

# Journal of **Ayurveda and Integrated Medical Sciences**

www.jaims.in



An International Journal for Researches in Ayurveda and Allied Sciences



noto

# Journal of

# **Ayurveda and Integrated Medical Sciences**

**CASE REPORT** 

March 2024

# Ardita and its Ayurvedic Management - A True Story

# Sindhu H.V1, Abdul Khader2

<sup>1</sup>Post Graduate Scholar, Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic Medical College and Research Centre, Bengaluru, Karnataka, India.

<sup>2</sup>Professor, Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic Medical College and Research Centre, Bengaluru, Karnataka, India.

# ABSTRACT

Ardita is a disease with functional disturbances affecting the Uthamanga (head) and stands close with the symptoms of Bell's palsy. It is narrated as one among the Asheeti Vata Vikaras. It is a condition that develops due to Vata and Kapha Dusti. The present case study was conducted with an objective to find out the effective Ayurvedic management in Bell's palsy. This report is on a case study of a 29 years old male patient who approached to Kayachikitsa OPD presenting with symptoms of deviation of mouth towards on left side, unable to chew from right side, difficulty in complete closure of right eye, since 1 day. After relevant examinations and screening it was diagnosed as Bell's palsy. This disease though self-resolving some cases remain partially recovered and some may be left with major facial dysfunction. So, the patient was admitted in Sri Kalabyraveshwara Swamy Ayurvedic Medical College and Hospital for 10 days and this condition was managed through Panchkarama & palliative treatment. The patient was treated with Mukhabhyanga, Panasa Patra Sweda for 10 days and Nasya Karma for 8 consecutive days. There was no side effect observed during and after the treatment. The patient got complete relief in all symptoms without any residual weakness or deformity within two weeks which is much early than the self-resolving period of 6 months.

Key words: Ardita, Bell's palsy, Nasya, Mukhabhyanaga, Panasa Patra Sweda

## INTRODUCTION

Facial expression is the mirror of inner person and his Emotions, Aspirations, Happiness and hopes. Face can reflect joy, sorrow, anger, fear and excitement. Facial expression plays an important role in communication in our daily life. Unfortunately, all such vital and beautiful features are impaired in Ardita. Ardita is

## Address for correspondence:

#### Dr. Sindhu H.V

Post Graduate Scholar, Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic Medical College and Research Centre, Bengaluru, Karnataka, India.

**E-mail:** sinduvbbs96@gmail.com

Submission Date: 06/01/2024 Accepted Date: 18/02/2024

Access this article online **Quick Response Code** 

Website: www.jaims.in

DOI: 10.21760/jaims.9.3.42

explained as one among the Vata Nanatmaja Vyadhi by Acharya Charaka.<sup>[1]</sup> Acharya Sushrutha has considered as only Mukha Ardha[2] while Acharya Charaka has included Sharira Ardha in Arditha.[3] Sushrutha further adds that, in the event of Raktha Kshaya, the following will be afflicted by Ardita they are pregnant lady, recently delivered lady, old people and emaciated persons. Ardita is also explained as Ekayaam by Ashtang Hrudaya<sup>[4]</sup> Aacharya Arunadatta has clarified that Ardita is the disease of the body mostly affecting half of the face, due to excessive aggravation of Vata and causes distortion of face. [5] Etiological factors for this particular disease wherein Vata is vitiated primarily; 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.[6] Clinical features according to Ayurvedic classics are half sided facial deformity including nose, eyebrows, forehead, eyes, tongue and chin regions on affected side, slurring

of speech, trapping of food particles between gums and cheeks, deafness, [7] partial closure of eyes, [8] disturbed smell sensation, pain in supraclavicular part of body. [9] On the basis of these clinical features, this disease has similarities with the disease entity: Bell's palsy. The most common form of facial paralysis is Bell's palsy. The annual incidence of this idiopathic disorder is ~25 per 100,00 annually or about 1 in 60 persons in a lifetime. Risk factors include pregnancy and Diabetes mellitus.[10] Bell's palsy is an acute, idiopathic, commonly unilateral Lower motor neuron type of facial nerve involvement due to non supportive inflammation of nerve within the facial canal above the Stylomastoid foramen. [11] Although it usually resolves within 3 weeks-6 months, Bell's palsy may lead to severe temporary oral insufficiency and incapability to close the eyelids in some cases, resulting in potentially permanent eye injury. [12] To reduce these symptoms treatment mentioned in classics are Navana, Nadi Sweda, Upanha, Moordini Taila. So, the present study was carried out to evaluate the efficacy of Ayurvedic modalities in the management of Ardita.

# **CASE REPORT**

A male patient aged 29 years who is not a known case of diabetes mellitus and hypertension had a history of Covid 19 in May 2021, was apparently healthy. On 18/7/2023, morning patient had taken cold water bath to his head and travelled towards his work place in two-wheeler, which lead to exposure to cold air (due to cold climate). While riding the vehicle he suddenly experienced blackout and numbness in his face, so he took rest for a while by stopping his vehicle and after feeling better he travelled towards his work place. On the same day in the evening, he observed mild deviation of mouth towards left side, drooping of angle of mouth towards right and was unable to close right eye completely, so he took rest for few minutes and was advised to drink water while drinking he experienced dribbling of water from the right angle of mouth which he ignored. Later at night while having dinner, patient noticed difficulty in chewing and accumulation of food between the gums and right cheeks. So, the next day patient travelled from Kolar to Bangalore for treatment, during which he noticed his

symptoms got worsened. Patient visited SKAMCH&RC with the above said complaints. After relevant examinations it was diagnosed as Bell's palsy. This disease though self-resolving some cases remain partially recovered and some may be left with major facial dysfunction. Hence to avoid complication patient was advised to get admitted in the hospital for duration of 10 days.

To identify the causes all other relevant investigations was done on 19/7/2023 which showed no abnormality detected in CT brain. There was no record of any comorbidities, any surgical history or history of any allergy or past medication.

#### **Examination**

On general examination

General condition: fair, Built - Moderately built, Nourishment - Moderately nourished

Pulse: 96 beats/min, Respiratory rate: 18 cycles/min, Blood pressure: 120/70 mmHg, Temperature: 97°F

Pallor: Absent, Icterus: Absent, Lymphadenopathy: Absent, Cyanosis: Absent, Clubbing: absent, edema: absent

## **Respiratory System**

No surgical scars rashes redness seen and Bilateral symmetrically chest movements on breathing on inspection, no local tenderness and palpable mass felt on palpation, Resonant note heard on percussion, no abnormal bronchovesicular sounds heard on auscultation.

# **Gastrointestinal Tract**

No any surgical scar marks and scaphoid shape seen on inspection, No palpable mass and tenderness felt on palpation, Fluid thrill and shifting dullness test negative on percussion Normal bowel sounds heard 8/min On auscultation

# **Cardiovascular System**

Chest shape - normal, Position of trachea - central, Apex beat - not visible dilated and engorged veins, no surgical or any scars seen on inspection, Apex beat palpable. Trachea - not deviated on palpation. Cardiac

dullness heard on percussion. S1 S2 head no added sounds or murmurs heard on auscultation

## **Central nervous system examination**

- Higher Motor Functions Intact Consciousness Conscious Orientation to time, place, person Intact Memory (Recent and Remote) Intact
   Intelligence Intact Hallucination and Delusion Absent Speech Normal, fluent
- Cranial nerve examinations

Neurological examination of all cranial nerves were performed and found intact except facial nerve. Cerebellar examinations were also within normal limits.

7<sup>th</sup> Cranial nerve examination

#### Motor

Forehead frowning	not possible on right side
Eyebrow raising	not possible on right side
Eye closure	incomplete closure of right eyelid
Clenching of teeth	mouth deviates to the left side
Blowing of cheek	air found to be escaped through the right angle of mouth
Nasolabial fold	loss on right side
Hyperacusis	Absent
Smile	Deviation of mouth towards left side
Bells phenomenon	present on right side
Drooping of angle of mouth	Towards right angle of mouth

- Sensory Anterior 2/3<sup>rd</sup> of tongue is intact
- Deep Reflexes such as Biceps, Triceps, Supinator, Knee jerk, Ankle jerk and plantar reflex were normal.
- Muscle power and Muscle tone in all limbs were also normal.

## **Investigation**

Blood investigations was done on 19/07/2023 Complete blood count, Renal function test Serum Electrolyte was advised where the reports was within normal limits. CT Brain was advised to be taken for excluding other possible causes of Bell's palsy on 19/07/2023. The report showed no abnormalities.

#### **Assessment of Criteria**

The assessment of the result was done by observing clinical signs and symptoms of *Ardita* are as follows:

- 1. Difficulty in wrinkling of forehead in right side.
- 2. Cannot raise the eyebrows of right side.
- 3. Difficulty in complete closure of right eye.
- 4. Decreased visibility of nasolabial fold in right side.
- 5. Weakness of muscles in right side of face.
- 6. Angle of mouth deviated to left side.
- Dribbling of water while drinking through right side of mouth.

House Brackmann grading of facial nerve function score has been used for Grading Bell's Palsy.

- Grade I: Normal
- Grade II: Slight facial weakness or other mild dysfunction. Normal tone and symmetry at rest. Complete closure of the eye without effort. Slight asymmetry of the mouth when facial movements occur.
- Grade III: Assigned to patients dealing with moderate dysfunction; these patients generally do not display any noticeable facial weakness with synkinesis, they maintain complete eye closure and good forehead movement with effort.
- Grade IV: Assigned to patients dealing with severe dysfunction. Obvious facial weakness. Incomplete eye closure, no forehead movement, asymmetrical mouth movement, and synkinesis.
- Grade V: Assigned to patients who have little to no ability to smile, frown or make other facial

expressions. The closure of the eye is incomplete, and there is no forehead movement.

Grade VI: No facial motion.

# **Therapeutic Intervention**

Date	Internal Medicine	Dose	Procedure	Result
20/07/20 23 – 24/07/ 2023	1. Tab . Brihat Vata Chintamani 2. Cap. Ksheerabala 101 3. Cap. Neuro XT  4. Tab Lashunadi Vati  5. Mahamanjist adi Kashaya  6. Dashamoolari	1-0- 1 After Food 1-0- 1 After Food 1-0- 1 After Food 3-0- 1 After Food 3tsp- 0- 3tsp with equal quanti ty	1. Mukhabhya nga with Ksheerabala Taila 2. Sthanika Swedana with Panasa Patra Sweda 3. Physiothera py	1. Deviation in the mouth was reduced by 30% 2. Closure of eyes was improved
	sta	water  3tsp - 0 - 3tsp with equal quanti ty water		
24/07/20 23	Gandharva Hastadi Taila	45 ml was given with 1 glass of milk at 8:00 PM		3 episodes of loose stools
25/07/20 23 –			1. Mukhabhya	1.Deviatio n in the

1/08/202	<i>nga</i> with	mouth
3	Karpasastya	was
	di Taila	reduced
	2. Sthanika	completel
	Swedana	у
		2 Farabaa
	with Panasa	2.Forehea
	Patra Sweda	d
	3. Nasya	frowning
	with	was
	Ksheerabala	possible
	101 8drops	3. Closure
	in each	of eyes
	nostril	was
	4.	improved
	Physiothera	4.Nasolab
	ру	ial found
		was
		appreciat
		ed
		5.
		Blowing
		of Cheek
		possible
		6. Able to
		drink
		water
		without
		dribbling
		from
		angle of
		mouth

# **RESULT**

Assessment was done on the basis of scoring of cardinal associated signs and observed symptoms. A facial nerve function grading by House-Brookman grading measures was used to assess outcomes. House-Brookman grading Score was Grade 4 before starting the treatment and after completing the treatment score was Grade 1. There was no side effect observed during the treatment.

Parameter	Before Treatment	After Treatment
Deviation of mouth towards left side	Grade IV	Grade I
Incomplete closure of right eye	Grade IV	Grade I

Nasolabial fold	Loss from right side of the mouth	Normal
Raising of eyebrows	Grade V	Grade I
Dribbling of water while drinking	Present	Absent

#### **DISCUSSION**

Ardita is a broad spectrum disease in which facial paralysis can be considered as one of the condition. Sushrutha Acharya's description about Ardita holds more apt while we co-relate Ardita with the condition of Bell's palsy. Whereas Acharya Charaka and Vagbhata considered the involvement of the body also in Ardita. Analyzing both Ayurvedic and Modern views, Ardita can be compared to Bell's palsy (LMN Lesion). Hence Chikitsa should be planned based on the Adishtana of the Vyadhi. In Facial palsy there is inflammation of the facial nerve which is caused due to viral infection, Middle ear infection, Trauma, Compressive lesions, Ischemic etc. Facial palsy can be differentiated from Bell's palsy mainly by the site of lesion. In facial palsy lesion will in the supranuclear part in cerebrum or upper brain stem. In facial palsy lower part of the face is affected as upper half of the face is controlled by pathways from both sides of cortex. Whereas in Bell's palsy the lesion will be below the nucleus and stylomastoid foremen, here there will be involvement of half of the face on ipsilateral side. Approximately 80% of patients recover within a few weeks or months. In 20% of patient, if Bell's palsy is left untreated then it may lead to some facial dysfunction. In this case study the main Nidana for manifestation of Ardita was exposure to cold, when there is exposure to cold environment it causes biological effects of freezing on the various tissues of maxilla facial region including skin, blood vessels, nerves etc. so here Sthanika Chikitsa like Mukha Abhyanaga, Sweda, Nasya will be more beneficial which helps in reducing the inflammation of the facial nerve, and drugs used for these procedure are also *Ushna Teekshna* which helps in Samprapti Vighatana of the Vyadhi. It improves the motor function by stimulating and strengthening the facial nerves and muscles. The internal medicines

selected were *Vatavyadhi Shamana* drugs. Therapeutic proprietary medicine has an adjuvant effect due to their unexplainable Pharmacodynamics.

Abhyanga dilates the micro blood vessels of face and enhances the blood circulation to that area. The increased blood flow to the peripheral arterioles accelerates the fast drug absorption and results in fast improvements.

Mukha Abhyanga with Karpasastyadi Taila was done. Karpasatyadi Taila contains drugs which are Teekshna, Ushna Veerya. It does Vedanahara, Shothahara, and Sarvanilapaha, and directly indicated in Ardita nourishes the Kapha And provide strength to the facial muscles.

Panasa Patra Swedana Karma before the Nasya, relieves Sheeta Guna of Vata Dosha and it as Balya, Brumhana, Mamsala and Santarpana properties gives strength to facial muscles. Panasa Patra has betasitosterol as an active principle. It is a steroid and precursor of an anabolic steroid boldenone. The probable topical absorption of beta sitosterol in lipid base can be substantiated by the pharmacokinetics of boldenone. It also enhances local microcirculation by dilation of blood vessels and increasing blood flow to the peripheral arterioles which accelerates the drug absorption and fast improvement.

Sadyovirechana was done with Gandarvahastadi Eranda Taila. In Astanga Sangraha, Vagbhata has mentioned that the disease due to Vata do not get cured due to association with other Dosha, even though Vata is pervading the whole body, it is localized especially in the Pakwashaya, hence that should be treated with Mrudu Sneha Virechana with Eranda Taila along with milk, so the channels thus become cleared Vata begins to move without any hinderance in it and gets mitigated soon.[14] Eranda having Tikta, Kashaya, Madhura Rasa, Madhura Vipaka and Ushna Veerya by virtue of Madhura Rasa and Madhura Vipaka it counteracts Vata. Because of Tikta Rasa Ushna Veerya and Agni Deepana Guna, it counteracts Ama. In this Taila most of the drugs possess Ushna Veerya, Vata-Kaphahara Guna, and acts as Deepana, Pachana, Rochana. Vatanulomana. Shothahara and

*Vedanastapana.* So, it does *Kosta Shuddi*, helps to absorb the medications easily, removes the *Sroto Avarodha*, and helps in relieving the symptoms.

Acharya Charaka as mentioned "Nasa Hi Shiraso Dwaram". Hence medicine administered through nose enters the deeper tissues of the brain and pacifies Doshas responsible for the disease. Facial Palsy involves disturbances in almost all the sense organs, the Nasya Karma with the Nasya Dravya medicine acts at Sringataka Marma from where it spreads into various Srotas and brings out all vitiated Doshas from Urdhvajatugata Vikara. So Shodhana in the form of Nasyakarma i.e., Navana Nasya is adopted in this study which has shown highly significant result. In this study the drug used for Nasya is Sneha Dravya. Sneha Dravya is considered as best Vatashamaka. Here the Sneha Dravya used is Ksheerbala Taila 101.

Ksheerabala Taila 101 contains drug which does Vata Pitta Hara and as properties like Shothahara, Balya, Brumhana, Shresta Indriya Prasadana and it also acts as Rasayana. It Suppresses nerve inflammation and promotes nerve regeneration and gives strength to muscles.<sup>[15]</sup>

Brihat Vata Chintamani Rasa was given which is having properties like Balya, Rasayana, Medya, Kshayagna, Ojovardhaka & Yogavahi which has targeted effect for the management of Vataroga. The formulation also helps in protein scavenging, anti-inflammatory and arrests neurodegenerative activity with the added benefit of crossing the bloodbrain barrier. Ksheerabala capsule smothers nerve inflammation because of its Sheeta property and advances nerve recovery and offers strength to muscles due to Balya and Brimhana properties of medications present in it.

Neuro XT Capsules contains ingredients like *Ekanga Veera Rasa, Maha Vata Vidhwamsana Rasa, Vata Kulantaka Rasa, Vata Gajankusha Rasa, Bala, Shudda Shilajatu.* It is having properties like anti inflammatory, anti oxidant effect and helps in regeneration of nerve and provides strength to the facial nerve.

Lashunadi Vati does Ama Pachana and Vatahara. As it is having *Teekshna* and *Ushna Veerya* property it helps in removing the *Avarodha*.

Maha Manjistadi Kashaya is directly indicated in Ardita, as there is Vata Dushti and Rakta Kshaya plays a major role in causing Ardita, this formulation helps as Vatahara and Rakta Prasadaka.<sup>[16]</sup>

## **CONCLUSION**

Ardita involves the Dhatu Kshayaja Samprapti in its manifestation. Acharvas have explained "Vatasyopakrama Sneha Sweda Samshodanm". Hence, in this case study Ayurvedic management like Mukha Abhyanaga, Panasa Patra Swedana, Nasya was selected which helps in pacifying Vata, does Rakta Prasadana and provides strength to the nerve. Oral medication like Bruhat Vata Chintamani Rasa, Ksheerabala capsules, Neuro XT, Lashunadi Vati, Mahamanjistadi Kashaya has properties like Ushna Teekshna Guna, Vatahara, Brimhana, Rakta Prasadaka and helps in relieving symptoms. So, the combined effect of both internal and external therapy helped in relieving the symptoms of Ardita.

# **REFERENCES**

- Yadavji Trikamji Acharya, Charaka Samhita, Sutrasthana, 17/12, Choukumbha Surabharati Prakashan, Varanasi.
- Kaviraj Ambikadut Shashtri 2016 Ayurvedtatvasandipika hindi commentary, sushrutha samhitha, 1/69-71, Choukumbha Surabharati Prakashan, Varanasi.
- Yadavji Trikamji Acharya, Charaka Samhita, Chikitsasthana, 28/42, Choukumbha Surabharati Prakashan, Varanasi
- 4. Kaviraja Atrideva Gupta.editor, Astangahrdayam of Vagbhata, Nidana Sthana, ch.15, Ver. 37, Varanasi: Chaukhambha Prakashana; 2016, p.378.
- 5. Shastri Paradkar S., Astanga Hridaya, Nidanasthana, 15/36, Choukumbha Surabharati Prakashan, Varanasi.
- 6. Tripathi Bramhnanda, Astanga Hridaya of Acharya Vagabhatta, Varanasi, Chaukhambha Sanskrit Pratisthana, Nidana Sthana 15/32-35, Pg-no.541
- Shastri Pt. Kashinathand Chaturvedi Gorakhnath, Charaka Samhita with Vidyotini Hindi Commentary, reprint 2008, Varanasi, Chaukhamba Bharti Academy, Chikitsa Sthana –28/40-42, pg.no. 783.

- Shastri Kaviraja Ambikadatt, Sushruta Samhita, part 1, 11thedition, Varanasi, Chaukhamba Prakashan, 2009, Nidana Sthana 1/70 -72
- Tripathi Brahmanand, Ashtanga Hrdayam, Varanasi,
   Chukhambha Sanskrit Pratisthana, ChikitsaSathana
   21/43
- 10. Harrison textbook of medicine chapter 455
- M. Flint Beal, Stephen L. Hauser, Harrison's Internal Medicine, Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders, 17thedition, part 16, pg.no.2584.
- S I, Vijayan R, Sukeshan S. Sadyovamana An effective therapy in the management of Bell's palsy A case report. J Ayurveda Integr Med. 2022 Oct-Dec;13(4):100634. doi: 10.1016/j.jaim.2022.100634. Epub 2022 Nov 17. PMID: 36403502; PMCID: PMC9676121.
- 13. K.Nishteshwar and R.Vidyanath, Sahasrayogam text with English translation, reprint 2020, Taila prakarana, pg-118

- Vagbhata, Astanga Sangraha, Sutra sthan English Translation, Chaukhamba Surbharati Prakashana Varanasi, edition – 2005, Chikitsa sthana 23<sup>rd</sup> chapter, Verse 4
- 15. K.Nishteshwar and R.Vidyanath, Sahasrayogam text with English translation, reprint 2020, Taila prakarana, pg-111
- Sharangadhara, Sharangadhara samhitha, Deepika and Gudartha deepika teeka, edited by Pandit Parashurama Shastry, Chaukambha orientalia, Varanasi 7<sup>th</sup> edition 2008, Madyama khanada 2/137-142

How to cite this article: Sindhu H.V, Abdul Khader. Ardita and its Ayurvedic Management - A True Story. J Ayurveda Integr Med Sci 2024;3:260-266.

http://dx.doi.org/10.21760/jaims.9.3.42

**Source of Support:** Nil, **Conflict of Interest:** None declared.

**Copyright** © 2024 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by-nc-sa/4.0), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.

\*\*\*\*\*\*\*\*\*\*