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## Management of *Ardita* through *Nasya* with special reference to Bell's Palsy : A Single Case Study

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### ABSTRACT

In modern era, prevalence of neurological disorders are rising due to fast-paced and stressful lifestyle. *Ayurveda* categorizes neurological disorder as *Vata Vyadhi*. Of the 80 *Nanatmaj Vatavyadhi*, *Ardita* is the one. *Ardita* is the disease characterized by *Mukhardha Vakra* & results in Facial asymmetry & dysfunction. *Ardita* can be correlated to Bell's Palsy. Bell's Palsy is a neurological condition that involves the 7th cranial nerve & results in facial drooping and weakness. As per *Acharya Charaka*, *Nasya* is the specific treatment for *Ardita*. *Nasya* is one of the *Panchakarma* procedure in which the drug (medicated oil / ghee / decoction / powder, etc.) is administered through *Nasa*, essentially to eliminate the vitiated *Dosha* present in *Shira*. The present case deals with the 50 years old man diagnosed with *Ardita* and treated with *Ayurvedic Shaman Aushadh* along with *Nasya*. Patient got complete relief in all symptoms with appreciable changes. Criteria of assessment was based on House-Brackmann facial paralysis scale. To explore and elaborate the role of *Nasya* in *Ardita* with special reference to Bell's Palsy, various *Samhitas* along with contemporary books, research articles available on *Nasya* and *Ardita* are studied. *Panchakarma* procedure like *Nasya* proves to be the promising *Ayurvedic* management in *Ardita*.

**Key words:** *Nasya*, *Ardita*, *Panchakarma*, *Bell's Palsy*

### INTRODUCTION

The face is regarded as the "window of the soul" and can reflect joy, sorrow, anger, fear and excitement. Facial expression plays an important role in communication in our daily life. The ability of facial expression and speech both are hampered in *Ardita*, a *Vata Vyadhi*,<sup>[1]</sup> which is more common in present day scenario due to exposure to cold and wind. *Ardita* is defined as *Vakra* of *Mukhardha* meaning deviation of half of the face.<sup>[2]</sup> *Acharya Charaka* states that *Ardita* is

localized to half of the face with or without involvement of body.<sup>[3]</sup> But the reference and explanation given by *Acharya Sushruta* points out only the involvement of face only which can be correlated to Bell's palsy in modern science.

Bell's palsy is an acute, idiopathic LMN / Infra-nuclear type of facial Paralysis.<sup>[4]</sup> It is characterized by weakness of muscles to one side of the face which is caused due to lesion on the seventh cranial nerve i.e., facial nerve. It leads to partial or total loss of movement of unilateral face. Both *Acharya Charaka*<sup>[5]</sup> and *Acharya Sushruta*<sup>[6]</sup> described *Nasya (Navana)* as the prime treatment modality for *Ardita*. *Nasa* is an *Indriya* which works not only to perceive the smell but also to provide the main breathing pathway along with this, *Nasa* is one of the drug administration pathways.

*Nasya* is one of the *Panchakarma* procedure in which drug is administered through *Nasa* for the expulsion of *Doshas* present in supra clavicular region (*Urdhwajatrugat*)<sup>[7]</sup> and *Ardita* is mainly a disease of *Urdhwajatrugat*.

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**AIM AND OBJECTIVE**

To study the role of *Nasya* in *Ardita* with special reference to Bell's Palsy.

**CASE REPORT**

A 50 year old man came to Rog Nidan OPD in Government Ayurveda College, Nagpur with the following complaints from 5 days.

- Deviation of mouth towards right side
- Incomplete closure of left eye
- Watering from left eye
- Dribbling of saliva
- Slurred speech

**History of present illness**

A detailed medical history of the patient revealed that the patient had been drenched in rain two days before the onset of Bell's palsy. During those two days, he suffered from fever, pain around his left ear and headache. When he suddenly came home from work, he noticed deviation of face and watering from left eye, he also realized that he was unable to close his left eye. For this he consulted near by physician and took steroids for 5 days. The complaints persisted even after allopathic treatment so for further treatment and management, patient came to Rognidan OPD, Govt Ayurved College, Nagpur.

**Past medical history**

- Patient is K/C/O DM since 1 year (Irregular medications)
- Do not have significant family history.

**Personal history**

- **Diet** - Mixed diet (Non-veg - once a week)
- **Addiction** - Tobacco and Kharra 2-3 times daily since 10 - 15 years, Alcohol - 90 ml twice or thrice a week since 10-15 years
- **Sleep** - Regular sound sleep
- **Occupation** - Labour

**Ashtavidha Pariksha**

- *Nadi* - 80/Min
- *Mutra* - *Niyamit*
- *Mala* - *Niyamit*
- *Jivha* - *Alpa Saam*
- *Shabda* - *Alpa Aspashtha*
- *Sparsha* - *Samsheetoshna*
- *Druka* - *Prakruta*
- *Aakruti* - *Krusha*
- Pulse - 80/Min
- BP - 130/80mmhg

**Systemic examination**

Patient was conscious and well oriented to time, place and person. Higher function like intelligence, memory, behavior, emotions are normal. Superficial and deep reflexes were normal. Speech was slightly slurred. All the cranial nerves are intact except VII nerve i.e., facial nerve.

**Facial nerve examination**

Forehead Frowning	Affected on Left Side
Eye Closure	Incomplete Closure of Left Eyelid
Teeth Showing	Not Possible on Left Side
Blowing of Cheek	Not Possible on Left Side
Nasolabial Fold	Loss on Left Side
Taste Perception	Not Affected
Dribbling of Saliva	Present
Bell's Phenomenon	Present on Left Side
Deviation Of Mouth	Towards Right Side

**MATERIALS AND METHODS**

Clinical assessment was made from subjective symptoms and House- Brackmann's Facial Nerve Grading Scale.<sup>[8]</sup>

Following Internal medicines were prescribed during the course of treatment -

1. *Dashamool Kwatha* 20ml BD for 15 days
2. *Ekangveer Rasa* 10 gm + *Roupya Bhasma* 1 gm + *Gudvel Satwa* 10 gm + *Chopchinyadi Churna* 50 gm - 42 chits prepared - 1 BD with milk
3. *Nasya* 4 - 4 drops in the morning

**Panchakarma Procedures**

- *Nasya* with *Panchendriya Vardhan Tail* 4- 4 drops in the morning.
- *Sthanik Snehan-Swedan* was prescribed prior to *Nasya*.
- *Gandusha* with *Til Taila* improves voice and speech and strengthens the facial muscles which are weakened by *Prakupit Vata Dosha*.

**Mode of action of Nasya**

*Acharya Charaka* described *Nasa* as the “Gateway” to *Shira*.<sup>[7]</sup> The drug given through the nose as *Nasya* enters the deeper tissues of the brain and pacifies *Doshas* responsible for the disease. The drug administered in *Nasya* is mainly *Sneha* (oil). *Sneha* is considered to be the best *Vatashamaka*. Viscosity of *Sneha* increases the absorption of the drug by increasing the contact time to the nasal mucosa and lipophilic drugs have better absorptive capacity (Transcellular passive diffusion).<sup>[9]</sup> *Nasya* drug acts on *Shringataka Marma* which is a congruence of the nerve fibres for smell, taste, speech, vision and hearing sensation.<sup>[10]</sup> Anatomically *Shringataka Marma* has been taken as cavernous sinus. This sinus drains into the facial vein through superior orbital veins.

**RESULT**

After 15 days of treatment with internal medications, patient showed marked improvement in signs and symptoms of *Ardita*. This was assessed by House Brackmann facial nerve grading scale which was reduced from grade IV to grade II. *Nasya* provided highly significant results in complete closing of left eye and in deviation of mouth.

Parameter	Before treatment	After treatment
Deviation of mouth towards right side	Grade IV	Grade II
Incomplete closure of left eye	Grade IV	Grade II
Lacrimation from left eye	Present	Absent
Dribbling of saliva	Present	Absent
Nasolabial fold	Loss from left side of the mouth	Normal
Slurred speech	Mild difficulty in pronouncing	Normal speech

**Table 1: Subjective parameters**

	Before treatment	After treatment
Left side of face	Grade IV (Weakness with asymmetry of mouth, forehead frowning loss, incomplete closure of eyes with efforts)	Grade II (slight weakness, noticeable on close observation, normal symmetry at rest, forehead - moderate to good function, eye - complete closure with minimal effort, mouth slightly asymmetry)
Right side of face	Grade I (normal facial function in all areas)	Grade I (normal facial function in all areas)

**Table 2: House Brackmann Facial Nerve Grading Scale<sup>[8]</sup>**

SN	Grade	Defined by
1.	Normal	Normal facial function in all areas
2.	Mild dysfunction	Slight weakness noticeable only on close inspection. At rest: normal symmetry of forehead, ability to close eye with minimal effort and slight asymmetry, ability to move corners of mouth



		with maximal effort and slight asymmetry. No synkinesis, contracture, or hemifacial spasm
3.	Moderate dysfunction	Obvious, but not disfiguring difference between two sides, no functional impairment: noticeable, but not severe synkinesis, contracture, and/or hemifacial spasm. <b>At rest:</b> normal symmetry and tone. <b>Motion:</b> slight to no movement of forehead, ability to close eye with maximal effort and obvious asymmetry, ability to move corners of mouth with maximal effort and obvious asymmetry. Patients who have obvious, but no disfiguring synkinesis, contracture, and/or hemifacial spasm are grade III regardless of degree of motor activity
4.	Moderately severe dysfunction	Obvious weakness and/or disfiguring asymmetry. At rest: normal symmetry and tone. Motion: no movement of forehead. Inability to close eye completely with maximal effort. Patients with synkinesis, mass function. action, and/or hemifacial spasm severe enough to interfere with function are grade IV regardless of motor Only barely perceptible motion. At rest possible asymmetry with droop of comer of mouth and decreased activity.
5.	Severe dysfunction	Only barely perceptible motion. At rest possible asymmetry with droop of comer of mouth and decreased absence of nasal labial fold. Motion: no movement of forehead, incomplete closure of eye and only slight movement of lid with maximal effort, slight movement of corner of mouth. Synkinesis, contracture, and hemifacial spasm usually absent.
6.	Total paralysis	Loss of tone: asymmetry; no motion; no synkinesis, contracture, or hemifacial spasm.

**Before treatment**



A photograph of a man with a mustache and a blue plaid shirt. His eyes are obscured by a black rectangular box. He is sitting in a hospital bed.

**After 8 days**



A photograph of the same man, now wearing a black t-shirt. His eyes are obscured by a black rectangular box. He is sitting in a hospital bed.

**After 15 days**



A photograph of the same man, now wearing a pink shirt and a white and orange patterned shawl. His eyes are obscured by a black rectangular box. He is sitting in a hospital bed.

**Before treatment****After 8 days****DISCUSSION**

*Ardita* is a disease belonging to the group of *Vata Nanatamaja Vyadhis*.<sup>[1]</sup> *Ardita* is also included in *Samanya Shiroroga*<sup>[11]</sup> and *Acharya Charaka* described that *Nasa* is gateway to the *Shira*. *Nasya* is considered best to control the *Urdhwajatrugat Rogas* (disease above the neck). *Panchendriya Vardhan Tail Nasya* provides nourishment to *Shiro-Indriyas*. Here in this case, patient was given *Sthanik Snehan* and *Swedan* prior to *Nasya* therapy. This *Poorvakarma* promotes microcirculation by dilating blood vessels. An improved

blood supply to face nourishes the facial muscles, increases their strength and allows them to function properly. It also speeds up drug absorption and speeds up recovery.

**CONCLUSION**

From this study, it can be concluded that *Ardita* can be successfully treated according to *Ayurvedic* principles if the patient arrives at the right time. With oral medication and *Nasya* therapy, the patient experienced significant relief from all symptoms. However, as this is a single case study, similar large-scale studies should be performed to determine the statistical significance of present line of treatment.

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