



ROLE OF AYURVEDA IN THE MANAGEMENT OF ARDITA (BELL'S PALSY) - A CASE REPORT

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ABSTRACT

Ardita is considered as one amongst the *vata nanatmaj vyadhis* described in Ayurvedic classics. *Ardita* is a condition caused due to the unusual functioning of *vata dosha* which results in loss of functioning of one half of the face. It can be correlated with Bell's Palsy from modern perspective. This disease proves to be disturbing from a functional and cosmetic point of view. A 27year old male patient came to OPD with a chief complaint of difficulty in closing right eye, angle deviation of the mouth towards left, difficulty while eating, unable to whistle as well as puffing of cheeks, drooling of saliva, etc. from 20 days. History and examination lead to the diagnosis of Bell's Palsy. Considering the signs and symptoms, the patient was treated as per the ayurvedic line of treatment for *Ardita*. The patient was admitted and ayurvedic treatment (*Panchakarma + Oral medications*) i.e. *Nasya, Pindasweda, Kukkutanda sweda, Akshitarpan* was given for 21days. The patient had great relief with marked improvement in the above said symptoms. Thus, Ayurveda is fruitful in treating patients with *Ardita*.

Keywords: *Ardita, Nasya, Pindasweda, Kukkutanda sweda, Akshitarpan*

INTRODUCTION

Ardita is considered as one amongst the *Vata nanatmaj vyadhis* described in Ayurvedic classics¹. Acharya Charak opines that this disease is localized in one half of the face with or without the involvement of the body². The same is the opinion with Acharya Vagbhat³. Acharya Sushruta says face is only affected in *Ardita*. It is the condition caused due to vitiated *vata dosha*, which turns the face in the opposite direction⁴. The face is the mirror of the mind which conveys emotions like happiness, sadness, anger, fear, disgust, etc. also, man is recognized with his skill of communication. The disability in communication skills and facial expressions are hampered in *Ardita*, a *vata vyadhi* which is more common in the present day. When *vata dosha* is functioning normally in the body, it is responsible for the proper functioning of all sense organs but once in the abnormal state may lead to morbidity. The causative factors for this particular disease wherein *vata* is vitiated primarily are described in Ayurvedic texts as carrying heavyweight on the head, excessive laughing, speaking loudly, sudden fear, lying on the uneven bed, eating or chewing hard food substances, etc^{3,4}. Clinical features according to Ayurvedic classics are half sided facial deformity including nose, eyebrows, forehead, eyes, tongue and chin region on affected site, slurring of speech, deafness, partial closure of eyes, disturbing smell sensation. Bell's Palsy is an acute, idiopathic, commonly unilateral lower motor neuron type of facial nerve involvement due to non-supportive inflammation of nerve within the facial canal above stylomastoid foramen. Bell's Palsy has an incidence of 1 in 60 to 70 people in a lifetime. The facial nerve controls several functions such as blinking and closing the eyes, smiling, frowning, lacrimation, salivation, raising of eyebrows, flaring of nostrils, the sensation of taste in the anterior 2/3rd of the tongue which is affected in Bell's Palsy⁵. Medical treatment for Bell's Palsy includes corticosteroids, antiviral agents. Approximately 80-90% of patients recover without noticeable disfigurement within 6 weeks to 3months. The reoccurrence rate is 4-14%⁶. Line of

treatment in *Ardita* includes *Nasya* (nasal instillation of medicine), *Murdhni tel* (application of oil to head), *Nadi Sweda* (steam through the tube), *Upnaah* (sudation in which medicaments are heated and tied in a sterile cloth/ made into bolus)⁷. Acharya Vagbhat has also mentioned *Karnapooran* (instillation of oil in ears), *Akshitarpan* (treatment which nourishes the eye)⁸. Keeping in view the above-said treatment, the patient was treated accordingly, and the case was studied to evaluate the effect of traditional ayurvedic methods and procedures in the management of Bell's Palsy.

AIM and OBJECTIVES- To evaluate the efficacy of Ayurvedic treatment in *Ardita*.

CASE REPORT

A 27-year-old male patient came to OPD with a chief complaint of difficulty in closing right eye, angle deviation of the mouth towards left, difficulty while eating, unable to whistle as well as puffing of cheeks, etc. from 20 days. He had no history of hypertension, diabetes mellitus or any other major illness as well did not have any addiction. The patient was a retailer by occupation. On taking a detailed history, it was noted that 3days before the onset of Bell's Palsy, he had been to Lonavala with friends. Had travelled through bus and both the times i.e while going and returning had sat on the window seat with the window open. Above that, he had played in a waterfall for 3hours and got a neck sprain while playing. 3days after returning from Lonavala he faced the above problems and was diagnosed as Bell's Palsy and was admitted to hospital for 1day. He took allopathic treatment for 20days which consisted of corticosteroids, antiviral drugs and topical ocular drops. The patient did not find any significant result so opted for ayurvedic treatment. After reviewing, he was diagnosed as *Ardita* and was admitted for 21days. Ayurvedic line of treatment consisted of *Nasya* with *Anu tail*, *Shashthihali Pindaswed* for 14days followed by *Kukkutanda Pindaswed* for 7days, *Shirodhara* with *Jatamansi siddh teel tel*, *Akshitarpan* with *Triphala grit*, *Sneha gandush* and facial exercises.

Table 1: Panchakarma treatment given with duration

Sr. no.	Treatment given	Drug	Duration
1.	<i>Nasya</i>	<i>Anu tail</i>	21days
2.	<i>Shashtishali Pindaswed</i>		14days
3.	<i>Kukkutanda Pindaswed</i>		7days (15 th -21 st day)
4.	<i>Shirodhara</i>	<i>Jatamansi siddh teel tel</i>	10days
5.	<i>Akshitarpan</i>	<i>Triphala ghrit</i>	14days
6.	<i>Sneha gandush</i>	<i>Teel tel + Lukewarm water</i>	21days

Internally, the patient was given –

1. *Ekanveer ras* 125mg BD,
2. *Yograj Guggulu* 500mg BD,
3. *Ashwagandha + Guduchi churna* 5gm BD
4. *Gandharva Haritaki churna* 3gm HS.

The patient was explained about proper diet and life-style management. The result experienced in 21days was very encouraging.

Clinical Findings on Examination-

1. EYE- Unable to fully close Right eye.
Dryness of Right eye
Unable to raise Right eyebrow.
2. Unable to puff cheeks.
3. Unable to whistle.
4. Difficulty while speaking.
5. Deviation of the angle of the mouth towards the Left.
6. Flaring of R nostril – Absent.

Assessment Criteria- Done based on House Brackmann Grading System⁹

Table 2: Assessment Criteria

Clinical Feature	Grading	Score	BT	AT	% Relief
Dryness of Right Eye	No dryness	0	2	1	50%
	Persistent but do not disturb routine work	1			
	Persistent and disturbs routine work	2			
	Constant dryness	3			
Widening of Palpebral aperture (Netravikriti)	No widening	0	2	1	50%
	Slightly wide (Whole cornea visible)	1			
	Moderately wide (Cornea and 1/3 rd of upper sclera visible)	2			
	Severely wide (Cornea and 1/2 of upper sclera visible)	3			
Absence of nasolabial fold	Nasolabial fold present normally	0	2	0	100%
	The nasolabial fold is seen while trying to speak	1			
	The nasolabial fold is seen while attempting to smile	2			
	Nasolabial fold never seen	3			
Smiling sign	Absent	0	2	1	50%
	Smiling sign present without upward movement of L angle of mouth	1			
	Smiling sign present with upward movement of L angle of mouth	2			

	Smiling sign present all the time	3			
Slurring of speech (Vaaksang)	Normal speech	0	1	0	100%
	Pronouncing with fewer efforts	1			
	Pronouncing with great efforts	2			
	Complete slurring	3			
Dribbling of saliva from R corner of the mouth (Lalastraav)	Absent	0	2	0	100%
	Intermittent dribbling	1			
	Constant but mild dribbling	2			
	Constant but profuse dribbling	3			
Earache (Karnashoola)	No pain	0	1	0	100%
	Intermittent	1			
	Persistent and do not disturb routine	2			
	Persistent and does disturbs routine	3			

Assessment of total effect- Complete Cure - 100%

Marked relief - > 50%

Moderate response - > 25% - 50%

No response - 0%

There was marked relief noted in the patient.



On 1st Day

On 21st Day

DISCUSSION

In this case, the *hetu* is travelling, continuous exposure to wind with its impact on the ear as well as playing in a waterfall. Due to excessive exposure to cold wind, vitiated *vata* with *kapha* is involved in the occurrence of disease. *Prakrupit vata* (vitiated *vata*) enters in all the empty channels of the body and then creates 80 types of *vata nanatmaj vyadhis* like *Ardita*, *Pakshaghāt* (Hemiplegia), joint disorders, etc. In this case, exposure to cold wind vitiated *vata* with *kapha*; settles in sandhi's of *Shira* (Head), *Nasa* (Nose), *Hanu* (Mandible), *Lalata* (forehead) and *Netra* (eye), *Snayu*

(ligament) and *Kandara* (tendons). These are affected by *dosha*'s presenting symptoms on the Right half of the face.

PROBABLE MODE OF ACTION-

SNEHAN with *Mahanarayan tel* before *nasya*, *pindasweda* stimulates the sensory nerve endings and provide strength to facial muscles¹⁰. *Swedan* enhances local microcirculation by dilation of blood vessels and increased blood flow to the area as well as accelerates drug absorption. Also, *swedana* is said to be the best form of treatment in expelling morbid *vata* and *kapha doshas* and destroying diseases arriving because of it¹¹. *Shashti Shaali Pindasweda* is helpful in *vata-vikara*, neurological disorders, neuralgia, paralysis. Is an effective rejuvenation therapy; relaxes the body, strengthens muscles, improve blood circulation. *Kukkutanda sweda* is a form of *Snigdha pindasweda* which causes a local rise in temperature mainly due to *ushna*, *teekshna guna* of drugs present in it. There's vasodilation of localized blood vessels which stimulates *Bhrajak Pitta* in the skin, taking up the nutrients from *kukkutanda* and other drugs and promotes the removal of metabolic waste through circulation and sweat. Also, the drugs after coming in contact with the skin undergo metabolism by the action of *Bhrajakagni* and *rasdhvatwagni*. It further leads to the nourishment of *rasaadi dhatus* because of *vyaan vayu*. The process combats the *sheeta*, *laghu* and *ruksha* properties of *vata dosha* thereby reducing *shoola* and *stambha*¹². *Shirodhara* categorized under *Murdhni tel* is highly effective in *vata* related disorders and disorders affecting

the body, mind, and sense organs. *Jatamansi* oil calms down the brain, relieves anxiety and is well known in neurological disorders because of its *Medhya* property (improves brain functions)¹³. *Gandusha* improves voice and speech, strengthens the jaw as well as facial muscles which are weakened by *prakupita vata dosha*. *Sneha gandush* is indicated in *vata vyadhi* and *teel tel* possesses *vatahara* properties¹⁴. *Nasya* is indicated in *urdhwajatrugata rogas* and *nasa* is considered as one of the *panchgyanendriya* whose functions are not only restricted to olfaction and respiration but is also considered as a pathway for the administration of drugs. Medicine given through nostrils travels the entire passage and reaches the cribriform plate which is porous. From there it is absorbed and reaches the tissue of the brain. Also, in the texts, it's said *Nasya* is fruitful in *Ardita*.¹⁵ *Akshitarp* relieves the symptoms by improving the movement of eyelids, nourishing the eye and relieving dryness of the eye. Facial exercises like blowing the balloon, pronouncing vowels, etc. *Ekangveer ras* acts as *Vataghna*, *Brihana*, *Rasyana*, *Vishaghna* which helps in speedy recovery. *Yograj guggulu* is helpful in all *vatavyadhi*, is *tridoshaghna* as well as *rasayana*¹⁶.

CONCLUSION

From the present case study, it can be concluded that the Ayurvedic treatment described in the text is fruitful in relieving the signs and symptoms of the disease. All the therapies like *Nasya*, *Shirodhara*, *Pindasweda*, etc as a combined treatment pacifies *Vata dosha* and provides nourishment to the sense organs. Moreover, internal medications and exercise have an add-on effect. Thus, Ayurveda helps in improving the day-to-day life of the patient suffering from *Ardita*.

Declaration of Patient Consent- The authors certify that they have obtained his consent for the images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published in the journal.

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