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EVALUATING THE THERAPEUTIC EFFECT OF NAVANA NASYA IN ARDITA WITH SPECIAL REFERENCE TO BELL'S PALSY

Dr. Chakravarthula Adithya^{1*}, Dr. Rajalakshmi M. G.² and Dr. Lekhan K. G.³

¹Final Year PG Scholar, Department of PG Studies in Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udupi, 574118.

²Associate Professor, Department of PG Studies in Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udupi, 574118.

³Final Year PG Scholar, Department of PG Studies in Dravyaguna, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udupi, 574118.

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*Corresponding Author Dr. Chakravarthula Adithya

Final Year PG Scholar,
Department of PG Studies in
Panchakarma, Sri
Dharmasthala
Manjunatheshwara College
of Ayurveda and Hospital,
Udupi, 574118.

ABSTRACT

Ardita is one amongst 80 nanatmaja vata vyadhi that affects one half of the face leading to mukha ardha vakrata, netra vikrithi and vak vikrithi. In contemporary science such symptoms are explained under the disease Bell's palsy. Bell's palsy is the disease that is manifested due to temporary paralysis of the seventh cranial nerve on one half of the face which is resulting in the impairment of both motor and sensory functions of the affected side. As the disease manifests in jatru urdhwa pradesha, nasya karma is considered to be the prime line of treatment as explained in the classics. Ardita is manifested due to prakupita vata in jatru urdhwa pradesha, hence navana nasya with Dashamooladya taila was selected for the study. 20 patients diagnosed with Ardita / Bell's palsy fulfilling the diagnostic and inclusion criteria were selected and Navana nasya with Dashamooladya taila in the dose of asta bindu was administered to each nostrils for a period of 7 days and

the patients were assessed based on the standard parameters before the treatment, after the treatment and after the follow up period for 14 days together completing the total duration for 21 days. The results were then analyzed statistically. The overall effect of the therapy shows that the trial drug *Dashamooladya taila* is beneficial in the management of majority of signs and symptoms of *Ardita*/Bell's palsy such as *vak vikrithi*, *netra vikrithi*, *lalasrava*, *ashru srava*, *jathroodhwa vedana* etc.

KEYWORD: *Ardita, Navana nasya, Dashamooladya taila*, Bell's palsy.

INTRODUCTION

Amongst shadanga, shiras is considered as uttamanga^[1], since it is the abode of all indriva. Every care has to be taken to protect the uttamanga of the body by following different procedures which are explained to be practiced daily. It is said that *nasa* is the gateway to the shiras. [2] The procedure which is performed to enter into the *shiras* is *nasya*. If *nasya* is practiced judiciously as explained to be performed in sadharana ritu then the diseases pertaining to the shiras may not occur. If not practiced it may result in the manifestation of numerous diseases which are explained in the context of *shiro marmabhighata* resulted either due to doshaja abhighata or due to bahya abhighata. One such disease which is resulted due to doshaja shiromarma abhighata is Ardita. [3] Ardita is considered to be one of the vataja nanatmaja vyadhi^[4] wherein there is invariably involvement of vata dosha for its manifestation. The disease presents with the signs and symptoms such as *mukhardha vakrata*, netra vikrithi, vak vikrithi, vedana in greeva, chibuka, danta, shira shoola which manifests in jatru urdhwa pradesha. [5] In contemporary science similar presentation is observed in Bell's palsy which is manifested due to inflammation of the facial nerve or due to reaction of post viral infection leading to temporary paralysis of the facial nerve on one half of the face producing symptoms like deviation of the angle of mouth on unaffected side, difficulty in closing the eye lid completely on affected side, facial muscle weakness on affected side, pain and numbness behind the ear on affected side etc. [6] Bell's palsy is the most common form of facial paralysis. The annual incidence of this idiopathic disorder is between 11 and 40 per 100,000 populations or about 1 in 60 persons in lifetime.^[7]

As per our science the disease has the adhisthana as shiras which has to be managed only through nasya karma^[8] As there is mentioning of navana nasya in the treatment principle of Ardita chikitsa^[9], the same has been selected for the study by utilizing Dashamooladya taila^[10] which has wider applicability in terms of nasya, pana, abhyanga and anuvasana basti. Since there is an indication seclusively to manage the disease Ardita through the different routes of application, a study has been undertaken under the title "EVALUATING THE THERAPEUTIC EFFECT OF NAVANA NASYA IN ARDITA WITH SPECIAL REFERENCE TO BELL'S PALSY"

AIM AND OBJECTIVES

To evaluate the effect of *Navana nasya* with *Dashamooldya taila* in *Ardita*/ Bell's palsy.

METREIAL AND METHODS

Source of data

- **Drug source**: The medicine used in the study i.e *Dashamooladya taila* was prepared in the Shri Dharmasthala Manjunatheshwara Ayurveda pharmacy, kuthpady, udupi.
- **Patient source**: 20 patients diagnosed as *Ardita*/ Bell's palsy were selected from OPD and IPD of Shri Dharmasthala Manjunatheshwara Ayurveda Hospital, kuthpady, udupi.

Method of collection of data

- **Study design:** This is an open label clinical study with pre-test and post-test design wherein 20 patients diagnosed as *Ardital* Bell's palsy of either gender was selected based on diagnostic and inclusion criteria.
 - A detailed proforma was prepared considering the points pertaining to history, signs, symptoms, examinations as mentioned in *Ayurvedic* classics and allied science to confirm the diagnosis and assessment parameters before and after the treatment.
- **Sample size**: 20 patients diagnosed as *Ardita/*Bell's palsy were selected for the study.

INTERVENTION

The patients were selected on the basis of diagnostic and inclusion criteria. *Nasya karma* was administered as follows.

Poorva karma

Sthanika abhyanga with Dashamooladya taila followed by bashpa sweda with hot water.

Pradhana karma

Nasya karma was performed with Dashamooladya taila, in the dose of avara matra of Navana nasya i.e ashta bindu into each nostril.

Paschat karma

Dhoomapana with haridra choorna followed by kavalagraha with luke warm water.

RESULTS

Each patient was assessed before, after the treatment and after the follow up period.

Based on the subjective and objective parameters and analyzed statistically using Wilcoxon signed rank test.

Mean value of parameters

Parameters	Before the treatment	After the treatment	After the follow up
Vak vikrithi	1.1176	0.1765	0.1176
Jatrurdhwa vedana	1.9000	0.7000	0.0500
Ashrusrava	2.0500	0.8000	0.4500
Lalasrava	1.3158	0.2632	0.0526
Mukhavakrata on hasana	2.1500	1.1500	0.3000
Netravikriti	2.6000	1.0500	0.3000
Akshinimeelana	2.0000	1.1000	0.5000
HOUSE-BRACKMANN Grading	3.8000	2.5000	1.6500

The statistical test showed highly significant improvement in all the parameter.

DISCUSSION

Navana nasya, murdhni taila, tarpana, nadi sweda, upanaha with anupa mamsa are the various treatment modalities mentioned for the management of the disease Ardita. Based on the dushya, desha, kala, bala of rogi and roga specific treatment modalities can be adopted. Nasya karma is considered to be the best line of treatment in the urdhwajatru vikara and Ardita is the disease that manifests in the jathrurdhwa pradesha. Nasya karma is considered as the treatment of choice in the disease Ardita. As Ardita is a vataja vyadhi, snehana nasya as a variety of Navana nasya has been selected for the study.

Nasya karma is a process of instilling the medicated sneha/ kashaya/ swarasa/ choorna into the nostrils as nasa is considered as the gate way to the shiras. The drug which is administered will directly enter into the shiras and eliminates the morbid doshas from shira pradesha and also it helps in nourishment of jathroodhwa pradesha.

Amongst various types of *nasya* karma explained in the texts, the variety that was selected for the present study can be included under *navana nasya* according to *Charaka*, *brimhana nasya* according to *acharya Vagbhata* and under *snehana* variety according to *acharya Sushruta*.

The dose of *nasya* has been explained in terms of *bindu pramana*. Acharya Sushruta had explained the *avara matra* of *snehana nasya* as *asta bindu* and the same *matra* was selected for the study. For the purpose of selection of *bindu pramana*, every individual's *pradeshini*

anguli i.e. index finger was selected as explained in the classics. The entire quantity of sneha dravya collected from pradeshini anguli parva dwaya after dipping in a vessel containing sneha dravya i.e. the trial drug and later collected in a container till it falls completely from the index finger is considered as one bindu. Similarly, asta bindu was collected and measured. After measurement it was noticed that the total quantity of the oil procured after measuring asta bindu was differing from individual to individual since it was completely based on the length and thickness of the index finger. The maximum range of the trial drug in the present study was 9 ml. and minimum quantity measured was 4 ml. The dosage that was administered to all registered patients in the study was safe, effective and with nil adverse effects.

As nasa is considered to be the gate way to the shiras, and the vyadhi adhistana is also shiras, nasya karma was considered to be an apt modality to tackle prakupita vata dosha in the shiras resulting in the manifestation of the symptoms such as mukha ardha vakrata, netra vikrithi, vak vikrithi etc. The trial drug Dashamooladya taila after its administration into the nostrils will directly enter into the shringataka marma by means of different srotas it reaches to different parts of the murdha such as netra, karna, kantha sira and expels the morbid dosha from all the parts out through mukha marga and helps in attaining brimhana and snehana to the mrudha pradesha.

CONCLUSION

The present study showed significant remission in the signs and symptoms of the disease. Hence it implies that *navana nasya* with *dashamooladya taila* helps in the management of the disease Ardita very effectively without any complications.

The trial drug *Dashamooladya taila* which possesses *vatahara* and *brimhana* properties pacifies the *vata dosha* and strengthens the *dhatu* and improves the functional ability.

After follow up amongst 9 patients remissions for signs and symptoms of *ardita* were observed.

REFERENCES

Agnivesha, Charaka samhitha, Acharya jadavji trikamji editor: chaukambha orientalia;
 Varanasi, 2009; Pp 738. Pg 99.

- 2. Agnivesha, Charaka samhitha, Acharya jadavji trikamji editor: chaukambha orientalia; Varanasi, 2009; Pp 738. Pg 722.
- 3. Agnivesha, Charaka samhitha, Acharya jadavji trikamji editor: chaukambha orientalia; Varanasi, 2009; Pp 738. Pg 717.
- 4. Agnivesha, Charaka samhitha, Acharya jadavji trikamji editor: chaukambha orientalia; Varanasi, 2009; Pp 738. Pg 113.
- 5. Susrutha, Susrutha samhitha, Acharya jadavji trikamji editor: chaukambh orientalia; 2003; Varanasi, pg 29, 74, 103, 551, pp 824.
- 6. Fauci...[et al.]. Harrison's principles of internal medicine. 16th edition, volume 2. New York; MCGRAW-hill: 2008; Pp: 2958; pp: 2436.
- 7. Fauci...[et al.]. Harrison's principles of internal medicine. 16th edition, volume 2. New York; MCGRAW-hill: 2008; Pp: 2958; pp: 2436.
- 8. Vagbhatacharya, Astanga Hrudaya, Edited by Hari Shastri Parasakara Vaidya, 9th Edition, published by Chaukambha Orientalia; Varanasi, 2005; Pp 956. Pg 287.
- 9. Agnivesha, Charaka samhitha, Acharya jadavji trikamji editor: chaukambha orientalia; Varanasi, 2009; Pp 738. Pg 621.
- 10. Vangasena, Vangasena samhitha, Hindi commentary by Sri Shaligramaji Vaishya, Edited by Shankarji jain. Published by Khemraj Sri krishnadas Prakashan, 2006, Bombay. Pp 1064. Pg: 371.