



Importance Of Ayurveda In The Management Of Ardita: A Case Report

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Abstract

Ayurveda has described *Ardita* under eighty *Vataj Nanatmaja Vyadhi* which is characterised by *Mukhavakrata*, *Vakasanga*, *Shirokampa*, *Grivachibukadanta Vedana* and *Netravikriti*. On the basis of these features *Ardita* can be correlated with Bell's palsy, a lower motor neuron disorder of facial nerve. In the present study a Hindu male patient aged 20years presented with typical features of Bell's palsy and was registered for the study. Patient was treated according to the treatment of *Ardita* given in *Ayurvedic* classics. *Nasya* with *Kshirabala taila*, *Tarpana* with *Jeevanti Ghrita*, *Karnapoorana* with *Ksheer- Bala Taila* and *Shiropichu* with *Rasanaadi taila* were done along with oral drugs for 28 days. Assessment criteria was adopted on the basis of House Brackmann's grading for Facial Paralysis. Patient had 100% relief in wide palpebral aperture, smiling sign, nasolabial folds, dribbling of saliva, forehead frowning and trapping of food between cheeks and teeth. No side-effects of medicines or procedure were observed during and after the treatment.

Keywords: *Ardita*, *Vata*, Bell's palsy, facial.

Introduction

Ardita is a *Shiro roga*, *Vataja Nanatmaja Vyadhi*^[1] and considered as *Asthi Majjagata Vata*^[2]. The word '*Ardita*' is derived from '*ardana*' meaning pain, trouble or discomfort^[3]. According to M. Monier-Williams, it means begging, hurting or torturing. Several *Acharyas* have proposed the same definition of this disease as it affects the half portion of the face with or without involvement of the body^[4]. It can be defined as *Vakratha* of *Mukha Ardha* which means any deviation or distortion of half of the face. Distortion of *Nasa*, *Akshi*, *Bhru*, *Lalata* and *Hanu* is present along with *Mukhasankocha*. There is also *Greevachapya* (cervical pain), *Vaksanga* (inability to speak), *Vaikrita Netradi* (deformities of eye) and *Greeva*, *Chibuka*, *Danta & Parshva Vedana* (pain in cervical, cheeks and tooth)^[5]. *Acharya Sushruta* has stated the pathogenesis as vitiation of *Vata Dosha* due to *Raktakshaya* and *Adhika-Bharavahana* on *Siras*, leads to lodging of *Vata Dosha* in *Siras* resulting in *Ardita Vata*^[6].

Facial Nerve Paralysis is the paralysis associated with the impairment of motor or sensory functions of half portion of the face. Upper motor neuron facial paralysis is lower half of face paralysis on the contralateral side, in which Frontalis muscle movements are reserved due to bilateral innervations of upper part of motor facial nucleus. Lower motor neuron facial paralysis is due to lesion of the nucleus and the seventh cranial nerve. Bell's palsy is an unexplained demyelinating disease of an acute isolated unilateral lower motor neuron facial paralysis. Its incidence is around 23 per 100,000 people per year, or almost in 60 to 70 people in a lifetime^[7]. It strikes both sexes equally and its incidence rises with increasing age. Its clinical features are well compatible to that of *Ardita* mentioned in *Samhitas*. It includes:

- Angle of mouth drawing to normal side on laughing
- Inability to close eye
- Bell's phenomenon (turning up of eyeball on closing the eye)
- Asymmetrical face
- Dribbling of saliva from the angle of mouth
- Act of mastication and swallowing of food gets tough
- Epiphora (flowing down of tears from the eye)
- Earache and hyperacusis (sensitivity to loud sounds due to stapedial palsy)
- Reduced taste sensation

Bell's palsy is diagnosed by exclusion of other causes like temporal bone trauma or surgery, ASOM, CNS diseases, multiple cranial nerve palsies, bilateral facial nerve paralysis etc. Although aetiology is idiopathic but presumed to be caused by viral infections of Herpes simplex, Herpes zoster and Epstein- Barr virus, and vascular ischemia. In this study a case of unilateral facial nerve palsy without a definite cause was there hence treated as Bell's palsy w.s.r to *Ardita roga*.

Materials and Methods

Case report

A 20 years old Hindu male patient was registered having complaints of swelling and heaviness in right eye since 1 day. He also had burning sensation in the same eye since 1 day. He was also complaining for unable to chew food since last night due to trapping of food particles between gums and teeth on chewing food and dribbling of water/cold drink from right side of mouth.

Present history-According to the patient he was asymptomatic before 1 day. Afterwards he suddenly noticed that during drinking the cold drink it was dribbling from the right angle of mouth. He noticed mild swelling, heaviness and burning sensation in his right eye. He also experienced difficulty in chewing food from right side of mouth while having dinner. He also had dryness of mouth but no slurring of speech, no change in taste and no deviation of tongue. The patient came the very next day for checkup without any delay and any ignorance to symptoms. He got registered for the present study for an *ayurvedic* management of presenting symptoms.

Past history- Patient had no previous or family history of Diabetes Mellitus and Hypertension.

Patient had history of fever 2 days back.

Patient had a history of foreign body (may be a fly) struck in left eye 3 days before, for which he took no treatment.

Clinical Examination

1. **General examination:** body weight, heart rate, respiratory rate, temperature, blood pressure, CVS, RS, CNS, blood investigations all were within normal limits.

2. **Ocular examination:**

When patient was told to raise the eyelid wrinkles were absent on right side of forehead as compared to left side.

Palpebral aperture of right eye was slightly larger than the left eye. On closing the eyelids lagophthalmos was present on right eye and on slow closure of eyes right eyeball moved upward and outward. There was no lacrimation in right eye. Patient was examined with torch light and on slit lamp. Cornea of both eyes were normal in sheen and transparency with normal sensation. Anterior chamber of both eyes were normal. Iris were normal in both eyes. Pupil of both the eyes were normal in size, shape and had normal direct and consensual reaction to light. Fundus of both the eyes were within normal limits. Distant visual acuity and near vision acuity were 6/6 and N-6 respectively in both eyes.

3. **ENT examination**

Ear- tympanic membrane and external acoustic canal were normal bilaterally. On TFT (tuning fork test) AC was more than BC bilaterally on doing Rinne's test and no lateralization of sound was there on doing Weber's test.

Nose- when patient was asked to smile, nasolabial folds were less demarcated on right side in comparison to left side.

Oral cavity-On opening the mouth there was deviation towards the left side. When patient was asked to blow air from mouth right sided lip opened very slightly in comparison to left side of lip. Taste sensation of anterior 2/3 of tongue was undisturbed and there was no slurring of speech.

Patient was treated with *Nasya Karma, Tarpana Karma, Karna Poorana* and *Shiro Pichu* along with oral drugs as described in Ayurvedic classics for the treatment of *Ardita*.

Assessment criteria: Assessment was done on the basis of gradation system. (Table-1)

Assessment criteria: Table -1

Clinical feature		Grading	BT	AT	%Relief
Closure of eyelids	Complete closure	0	1	0	100%
	Mild closure with no visibility of sclera on effort	1			
	Moderate closure with visibility of sclera on effort	2			
	Incomplete closure on effort	3			
Widening of palpebral aperture (<i>Netravikriti</i>)	No widening	0	2	0	100%
	Slightly wide (Whole cornea visible)	1			
	Moderately wide (cornea & 1/3 of lower sclera visible)	2			
	Severely wide (cornea & 1/2 of lower sclera visible)	3			
Absence of Nasolabial fold	Nasolabial fold present normally	0	3	0	100%
	Nasolabial fold seen while trying to speak	1			
	Nasolabial fold seen while attempting to smile	2			
	Nasolabial fold never seen	3			
Smiling sign	Absent smiling sign	0	2	0	100%
	Smiling sign present without upward movement of left angle of mouth	1			
	Smiling sign present with upward movement of left angle of mouth	2			
	Smiling sign present all the time	3			
Blowing of air	Normal blowing	0	2	0	100%
	Blowing of air with deviation less than half on opposite side	1			
	Blowing of air with deviation half on opposite side	2			
	Blowing of air with deviation more than half on opposite side	3			
Dribbling of saliva from right corner of mouth (<i>Lalasrava</i>)	Dribbling Absent	0	1	0	100%
	Intermittent Dribbling	1			
	Constant but mild dribbling	2			
	Constant and profuse dribbling	3			

Trapping of food between gum and cheeks	No trapping	0	2	0	100%
	Mild trapping (not noticeable)	1			
	Trapped but easily removable by tongue	2			
	Trapped and need manual removal	3			
Forehead frowning on affected side	Normal frowning	0	3	0	100%
	Frowning present but mild demarcation of frown lines	1			
	Frowning present but moderately demarcation of frown lines	2			
	No frowning on affected side	3			

Treatment regime: (Table-2 and Table-3)

Before the commencement of the therapy, *Deepan-Pachana* was done with *Chitrakaadi vati* (2 Tab BID for 7 days).

Nasya + Karnapoorna for 7 days and then *Tarpana + Shiropichu* for next 7 days. This articulation was followed for 28 days with alternate weeks i.e. 2 weeks *Nasya* with *Karnapoorna* and 2 weeks *Tarpana* with *Shiropichu*.

Table-2

	Therapy given	Drugs used
1.	<i>Nasya</i>	<i>Kshirbala taila</i>
2.	<i>Tapana</i>	<i>Jivantyadi ghrita</i>
3.	<i>Karnapoorna</i>	<i>Kshirbala taila</i>
4.	<i>Shiropichu</i>	<i>Rasanaadi taila</i>

Table-3: This regime was divided into *Purvakarma*, *Pradhanakarma* and *Pashchatakarma*.

<i>Poorvakarma</i>	<i>Pradhanakarma</i>	<i>Paschatakarma</i>
<i>Snehana- Mukhabhayanga</i> with <i>Kshirbala Taila</i> <i>Swedana- Pata sweda</i>	<i>Nasya</i> given for 7 days with a gap of 7 days(total 2 sittings)	<i>Dhoompana</i>
<i>Snehana- Mukhabhayanga</i> with <i>Kshirbala taila</i> <i>Swedana- Shali shashtika sweda</i>	<i>Tarpana</i> given for 7 days with a gap of 7 days(total 2 sittings)	<i>Pata Swedana</i>
<i>Snehana- with Kshirbala taila</i> <i>Swedana- Pata Swedana</i>	<i>Karnapoorna</i> given for 7 days with a gap of 7 days(total 2 sittings)	<i>Pata Swedana</i>

Shiropichu was done with application of a gauge dipped in *rasnaadi taila* placed over the vertex of head for 7 days with a gap of 7 days (total 2 sittings).

A combination regime BID with honey for 28 days was given along with the external therapy:

<i>Ashwagandha churna</i>	3gm
<i>Guduchi churna</i>	3gm
<i>Ekangavira rasa</i>	125mg

Discussion

Probable mode of action

Snehana and *Swedana Poorvakarma* were prescribed prior to *Nasya*, *Tarpana* and *Karnapoorna*. *Snehana karma* was done with *Kshirbala Taila* which is indicated for the treatment of *Vata roga* and it has properties of *Vatahara*, *Rasayana*, *Jivaniya*, *Balya* and *Brihmna*^[8] *Snehana* increases the local flow of circulation to the area which facilitates removal of the toxins from tissues and relieves physical and mental fatigue.^[9] *Swedana* causes the body's channels to widen, enabling *Ama* to easily flow from the tissues and improve circulation. Heat also restores balance of *Vata* and *Kapha*. It causes vasodilatation which increases flow of blood through the local area, so that the necessary oxygen and nutritive materials are supplied and waste products are removed^[10].

Acharya Charaka has considered *Nasya* as a gateway to the *Shira* (head) and the drug administered in the form of *Nasya* reaches the deeper tissue of the brain and pacifies the *Doshas*. The drug reaches to the *Sringataka Marma* which is considered as the union of the *sira* supplying the eye, nose, ear and tongue.^[11] It can be presumed that *Nasya* act locally on nasal mucosa as well as on nerve terminals. The drug used is lipophilic in nature and any lipid soluble drug has greater chance for absorption through mucosa lining and can pass through blood brain barrier which provides nourishment to the brain tissue.

^[12]*Tarpana* has eye strengthening effect which helps in conquering the aggravated and deranged *Vata Dosha*. The *Ghruta* has the quality of passing into minute channels of the body and when it is applied in the eye, it enters deeper layers and microchannels. *Tarpana* provides higher contact of time and bio-availability which help the active components of the drug to be absorbed more and helps in alleviating the symptoms of disease.

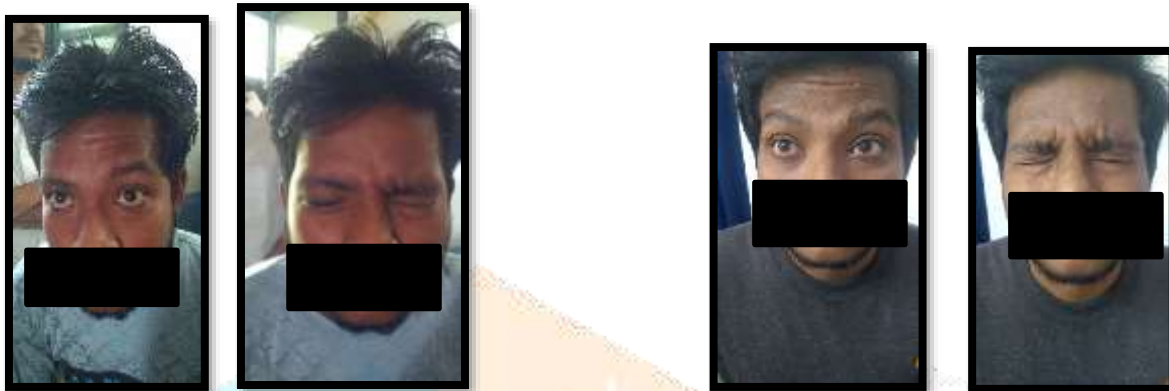
Karnapoorna is indicated in *Vataja roga* by *Acharya Charaka*.^[13] *Karna* is one of the *adhithana* of *Vata dosha* and it is being the reason to use *karna poorana* to treat the *Vata* disorders with *Snehana*. *Karnapoorna* was done with *Kshirbala Taila* which is *Balya* and *Vatashamaka*. The oil gets absorbed through skin of external auditory canal and tympanic membrane. Ear has rich supply of blood vessels and nerve terminals and hence absorbed drug would sooth the irritation in nerve fibres and pacifies the symptoms of disease.

Shiropichu is one of the *Moordhani Taila Chikitsa* which helps in balance between the circulation of *Rakta* and *Pitta*. It improves blood supply and nutrition to brain healing *marma*^[14].

Ekangveera rasa has properties of *Rasayana*, *Brimhana* and *Vishaghната*^[15]. Its internal use has the ability to minimize the nerve damage due to its anti-inflammatory action, anti-oxidative properties. *Guduchi* has *tridosha-shamaka* and *Rasayana*

properties. *Ashwagandha* is *Rasayana* and it provides anti-stress, neuroprotective and nerve soothing effect in this particular disease^[16].

Patient's pictures before and after treatment



Before treatment

After treatment

Conclusion

Ardita is a disease described in all classical texts of *Ayurveda* and it can be correlated with Bell's palsy on the basis of its clinical presentation. The treatment is mainly for vitiated *Vata* as *Vata* is the main involved *dosha* and hence *Sneha* therapy in the form of *Tarpana*, *Nasya*, *Karnapoorna* and *Shiropichu* has been chosen for treatment. From the present study it can be concluded that the treatment modalities prescribed for *Ardita* by *Ayurvedic* pioneers are very potent and effective. The internal as well as external procedures help in breaking down the pathogenesis of disease by pacifying the *Vata dosha* and thus improving signs and symptoms. It also supports the fact that this disease in its *Nava Awastha* or in acute state can be cured completely with proper approach and use of treatment modalities.

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