

A CLINICAL APPROACH TO ARDITA (BELL'S PALSY) THROUGH AYURVEDA: A CASE STUDY

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Article Received on
02 April 2024,

Revised on 22 April 2024,
Accepted on 12 May 2024

DOI: 10.20959/wjpr202410-32455



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ABSTRACT

Acharya Charak has explained Ardita as the contracture of mouth along with the involvement of forehead, eyebrow, eye, nasial fold on the affected side of face. On the basis of symptoms Ardita can be correlated with facial palsy. Facial palsy is a common neurological disorder in which seventh cranial nerve is affected. 7th cranial nerve also known as facial nerve, responsible for all voluntary movement of face, taste to the anterior 2/3 of tongue as well as control of lacrimal gland & salivary gland secretions. A 44 years old male patient with left LMN left hemifacial palsy with symptoms of weakness in the left side of body, drooping of angle of mouth towards the left side, difficulty in wrinkling of forehead in left side, lacrimation from left eye, Considering the diagnosis, patient was treated on the line of treatment for Ardita. marsha Nasya with Dhanwantaram 101 Avartita Tailam for 21 days. Patient got complete relief with appreciable changes in all symptoms.

KEYWORDS: *Ardita*; Facial palsy; Bell's palsy.

INTRODUCTION

Vata is responsible for controlling all the functions as well as formation of body structures. It is the only motivating force in the body, having propulsive action, through which it moves things & expels waste products from the body.^[1] It controls central nervous functions, neuromuscular activities & mind. It is responsible for all movements in the body hence under the

term “Nanatmaja Vyadhi” of Vata 80 disease have been included which covers wide range of symptoms like paresis, paralysis of muscles, monoplegia, diplegia, hemiplegia, facial paralysis, neuralgia, stiffness of muscles, sciatica, spondylitis, convulsions, tremors, atrophy of muscles & cramps.^[2] Acharya Charak has explained Ardita as the contracture of mouth along with the involvement of forehead, eyebrow, eye, nasal fold on the affected side of face.^[3] Acharya Charak opines that Ardita is localized in half face with or without involvement of body. Acharya Sushruta has considered the involvement of face only.^[4] Ardita is also termed as Ekayaam.^[5]

On the basis of symptoms Ardita can be correlated with facial palsy. Facial palsy is a common neurological disorder in which seventh cranial nerve is affected. 7th cranial nerve also known as facial nerve, responsible for all voluntary movement of face, taste to the anterior 2/3 of tongue as well as control of lacrimal gland & salivary gland secretions. Facial palsy is defined as a temporary inability to control the facial muscles on affected side of face.^[6] It can be characterized by weakness, muscle twitching, or total loss of ability to move on affected side along with drooping of eyelid, pain around the ear and change in taste.^[6] Typical symptoms come on over 48 hours. Its cause is unknown. On the basis of lesions it can be divided into two types, UMN & LMN lesion. If patient involves paralysis of lower face on the opposite side, it comes under LMN. Here the patient has come with symptoms involving left unilateral side of face with both quadrants upper & lower, so representing the symptoms of LMN lesion of facial nerve.

Probable pathogenesis according to ayurveda^[9]

When *Vata* is aggravated, it affects the one half part of body, it dries up blood, hand, legs, knee produces contracture in that half. Consequently face, nose, eyebrows, forehead, eyes, jaw also gets affected. There is salivation and the eyes on the affected side remains partially closed. Thus when the food is taken, the morsel goes on the affected side, as the tongue also get affected. Patient may also face slurred speech. Some time may also feel pain in foot, hand, eyes, temple, ear & cheeks.

CASE STUDY

A 44 years old male patient, private electrician by occupation, belonging to the middle class, came to Panchakarma OPD department of S.V Ayurvedic college Tirupati, Andhrapradesh, India. With the following complaints from 15 days.

- Weakness in the left side of face

- Angle of mouth drooped down towards the left side of face with dribbling of saliva
- Lacrimation from left eye with improper closure of left upper lid
- Inability to make facial expression like smile, frowning.

Associated complaints

No significant complaints

History of present illness

According to the patient, he was asymptomatic before 15 days; suddenly he felt weakness in left side of face, he also noticed that her angle of mouth droop down towards left side & incomplete closure of left upper eyelid with watering from left eye, he came to Panchakarma OPD of S.V Ayurvedic college , Tirupati for management.

Past medical history

- No significant history of same illness.

Personal history

- Appetite- Normal
- Dietary habit – Vegetarian
- Micturition – Normal
- Bowel – Regular
- Sleep – Disturbed
- Addiction – Not any

General examination

- BP- 110/80 mm of hg
- Pulse- 78/min
- Temperature – afebrile
- R/R – 18/min
- Edema – Not present
- Pallor – Not present
- Icterus – Not present
- Tongue – White coated
- Skin – Dry Systemic Examination

Systemic examination

Patient was conscious & well oriented to time, place & person. Higher function like intelligence, memory, behaviour, emotions are normal. Superficial & deep reflexes were normal. All the cranial nerves are intact except VII nerve i.e. facial nerve.

Table 1: Facial nerve examination.

Forehead frowning	Affected on left side
Eyebrow raising	Affected on left side
Eye closure	Incomplete closure of left eyelid
Teeth showing	Not possible on left side
Blowing of cheek	Not possible on left side
Nasolabial fold	Loss on left side
Taste perception	Not Affected
Dribbling of saliva	Present
Bells phenomenon	Present on left side
Deviation of mouth	Towards right side

All the deep reflexes such as biceps, triceps, brachio- radialis, knee jerk, ankle jerk, plantar reflex are normal. Muscle tone & power are normal in all the limbs. Systemic examination of cardiovascular & respiratory system was observed normal. During the abdominal examination there was tenderness in hypo- chondrium region, rest thing was found normal.

Investigations

- Hematological reports, lipid profile, LFT, RFT were normal
- MRI Brain shows normal study.

Diagnosis

Considering the symptoms & examinations, the condition was diagnosed as case of Ardita / facial palsy. Written informed consent from patient was taken prior to treatment. Study was carried out by following the good clinical practice.

Plan of treatment

Considering the diagnosis, patient was treated on the line of treatment for Ardita.

- Bala moola kwatha churna kashayam – 15ml Tid
- Dashamoolaristam – 10ml Bid
- Maha yoga raja guggulu -1-1-1
- Cap palsinuron – 1 bid
- Cap Dhanwantaram 101 Avartita 1 bid Panchakarma Therapy Details

Planned for marsha Nasya with Dhanwantaram 101 Avartita Tailam

Nasya

Purva karma: Sthanika Abhyanga with Nirgundi Tailam, Nadi Swedana with Dashmoola Kwatha.

Pradhana karma: For marsha Nasya with Dhanwantaram 101 Avartita.

Paschat karma: Kavala Dharana with lukewarm water followed by Dhoomapana. Note: Dhanwantaram 101 Avartita Tailam in Arohana krama done for 21days.

Table 2: Subjective parameters.

Parameter	Before Treatment	After Treatment
Deviation of mouth towards right side	Grade III	Grade 1
Dribbling of saliva	present	Dribbling absent
Nasolabial fold	Loss from left side of mouth	Normal
Slurred speech	Normal speech	Normal speech
Lacrimation	lacrimation from left eye	Lacrimation absent
Chewing	Difficulty in chewing from left side	Easily chew from left side
Taste sensation	Normal	Normal

Table 3: House-Brackmann's grading.

	Before Treatment	After Treatment of 21 Days
Left side of face	Grade III (Weakness with asymmetry of mouth, foreheadfrowning-none incomplete closure of eyes with efforts)	Grade II (Slight weakness noticeable on close observation, normal symmetry at rest, forehead-moderate to good function, eye- completeclosure. Slight asymmetry.
Right side of face	Grade I (normal facial function in allarea)	Grade I (normal facial function in all area)



DISCUSSION

Acharya Charak has mentioned Nasya for Ardita in Vata Vyadhi Chikitsa.^[10] In Ayurveda Nasya is considered best to control the disease above neck.^[11] The process by which the drug is administered through nostrils is called Nasya.^[12] According to Ayurveda the drug administered through nostrils reaches Shringataka Marma & distributed in Murdha (brain), Siramukha (Opening of the blood vessels of Netra (eye), Karna (ear), Kantha (throat) etc. finally scratches the morbid Dosha from supra clavicular region completely just like removing Munja grass from its stem.^[13] According to modern science there is no direct route for pharmaco-dynamic consideration between nose & cranial organ because blood brain barrier is a strict security system of human brain. But the direct transportation can be possible through two pathways – Vascular & lymphatic. Vascular path transportation is possible through the pooling of nasal venous blood to the facial vein, which naturally occurs. Just at the opposite entrance, the inferior ophthalmic vein also pool in the facial vein. As both facial & ophthalmic vein have no veinal valves in between, so blood may drain on either side. That is to say the blood from facial vein can enter cavernous venous sinus of brain in reverse direction. Thus, such a pooling of blood from nasal vein to venous sinuses of brain, is more likely in the head lowered position due to gravity. On these lines, the drug absorption into meninges & related parts of intracranial organs. Drug transportation by lymphatic path, can reach direct into the C.S.F. it is known that arachnoid matter sleeve is extended to the submucosal area of the nose along with olfactory nerve.

Here in this case the patient was given Sthanik Abhayanga & Swedana prior to the Nasya therapy. Sthanika Abhayanga was done with Nirgundi tailam followed by Sthanika Dashmoola Kwath Naadi Sweda. It dilates the micro-blood vessels of face & enhances the blood circulation to that area. The increased blood flow to the peripheral arterioles accelerates the fast drug absorption & results in fast improvement. Improved blood supply to particular area of face result in nourishment of facial muscle & increases strength of facial muscle to work properly.

Nasya was given with Dhanwantaram 101 Avartita tailam was given to the patient. It reaches to Shringataka Marma from where it spread into various Srotas (vessels & nerve) and controls the vitiated Vata Dosha. Not only have this drugs of Dhanwantaram 101 Avartita tailam also had additional property to pacify the vitiated Vata Dosha. They have anti-inflammatory and analgesic effect which gives relief in the symptoms. Kavala with luke

warm water followed by Dhoomapana after Nasya Karma removes the remaining Doshas which enhance the efficacy of treatment. Thus, helps to improve proper muscle functioning by pacifying the vitiated Vata Dosha & strengthening the muscles.

CONCLUSION

Here the patient is treated with Ayurvedic principles of Ardita & got marked improvement within 21 Days without any side effect or recurrence. All the observation was done on the basis of clinical presentation & graded according to house- Brackmann's scale. Before the treatment the patient was unable to smile, closure of Left eyelid, frowning With the internal herbal preparation & Panchkarma therapy he got improvement in all the symptoms. After the completion of Nasya therapy for 21 days with internal herbal medication, he got relief from all the symptoms successfully. From this study we can conclude that Ardita can be managed successfully by Ayurvedic principles. However, this is a single case study; similar studies are needed to be done on a large scale to establish statistical significance of the present line of treatment.

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