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Ayurvedic Management Of Ardita With Special Reference To Bell's Pals - A Case Report

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ABSTRACT: -

Ardita (Bell's pals) is considered as one among the eighty *Vataj Nanatmajaj Vyadhis* (diseases caused due to a single *dosha*) in Ayurveda. It is correlated with bell's palsy in modern aspect, which is an acute, apparently isolated, lower motor neuron facial palsy for which there is no specific aetiology. It is characterized by sudden onset of paralysis or weakness of the muscles of one side of face controlled by the facial nerve. The present study was conducted with an objective to find out the effective Ayurvedic management in bell's palsy. A 45 years old female patient who was suffering from complaints of deviated face on left side, unable to chew from right side, improper blinking of right eye and slurred speech for 20 days. She was clinically diagnosed as bell's palsy and managed through *Panchkarma* & palliative treatment for 14 days. The patient showed significant improvement in sign and symptoms.

Keywords: - *ardita, nasya, anutaila*



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INTRODUCTION

In ayurvedic literature eighty types of *nanatmaj vyadhi* (diseases caused due to a single *dosha*)¹ are described and *ardita* (Bell's palsy) is one among them. *Ardita* (Bell's palsy) has been classified into two distinct type according to the site of *vikruti* (deformity) and location of *lakshana samuchhaya* (signs and symptoms) present in body by *Acharya charaka* and *vagbhatta* i.e. *mukhardha arditavatyadhi* and *ardhanga arditavatyadhi*". *Acharya vagbhatt* explained *ardita* (Bell's palsy) as *Ekayama*². *Acharya Arunadatta* has clarified that *Ardita* is the disease of the body which mostly affects half of the face, due to excessive aggravation of *vata* and causes distortion of face. Etiological factors are described in ayurvedic texts as transferring heavy weight on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles etc.³

The main symptoms of *Ardita* (Bell's palsy) are *vakrardha* (Deviation of half of the face), *netravikrti* (Defects in vision), *lalsrava* (salivation), *vakasanga* (defect in speech), *parsh vedana* (back pain) etc⁴. Bell's palsy also referred as acute idiopathic lower motor neuron facial paralysis, which is mainly characterized by sudden onset paralysis or muscle weakness to one side of the face controlled by the facial nerve. Bell's palsy is an idiopathic, presumed immune mediated phenomenon, possibly with an infection as the inciting event. The early effect of bell's palsy is inability to fully close the mouth and eye on the affected side of the face, difficulties in eating and speaking, corneal drying and erosion. Later symptoms can include pain around the ear sometimes extending to the back of head or neck, altered taste, facial spasm, facial contractures, synkinesis, dysfunctional lacrimation and noise intolerance, communication and social interaction, can contribute to significant emotional distress during bell's palsy⁵

In *Ayurveda Panchkarma* along with drug administration aims to improve its outcome and prevents the residual treatment. *Nasya* (Nasal

therapy), a *Panchakarma procedure* has a definite role in relieving the impairment. *Nasya* (Nasal therapy) is a process by which medicated oil is administered through the nostrils. Prior to *Nasya* (Nasal therapy), *purvakarma* (Prodromal Symptoms) measures are done like *Snehana* (oleation) and *Swedna* (Sudation) to face, forehead, head, ear and neck. These prior *Snehana* (oleation) and *Swedna* (Sudation) helps to loosen the adhesive *doshas* thereby facilitating the subsequent part of the treatment.

CASE REPORT

A 45 yrs. female patient complaining of weakness in left side of face, deviation of left mouth angle on right side with difficulty in chewing and holding water in mouth. She was unable to completely closed the left eye and watering in left eye present.

History of present illness: According to patient's son, she was asymptomatic before 19 august 2020, but on 19 August in morning, she developed weakness in left side of face, deviation of left mouth angle on right side and difficulty in chewing and holding water in mouth. Unable to completely closed the left eye and watering in left eye. She had a history of excessive exposure to wind during her field work and she used to take cold water daily. She was taken to many health care providers without any significant benefit.

History of past illness:- According to patient's son she has no history of HTN/DM/thyroid dysfunction.

Family history- No relevant family history

Personal history

Diet: - Veg and non veg

Addiction: - none

Appetite: - normal

Sleep: - disturbed

Bowel: - irregular

Micturition: - 5-7 times/day

Ashtavidha Pariksha (eight-fold examination)

- *Nadi(pulse)* - 76/min (*Vatapradhana Pitta*)
- *Mutra* (urine) - 5-7 times a day, once at night occasionally
- *Mala* (stool) - Normal
- *Jivha* (tongue) - *Sama* (~moist)
- *Shabda* (voice) - *Aspashtavaaka* (slurred speech)
- *Sparsha* (touch) - Normal
- *Drika* (eye) - *Vaamabhagaakshinimilanahrasa* (unable to blink the left eye)
- *Aakriti* (posture) - *Madhyama*(moderate)

PHYSICAL EXAMINATION

Temperature	Afebrile
Pulse	74/min
BP	130/70 mm of Hg
Cyanosis	Not seen
Lymphadenopathy	Absent
Oedema	Absent
Icterus	Absent
Pallor	Absent
Forehead frowning on left side	Absent
Nasolabial fold	Loss on left side
Partial closure of left eye	Present

CENTRAL NERVOUS SYSTEM EXAMINATION

1. Higher motor functions intact
2. Consciousness- Conscious
3. Oriented to time, place, person
4. Memory - Recent -not affected, Remote- not affected
5. Intelligence- Intact
6. Hallucination & Delusion - Absent
7. Speech - Slow and words are mumbled

CRANIAL NERVE EXAMINATIONS

Neurological exam noting functions of all other cranial nerves, aside from the facial nerve, are intact. Cerebellar examination is also normal.

S.N.	Functions	Response assessment
a	Forehead frowning	Not possible on left side
b	Eyebrow raising	Not possible on left side
c	Eye closure	left eyeball moves upwards and inwards when the patient attempts to close it along with incomplete closure of eyelid. (Bells phenomenon)
d	Teeth showing	Not possible in left side denture
e	Blowing of cheek	Not Possible in left side
f	Nasolabial fold	Naso labial fold loss on left side.
g	Taste perception	Not affected
i	Bells phenomenon	Present on left side
j	Deviation of mouth	Toward right side

Management

As there is association of *Vata* with *Kapha*, the *Vata Kaphahara chikitsa* (vata kapha har treatment) should be adopted.

1. *Sthanika Snehana* (Local sudation therapy) with *Ksheerbala* oil
2. *Nadisweda* (Medicated fomentation to face through the tubular structures)
3. *Navana Nasya* with *Anu taila* 6-8 drop in each nostril for 14day
4. *Moordhni taila* (distinctive modalities of treatment of putting sedated oil over the head)

Internal medication

1. *Ekangveer rasa* 125 mg bd
2. *Ashwagandha churna* 5gm bd
3. *Maharasnadi kwath* 40 ml bd

TABLE: -1 ASSESSMENT CRITERIA

PARAMETER	BEFORE	AFTER 7 DAYS	AFTER 14 DAYS
Deviation of mouth (<i>vakradha</i>)	Completely deviated towards right side	Slightly deviated Decreased By 10%	Decreased By 75 Percent. Turning to Normal symmetry of face was able to wrinkle the forehead and raise the Eyebrows
Trapping of food between gum and cheeks	Trapped food and need manual removal	Mild trapping (not noticeable)	No trapping
Widening of palpebral aperture (<i>netravikriti</i>)	Moderately wide (cornea and 1/3 rd of upper sclera visible)	Slightly wide (whole cornea visible)	No widening
Slurred speech:- Complete slurring (<i>vaksanga</i>)	Complete slurring	Mild improved Pronouncing with less efforts	Moderately Improved Normal speech
Dribbling of saliva (<i>lalsrava</i>)	Constant but mild dribbling	Intermittent Dribbling	No dribbling of saliva
Nasolabial fold	Absence of Nasolabial fold	Nasolabial fold seen while attempting to smile.	Nasolabial fold not present on right side. Nasolabial fold present normally
Smiling sign	Smiling sign present with upward movement of left angle of mouth	Smiling sign present without upward movement of left angle of mouth	Smiling sign present without upward movement of left angle of mouth
Earache (<i>Karnshool</i>)	Intermittent earache	No earache	No earache

**Before treatment****After treatment**

DISCUSSION

As *Ardita* (Bell's pals) being a *vata vyadhi* (disease due to *vata*), the general treatment of *Vata vyadhi* (disease due to *vata*) can be advised with consideration to the specific aetiology. *Acharya charaka* has prescribed a special line of treatment for *Ardita* (Bell's pals). The *Chikitsa* sutra recommends – *Navana* (nasal therapy), *Murdhinitaila* (head oil applications), *Nadisveda* (sudation with the tube) and *Upnaha Sweda* (inducing heat by tying poultice)⁶ *Snehana Karma* (oleation) with *Ksheerbala Tail*, which is considered *balya* (Strengthen), nourishes the *shleshaka kapha* and stimulate the sensory nerve endings and provide strength to the facial muscles⁷. *Ksheerbala Taila* has psychostimulant property following up on the central nervous system⁸

Swedana before the *nasya* enhance local microcirculation by dilation of blood vessels and increasing blood flow to the peripheral arterioles, which accelerates the drug absorption and fast improvement. It also stimulates the local nerves⁹.

Nasya (nasal therapy) is a process by which medicated oil is administered through the nostrils. The *Nasya Dravya* medicine reaches to *sringataka marma* from where it spreads into various *Strotas* (vessels and nerves) and alleviates the vitiated *dosha*¹⁰. *Nasya* (nasal therapy) provides nourishment to the nervous system by neural, diffusion and vascular pathway¹¹ *Nasya* (nasal therapy) due to its therapeutic effect as well as pharmacological effect of *Anutail* as it is anti-inflammatory, antiviral properties helps to relieve in symptoms.

Moordha Tail (head oil applications) when applied on the head, produces clarity of the sense organs, confers strength to the voice, lower jaw and head. It serves to rejuvenate the body and eliminate mental exhaustion¹². It relaxes mind, stimulates nerves and sense organs. It controls vitiated *Dosha* in the head¹³.

Ekangaveera Rasa used orally act as *Brimhana* (nourishing), *Rasayana* (Rejuvenator), *Vishaghna*

(anti-toxic) which helps in enhancing the speed of recovery in the patients of *Ardita* (Bell's pals)¹⁴. *Ashwagandha* (*Withania somnifera*) also having *Rasayana* (Rejuvenator) property¹⁵, which are helpful in rejuvenation of all *Dhatu*s in the body. *Maharasnadikwath* pacify the *Vata* and corrected their flow in the body.

CONCLUSION

It can be concluded that Ayurvedic management described in classical texts is helpful in giving significant relief in symptoms and signs of the disease bell's palsy, thereby improving quality of day-to-day life of the sufferer.

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