

**RANDOMIZED COMPARATIVE CLINICAL TRIAL OF
TRAYODASHANGA GUGGULU AND GAGNAD VATI IN
MANAGEMENT OF ARDITA W.S.R. TO FACIAL PARALYSIS**

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ABSTRACT

Face is the mirror of the mind, which conveys the emotions like happiness, sadness, anger etc. These motor and sensory functions are coordinated and controlled from the head, which is considered “Uttamanga.” Ardita with special reference to facial palsy, is a disease affecting all ages and its satisfactory management the need of the hour to control the disease through effective treatment of Ayurveda. Trayodashang guggulu has been described in Yogratnakar for various type of Vata vyadi, it contains Guduchi, Shatavari, Gokharu, Rasna, Kachur, Ajwain which having Vata nashak, Rasayan properties and Gagnad Vati which contains Shudhha Parad, Shudhha Gandhak, Abhrak Bhasma, Tikshna Loha Bhasma has been advised for Ardit in Bhaishyajya ratnawali.

KEYWORDS: Ardit, Trayodashanga guggulu, Gagnad vati, Facial paralysis.

AIMS AND OBJECTIVES

1) To study the disease Ardit with special reference to Facial paralysis.

- 2) To assess the efficacy of Trayodashanga guggulu in the management of Ardita.
- 3) To assess the efficacy of Gagnad vati in the management of Ardita.
- 4) To compare and ascertain the efficacy of the Trayodashanga guggulu and Gagnad vati in the management of Ardita.

INTRODUCTION

Ardita is one of the Vata Vyadhi has been enlisted among the eighty types of Nanatmaja Vata Vyadhis. The vitiation of Vata especially aggravation of Vata causes 'Ardita' as mentioned in almost all Ayurvedic classics. The disability of the both verbal communication and facial expressions are hampered in Ardita, a Vata Vyadhi which is more common. Arditi considered under Asthi Majjagata Vata in Bhel samhitha. According to Ayurveda it is explained as a specific disease afflicting the Urdhavanga (Jatrordhwa) parts above the clavicle particularly the facial part. In modern science, Ardit can be correlated with facial palsy involving weakness of cranial nerve or facial nerve. The condition involves drop angle of mouth, continuous salivation from mouth, inability of closing eyes and loss of nasolabial fold. So similar symptomatology also observed in Ardit.

Modern treatment of Ardit includes administration of Steroids and Antivirals as oral medications. Surgical and other treatments are available for facial paralysis. However, its recurrence and morbidity are also reported.

MATERIALS AND METHODOLOGY

Total 40 patients who fulfils the inclusion criteria of Ardita was selected randomly from the patients attending Hospital OPD and IPD of Shri Shiva Yogeeshwar Rural Ayurvedic Medical College & Hospital, Inchal Dist. Belgaum as well as from various Screenings and Health Checkup Camps conducted by our college.

A) Inclusion criteria

1. Gender-Patients of either sex.
2. Age -18 yrs to 70 yrs
3. Patients those having Lakshanas of Ardit.
4. Patient who shows signs and symptoms like Mukhavakrata, Vaksanga, Netravikriti, Lalasrava, enable to close eyes, enable to whistle etc was included for study.

B) Exclusion criteria

1. Pregnant women, Lactating mothers.
2. Facial paralysis associated with other known history of diseases like Nephrotic Syndrome, Liver Cirrhosis, Ascites, Congestive Cardiac Failure, Acute Coronary Syndromes, Tuberculosis, Malignancy, Auto-Immune Disorders, Genetic Disorders, Helminthic infection etc.

C) Parameters of study**a) Subjective parameters**

1. Mukhvakrata
2. Vaksanga
3. Netra vikriti
4. Lalasrava

b) Objective parameters

1. Eye closing
2. Whistling
3. Inflate mouth

D) Study design: Randomized comparative clinical study. Patients were assigned in Group A and B respectively.

Group A (Trial Group): 20 patients Trial with Trayodashang Guggulu.

Group B (Control Group): 20 patients Control with Gagnad Vati.

E) Diagnostic criteria: Diagnosis was made on the basis of classical Sign and Symptoms mentioned in Ayurvedic text.

F) Treatment period and plan**1. Group A**

No. of patients: 20

Drug:- Trayodashang Guggulu (Trial Group)

Route of administration:- Oral Dose: 500 mg twice a day.

Duration of treatment:- 3 months

Follow up:- After Every 30th days

2. Group B

No. of patients: 20

Drug:- Gagnad Vati (control Group)

Route of administration:- Oral Dose:-500 mg twice a day.

Duration of treatment:- 3months

Follow up:- After Every 30th days

G) Criteria for assessment: Assessment was done on the basis of scoring of cardinal sign, Scoring pattern was developed according to severity of symptoms and improvement was assessed accordingly.

a) Subjective criteria**1. Mukhavakrata**

Normal	0
Mild Mukhavakrata	1
Half Mukhavakrata	2
Complete Mukhavakrata	3

2. Vaksanga

Normal speech (whistling)	0
Pronouncing with less efforts	1
Pronouncing with great efforts	2
Complete Vaksanga	3

3. Netravikriti

Normal	0
Partial upward rolling of eye	1
Half of the upward rolling of eye	2
Complete upward rolling of eye	3

4. Lalarava

No Lala srava	0
Partial (Mild) Lalarava	1
Intermittent (Moderate) Lalarava	2
Constant (Profuse) Lalarava	3

b) Objective Criteria

	Yes	No
1. Able to close eyes.	0	1
2. Able to whistle	0	1
3. Able to inflate mouth	0	1

OBSERVATION AND RESULT

The overall assessment of the treatment was done on the basis of relief in the main signs and symptoms of the disease as well as the general signs and symptoms of the disease. On the basis of subjective criteria and objective criteria assessment was done as following.

<25%	Unchanged
25%-50%	Slight Improvement
50%-75%	Moderate Improvement
75%-100%	Marked Improvement

DISCUSSION

Discussion was done from the data available, Samhitas and Texts. The patients will be assessed on different parameters to obtain the effect of therapy. All the signs and symptoms was assessed on 30th day. The result and observation after follow up and after completion of study are mentioned earlier and was discussed as follows.

1. General discussion
2. Clinical parameters
3. Effect of therapy
4. Probable mode of action
5. Further scope of study

CONCLUSION

1. Ardita is Vata nanatmaja vyadhi in which disability in verbal communication and facial expressions.
2. Conclusion drawn from the various aspect of clinical trials on patients.
3. In the present study of clinical trials of Trayodashanga guggulu and Gagnad vati on Ardita, Trayodashanga guggulu is better than Gagnad vati.

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