



ISSN 2456-3110

Vol 9 · Issue 10

October 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Ayurvedic management of *Ardita* (Bell's Palsy) - A Case Study

Tanisha Jain¹, A.P. Vaijwade²

¹Post Graduate Scholar, Department of Shalakya Tantra, Government Ayurved College, Nagpur, Maharashtra, India.

²Head of Department and Associate Professor, Department of Shalakya Tantra, Government Ayurved College, Nagpur, Maharashtra, India.

ABSTRACT

Introduction: Bell's palsy or Facial nerve palsy is a condition that causes temporary weakness or paralysis of the muscles in the face. In *Ayurveda*, *Ardita* is a disease with functional disturbances affecting the *Uthamanga* (head) and stands close with the symptoms of Bell's palsy. This is the most common idiopathic unilateral lower motor neuron facial palsy that usually develops suddenly. Bell's palsy is treated with steroids, anti-inflammatory drugs, antivirals, and multivitamins in contemporary science, although the results are not good and the use of steroids has health risks. *Ayurveda* has a wide spectrum in terms of management from internal medications to an extend limit of *Kriyakalpas* and *Panchakarma* like *Nasya*, *Ksheeradhuma*, *Sweda*, *Netra Tarpana*, *Jalauka Avacharan*. **Case presentation:** A 16-year male came to OPD with sudden left sided facial muscular weakness since 3 days ago. The treatment provided was *Snehan*, *Shashtik Shali Pinda Sweda*, *Jalauka Avacharan*, *Nasya* and *Tarpan* along with intake of *Shamana* medicines. **Conclusion:** The pre and post-assessment was done with the help of House-Brackmann facial nerve grading system. Within the period of 15 days the patient showed significant improvement without any adverse effects.

Key words: *Ardita*, *Bell's palsy*, *Jaloka Avcharan*, *Nasya*, *Tarpana*.

INTRODUCTION

Among the eighty *Vata Nanatmaja Vyadhis* mentioned in our Ayurvedic texts, *Ardita* is recognised as one. Additionally, because *Shiras* is the *Adhistana* in this entity, it is referred to as a *Shiro Roga* therefore seen as *Shiro Roga* as well. According to *Charaka Acharya*, the illness only affects the left half of the face, regardless of whether the body is affected. But according to *Sushruta*, *Ardita* is the only one whose face is impacted. *Ekayaam* is another name for *Ardita*.

Address for correspondence:

Dr. Tanisha Jain

Post Graduate Scholar, Department of Shalakya Tantra,
Government Ayurved College, Nagpur, Maharashtra, India.
E-mail: tj8871606203@gmail.com

Submission Date: 14/09/2024 Accepted Date: 23/10/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.10.49

Ardita and facial palsy can be associated based on symptoms. The seventh cranial nerve is impacted by the common neurological condition known as facial palsy. The 7th cranial nerve is in charge of all voluntary movements of the face, taste perception in the anterior two thirds of the tongue, and regulation of salivary and lacrimal gland secretions. The incapacity of the affected side of the face to temporarily control its facial muscles is known as facial palsy. Along with eyelid drooping, ear ache, and taste changes, it might be characterized by weakening, twitching of the muscles, or complete lack of movement on the affected side. Possible Pathogenesis as per *Ayurveda*, an exacerbated *Vata* affects one half of the body, causing contractures in that side as well as drier blood in the hand, legs, and nee. As a result, the jaw, eyes, nose, forehead, eyebrows, and face all become crooked. Salivation is present, and the affected side's eyes stay half closed. As a result, when food is eaten, the affected side of the tongue also gets impacted. Additionally, the patient may experience speech impairments. Occasionally, one may also have pain in the hand, foot, eyes, temple, ear, and cheeks.

CASE REPORT

- A 16-year male had sudden left sided facial muscular weakness, partial closure of eyes, slurry speech, trapping of food particles in vestibule, dribbling saliva from right angle of mouth since 3 days.
- BP, Pulse, RS, CVS, CNS, blood investigations- WNL

Clinical Examination

- **Eye**
 - Distant and near V/A was 6/9 and N/6 respectively.
 - Palpebral aperture - Left eye > Right.
 - Partial eye closure and slow blinking in left eye.
 - Ant. Segment WNL
- **Ear**
 - EAC, TM and hearing test- normal.
- **Nose**
 - Nasolabial fold- Left side less demarked than right side.
- **Oral**
 - Taste sensation for anterior 2/3of tongue-normal.
 - Mild slurred speech present.
 - Food collection on right vestibule- present,
 - Smiling sign- abnormal.
 - Forehead furrow and wrinkling- absent on left side

Therapeutic Intervention

Internal Shaman Medication	Tab Palsi Nuron	1tb	BD	14days
	Swadisht Virechan Churna	5gm	HS	14days
Local Snehana	Dhanvantara Talla	Urdhwanga	LA	30days

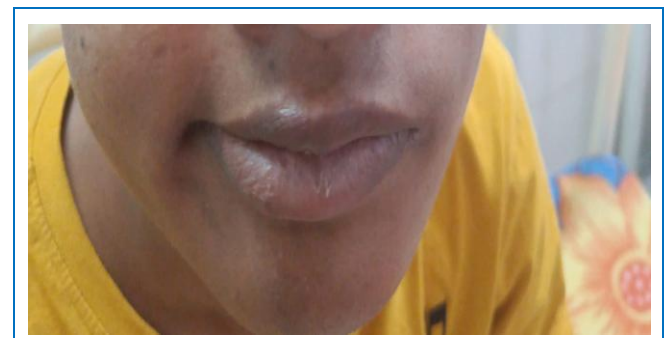
Swedan	Shashtik Shalipinda Sweda	Following Snehan	LA	30days
Gandusha	Navaneeta	Full of Mouth	BD	30days
Jalaukavacharan	Apanga Pradeshi		LT	Alternate 3 days
Nasya	Panchyendriya Vardhana Tail	4 drops in each nostril		Next 7 days
Tarpan	Triphala Ghrita			Next 7 days

RESULTS

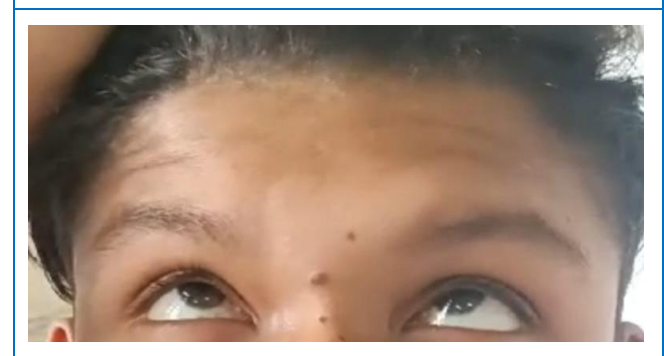
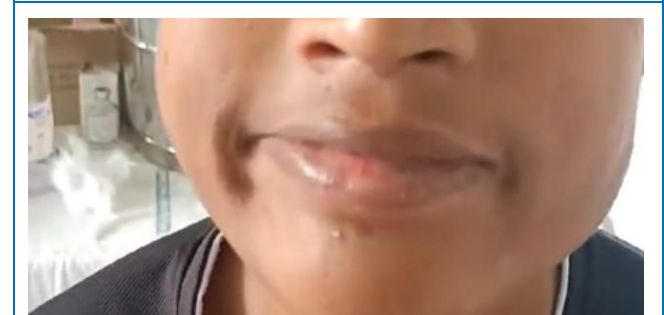
House-Brackmann facial nervr grading system					
Clinical feature	Grading	Score	BT	AT	% Relief
Watering from left eye	No	0	1	0	100%
	Persistent but do not disturb routine work	1			
	Persistent disturb routine work	2			
	Constant	3			
Widening of palpebral Aperture (Netravikriti)	No	0	1	0	100%
	Slightly wide (Whole cornea visible)	1			
	Moderate (cornea & 1/3upper sclera seen)	2			
	Severe (cornea & 1/2 of upper sclera visible) 3	3			
Absence of Nasolabial fold	Present normally	0	3	0	100%
	fold seen while trying to speak	1			

	fold seen while attempting to smile	2			
	fold never seen	3			
Smiling sign	Normal	0	2	0	100%
	Present without upward movement of Left mouth angle	1			
	Present with upward movement of Right mouth angle	2			
	Absent all the time	3			
Slurring of speech	Normal	0	1	0	100%
	Pronouncing with less efforts	1			
	Pronouncing with great efforts	2			
	Complete slurring	3			
Saliva dribbling from Lt angle of mouth (Lalasarava)	Absent	0	2	0	100%
	Intermittent	1			
	Constant but mild	2			
	Constant and profuse	3			
Trapping of food	No trapping	0	2	1	50%

Before Treatment after Treatment



After Treatment



DISCUSSION

In *Samprapti* of *Ardita* it is *Prakupita*, *Vata Dosha* which causes *Sthana Samshraya* to occur on one or both sides, which causes distortion of half the face, brow, forehead, eye, and mandible curvatures, as well as slurred speech, ear function cessation, loosening of the teeth, and hoarseness of voice. In addition, patients may experience difficulty swallowing food. The treatment used in this situation is *Vatahara* and *Bhrihmana Chikitsa* because *Vata Dosha* is the primary cause of the illness. Four drops of *Panchyendriya Vardhan Tail Nasya* were administered to each nostril for seven days as part of this case study. According to *Acharya Vagbhata*, *Nasa Hi Shirasodwaram*, *Nasya* is the first line of treatment for *Urdwajatrugata Roga* and to alleviate *Vata Dosha Panchyendriya Vardhan Tail Nasya* is used which has *Bruhmana* and *Vatahara* property so it reduces the symptoms of the disease. *Panchyendriya Vardhan Tail Nasya*, act as *Brimhanakarma*, *Vatahara*, gives strength to the facial muscle, reduces any type of irritation of nerves.

Considering patients *Prakriti*, *Kostha* and *Vyadhi Dosha*; Tab Palsinuron possess *Vata-Shamaka* properties along with other benefits such as mentioned below:

1. Improves metabolic processes in CNS & PNS, activates neuro-muscular communication.
2. Regulates blood supply in affected areas, overcomes anoxia, stimulates cerebro-neural activity.
3. Promotes healing of damaged nerves & blood vessels, Re-canalises blood vessels.
4. Provides nutrition support to nerves & blood vessels.

Each ingredient in Palsinuron Capsule benefits to its extent

Mahavatvidhwans: Improves metabolism of CNS & PNS, co-ordinates neuromuscular activity.

Sameerpannag: Improves tissue oxidation, overcomes anoxia, normalizes neuro-muscular metabolism.

Ekangveer Ras: Promotes healing of damaged nerves & blood vessels. recanalize blood vessels, activate sensory & motor functions.

Sootshekhar: Provides nutritional support for faster healing of damaged organelles.

Lajari: Regenerative effect on neuro-lesions.

Khurasani Owa: Checks neuro-irritation.

- *Swadisht Virechan Churna* was used as *Sukha Virechaka* at bedtime.
- *Navaneeta Gandusha* is *Agyadravya* for *Ardita* by *Acharya Vagbhata*. It is *Snigdha*, *Madhura* and *Vatapittahara*; gives strength to local oral muscles.
- *Shastik Shali Pinda Sweda* act as providing strength and rejuvenate the tissues and also to provide relief from pain, inflammation and stiffness.
- *Triphala Ghrita Tarpana*; enhances local orbicularis oculi strength.

CONCLUSION

The current case proves that all above treatment modalities are helpful in alleviating the sign and symptoms found in Bell's palsy (*Arditavata*) without any side effects. Also, patient approached to our OPD in very early stage; so, might be recovery of patient was good and fast.

REFERENCES

1. Yadavji Trikamji Acharya, Chakrapani Dutta, Ayurveda Deepika Charaka Samhita Sutra, 1st Ed, Varanasi, Choukumbha Surabharati Prakashan,2000, 17/12, Pg.no. 99.
2. Tripathi Bramhnanda, Astanga Hridaya of Acharya Vagabhatta, Varanasi, Chaukhambha Sanskrit Pratisthana, Nidana Sthana 15/32-35, Pg-no.541.
3. Tripathi Brahmanand, Ashtang Hridayam, Varanasi, Chukhambha Sanskrit Pratisthana, ChikitsaSathana 21/43, Pg.no.- 809.
4. M. Flint Beal, Stephen L. Hauser, Harrison's Internal Medicine, Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders, 17th edition, part 16, pg.no.2584.

5. M. Flint Beal, Stephen L. Hauser, Harrison's internal Medicine, Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders, 17th edition, part 16, pg.no.2584.
6. Gronseth GS, Paduga R. Evidence-Based Guideline update: Steroid and antivirals for Bell's Palsy: Report of the guideline development subcommittee of the American Academy of Neurology. Neurology 2012 Nov7.

7. Tripathi Brahmanand, Ashtang Hridayam, Varanasi, Chukhambha Sanskrit Pratisthana. Chikitsa Sathana 21/43.

How to cite this article: Tanisha Jain, A.P. Vaijwade. Ayurvedic management of Aradita (Bell's Palsy) - A Case Study. J Ayurveda Integr Med Sci 2024;10:294-298. <http://dx.doi.org/10.21760/jaims.9.10.49>

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