deformity of the same hand which was suggestive of Erb's Palsy i.e Injury to the Brachial Plexus (C5, C6)[9]. As per Ayurveda Classics: the Condition can be co-related with Ekangvat which is Apatarpan in nature (Disease which hampers the growth of the body tissues).[17]

The Choice of Treatment is Santarpan Chikitsa (nourishing treatment of the body tissues). Santarpan Chikitsa was planned for both Antartparimarjan and Bahirparimarjan Chikitsa which nourishes the body tissues both internally as well as Externally. Antartparimarjan Chikitsa included a combination of Bala Churna, Shatawari Churna, Ashwagandha Churna, Musta Churna, shunti churna [7]with mother's Milk where as Bahirparimarjan Chikitsa included Abhyang (external oiling) with Bala Ashwagandh laksha Tailam along with Shigru Pareebhadradi Tailam (considering Birth trauma i.e Aghataj Hetu), Shashtik Shali Anna Lapan (Application of Medicated Rice paste in the form of Hot Fomentation) and Matra Basti (Medicated Oil Enema).[17],[2]

Remarkable Results were Observed in the form of reduction of disparity in length and mid arm circumference of rt. Upper limb as compared to Lt. Upper limb. The Muscle Power improved from 0 to IV. Thus, Facilitating baby to near normal Movement.

**Key Words:-** Abhyang, Brachial Plexus Injury, Erb's Palsy, Shashtik shali Anna lepan.



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### INTRODUCTION:

Prasav Kaleen Abhijat or Birth Injury is defined as an Impairment of the infant's body or structure due to adverse influences, which occurred at birth.[9],[12] Brachial plexus palsy is

one of the most common Birth Injury with occurs due to avulsion of Brachial Nerve root during assisted normal vaginal delivery, Breech Extraction, Shoulder dislocation in large babies.

Injury to Brachial Plexus may lead to Erb's Palsy. Erb's palsy is associated with affected Upper Cervical Roots of C5, C6. The arm hangs limpy, adducted and internally rotated with elbow extended and pronated. Arm Recoil is lost and Moro's reflex is asymmetrical. It can also be associated with Clavicle Fracture or involvement of Lower Cervical Roots.[11]

According to Centre for Disease Control (CDC), about 7 birth injuries occur for every 1000 children. Approx 0.9- 2.6 cases of Erb's Palsy occur for every 1000 live births. Erb's Palsy accounts for 45%-50% of all brachial Plexus palsy cases. The recovery Rate increases to nearly 100% if treatment is given within 4 weeks of birth.

In Erb's palsy, Nerve damage may vary from bruising to tearing and hence, paralysis can be partial or complete. It may also lead to Clavicle fracture or Shoulder dystocia.

The Treatment of Erb's palsy depends upon the nature of nerve damage. Nerve Bruise can be resolved over a period of month, whereas Nerve tear needs Physiotherapy, Surgical Intervention, Rehabilitation.

The Present case of Prasav kaleen Vyadhi ( Birth Injury) represents Erb's Palsy which can be co-related with Ekangvat ( Vata dosha affecting any one part of the body). It can also be considered as Apartanjanya Vyadhi (Disease which hampers the growth of the body tissue).[4],[5]

In this Situation, Due to Birth Trauma as per Ayurvedic Classics it can be considered as, Aghataj hetu which leads to Balakshay (Reduced Strength), Karmakshay (Reduced Power to perform activity) and Mamsa Asthi Dhatu Kshay (Muscle atrophy that hampers the growth tissue).[17],[5]

Considering the Aghataj Hetu and Situation, Santarpana Chikitsa was planned. Hence, Shigru Pareebhadradi Tailam [16] along with Bala Ashwagandha Tailam was used for Abhyang (External Oiling), Shashtik Shali Anna Lapan (Rice prepared in medicated decoction of Bala, Ashwagandha, Lasksha Bharad) in the form of Hot Fomentation. Matra Basti (Oil Enema) is used, as it is known as Ardha Chikitsa and is used to suppress vitiated Vata dosha.

#### **CASE REPORT:**

A 3month old Female baby came to my OPD and was presented with complaints of restricted movements of Rt. Upper limb in abnormal position since birth. On Examination it was

complete paralysis of Rt. Upper limb with typical Waiter tip deformity suggestive of Erb's palsy and associated with complete dislocation of Rt. Shoulder Joint followed by Asymmetrical Moro's reflex.

Following are the Findings in the above mentioned case study:-

- The Baby was crying on flexion and adduction beyond 150°-130° respectively
- Elbow, Wrist, Metacarpophalangeal joint, Inter Phalangeal Joint of Rt. Upper Limb were passively free But, however there was no Grasp reflex.
- Moro's was Asymmetrical
- Rest of the Developmental Milestones were normal except for the movements of Rt. Upper Limb.
- Muscular Contraction of Deltoid, biceps, triceps, supinators, flexors and extensors of wrist along with metacarpophalangeal and intraphalangeal were suggestive of C5, C6, C7 Nerve root damage.
- Muscle Power assessed for Rt. Upper Limb was grade 0.

#### **PAST HISTORY:**

As informed by Baby's Mother due to Prolonged Labour but on personal request, the baby was delivered vacuum assisted vaginal delivery. The baby cried after Physical Stimulation. Both mother and child were healthy. Parents noticed that the baby was not moving her Rt Upper Limb. On their own, Parents Consulted Physiotherapist and started the procedure. Later, as there was no improvement, Parents approached to my clinic, where she was diagnosed with Erb's palsy with complete dislocation of Rt. Shoulder Joint.

#### **PROCEDURE ADMINISTERED TO THE PATIENT:**

- Dislocation of Rt. Shoulder joint was confirmed by Xray it was suggestive of Rt. Shoulder dislocation and was referred for Ortho. Opinion. Where it was fixed and was immobilized for 6 weeks.
- After immobilization there was no improvement seen in the movement of Rt. Upper limb. Hence, the baby was planned for ayurvedic management.
- Internal Ayurvedic Management included Rasakalpa like Shishubharan ras, Kumar kalyan ras, Bruhatvachintamani ras. Dravya like Musta, Guduchi, Shunti, Ashwagandha,[1], [7] were used with Samvardhan ghruta [2] after having breast milk.

This Abhyantar Chikitsa ( Internal Management ) was continued for 15 days along with Panchkarma Chikitsa.

- Panchkarma Chikitsa:- It includes purva karma i.e Sarvang Abhyang and Shashtik Shali Anna lepan and Pradhan karma includes Basti Chikitsa.

Sarvang Abhyang (External Oiling):- A sufficient quantity of indirectly heated Bala Ashwagandhadi Tailam along with Shigru Pareebhadradi Tailam was applied in Anulom gati (downwards direction) for 15 mins.

Sarvang Shashtik Shali Pinda Swedan:- 10 gms of Bala mool + 10 gms of Ashwagandha mool + 5 gms of Laksha mool was processed in 500ml of Ksheer (Milk) was boiled to reduced to half and filtered. 25gms of Shashtik Shali was cooked in 250ml of Ksheer and was made very soft in the form of paste.

This Anna Lapan should be luke warm and is applied gently in circular fashion for 20 mins.

Anuvasan Basti:- Considering Ekaangvaat and Basti is the main Chikitsa ( Treatment) of Vaat dosha and it is also known as Ardha Chikitsa. Anuvasan basti was given with Ksheer Bala Tailam.

Panchkarma Chikitsa was continued for 8 days While Abhyantar Chikitsa was continued for 40 days.

Due to some Financial issues parents refused Panchkarma Chikitsa (Treatment) of next month where as Abhyantar Chikitsa (Internal Management) was continued.

## **RESULTS:**

During 8 days of Abhyantar Chikitsa (Internal Management) and Panchkarma Chikitsa, muscular power improved from grade 0- grade I. The Range of motion of Rt. Shoulder for flexion and Abduction improved from 150° to 130° respectively to 180° with passive mobilization.

Due to Financial issues, mother was taught how to do Sarvang Abhyang, which was continued for 3 months and Abhyantar Chikitsa (Internal Medications) were continued for another 1 month.

In the Later Follow ups of the baby Grasp reflex was achived and muscle Power was improved to grade IV

## CONCLUSION:

It can be Concluded that, Prasav Kaleen Abhigat (Birth Injury) can be surely treated with Ayurvedic Management.

The images of before and after treatment are shown below

- A) The baby came on Day1 in the OPD
- B) The baby after completing Panchkarma chikitsa of 8 days.



(A):- DAY1 IN OPD



(B) DAY 8 AFTER PANCHAKARMA

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