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 Vakrata & 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 Aushadhi 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,¹ which is more common in present day scenario due to exposure to cold and wind. Ardita is defined as Vakrata of Mukhardha meaning deviation of half of the face.² Acharya Charaka states that Ardita is localized to half of the face with or without involvement of body.³ 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.⁴ 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 Charaka⁵ and Acharya Sushruta⁶ 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 (Urdhwa jatragat)⁷ and Ardita is mainly a disease of Urdhwa jatragat.
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 Aspashta
- 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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Affected Side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forehead Frowning</td>
<td>Left Side</td>
</tr>
<tr>
<td>Eye Closure</td>
<td>Incomplete Closure of Left Eyelid</td>
</tr>
<tr>
<td>Teeth Showing</td>
<td>Not Possible on Left Side</td>
</tr>
<tr>
<td>Blowing of Cheek</td>
<td>Not Possible on Left Side</td>
</tr>
<tr>
<td>Nasolabial Fold</td>
<td>Loss on Left Side</td>
</tr>
<tr>
<td>Taste Perception</td>
<td>Not Affected</td>
</tr>
<tr>
<td>Dribbling of Saliva</td>
<td>Present</td>
</tr>
<tr>
<td>Bell’s Phenomenon</td>
<td>Present on Left Side</td>
</tr>
<tr>
<td>Deviation Of Mouth</td>
<td>Towards Right Side</td>
</tr>
</tbody>
</table>

MATERIALS AND METHODS
Clinical assessment was made from subjective symptoms and House-Brackmann’s Facial Nerve Grading Scale.[8]
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.[7] 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).[9] **Nasya** drug acts on **Shringataka Marma** which is a congruence of the nerve fibres for smell, taste, speech, vision and hearing sensation.[10] Anatomically **Shringataka Marma** has been taken as cavernous sinus. This sinus drains into the facial vein through superior ophalmic veins.

**RESULT**

After 15 days of treatment with internal medications, patient showed marked improvement in signs and symptoms of Arditta. 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.

**Table 1: Subjective parameters**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviation of mouth</td>
<td>Grade IV</td>
<td>Grade II</td>
</tr>
<tr>
<td>Incomplete closure of left eye</td>
<td>Grade IV</td>
<td>Grade II</td>
</tr>
<tr>
<td>Lacrimation from left eye</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Dribbling of saliva</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Nasolabial fold</td>
<td>Loss from left side of the mouth</td>
<td>Normal</td>
</tr>
<tr>
<td>Slurred speech</td>
<td>Mild difficulty in pronouncing</td>
<td>Normal speech</td>
</tr>
</tbody>
</table>

**Table 2: House Brackmann Facial Nerve Grading Scale[8]**

<table>
<thead>
<tr>
<th>SN</th>
<th>Grade</th>
<th>Defined by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Normal</td>
<td>Normal facial function in all areas</td>
</tr>
<tr>
<td>2.</td>
<td>Mild dysfunction</td>
<td>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</td>
</tr>
</tbody>
</table>
3. Moderate dysfunction

Obvious, but not disfiguring difference between two sides, no functional impairment: noticeable, but not severe synkinesis, contracture, and/or hemifacial spasm. **At rest:** normal symmetry and tone. **Motion:** 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 corner of mouth and decreased activity.

5. Severe dysfunction

Only barely perceptible motion. At rest possible asymmetry with droop of corner 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.
DISCUSSION

Ardita is a disease belonging to the group of Vata Nanatamaja Vyadhis.\(^1\) Ardita is also included in Samanya Shirogā\(^{[11]}\) 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.

REFERENCES


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