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Case Study

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AYURVEDIC MANAGEMENT OF ARDITA W.S.R. TO BELL'S PALSY - A SINGLE CASE REPORT

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ABSTRACT

A 43 year old male patient with 2-3 days history of right sided facial paralysis, presenting with inability to close right eye, which also had watery discharge and a burning sensation. In present time the cause of Ardita is unknown but is thought to be caused by inflammation which Affecting the body immune system. This disease has been described by Ayurveda Acharyas Charaka, Sushruta and Vagbhata in Samhithas. Ardita can be correlated with Bell's palsy or facial paralysis. It's begins suddenly and worsens over 48 hours. This condition result from damage to the facial nerve (7th cranial nerve) Bell's palsy usually resolve in time and cause no long term complication. In this case study Ayurvedic formulations like Ekangveer ras along with Panchkarma procedure has been given and successfully managed with Ayurvedic Treatment.

KEYWORDS: Ardit, Bell's palsy, Ekangveer ras, Panchkarma.

INTRODUCTION

The word "Ardita" implies a person afflicted or troubled. The word Ardita is derived from the word "Ardava" which means pain and

discomfort.

Hospital Amritsar.

PARICHAYA

अर्धे तस्मिन् मुखार्दे वा केवले स्यात्ततर्दितम्।

(च.चच-28/42)

- Ardita is a disease in which there is a deviation or crookedness leading to deformity of one

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side of the face alone or along with one side of the body.

- Acharya Charaka has explained the involvement of both the face and one side of the body under the description of Ardita roga.
- But the reference and explanation given by Acharya Sushruta points out only the involvement of face which can be co-related with facial paralysis in modern science.

PARIBHASHA

Charka- it is localised in half of the face with or without involvement of the body.

Sushruta- the vata vitiated gets localised in half of the face.

Vaghbhat- half of the face is getting distorted along with or without involvement of the body.

Arunadutta- it is disease of the body mostly affecting half of the face.

Sharangadhara samhita- it has quoted that Ardita is the condition affecting half of the face.

NIDANA

गर्भिणी सूतिका बाल वृद्ध क्षीणेष्वसृवक्षये। उच्चैर्व्याहरतोऽत्यथ खादतः कठिनानि वा॥ हसतो जुम्भतो भाराद्विषमाच्छयनादपि॥ (स.नि-१/६८)

- Pregnant women.
- excessive yawning and laughing
- post delivery period.
- eating hard food stuff
- children
- excessive laughing
- aged person
- carrying heavy loads on head
- weak and emaciated person
- anaemic and bleeding conditions
- sleeping in uncomfortable postures.

SAMPRAPTI

शिरोनासौष्ठचिबुक्तलाटेक्षणसन्धिगः।

अर्दयित्वाऽनिलो वक्त्रमर्दितं जनयत्यतः || (स्रू.नि-१/६९)

Due to nidana sevana there is vata dosha prakopa and sthana samshraya occurs in ardha mukha bhaga. This leads to mukhardha vikriti and vyaktavastha leads to ardita.

Samprapti Ghatak

- Dosa: vata dominance tridosha
- Dushya: rasa, rakta, mamsa, sira
- Srotas: rasa, rakta, vata baha srota
- Srotadusti: sanga, vimargamana
- Adhisthana: mukhardha
- Agni stithi: visamagni

PURVARUPA

- Appearance of horripilations.
- · Tremors localized or generalized
- Excessive lacrimation and turbidity of eyes
- Numbness
- Pricking pain
- Stiffness in the sides of the neck
- Stiffness in lower jaw

LAKSHYANA

- Mukha vakrata
- parshwa pida
- Greeva vakrata
- Nasa vakrata
- Sira kampa
- Inability of chewing through affected side
- Vaka sanga
- Netra and broostabdata
- Danta chalan
- Karna shula
- Greeva, chubuka and danta vedna
- Swara bheda

Acharya Charaka has described 20 types of vataja nanatmaj vyadhi, ardita is one among them. It can be correlated with the disease Bell's palsy and also correlated with facial palsy of 7th nerve. Facial nerve is the 7th cranial nerve situated in pons lateral to root of 6th nerve. Bell's palsy is an LMN disease characterized by ache in the region of stylomastoid foramen

results in pressure on the nerve causing paralysis of function. Ardita is a disease in which there is deviation or crookedness leading to deformity of one side of face alone or along with one side of the body. Acharya Charka has explained the involvement of both face and one side of the body under description of ardita roga. But the reference and explanation given by Acharya Sushruta points out only the involvement of face which can be co-related to facial paralysis in modern science.

CASE REPORT

A 43 years old male patient with 2-3 days history of right sided facial paralysis. He gave history of 2 days back before attack right side eye sight blur vision, redness and watery discharge, mild loss of right side face sensation.

SYMPTOMS

2 days before the attack (13-10-2023)

- i. He felt blurred vision in right side eye, redness and mild watery discharge.
- ii. Weakness of muscle in right side of face.
- iii. Right side arm and shoulder were also not working properly.

On 15-10-2023

When the patient woke up from the bed, noticed a weakness on right side, deviation of face, he could not close right side eye completely, heaviness in tongue leading to difficulty in speaking and holding water in the mouth.

He consulted an allopathic doctor and took steroids, multivitamins, calcium and eyedrops for 5 days and advised CT scan of brain. The CT scan report was fine and showed aged related atrophic changes in brain and ischemic changes.



The problem persisted even after allopathic treatment and patient visited our ayurvedic hospital for treatment. Symptoms remain same even after taking allopathic medicine for 5 days. Looking at the symptoms we diagnosed it is a case of 'Ardita'.

Patient symptoms are given below

- i. Unable to complete closure of right eye.
- ii. blurred vision, redness and watery discharge in right eye.
- iii. The muscle on the face of right side hang down and weakness of muscle in right side of the face.
- iv. Angle of mouth deviated to the right.
- v. Cannot raise the eyebrow of the right side.

LOCAL EXAMINATION

All vitals were within normal limit, speech was slightly slurred, bell's phenomenon was present, corneal and conjunctival reflex were absent and jaw jerk was normal.

TREATMENT PROTOCOL

External therapies:- snehana (oleation) and swedana (fomentation) followed by nasya (nasal medicine).

Mukhabyanga snehana with Mahamashadi taila for 30

minutes followed by swedana with dashmool kwaath for 10 minutes for 30 days.

Nasya with Mahamashadi taila 8-8 drops each nostril for 2 times 7 days then after 1 time for 7 days.

Exercise

- balloon blowing exercise for 3 times a day.
- Eyebrow raising exercise in front of mirror 3 times a day for five minutes.

Internal medicine

- Tab. Ekangvir rasa 250 mg 2 times after food with water.
- Cap. Neuron 500 mg 2 times a day after food with milk.

Complete course of treatment is 30 days and follow up is for 15 days.

DISCUSSION ON RESULT

It was observed that 70% of symptoms were cured after 22 days of treatment and 30% showed marked improvement.

Probable mode of action of therapy

- Snehana karma (mukhabhayanga) with mahamashadi taila, nourishes the shleshma kapha, stimulates the sensory nerve endings and provide strength to the facial muscles. Swedana before nasya enhances local micro circulations by dilation of blood vessels and increase blood flow to the peripheral arterioles which accelerates the blood absorption and fast improvement. It also stimulates the local nerves.
- Nasya is the process by which medicated oil is administered through the nostrils. Nasya dravya reaches to shringataka marma, from where it spreads to various strotas (vessels and nerves). Nasya Provides strength of neck, shoulder, chest, improving the vision, provide nourishment to nervous system by neural diffusion and vascular pathways. Nasya stimulates olfactory and trigeminal nerves ending present in peripheral surface of mucous membrane and impulses are transmitted to CNS. Oil for nasya is mahamash thailum mostly used for many neurological conditions. Main ingredient of this oil is black gram, til taila, dashmool, bala and all these dravyas are vatahar and relieves pain and inflammation.

Ekangveer rasa used orally 250 mg BD acts as brihana, rasayana, vishghana which helps in enhancing the speed of recovery in patients of Ardita.

-Exercise with balloon causes nerve stimulation and releases the compression of nerves.





Before treatment

After treatment

CONCLUSION

From the present case study Ardita can be managed with comprehensive application of mukhabhayanga and nasya. Combined treatment help the vitiated vata dosha in the body to return to their normal state and provides nourishment to the sense organ. Moreover the drugs used orally and exercise are having additional effect in improving the symptoms and signs. There was no side effect noticed during the course of treatment.

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