

## Management of Arditavata (Bell's palsy) Through Ayurveda-A Case Report

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### ABSTRACT

Ayurveda is ancient science where importance 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 chikitsasthana where the context of Arditavata been explained. All other Acharyas have considered Arditavata is a condition caused by vikrita vata. In contemporary it is correlated to Bell's Palsy, where Facial nerve- 7<sup>th</sup> cranial nerve its action is on facial muscles. Facial actions are most important in human perspective as it is 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 patients and to prevent situation again by knowing proper lifestyle. In this case study mainly focused on specific nidana and result by the application of classical treatment through Ayurveda treatment protocol as said by our Acharyas.

**Key words:** Arditavata, Bell's palsy, Mukha abhyanga, Ksheeradhooma.

### I. INTRODUCTION:

Ayurveda considered there is an intimate relationship between the mind and the body. It has explained the Sharirika doshas (Vata, Pitta And Kapha) and Manasika doshas (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 it prakrita

avastha. Acharya Charaka has explained 80 nanatmaja vyadhi<sup>1</sup> and Acharya Sushruta has explained Vatavyadhi in nidana and Chikitsa sthana where the context of Arditavata been explained. All other Acharyas have considered Arditavata is a condition caused by vikrita vata<sup>2</sup>.

Face is the primary part which is affected in Arditavata. Vata is imperceptible<sup>3</sup> 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 crooked. Tongue when raised become curved, voice becomes feeble and hoarse. Teeth become loose, hearing deficiency as explained in Charaka samhita.

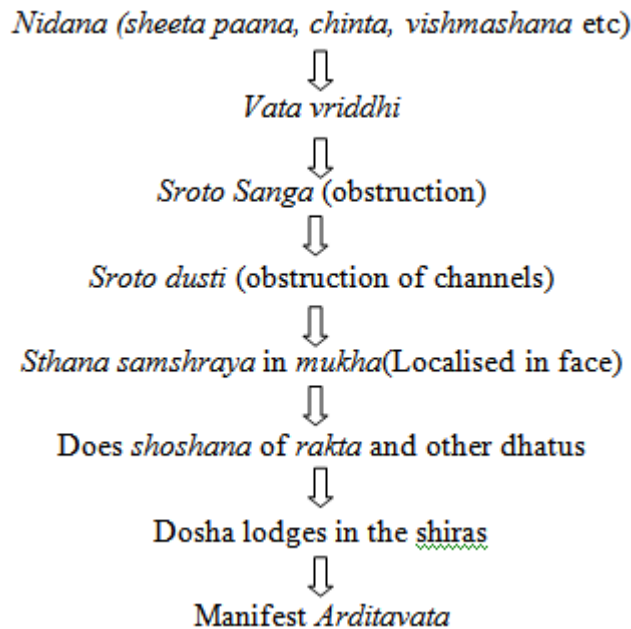
Facial nerve has five<sup>4</sup> terminal branches, temporal, Zygomatic, Buccal, Marginal Mandibular and Cervical emerge from the parotid gland and diverge to supply the various facial muscles. Infranuclear lesion of Facial nerve, at the stylo mastoid foramen is known as Bell's palsy. Upper and Lower 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.

### Nidana (Aetiology)

Acharya Sushruta<sup>5</sup> and Vagbhata<sup>6</sup> mentioned speaking loudly in excess, Churning hard foods, excessive laughter, yawning, sneezing. Acharya Sushruta added Rakta kshaya (deletion of blood) in certain group of Arditavata. Acharya Charaka<sup>7</sup> said due to Khara (rough), Ssheeta (cold), Atiprajagara (vigil), Ddhatu ksahya (Wasting of dhatus), Chinta (anxiety), Shoka (crying), Kopa (anger), Bbaya (fear), Urge of sneeze, Shiroroga, carrying heavy loads on head, Use of pillows in wrong posture.

### Samarapti (Pathogenesis)

Showing schematic representation of Samprapti :



### 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), Many graha (stiffness of the neck), Hanugraha (stiffness of the jaw).<sup>8,9</sup>

### Roopas (signs and symptoms)

Shoola in Shiras, Nasa, Oshta, Chibuka, Lalata, Akshi. Vakribhavana of Ardha vakra and Greeva, Siraha chalati (tremors), Vaksanga (slurred speech), Netra vaikrita (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<sup>10</sup> (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 57 years old female subject came to Kayachikitsa OPD (OPD No. 21011668) of D.G.M. Ayurvedic Medical College and Hospital, Gadag with complaint of Mouth deviation towards

left side, Unable to close eye on Right side, Headache since a day.

### History of present illness

Patient was apparently normal before one day. Suddenly she noticed deviation towards left side of face, weakness in facial muscles, difficulty in closing of right eye, difficulty in moving up right eyebrow, headache. Patient was known case of Diabetes, Hypertension since 3 years on medication. Patient was referred to our hospital hence she came to our OPD for Ayurvedic management.

### Chikitsa Vrittanta

She is on medications for Diabetic and Hypertension. For her current problem visited other Ayurvedic Medical hospital for treatment and subject was referred to D.G.M Ayurvedic Medical Hospital for treatment.

### Poorvavyadhi Vrittanta

Known case of Diabetic and Hypertension since 3 years on Modern medications.

### Kula Vrittanta

All family members were said to be healthy.

### Clinical examination

#### Ashtavida pariksha

Nadi (Pulse): 78b/min, Mala pravritti (Stool): once daily, Mutra pravritti (urine):4-5 times daily, Jihva (Tongue): Aiptata, Kshudha (Agni): Mandya, 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 Right side.
- Unable to close the right eye fully
- Loss of furrow over the forehead
- Deviation mouth during mouth clenching
- Unable to do mouth inflation
- Unable to whistle

#### Treatment schedule

#### Materials and methods

#### Images of procedure done



Step 1<sup>st</sup> Mukha Abhyanga with Ksheerabala taila



Step 2<sup>nd</sup> Balamoola Churna Siddha Kashaya Ksheerahooma

#### Ksheeradhooma Procedure

#### Poorvakarma

The Subject is thoroughly examined for her Prakriti and Vikriti.

#### Treatment was Started on next day patient arrived

- Mukhabhyanga- with Ksheerabalataila for 8 days
- Balamoola Churna Siddha Ksheeradhooma for 8 days
- Cap Palsineuron 500 mg 1 cap three times after food for 8 days
- Dhanadhanayanadi kashaya 4tsp three times before food with equal quantity of with water
- Tab Cognium 500 mg 1tab three times a day after food with water

#### Exercise

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

Total course of treatment is 23 days with follow up of 15days

- Bowel and bladder clear
- All vitals are normal
- Instructions are given to the subject about the procedure.

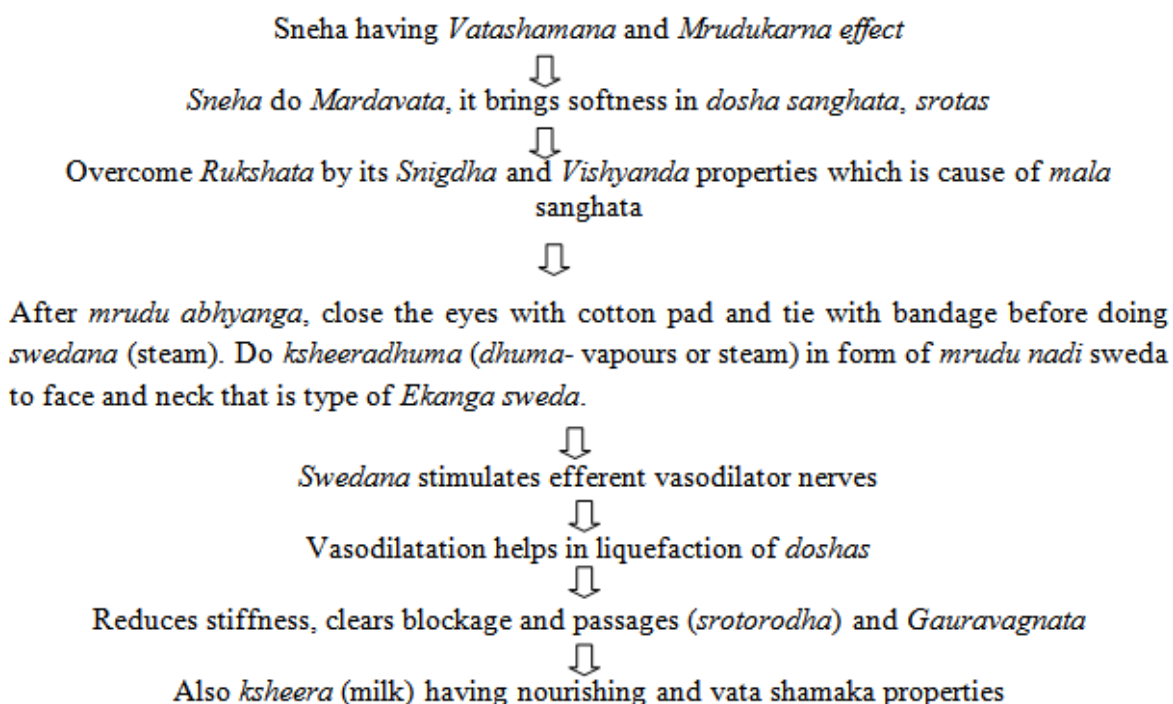
**Pradhanakarma**

**1<sup>st</sup> step (Mridu mukha abhyanga with Ksheerabalataila):**

Luke warm Ksheerabala taila is taken in the container and asked patient to sit on chair and rest back of the head on chair by giving support of

pillow to neck. Then explain the procedure to subject that we are going to do and make patient comfortable with procedure. Abhyanga (massage) is carried out to whole face within specific directions that is from neck to upward, from affected side to normal side of face, and zigzag direction on forehead and chin.

**Probable Mode of action:** <sup>11,12</sup>



**Paschatkarma**

**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 procedure for patient advised to take shamanaushadis for 15 days.

Pathya	Apathya
Akshi vyayama, balloon(blowing) exercises, Whistle twice a day.	Mandha chestha
Ushna and laghu ahara sevana	Khara, ruksha ahara and sheeta pana
Dyana, Pranayama	Chinta, Krodha etc

Images of before, after and during the procedure:

**Before Treatment  
Appearance during closure  
of mouth**



**IMAGE-1**

**After Treatment  
Appearance during closure  
of mouth**



**IMAGE-2**

**Loss of furrows on affected**

**IMAGE-3**



**Side**

**Improvement in furrows**

**IMAGE-4**



**While clenching the teeth  
IMAGE-5**



**While clenching the teeth  
IMAGE-6**



**Not able to close right eye  
IMAGE-7**



**Complete closing of eyes  
IMAGE-8**



**Appearance during blowing  
IMAGE-9**



**Appearance during blowing  
IMAGE-10**



**Assessment of results**

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

**Table 1 : Grading for assessment of clinical feature**

Clinical feature	Grading	Before Treatment	After Treatment
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**Face : Relief twitching of Right 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 right 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 left 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 right eye**

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

**Tongue: deviated to left side**

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

Constant	3		
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## II. DISCUSSION

- Subject was under stress due to family issues and exposure to cold (fridge water) which explains the nidana of Aarditavata as mentioned in our Samhita grantha.
- She visited early to our hospital in which treatment was effective as per schedule.
- Depending on lakshanas treatment protocol planned. 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.
- Nidanas should be avoided by healthy person to be healthy and afflicted persons to avoid further complications as stated in samhita.
- Patient was satisfied with the treatment and Improved lot without any complications and advised pathya and apathya ahara and vihara during, after treatment and after follow ups.

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