

Ayurvedic Management of Ardita W.S.R. Bell's Palsy: a Case Study

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ABSTRACT:

In Ayurveda, Ardita is considered as one among the VatajNanatmajaVyadhis where the vitiated Vata gets localised in upper part of body especially in one half of the face with or without involvement of the body. It can be correlated with the disease called Bell's Palsy in modern aspects. It is one of the most common unilateral lower motor neuron disorders at all ages from infancy to adolescence with incidence rate of 11-40/100000/year. It is the paralysis of facial nerve which affects the movement of facial muscles and shows similar symptoms as Ardita.

A 15-year-old boy approached to Balroga OPD was suffering from complaints of deviation of angle of mouth to right side, unable to close left eye completely, pain behind ear, numbness over left side of face, watering from left eye, slurred speech since 6 -7 days He was managed through oral Ayurvedic medicines like Vatakulantak rasa, RasnadiGuggula, Cap Palsinuron, Dashmularishta and different panchakarma procedures like Snehana (Oleation), Swedana (Fomentation) with Kukkutanda Pinda Sweda, Nasya with Anu taila and Basti. Total duration of treatment was 1 month. Significant relief was found in paresthesia, watering from left eye, pain behind ear, slurring of speech and deviation of angle of mouth after 15 days of treatment.

From the present study it can be concluded that Ayurvedic treatment is helpful in giving significant relief in signs and symptoms of Ardita or Bell's palsy.

Keywords: Ardita, Bell's Palsy, Kukkutanda Pinda Sweda, Ayurveda treatment

I. INTRODUCTION:

In Ayurveda, Ardita is considered as one among the VatajNanatmajaVyadhis^[1]. According to Acharya Charaka, Ardita is localised in half of the face with or without the involvement of half of the body^[2] while as per Acharya Sushruta only face is affected in this disease^[3]. The etiological factors for Ardita described by our acharyas in various

classical texts are carrying heavy load on the head, excessive laughing, sneezing, use of irregular, uneven use of pillow while sleeping, chewing very hard materials, excessive exposure to cold environment and intake of cold foods^[4]. All these factors lead to aggravation of Vata dosha and this aggravated vata exhibits features such as distortion of the affected side of the face, difficulty in speech, diminished movement of eyeball, incomplete closure of affected eyes, hoarseness of voice, deafness, loss of taste sensation, drooling of saliva, severe pain in the parts above the shoulders^[3,4,5].

Bell's Palsy is the paralysis of facial nerve which affects the movement of facial muscles. The features of Bell's palsy are deviation of angle of mouth, inability to close eyes on affected side and can develop exposure keratitis at night, loss of taste over the anterior 2/3rd of the tongue on the affected side, increased lacrimation, unable to frown and eyebrow rising is impossible pain behind ear. All these features resemble with the symptoms of Ardita. Hence Ardita can be correlated with the disease called Bell's Palsy in modern aspects^[6].

Bell's Palsy has an incidence of 11-40 cases per 1,00,000 population per year at all ages from infancy to adolescence^[7]. The present case study was carried out to evaluate the effect of Ayurvedic methods described in various classical texts in the management of Ardita WSR to Bell's palsy.

II. CASE PRESENTATION:

A 15-year-old boy with complaints of deviation of angle of mouth to right side, inability to close left eye completely, watering from left eye, numbness over left side of the face, pain behind the left ear, slurred speech in the past 7-8 days approached to Balrog O.P.D of Pakwasa Samanvaya Rugnalaya, Nagpur.

According to the patient, he was apparently normal before 7-8 days but one day suddenly he felt deviation of his face to the right side while talking and smiling. Later on he was not able to close his left eye completely with watering

from left eye, numbness over left side of the face, pain behind the left ear and slurred speech.

H/o past illness:

H/o URTI 7-8 days back before the onset of symptoms (VatajaPratishyaya). Patient did not take any medicine for above mentioned complaints.

On Examination:

1. General Examination:

General Condition: Patient conscious, alert, oriented to time, place and person.

Body Weight, HR, RR, Temperature, BP, CVS, RS all were within normal limits.

2. Examination of Central Nervous System:

1. Higher Motor Functions: Intact
2. Consciousness: Conscious
3. Orientation to time, place, person: Intact
4. Memory: Not affected
5. Speech: Slurred Speech

Examination of Facial Nerves:

1. Motor Function Testing

Instruction	Response of the patient	Muscle tested
1. Patient asked to wrinkle his forehead	Asymmetry- He was unable to wrinkle his forehead on the left side	Occipitofrontalis
2. Patient asked to forcibly close his left eye	Unable to close his left eye completely	Orbicularis oculi
3. Patient asked to smile	Angle of mouth deviated to right side	Levatorangulioris, Zygomatic major, Depressor angulioris, Buccinator
4. Patient asked to puff the cheeks	Unable to blow his cheeks, air escaped from the left side	Orbicularis oris, Buccinator

2. Sensory Motor Testing

No loss of taste on the anterior 2/3rd of tongue on either side

3. Reflexes:

Corneal Reflex: Partial blinking of left eye (Diminished on the left side)

Treatment:

1. External Treatment:

Panchkarma	Drugs
1. Abhyanga (Sarvanga and Mukha)	Balaashwagandhadi Taila
2. Kukkutanda Pinda Sweda (Mukha)	DashmulaChurna, ShunthiChurna, Lashuna, Eggs
3. Nasya	Anu Taila
4. Anuvasana Basti	Balaashwagandhadi Taila
5. Niruha Basti	Rasnadikwatha, Balaashwagandhadi Taila, Madhu, Saindhava

2. Internal Treatment:

Drug	Dose	Anupana
1. Vatakulantaka Rasa	500mg BD	Lukewarm Water
2. Cap Palsinuron	1 tab TDS	Lukewarm Water
3. RasnadiGuggula	2 BD	Lukewarm Water
4. Dashmularishtha	15 ml BD	Lukewarm Water
5. Ophthacare Eye Drop	2 drops QID	

Total Duration of treatment was **1 Month**. During the treatment patient was advised to avoid the exposure to wind, sunlight, dust, etc as vataprakopakanidana.

III. RESULTS:

Assessment was done on the basis of the observed symptoms Before Treatment and After Treatment. House- Brackmann Grading measures was used to access the facial nerve functions.

Parameters	Grading	BT	AT	Relief	
1. Deviation of angle of mouth to right side	Normal facial function in all areas	1	4	2	90%
	Slight asymmetry of mouth	2			
	Slight asymmetry of mouth with maximum effort	3			
	Asymmetry of mouth with maximum effort	4			
	Slight mouth movement	5			
	No facial movement	6			
2. Inability to close the left eye completely	Normal facial function in all areas	1	5	3	70%
	Complete eye closure with minimum effort	2			
	Complete eye closure with effort	3			
	Incomplete eye closure	4			
	Incomplete eye closure	5			
	No facial movement	6			
3. Unable to wrinkle his forehead on the left side	Normal facial function in all areas	1	3	1	100%
	Moderate to good forehead movement	2			
	Slight to moderate forehead movement	3			
	No forehead movement	4			
	No forehead movement	5			
	No facial movement	6			

Observed symptoms Before Treatment and After Treatment:

Parameters Before Treatment	Parameters After Treatment
1. Watering from left eye	➤ Complete relief from watery eye
2. Deviation of angle of mouth to right side	➤ Decreased by 90%
	➤ Turning to normal symmetry of face
3. Inability to close the left eye completely	➤ Complete eye closure with effort
	➤ 70% relief
4. Slurred Speech	➤ 100% improvement in speech
5. Numbness over left side of the face and pain behind left ear	➤ Complete relief in numbness over left side of the face and pain behind left ear
6. Unable to wrinkle his forehead on the left side	➤ Able to wrinkle the forehead and raise eyebrows



Fig. 1(A) Deviation of angle of mouth to right side (Before Treatment)



Fig. 1(B) Inability to close the left eye completely (Before Treatment)



Fig. 2(A) Turning to normal symmetry of face (After Treatment)



Fig. 2(B) Complete eye closure with effort (After Treatment)

IV. DISCUSSION:

Ardita is the disease mostly affecting one half of the face along with associated symptoms of vatadushti where the symptoms are similar to as seen in Bell's palsy (Facial nerve palsy). Despite the fact that this disease steadily settle after some time, needs the timely and proper organisation of medication to avoid irreversible changes. The management of this disease is dependent on the involvement of vata dosha whether alone or associated with other doshas. In the acute phase of Bell's palsy, the aim of treatment includes physical therapy, corticosteroids, antiviral agent, lubrications and eye drops^[6].

In the present case the patient had nidana like H/o Vataja Pratishtaya with Vataprakopakaahara-vihara sevana such as Ratri Jagarana, Sheeta Vata Sparsha leading to the Vata dosha prakopa with Kaphanubandha. The patient presented with deviation of angle of mouth to right side, inability to close left eye completely, watering from left eye, numbness over left side of the face, pain behind the left ear, slurred speech.

Considering the Nidana and Lakshanas it was inferred that the disease was due to Vata and Kapha.

The Patient was administered with-

1. **Abhyanga with Balaashwagandhadi Taila:**

Abhyanga corrects and prevents disorders caused by affliction of vata. Abhyanga improves motor functions by stimulating and strengthening the facial nerves and muscles. Bala in Balaashwagandhadi Taila is useful to soothe and regenerate nerves^[8]. Ashwagandha strengthens the muscles, relieves inflammation and improves blood circulation^[9]. Devdaru, Kushtha, Rasna are useful to relieve pain and swelling^[10].

2. **Kukkutanda Pinda Sweda:**

Pinda sweda is highly effective in painful conditions caused due to Vata-Kapha Dosha. Bhav Prakash has mentioned Kukkutanda Sweda in his Vatavyadhiadhikara as a form of snigdhapindasweda. Due to snigdha and ushnaguna

does vasodilation which strengthen the muscles and regulates vata. Swedana after Abhyanga and before Nasya enhance local microcirculation which accelerates the drug absorption and fast improvement.

3. Nasya:

The medicines administered through Nasya karma acts at Shringatakamarma from where it spreads into various strotasa and brings out vitiated doshas. Nimesh Unmesh is function of eyes which is hampered by Chala guna of aggravatedvata and is relieved by Sthira guna of taila. Nasya Karma is also indicated in Vakagraha and Gadagadatva.

Anu taila has Indriya balakara and vatahara properties. Anu taila also has anti-inflammatory properties and the relief in deviation of angle of mouth is may be due to decreased inflammatory response which is the effect of nasya.

4. Basti:

Basti is the best therapy to control the vata. The given Basti when enters the Pakwashaya draws the morbid dosha lodged in the entire body from foot to head by its virya.

5. Vatakulantaka Rasa:

Vatakulantaka Rasa acts on body by regulating blood circulation and strengthening nerves. Nagkesar leads to pain alleviation. Kajjali acts as anti-inflammatory agent. Kajjali and Manashila both are useful in reducing swelling due to an injury or infections.

6. RasnadiGuggula:

Rasna^[10] is an excellent anti-inflammatory and pain-relieving herb useful in neurological pains. Devdaru, Eranda are excellent Vatahara herbs.

7. Cap. Palsinuron^[11]:

Cap. Palsinuron consists of Mahavatavidhwansa that activates neuromuscular communication. Sameer panna regulates blood circulation in affected areas. Ekangveer Rasa promotes healing of damaged nerves and blood vessels. Khurasani Owa checks neuroirritation.

8. Dashamularishtha:

Dashamularishtha has the power to restore the body from an inflammatory condition by rebuilding the tissues and revitalising the body. It also shows analgesic property. Oroxylum indicum,

one of the primary ingredients of Dashamularishtha have pain relieving property.

9. Ophthacare eye drop:

Honey and Rose in the eye drop acts as asanti-inflammatory agent which soothes eye and also eliminates host of microorganisms.

V. CONCLUSION:

The features of Ardita described in Ayurveda in modern science suggest the involvement of facial nerve as it manifests with a greater number of symptoms than any other cranial nerve. This is the reason why Ardita is frequently compared to facial nerve palsy (Bell's palsy).

From the present case study, it can be concluded that Ayurvedic management described in various classical texts is helpful in giving significant relief in signs and symptoms of Bell's palsy. All therapies like Abhyanga, Kukkutanda Pinda Sweda, Nasya, Basti as a combined treatment pacify the vitiated Vata in the body and also provides nourishment to sense organs. Moreover the internal medication is having additional effect in relieving the signs and symptoms. The treatment improves the blood circulation, improves motor functions by stimulating and strengthening the facial nerves and muscles. Thus, it can be concluded that Bell's palsy can be managed by utilising the Chikitsa sutra of Ardita described in various classical texts with appropriate consideration of the involved Dosha.

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