

A RETROSPECTIVE STUDY OF ROLE OF AYURVEDIC OIL BASED NASAL INSTILLATION (NASYA) IN CASES OF BELL'S -PALSY

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ABSTRACT

Bell's palsy (BP) is the most common form of peripheral palsy of the facial nerve. Prognosis for recovery is good for most patients; in few cases, different grades of residual impairment persist. *Panchakarma*, in association with drug administration, aims to improve outcomes and prevent residual impairment.¹ *Panchakarma (Penta bio-purificatory methods)* appears to be effective in the severe and less severe cases of bell's palsy resulting in complete recovery without any evidence of residual palsy.² *Panchakarma* techniques like *nasya* have a definite role in relieving the patient of any social stigma due to residual impairments.³

Keywords: Bells' palsy, *nasya*, *panchakarma*, residual impairment.

INTRODUCTION:

Bell's palsy is defined as an idiopathic lower motor neuron type of facial nerve palsy. A viral mechanism with herpes simplex is postulated and widely accepted, but the exact etiology still remains unclear. Usually the course is benign, with full recovery in 2–3 weeks time. However, some cases remain complicated without complete resolution of symptoms.

The need to accurately classify these patients and provide early *panchakarma* therapy along with drugs is needed to prevent any persistent or residual impairment.

In all cases of bells palsy *nasya* can provide extreme benefit in reducing the physical and social impairments commonly observed in patients suffering from Bell's palsy. *Nasya* is one of the *panchakarmas* mentioned in *Ayurveda*. It is a process by which medicated oil is administered through the nostrils. If '*Nasyakarma*' is done properly and regu-

larly it keeps the person's eye, nose and ear unimpaired. It also prevents the early graying of hair. It will ensure growth of hair and alleviate diseases like cervical spondylitis, headache, facial paralysis, diseases of nose, coryza, and sinusitis.

Materials and method:

A retrospective study of thirty six patients with bell's palsy treated in the *panchakarma department* with *nasya* was done during a period of two years from 2011 -2013, of which twenty eight patients showed complete recovery within 3 weeks of *nasya*. Five patients took 6 weeks and one patient recovered completely only after ten weeks of treatment. There was no evidence of any residual impairment. Patients followed up for the next one year did not show any signs of recurrent disease.

Procedure: *Nasya karma* is a method of *panchakarma* in which medicated oils are instilled in to the nose, this has an excellent role in improving the functions of the facial muscle in cases of bell's palsy. Prior

to nasya, *purvakarma* or *prepurification* measures are done like *snehana* (oleation), *sweda*(Sudation), to face, forehead, head, ears, neck. This prior *snehana* (oleation) and *swedana* (sudation or sweating) will help to loosen the adhesive doshas (Impurities), thereby facilitating the subsequent treatment. After the *puravakarma*, *pradhanakarma* or the main procedure is done. Patient is made to lie down in supine position, with head at a lower position by keeping a pillow below the neck. The oil is first kept over hot water to warm it and then is made to slowly flow into one nostril keeping the other nostril closed. The procedure is then repeated for the other nostril. For administration of the drug a *pichu* (cotton swab) or a *nadi* (tube) may be used. The sole, shoulder, neck, ear, and palm are gently massaged after the administration of the drug. The patient must spit out all the impurities that reach his mouth. *Swedakarma* should be repeated after the *nasya* treatment.

The process should be repeated for twice or thrice if necessary. The treatment should be given daily for continuous two weeks³

RESULTS: From the retrospective study of the data showing treatment of cases of bell's palsy with *nasya*, it was found to be highly effective ($p>0.5$). *nasya karma* was found to provide complete cure in patients of facial paralysis without any residual impairment or recurrences.

DISCUSSION:

Evidence of knowledge of facial paralysis has been known since ancient times and has been transcribed in present day scientific literatures. Ancient cultures like the incas, Egyptian, Greeks and the Indians had a fair beat of understanding of this medical condition and attempted medical interventions at that time.

The great Indian sage Caraka describes the etiology and management of *Arditavata* (Facial palsy) in his medical tomes. He described the clinical features of *ardita* with symptoms manifested such as face, nose, eyebrows, and jaws become distorted, food in the mouth loses direction, tongue becomes crooked on trying to lift up, and voice becomes weak, hearing weakness.

Caraka attributes the root cause of *Ardita* to highly vitiated *vata dosha*, Whereas *ayurvedic* experts like *Shodhala* classifies *ardita* on *doshic* influence of *kapha* and *pitta* rather than *vata*. *Susruta* describes medication for *aardita* in his *susruta* sthana, giving special emphasis on *nasya*.

Nasya is regarded as patient friendly because it can be done even in the comfort of patient's residence, Moreover the use of *nasya* medication has not been reported to have any side effects. The usual dose varies between two to ten drops in each nostril thrice daily.⁴

Mode of action-Nasya karma – The *nasya dravya* medicine acts at *sringataka marma* (A main vital point situated on the surface of the brain, corresponding to the nerve centers which consists of nerve cells and fibers responsible for the function of speech broca's center, smell, vision, taste and hearing.), From where it spreads into various *strotasas* (vessels and nerves) and brings out all the vitiated *doshas*.

The drugs by general blood circulation after absorption through mucous membranes, Direct pooling into venous sinuses of brain via inferior ophthalmic veins, Absorption directly into the cerebrospinal fluid, Many nerve endings which are arranged in the peripheral surface of the mucous membrane, olfactory, trigeminal, are stimulated by the *nasyakarma* and im-

pulses are transmitted to the central nervous system. Most of the drugs used in *nasyakarman* have *katu* (Pungent), *uhna*(hot), and *theekshna* (sharp) properties. These drugs produce *draveekaranam* (liquefaction) and *cheedanam*(expulsion) of vitiated *doshas*. The *kashayarasa* (astringent taste) drugs produce astringent effect, while *madhura rasa* (sweet) drugs produce a cooling and nourishing effect.⁴

CONCLUSION:

Disorders of the facial nerve, including paralysis, are not rare and have a variety of potential causes. The appropriate diagnosis and treatment are very important for achieving the best possible recovery of facial nerve function.

Patients suffering from Bell's palsy will benefit from specific *panchakarman* therapy like *Nasya*, designed to improve physical functioning as well as social well-being of patients. The administration of *nasya* along with drugs during early stage of the disease helps in preventing the occurrence of any residual impairment in the patient thus improving the treatment outcome.

REFERENCES

1. Murakami S, Mizobuchi M, Nakashiro Y, et al. Bell palsy and herpes simplex virus: identification of viral DNA in endo-neurial fluid and muscle. *Ann Intern Med* 1996; 124:27-30.
2. Russell JW. Bell palsy. In: Gilman S, ed. *MedLink neurology*. San Diego: MedLink Corporation. Available at: <http://www.medlink.com>. Accessed 16 October 2003.

3. Bhagwan dash,R.K. Shurma,Carak Samita vol.visiddhi sthana9.96-97
4. P.V. SHARMA,Susruta SamhitaVOL-II,Chikitsa Stana xl-52-53
5. Haines DE (2006): *Fundamental neuroscience for basic and clinical applications* (3rd ed). Philadelphia: Churchill Livingstone, pg.169.
6. Maurer J, Ecke U, Schmidt CL, Stoetter P, Mann W. Vascular origin of cerebellopontine angle syndrome. *HNO* 2000; 48(2):142-6.
7. Ross B, Nedzelski JM, McLean JA. Efficacy of feedback training in longstanding facial nerve paresis. *Laryngoscope* 1991;101: 744-750.
8. VanSwearingen JS, Brach JS. The facial disability index: 2. Reliability and validity of a disability assessment instrument for disorders of the facial neuromuscular system. *Physical Therapy* 1996; 76(12): 1288-1300.
9. VanSwearingen JS, Brach JS. Validation of a treatment-based classification system for individuals with facial neuromotor disorders. *Physical Therapy* 1998; 78(7): 678-689.

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