Pharmacoulton Research

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 13, Issue 7, 501-507.

Case Study

ISSN 2277-7105

MANAGEMENT OF ARDITA WITH SPECIAL REFERENCE TO BELL'S PALSY –A CASE STUDY

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Article Received on 07 February 2024,

Revised on 28 Feb. 2024, Accepted on 18 March 2024

DOI: 10.20959/wjpr20247-31763



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ABSTRACT

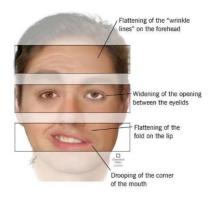
Introduction: Ardit is one among the vataja nanatmaja vikara where the deviation of face is main feature. The causes for ardit are carrying heavy weight on head, excessive laughing, shouting loudly, eating hard foods and exposure to cold weather. When a person expouse thecauses, the vaat dosha get aggravated at take sthansanshraya in head, nose, lips, chin, forehead, eyes. Aggravated vaat dosha causes sankochata of organs and lead to Ardit roga. The sign & symptoms of ardit are Mukhavakrata (deviation of mouth at one side), sira chalati (tremous of the head) vakasanga (speech impairment) vaikrata netra (inability of closure of eyes). This symptoms are related with Bell's Palsy. Methodology: A 15-year old male child presented with sudden onset of left side deviation of mouth, difficulty in closure of right upper eyelid, watering from right eye, Running nose & cough since 2 days.

By sign and symptoms it is diagnosed as *Ardita* and managed in out patient department – based panchakarma treatment at Shri Ayurved Mahavidyalaya Nagpur. The treatment is given for *ardit* roga i.e nasya, snehan with *bala tail*, *kukutanda* Sweden, vidhhakarma for 7 days along with oral medicine. Patient was assessed both before and after treatment. **Result**: Improvement was marked on the basis of House-Brackmann scale, continuous lacrimation from right eye were completely stopped. After 7 days of treatment, the scale wasreduced from IV to III and then II, I respectively. **Conclusion**: Patient is managed with the panchakarma procedure such as snehan, Sweden, nasya with oral medications and viddhakarma. After completion of treatment significant improvement was noticed in the sign and symptoms of the patient.

KEYWORDS: *Ardita*, Bell's palsy, Nasya, kukutanda Sweden, viddhakarma.

INTRODUCTION

Ardit is one among the vataja nanatmaja vikara where the deviation of face is main feature.^[1] The causes for ardit are carrying heavy weight on head, excessive laughing, shouting loudly, eating hard foods and exposure to cold weather.^[2] According to modern classic causes are viral infection, trauma, infection to parotid gland. Bell's Palsy is theparalysis of facial nerve which affects the movement of facial muscles. Bell's Palsy has an incidence of 11- 40 cases per 1,00,000 population per year at all ages from infancy toadolescence.^[3]



METHDOLOGY

Case Study: A 15-year old male child presented on 20/02/2023 with sudden onset of

- left side deviation of mouth
- difficulty in closure of right upper eyelid
- * watering from right eye,
- numbness over right side of the face
- Running nose & cough since 4 days associated with mild fever since 1 day.

Patient consulted allopathy doctors and received medication for 5 days but no relief found.

General Health of patient was good.

Past History: H/o URTI since 7-8 days

H/o medication for 5 days (17/2/23) cap Rabson 1 BD, Tab Azee 500 1 OD

Tab Nimtech 100 1HS, syp Rapitus 10 ml TDS

Local Examination

Deviation of mouth towards left side Incomplete closure of right upper eyelid Lacrimation from right eye

Examination of facial nerves

1. Motor functioning testing

Instruction	Response of patient	Muscle tested
	He was unable to fold his forhead on the right side	Occipitofrontalis
2. Patient asked to closed his	Unable to close his right eve	Orbicularis oculi
13 Patient acked to emile	towards left side	Zygomatic major, levator anguli oris, Depressor anguli oris,
	Unable to blowing mouth, air escaped from right side	Orbicularis oris, Buccinator

2. Sensory motor testing

No loss of taste on the anterior $2/3^{rd}$ of tongue on either side

3. Reflexes

Corneal reflex – partial blinking of right eye (Diminished on the right side)

TREATMENT PROTOCOL

Internal medication for 30 days

Drug	Dose	Anupana	Duration	
1.Cap. Palsineuron	1 tab qid	Lukewarm water	7 days	
2. chandramrut ras +sitopaladi churna	3 tab/day			
+ sunthi churna	+ 3 gm/day	Honey	7 days	
+ sunun chuma	+1.5 gm/day			
3.Dashmularistha	15 ml BD	Lukewarm water	7days	
4.Tab AargwadhaKapila	2	Lukewarm water	7days	
5. Opthocare eye	2 drops		7 days	
drop	2 drops		/ days	

External medication for 21 days

Panchakarma	Drugs			
1.Abhyanga (sthanik- mukha)	Bala Tail			
2.Kukutanda pinda swedan (mukha)	Dashmula churna, Sunthi churna, Lahasun, egg			
3. Nasya	Anutail			
4. Karnapuran	Katutail			

Vidhhakarma: Apanga, Lalata, bhrumadhya, upnasika

RESULTS

After 7 days there is significant improvement from the symptoms. After follow up on 30th day there is complete relief in symptoms of disease (fig. 1 & 2)

Before



After



Fig.1

Before





After



House & Brackmann Grading was used to access the facial nerve functions

Parameters	Grading		BT	AT	Relief
	Normal Function	1			
	Slight asymmetry or weakness of mouth	2			
	movement				
angle of mouth	Slightly weak with max efforts	3	4	1	100 %
	Asymmetry of mouth with maximum effort	4			
	Slight mouth movement	5			
	No facial movement	6			

Parameters	Grading		BT	AT	Relief
2. Inability to close the	Normal facial function in all areas	1			00.07
	Complete eye closure with minimum efforts	2	1		
right eye	Complete eye closure with efforts	3	4	2	90 %
completely	Incomplete eye closure	4]		
	Barely perceptiple eyelid movement	5			
	No movement	6			

Parameters	Grading		BT	AT	Relief
	Normal facial function	1			
3. Unable to	Slight weakness to good function of forehead	2			
wrinkle his	Slight to moderate movement of forehead	3	3	1	100 %
forehead onthe	Weakness or disfiguring movement	4	3	1	100 %
right side	Barely perceptible movement	5			
	No facial movement	6			

DISCUSSION

In ayurveda the above condition is called ardita means loss of function of facial muscles. This is vata vikar because vata is a dosha which control the motor and sensory activities of body mainly the brain function. Considering the nidan and lakshana it was due to vata and kapha dosha.

अर्दिते नावनं मूर्धि तैलं तर्पणमेव च। नाडीस्वेदोपनाहाश्चाप्यानूपपिशितैर्हिताः ।। च.चि. २८/९६^[4] स्नेहपानानि नस्यं च भोज्यान्यनिलहन्ति च।उपनाहाश्च शस्यन्ते स्वेदनं च तथार्दित।। नि. रत्नाकर

According to above chikitsa sidhant of ardit, patient was treated with panchakarma procedure like nasya, bahyasnehan, upanaha and *vataghna bhojan*.

Mode of action of panchakrma procedure and internal medication

1) Abhyanga with Bala tail^[5]

Abhyanga corrects disorder caused by vata dosha and bala isuseful to regenerate nerves.

2) Kukutanda pinda swedan

Bhavprakash has mentioned kukutanda pinda swedan in vatavyadhi adhikara as a form of snigdha pinda swed. Pinda swedan is highly effective in painful condition caused due to vatakapha dosha. kukutanda swedan has Brimhana and snigdha guna which increases the localized circulation.

3) Nasya

Nasya is the prime line of management in urdhwajatrugata as it is said by aacharya vaghbhata (Nasya hi sirasodwaram)^[6] and to decrease vata dosha. Anutail is used which as Bruhana & vatahara property so it reduces the symptoms of disease.

4) Karnapuran

It nourishes and stimulate the nerve endings, sense organs. It control vitiated dosha in head.

5) Cap. Palsineuron^[7]

It consist Mahavatavidhwanasa rasa that activates neuromuscular communication. Sameer pannag regulates blood circulation in affected areas. Ekangaveer ras promotes healing of damaged nerves and blood vessels.

6) Dashmularistha^[8]

It has power of revitalizing the body, vata balanced properties and analgesic property.

7) Vidhhakarma

It is a procedure mentioned in sushruta Samhita. Vidhhakarma works over tridosha and rakta. It open entrapped vayu in pathology of disease. Same as in ardita it relives pain and obstruction due to abnormality of facial nerves.

CONCLUSION

The treatment adopted here are having the properties of vatahara, santarpaniya chikitsa. All threapies like nasya, karnapuran, snehan, kukutanda swedan pacify the vitiated vata in body and provide nourishment to sense organs.

The treatment improves the blood circulation, improves motor functions by stimulating and strengthening the facial nerves and muscles.

In this case study patient got 100 % relief.

REFERENCES

- Srisatya Narayana Sastri, Charak Samhita, Sutra Sthan Adhyaya 17, Chaukhamba Bharati Academy, Varanasi Ninteennth edition, 1993.
- 2. Dr. Ganesh Krishna Garde, Sartha Vaghbhata Nidan Sthan Adhyaya 15, Anmol Prakashan, Pune, 2008.
- 3. Bhavya B. M. Tejashwini C, An overview on Bell's Palsy with special reference to Ardita in Ayurvedic Prespective, Int J. Res. Ayurveda Pharm, 2019; 10(1).
- 4. Srisatya Narayana Sastri, Charak Samhita, Chikitsa Sthan Adhyaya 28, Shlok no.96 Chaukhamba Bharati Academy, Varanasi Ninteennth edition, 1993.
- 5. Krishna Gopal, Rastantrasar and Sidhhapryoga Sangraha, Prthama Khanda, Krushna Gopal Ayurved Bhavan (DT), 422.
- 6. Dr. Ganesh Krishna Garde, Sartha Vaghbhata Sutra Sthan Adhyaya 20, Shlok No. 1 Anmol Prakashan, Pune, 2008.

- 7. https://www.ayurmedinfo.com/2012/08/10/palsineuron-capsules-benifits-dosage-ingredients-side effect/amp/
- 8. Krishna Gopal, Rastantrasar and Sidhhapryoga Sangraha, Prthama Khanda, Krushnaopal Ayurved Bhavan (DT), 737.