

Ayurvedic Management of Arditavata (Bell's Palsy) – A Case Report

Roopa.N^{1*}, Yasmeen A Phaniband^{2**}

1. *Pre-Final year P.G.Scholar 2.** M.D, Professor Department of P.G.Studies in Kayachikitsa, D.G.M Ayurvedic Medical College, Gadag, Karnataka

Submitted: 25-01-2023

Accepted: 05-02-2023

ABSTRACT

Ayurveda is ancient science, where importance is given to preventive measures rather than curative, which includes Ahara, Dinacharya, Rutcharya, Ratricharya etc. In present situation due to busy schedules in life, people are habituated themselves to sedentary lifestyle. Which includes food, behaviours (physical and mental), mainly lack of patience etc. Due to this they are unknowingly hard on themselves which leads to different diseases. Acharya Charaka has explained 80 nanatmaja vyadhi and Acharya Sushruta has explained Vatavyadhi in Nidana and Chikitsa sthana where the context of Arditavata has been explained. All Acharyas have considered Arditavata is a condition caused by vikrita vata. In contemporary science, it is correlated to Bell's Palsy, where Facial nerve[7th cranial nerve] its action is on facial muscles. Facial actions are most important in human perspective as it is the medium of expression of one's thoughts. Disfigure of the face leads to emotional disturbance, lack of confidence etc. In this disease Ayurvedic treatment shows 90% of cure rate, which is beneficial to subjects and to prevent situation again by knowing proper lifestyle. This case study has, mainly focused on specific nidana and followed Ayurvedic treatment protocol as said by our Acharyas.

A 65 year old male subject came to Kayachikitsa OPD (OPD No.22027076) of D.G.M. Ayurvedic Medical College and Hospital, Gadag with complaints of Mouth deviation, Unable to close eye on left side, Headache since a day. Kukkutanda sweda is one of the unique swedana modalities applied in this subject for 8days and changes after treatment is presented in this article.

Key words: Arditavata, Bell's palsy, Mukha abhyanga, Nasya, Kukkutanda sweda.

I. INTRODUCTION:

Ayurveda states there is an intimate relationship between the mind and the body. It has explained the Sharirika doshas (vata, pitta and

kapha) and Manasika dosha s(satva, rajas and tamas). Based on ahara and vihara the particular doshas or combined doshas cause the specific disease or disease which leads to other if not treated, leads to nidhanarthakara roga. Here Vata dosha is one which controls all the motor and sensory conduction in the body, in prakrita avastha. Acharya Charaka has explained 80 Nanatmaja vyadhis¹ and Acharya Sushruta has explained Vatavyadhi in nidana and Chikitsa sthana where the context of Arditavata has been explained. All other Acharyas have considered Arditavata is a condition caused by vikrita vata².

Face is the primary part which is affected in Arditavata. Vata is imperceptible³ but known by its action. Hence it is important to treat the patient earlier and to adopt preventive measures. Signs and symptoms are like Face, Nose, Eyebrows, Eyes, Forehead and Jaws get crook. Tongue when protruded become curved, voice becomes feeble and hoarse. Teeth become loose, hearing deficiency as explained in Charaka samhita.

Facial nerve has five⁴ terminal branches [Temporal, Zygomatic, Buccal, Marginal Mandibular and Cervical] emerge from the Parotid gland and diverge to supply the various facial muscles. Infranuclear lesion of Facial nerve, at the stylomastoid foramen is known as Bell's palsy. Upper and Lower halves of the face on the same sides get paralysed. The face becomes asymmetrical and is drawn up to the normal side. The affected side is motionless. Wrinkles disappear from the forehead. The eye cannot be closed. Any attempt to smile draws the mouth to normal side. During mastication, food accumulates between the teeth and the cheek.

Kukkutanda sweda is one of the unique swedana modalities, and is mentioned in Bhavaprakasha¹⁴. Acharya Charaka has explained it as Sadyo-Balakara, useful in Ksheena-Dhatu and Kshata¹⁶. Thus collectively, the word Kukkutanda sweda means the act of boluses prepared from hen's egg. It owes the effect due to its

sthambhaghna, Gourvaghna, Ushna, vedana Shamaka, Brimhana, Balya and Tridoshagna¹⁵ properties exhibited by the ingredients present in it.

Nidana (Etiology)

Acharya Sushruta⁵ and Vagbhata⁶ mentioned speaking loudly in excess, Churning hard foods, excessive laughter, yawning, sneezing.

Samarapti (Pathogenesis)

Showing schematic representation of Samprapti :

Nidana (sheeta paana, chinta, vishmashana etc)



Vata vriddhi



Sroto Sanga (obstruction)



Sroto dusti (obstruction of channels)



Sthana samshraya in mukha (Localised in face)



Does shoshana of rakta and other dhatus



Dosha lodges in the shiras



Manifest Ardita vata

Purvaroop (premonitory symptoms)

According to Acharya Sushruta-Romaharsha (horripilation), Vepanam (tremors), Avila netrata (blurred vision), Toda (pain), Twak suptata (loss of sensation of skin), Vaktrardhavakra (complete or partial loss of voluntary functions of one side of the face), Vaksanga (Slurred speech), Manya graha (stiffness of the neck), Hanugraha (stiffness of the jaw).^{8,9}

Roopa (signs and symptoms)^{8,9}

Shoola in Shiras, Nasa, Oshta, Chibuka, Lalata, Akshi. Vakribhavatha of Ardhavakra of mukha and Greeva, Siraha chalati (tremors), Vaksanga (slurred speech), Netra vikriti (eye defects), Vedana in Greeva, Chibuka, Danta of effected sides.

Sadhyasadyata (prognosis)

Arditavata is incurable in persons who are Ksheena (weak), Animesha-aksha (who do not wink their eyes), Avyakta bhashina (whose speaking is obstructed constantly), Trivarsha

Acharya Sushruta added Rakta kshaya (depletion of blood) in certain group of Arditavata. Acharya Charaka⁷ said due to Khara (rough), Sheeta (cold), Atiprajagara (vigil), dhatu kshaya (Wasting of dhatus), Chinta (anxiety), Shoka (crying), Kopa (anger), Bhaya (fear), Urge of sneeze, Shiroroga, carrying heavy loads on head, Use of pillows in wrong posture.

¹⁰(which has persisted for more than three years) and is accompanied with Shiro vepana (shaking of head). Arditavata is cured when above said lakshanas are absent.

Brief Patient History :

A 65 years old male subject came to Kayachikitsa OPD (OPD No.22027076) of D.G.M. Ayurvedic Medical College and Hospital, Gadag with complaints of Mouth deviation, Unable to close left eye, Headache since a day.

History of present illness

Subject was apparently normal before one day. Suddenly he noticed deviation towards right side of the face, weakness in facial muscles, difficulty in closing of left eye, difficulty in moving up left eyebrow, headache. Subject is not known case of Diabetes, Hypertension or any other systemic illness. Subject came to our OPD for Ayurvedic management.

Chikitsa Vrittanta

Not received any treatment.

Poorvavyadhi Vrittanta

Nothing specific noted.

Kula Vrittanta

No such specific history.

Clinical examination

Ashtavida pariksha

Nadi (Pulse): 78b/min, Mala pravrutti (Stool): once daily, Mutra pravritti(urine):4-5 times daily, Jihva (Tongue): Aliptata, Shabda (Speech): Prakruta, Sparsha (Skin): Anushna, Khara, Drik (Eyes): Ruksha, Akrti (Stature): Madhyama

Systemic examination

Neurological Examination

- Motor system examination was done based on Bell’s phenomenon- positive on Left side.
- Unable to close the left eye fully
- Loss of furrow over left side of the forehead
- Deviation of mouth during mouth clenching
- Unable to do mouth inflation
- Unable to whistle

Treatment schedule

Materials and methods

Treatment was Started on next day patient arrived

- Mukhabhyanga- with Karpasthyadi taila for 8 days
- Kukkutanda sweda for 8 days
- Nasya with KBT 101- 8drops in each nostril.

Exercise

- Balloon blowing exercise three times a day.
- Eyebrows rising exercise in front of mirror three times a day for 5minutes.

Total course of treatment is 8 days with follow up of 15days

Poorvakarma

The Subject was thoroughly examined for his Prakriti and Vikriti.

- Bowel and bladder clear
- All vitals were checked.
- Instructions were given to the subject about the procedure.

Pradhanakarma

Mridu mukha abhyanga with Karpasthyaditaila followed by kukkutanda sweda followed by Nasya with KBT-101

Luke warm **Karpasthyadi taila** was taken in the container and asked the patient to sit on chair and rest back the head on chair by giving support of pillow to neck. Abhyanga (massage) is carried out to the whole face within specific directions that is from neck to upward, from affected side to normal side of the face, and zigzag direction on forehead and chin. Kukkutanda sweda which was prepared and packed in the form of pottali. While giving sweda the pottali was made warm in the heated pan and sweda was given all over the face. Subject was monitored. After making sure he is comfortable KBT-101 is made lukewarm and instilled into both the nostrils simultaneously. When the medicine enters the throat and subject was asked to spit it out. Luke warm water was given for gargling to spit out the residing or coated sneha in the throat or mouth.

Paschat karma

Subject was observed for sometime and advised below precaution to be followed.

Precaution advised during procedure

- Keep cotton wool (swab) in both ears
- Do not expose to cold environment
- Do not eat cold food and drink cold water
- Do not eat hard food and also avoid mental stress for better and fast result

After the procedure the subject was advised to take shamanaushadis for 15 days.

Table 1: Table representing Pathya and Apathya

Pathya	Apathya
Ushna and laghu ahara sevana	Katina, ruksha ahara and sheeta pana
Akshi vyayama, balloon(blowing) exercises, Whistle twice a day	Atibhara, atiadhva, Improper postures while sleeping
Dyana, Pranayama	Chinta, Krodha

Fig 1: Images of before, after and during the procedure:

Before Treatment
Loss of furrows on affected

IMAGE-1



After Treatment
Mild Improvement in furrows
Side

IMAGE-2



During follow up
Improvement in furrows

IMAGE-3



While clenching the teeth
IMAGE-4



While clenching the teeth
IMAGE-5



While clenching the teeth
IMAGE-6



Not able to close right eye
IMAGE-7



Mild closing of eyes
IMAGE-8



Improvement in closing of eyes
IMAGE-9



Appearance during blowing
 IMAGE-10



Appearance during blowing
 IMAGE-11



Appearance during blowing
 IMAGE-12



Probable Mode of action: ^{11,12}

Sneha having Vatashamana and Mrudukarna effect, Mardavata, brings softness in dosha sanghata, srotas and overcome Rukshata by its Snigdha and Vishyanda properties which is cause of mala sanghata. Kukkutanda patrapottali sweda (Brimhana effect) in form of mrudu sweda to face and neck that is type of Ekanga sweda gives brimhana effect and stimulates and give strength to

efferent nerves further helps in Vasodilatation. Reduces stiffness, clears obstructed pathways (srotorodha) in turn reduces Gaurava. Also kukkutanda(egg) having brimhana and vata shamaka properties

Assessment of results

On the basis of “House Brackmann’s Gradation System” assessment was done.

Table 2 : Grading for assessment of clinical feature

Clinical feature	Grading	Before Treatment	After Treatment
------------------	---------	------------------	-----------------

Face : Relief twitching of Left side face (deviation)

Not persistent	0		
Persistent but do not disturb routine work	1		
Persistent disturb routine work	2	2	0
Constant	3		

Eyebrows : difficulty in moving up left eyebrow

Not persistent	0		
Persistent but do not disturb routine work	1	2	0
Persistent disturb routine work	2		
Constant	3		

Mouth: drifting of mouth in right side

Not persistent	0		
Persistent but do not disturb routine work	1		
Persistent disturb routine work	2	2	0
Constant	3		

Eye: difficulty of closing left eye

Not persistent	0		
Persistent but do not disturb routine work	1		
Persistent disturb routine work	2	2	0
Constant	3		

Tongue: deviated to right side

Not persistent	0	0	0
Persistent but do not disturb routine work	1		
Persistent disturb routine work	2		
Constant	3		

II. DISCUSSION

- Subject was exposed to cold weather which is one among the Vata nidana.
- Subject visited early to our hospital in which treatment was effective as per schedule.
- A treatment protocol was planned according to the presenting signs and symptoms Ayurvedic management like Vatashamaka and Brimhana, Dhatuvardhaka as mentioned in Vatavyadhi chikitsa.

III. CONCLUSION

- Ayurveda itself has best treatment protocol includes both Anthah parimarjana and Bahir parimarjana chikitsa.
- Nidan should be avoided by healthy person to be healthy and afflicted persons to avoid further complications as stated in samhita.
- Subject was satisfied with the treatment and Improved without any complications and advised pathya and apathya ahara and vihara during, after treatment and after follow ups.

REFERENCES

- [1]. Acharya Vaidya Yadavji Trikamji edited Charaka Samhita of Agnivesha with Ayurvedika dipika Commentary; Varanasi-Chaukambha Orientalia, 2004; Sutrasthan, Chapter-20, Shloka-11, Page no.-399
- [2]. Ambika Dutt Shastri edited Sushruta Samhita of Acharya Sushruta; Reprint; Varanasi, Chaukambha Sanskrit Sansthan, 2014; Nidanasthana, Chapter-1. Shloka-67-72; Page no.-303
- [3]. K R Shrikanta Murthy english translator Sushruta Samhita of Acharya Sushruta; Reprint Varanasi- Chaukambha Orientalia, 2016; Nidhanasthana, Chapter 1, Shloka-7-8; Page no.-461-462.
- [4]. B D Chaurasia's Human Anatomy, Reprint New Delhi- CBS Publishers and Distributors, Sixth edition: 2013, Vol-3, Chapter-2; Page no.- 69-70.
- [5]. Ambika Dutt Sahstri edited Sushruta Samhita of Acharya Sushruta; Reprint, Varanasi-Chaukambha Sanskrit Sansthan, 2014; Nidanasthana, Chapter-1, Shloka-67-72; Page no.-303.
- [6]. Kaviraj Atrideva Gupta edited Ashtanga Hridaya with Vidyothini hindi commentary, Varanasi- Chaukambha prakashan, 2019; Nidanasthana, Chapter-15, Shloka-32-36; Page no.-378.
- [7]. Vaidya Yadavji Trikamji Acharya edited Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary, varanasi, Chaukambha Orientalia, 2004; Chikitsa sthana, Chapter-28, shloka-37-42; page no.-783.
- [8]. Ambika Dutt Shastri edited Sushruta Samhita of Acharya Sushruta; Reprint, Varanasi- Chaukambha Sanskrit Sansthan, 2014; Nidanasthana, Chapter-1, Shloka-71-72; Page no.-303.
- [9]. Vaidya Yadavji Trikamji Acharya edited Charaka Samhita of Agnivesha with Ayurveda dipika Commentary; Varanasi-Chaukambha Orientalia, 2004; Chikitsasthan, Chapter-28, Shloka-37-42 and 52, Page no.-783 and 787.
- [10]. Ambika Dutt Shastri edited Sushruta Samhita of Acharya Sushruta; Reprint, Varanasi- Chaukambha Sanskrit



- Sansthana. 2014; Nidanasthana, Chapter-1, Shloka-73, Page no.-303
- [11]. Vaidya Yadavji Trikamji Acharya edited Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary; Varanasi-Chaukambha Orientalia 2004; Siddhithana, Chapter-1, Shloka-7, page no.-960; Sutrasthana, Chapter-22, shloka-11; page no.-424
- [12]. Vaidya Yadavji Trikamji Acharya edited Charaka Samhita Of Agnivesha with Ayurveda Dipika Commentary; Varanasi-Chaukambha Orientalia, 2004; Siddhithana, Chapter-1, Shloka-7, Page no.-960; Sutrasthana, Chapter-22, Shloka-11; page no.-424
- [13]. Kusum Mahajan under guidance of S N Belavadi, Ayurvedic management of Arditavata-A case study, ISSN No: 0976-5921, International Journal Of Ayurvedic Medicine, Vol 11(2), 326-330.
- [14]. Shree Brhama Shankar Mishra. Bhavaprakasha. Madhyama Khanda, Vatavyadhi 24/77, 2nd edn, Varansi: Vidyothini Hindi Vykhyan, Chowkambha Sanskrit Bhawan; 2016
- [15]. Kashinath Shastri; Gorakhnath Chaturvedi. Charaka Samhita, Sutra sthana 22/11. Reprint Varanasi; Chaukambha Bharati Academy 2017; 424p
- [16]. Kashinath Shastri; Gorakhnath Chaturvedi. Charaka Samhita, Sutra sthana 27/86-87. Reprint Varanasi; Chaukambha Bharati Academy 2017; 536-537p