A CASE REPORT OF INFRA-NUCLEAR FACIAL PALSY W.S.R TO ARDITA VYADHI

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ABSTRACT

Ardita is considered as a vatavyadhi according to Bruhatrayi. It is caused by aggravation of vata dosha. Ardita is also explained as Ekayaam (loss of movement involving one half of the face or half of the body with half of the face) by Ashtang Hrudaya. Aacharya charaka has included sharirardha in Ardita while Aacharya Sushruta has considered as the face is only affected, in it. The function of sense organs is impaired in Ardita. Cause of Ardita in infant might be hereditary, congenital defects, improper care taken by mother, side effect of any medicine etc. Ardita, a vata vyadhi, where the sense organs which differentiates living and non-living are impaired and which also responsible for the interaction between the living and its environment is also ceased. In the modern text it is correlated with facial palsy as the basic of sign and symptoms. In this paper as attempt has made to understand ardita vyadhi with respect to facial palsy and it can be treated only with the help of panchakarma.

Keywords: Ardita, Vata vyadhi, Facial palsy, Panchkarma

INTRODUCTION

Spontaneous, unilateral facial nerve paralysis described by Charles Bell in 1831 (known as Bell’s palsy). In Ayurvedic texts Ardita is described as a vata vyadhi. References of this disease have been described by Brihattrai, Laghutrai, other popular texts like Kashyap Samhita and Bhela Samhita. These motor and sensory functions are co-ordinated and controlled from the epitome of the head, which is considered as “Uttamanga”. Face, is the mirror of the mind, which conveys the emotions like happiness, sadness, anger, disgust, fear and so on. The ability of the both verbal communication and facial expressions are hampered in Ardita. It is considered as one among the 80 vataja nanatmaja vyadhi by Acharya Charaka¹. Being shira as the adhisthana; Ardita is also considered as Shirog. It is considered as Asthimajjagata vata according to Bhela Samhita². Chalatwa (movement) characteristically qualifies the living; achieved by the virtue of Vibhu-Vata³. When vata in its abnormal state leads to dreadful condition such as human body fails to function properly or becomes deformed and even causes death⁴. Vata is the prime element which is responsible for conveying all sense from the sense organs⁵. The function of sense organs is impaired in Ardita. Hence Ardita can be considered as a vikruti of indriya also. The word paralysis or palsy implies an abnormal condition characterised by the loss of mo-
Paralysis is impairment or loss of especially the motor function of the nerve, causing disability to move or weakness of the affected part. Paracetamol has been used by pregnant women for many months without any obvious harmful effects on the developing baby. Taking Paracetamol during pregnancy may raise the risk of a child developing ADHD (Attention Deficit Hyperactivity Disorder) and ASD (Autism Spectrum disorder)\(^6\). It can act as a hormone disruptor, interfering with brain development.

**CASE REPORT**

A 1.5 months female baby admitted in balrog IPD of Government Ayurveda Hospital, Nagpur, on 4\(^{th}\) January 2018 with the complaints of Right eye didn’t blink, Dryness of eye (no tears even after crying), Size of the left eye is smaller as compared to right eye, Deviation of angle of mouth to left side while crying since 8 days.

<table>
<thead>
<tr>
<th><strong>Past history:</strong></th>
<th>No H/O any major illness. Mild fever 8 days before –took symptomatic treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family history:</strong></td>
<td><strong>Mother:</strong> H/O Fever during ANC period (since 3(^{rd}) month till delivery of baby)</td>
</tr>
<tr>
<td><strong>Father:</strong></td>
<td>H/O Pulmonary tuberculosis – 11 years back (AKT course completed)</td>
</tr>
</tbody>
</table>

**Balakavatha and Ahar:** - Kshirada avastha  
**Janna itivrutta (Birth history):**  
\(a\) **Garbhakalina:** Normal gestational period (from 3\(^{rd}\) month onwards H/O fever to mother, Tab Paracetamol 500 mg taken intermittently)  
\(b\) **Prasavakalina:** Full term normal delivery at Yawatmal hospital.  
\(c\) **Jatamatra:** Cried well after birth.  

**Immunization status:**  
BCG, HIV, OPV: - Taken  
**Navajatabalakapariksha :-** kalaprasutta (36week 1 day)  

**Neonatal reflexes:**  
**Rooting:** Present, **Sucking:** Present, **Swallowing:** Present, **Moro’s reflex:** Present  
**Stepping reflex:** Present, **Automatic walking:** Present, **Extensor plantar reflex:** Present

**Anthropometry:**  
**Weight:** - 2.5kg **Length/ Height:** - 54cm  
**Head circumference:** - 34cm **Chest circumference:** - 31cms  
**Mid arm circumference:** - 10cm **Shirorandhra (Frontanalles):** - Open normal (not closed)

**Developmental Milestones:**  
**Motor:** Palmar grasp, **Adaptive:** Palmar grasp

**Samanya Pariksha (General Examination):**  

<table>
<thead>
<tr>
<th><strong>Nakha:</strong> - Prakruta</th>
<th><strong>Netra:</strong> - Right - Netra unmesha-nimesha kashtata</th>
<th><strong>Tvak:</strong> - Prakruta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jivha: - Nirama</td>
<td>Danta: - not errrupted</td>
<td>Kesha: - Prakruta</td>
</tr>
<tr>
<td>Agni: - Madhyam</td>
<td>Mala: - Samyaka</td>
<td>Mutra: - Samyaka</td>
</tr>
<tr>
<td>Nadi: - 88/min</td>
<td>Dehoshma: - 98(^{\circ}) F</td>
<td>Raktadaba: - NA</td>
</tr>
<tr>
<td>Prakruti: - Pittavataja</td>
<td>Sahanana: - Madhyama</td>
<td>Satmya: - avishesh</td>
</tr>
<tr>
<td>Rodhana: - Prakruta</td>
<td>Aachushana: - kshmata uttama</td>
<td>Nabhi: - Prakruta</td>
</tr>
</tbody>
</table>

**Indriyaparishana (Sensory and Motor Examination):**  
**Dhyanendriya:** - Prakruta
Karmendriya:- Prakruta
Paani:-Prakruta Paada:- Prakruta Vaaka:- Avyakta
Paayu:-Avyakta Upastha:- Avyakta

Strotas parishana:-
Majjavahasrotas:- Nishkarsha:- Vikruti
Asthivaha:-Prakruta Sandhivaha:-Prakruta

Akshi, vita, twaka sneha:- Right: No Askhinetrarava
Kampa, Aakhepa, Murcha:- No
Shiroabhigata Lakshana:- No
Gyanendriya parikshana:-Prakruta
Karmendriya parikshana:- Right Netra unmesha-nimesha kashtata

Prayogashaleya and anya pariskhana (Investigation):-CT scan of brain -WNL

Nidanpanchaka:-
Hetu:-Jwara of mother during gestational period - Tab Paracetamol 500mg taken by mother during ANC period from 3rd month to 9th month

Purvarupa:- Right Mukhavakrata,
Netra Unmesha-nimesha akshamatva

Rupa:- Right mukha-apalavakrata
Kapalavalli nasha
Difficulty in closure of right eye
Loss of flexion of right upper eyelid

Samprapti:- Due to mithya ahara vihara by mother during ANC; fever occur because of which tab paracetamol 500 mg consume by mother from 3rd month till labour so khavaigunya developed in shirasthan of baby. So after delivery temperature increases in baby, latter on right eye didn’t blink, dryness of eye (no tears even after crying), size of the left eye is smaller as compared to right eye, deviation of angle of mouth to left side while crying, thus ardita vyadhi developed.

Upashaya:-

<table>
<thead>
<tr>
<th>Lakshana</th>
<th>Day 1st</th>
<th>Day 4th</th>
<th>Day 7th</th>
<th>Day 10th</th>
<th>Day 14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right mukha-kapalavakrata</td>
<td>+++</td>
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<td>+++</td>
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<td>Kapalavallinasha</td>
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<tr>
<td>Difficulty in closure of right eye</td>
<td>+++</td>
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<tr>
<td>Loss of flexion of upper eyelid</td>
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<tr>
<td>Size of the left eye is smaller as compared to right eye</td>
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<td>+++</td>
<td>++</td>
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</tr>
<tr>
<td>Deviation of angle of mouth to left side while crying</td>
<td>+++</td>
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<td>+++</td>
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<td>++</td>
</tr>
<tr>
<td>Right eye didn’t blink</td>
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<td>+++</td>
<td>++</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Dryness of eye</td>
<td>+++</td>
<td>+</td>
<td>-</td>
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All this lakshanas are also mentioned in madhava nidana'

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**DIFFERENTIAL DIAGNOSIS:**

Infranuclear facial palsy (Lesions lies below the nucleus of facial nerve, the muscles of facial expression get completely paralyzed on one side)

Supra nuclear facial palsy (It is a central facial palsy, only the lower face is paralyzed, especially perioral musculature)

Erb’s palsy (It is a paralysis of the arm caused by the injury of the upper group of nerves from C5-C8 of the spinal nerves which forms a part of brachial plexus)

**FINAL DIAGNOSIS:**
Infranuclear facial palsy (Dakshina i.e. right Ardita vyadhi)

**Dosha:** Vata

**Dushaya:** Rasa, mansa, majja

**Srotas:** Majjavaha,

**Srotodushthi:** Sanga

**Udbhavasthana:** Pakwashaya

**Adhisthana:** Shira

**Avastha:** Acute

**Sadhyaasadhyatva:** Kashtasadhya

**Chikitsa sutra:**
For the treatment of facial paralysis, nourishing type of inhalation therapy should be administered, and the head should be anointed with medicated oil. Nadi sweda (a type of fomentating therapy) and upanaha (application of hot ointment or poultice) prepared with the meat of animals inhabiting marshy lands are useful for the cure of this ailment. Pratimarsha nasya is useful for kshata, baala-vruddha individual.

**Chikitsa:**
Upakrama: Pratimarshanasya with Brahmi tail 1 drop each nostril
Shiro-pichu with Bramhi tail (10-15 mins)
Kshirabala tail massage on face
Lehana karma with vachachurna + honey

**DISCUSSION**
In facial palsy, facial nerve dysfunction leads to facial muscle paralysis with impairment of both sensory and motor functions. Ardita is a disease caused by vitiated vata. Vata is responsible for all motor, sensory and biological activities can be attained by normalcy of vata. Hence we adopted brihmana and vata shaman type of chikitsa for correcting the vitiated vata as per Ayurvedic treatment principle and mostly the bahya vata shaman chikitsa has been given as the balak was in kshirad avastha. It improved the motor function by stimulating and strengthening the facial nerves and muscles. As nasya is contraindicated for children, so pratimarshanasya was given. Abhyanga stimulate the nerves by increasing neural conductivity and improves circulation.

**SUMMARY**
Ardita is considered as a vatavyadhi caused by aggravation of vata dosha. It occurs because of improper diet consumed by mother as well as taken tab paracetemol 500mg during ANC period (from 3rd month till labour). Does keeping in mind about shodana purpose panchakarma has been applied according to the procedure mentioned by acharya. Thus after full study we can say that panchakarma therapy can be beneficial in treating ardita vyadhi. No case study related to ardita vyadhi in infant as been done.

**CONCLUSION**
The patient was evaluated based on her symptoms as suffering with upper motor neuron facial palsy and treated according to Ayurvedic principles.
From the study we can conclude that upper motor neuron palsy can be successfully managed by Ayurvedic treatment with lesser chance of recurrence and without any side effects.

**TAKE HOME MESSAGES**
- Prevention is better than cure… Care should be at early stage, at the higher level it would be very difficult to take a move. Similarly, for instance if a tree has to be cut, it should be at the start of its growth later on it is difficult to cut a tree. In the same way, cancer should be prevented and if detected than should be cured im-
mediately but at later stage it becomes utmost difficult to cure.

➢ “Health management is free and enjoyable; but disease management is very costly and painful”.

REFERENCES


4. Ibid, 13/8, pp 79.


6. [www.medicinespregnancy.org > parace...](http://www.medicinespregnancy.org)

7. Madhava Nidana, Author G.D. Singhal, S.N. Tripathi, K.R. Sharma, Chaukhambha Sanskrit Pratishthan, Delhi, chap 22nd, shlok no.45, pg no.533.


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