

Management of Ardita (Bell's palsy) through Ayurveda - A Case Report

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Introduction: Bell's palsy is acute onset peripheral facial nerve palsy. It is a common disorder at all ages from infancy through adolescence usually developing suddenly about 2 weeks after a viral infection. In Ayurveda it can be correlated with Ardita which is one among the 80 Vatananatmajavyadhi. Different Acharya attributed the root cause of Ardita to highly vitiated Vata Dosha due to Avarana or Dhatukshaya and management is primarily based on Vatshamak Aharvihara and Urdhva Sharira Chikitsa.

Methods: This is a case study of 13 years old female child brought by her parents to Balrog OPD having complaints of Right sided facial weakness and numbness, incomplete closure of right sided eye, deviated mouth angle to left side, heaviness and mild swelling over right face since about 4 days. After relevant examination and screening it was diagnosed as Bell's palsy. Fifteen days of treatment included Sthanik Snehana, Sthanik Swedana, Akshitarpana, Karnapoorana, Nasya, Jivha Pratisarana along with internal medications.

Result: The patient got speedy recovery from all the symptoms of Ardita within two weeks which is much early than the self-resolving period of 6 months.

Discussion: Classical Ardita Chikitsa mentioned in Ayurveda text is effective in the management of Bell's palsy.

Keywords: Ardita, Ayurveda, Bell's Palsy, Case report, Vatananatmajavyadhi

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Introduction

Bell's palsy or idiopathic facial nerve palsy is a condition that involves any age group and both genders.[1] Bell's palsy has an incidence of 23 cases per 100,000 population/year, or about 1 in 60 to 70 people in a lifetime.[2]

Numerous viruses have been linked with Bell's palsy. Active or reactivation of herpes simplex or varicella-zoster virus is probably the most common causes of bell's palsy. Least common causes include Otitis media, Epstein Barr-virus, Cytomegalovirus, Mumps etc. A typical patient complains of retro auricular pain that may precede facial weakness, incomplete closure of the affected side.[3]

Patient often describes the face as 'Numb' but there is no objective sensory loss (except possibly to taste). In Ayurveda it can be correlated with *Ardita* a *Vyadhi* mentioned in *Ayurveda classics*. *Ardita* is one among the 80 *Vatajananatmajavyadhis*. Various *Acharyas* like *Charaka*, *Sushruta* explained causes of *Ardita* like transferring heavy weight on head, excessive laughing, loud talking, sudden fearing, sleeping on uneven bed, eating hard food particles and *Vatvardhak Ahara-Vihara* leading to vitiation of *Vata Dosha* and causing *Ardita*. *Acharya Charaka* mentioned that its features are seen in one half of face, trunk, extremities or they may be restricted only to face and is episodic in nature.[4]

Acharya Sushruta opines that *Ardita* involves one lateral of face only and is non-episodic in nature.[5] *Acharya Vagbhata* specifies it as the manifestation in the half of face along with the involvement of half of the body.[6]

When it comes to treatment all of them treated *Ardita* as a *Vata Vyadhi* and stated various therapies like *Nasya Karma*, *Akshitarpana*, *Karnapoorana*, etc. Bell's palsy usually resolves within 3 weeks - 6 months[7] but it may lead to various complications like permanent eye injury, chronic loss of taste, moderate-to severe facial asymmetry which can be devastating.[8]

It is estimated that 4-7% of all cases of Bell's palsy have recurrent facial palsy.[9]

This case reports the effectiveness of *Ayurvedic* treatment in the management of Bell's palsy for speedy recovery from symptoms and to avoid long term consequences.

Aim and Objectives

To study the efficacy of classical management principles of *Ardita* such as *Sthanik Snehana*, *Sthanik Swedana*, *Nasya*, *Akshitarpana*, *Karnapoorana* in the management of Bell's palsy.

Case Report

Vital data:

Age: 13 years

Gender: Female

Education: School-going

Socioeconomic status: Lower economic status

Presenting Complaints:

Table 1: Complaints with duration

SN	Complaints	Duration
1.	Right sided facial weakness and numbness	4 days
2.	Mild swelling and heaviness over right sided face	4 days
3.	Deviation of angle of mouth to the left side	3 days
4.	Incomplete closure of right eye	3 days
5.	Increased tear flow from the right eye	3 days
6.	Slurring of speech with difficulty in speaking	3 days
7.	Pain and burning sensation behind the right ear	3 days

Past history:

History of Upper Respiratory Tract Infection (8 days ago - Fever, common cold with runny nose and dry cough) managed conservatively by Antipyretics, Antihistamines and Decongestants.

Family History:

No history of any major illness to family members.

Clinical findings:

General examination

- Heart rate - 88 /min
- Respiratory rate - 22 breaths/min
- Blood pressure - 110/70 mm Hg
- Temperature - 98.2°F

Inspection of face:

- Loss of facial expression on right side.
- Deviated angle of mouth to the left side.
- Incomplete closure of right eye
- No lesions over the external auditory meatus.

Ashtavidh Parikshana:

Table 2: Ashtavidha Parikshana

SN	Parikshana	Observation
1.	Nadi	92/min
2.	Mala	Malavashtambha
3.	Mutra	Niyamit
4.	Jivha	Sama
5.	Shabda	Sakashta
6.	Sparsha	Samashitoshna
7.	Druka	Prakrut
8.	Akruti	Madhyam

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 - Slurring of speech with difficulty in speaking

Reflexes:

- Corneal reflex: consensual response intact, closure of right eyelid diminished.
- Deep Tendon Reflexes of all limbs: Normal.
- Muscle power and Muscle tone of all limbs: Normal.

Cranial nerve examinations:

- Neurological examination of all cranial nerves was performed and found intact except facial nerve.

Table 3: Facial nerve examination

SN	Instruction	Response of the patient
1.	Forehead frowning	Not possible on right side
2.	Eyebrow raising	Not possible on right side
3.	Eye closure	Incomplete closure of right eyelid
4.	Nasolabial fold	Loss on right side.
5.	Blowing of cheek	Leaking of air from right side
6.	Clenching of teeth	Mouth deviates to the left side
7.	Taste perception	Not affected
8.	Deviation of mouth	Towards left side
9.	Bells phenomenon	Present on right side

Roga Pareeksha

Nidana:

- Prajagara (sleeps late at night)

- Chinta (family stress)
- Bhaarvahan (transfers heavy weight on head)
- Vishamshayan (sleeping on uneven bed)
- Vaatvardhak Ahar-Vihar (eats dry food, excessive fasting)

Poorvaroopa: Avyakta

Roopa:

- Vakrata of Mukhardha (deviated angle of mouth to the left)
- Stabdha Netra (inability to completely close the right eye)
- Vaksanga (difficulty in speech)
- Aavila Netra (increased tear flow from the right eye)
- Twak Swapa (loss of sensation/numbness over the right half of face)
- Chibuka Parshve Vedana (pain at the back of right ear)

Samprapti Ghataka:

- Dosha: Vata Pradhana, Kapha Anubandha
- Dhatu: Rasa, Rakta, Mamsa
- Upadhatu: Twak, Kandara
- Srotas: Rasavaha, Raktavaha, Mamsavaha
- Srotodushti Prakara: Sanga, Vimarga Gamana
- Ama: Nirama
- Udbhavasthana: Pakvashaya
- Vyakta Sthana: Mukha Ardha (Dakshin)

Anupashaya:

- Sheeta Sparsha, Sheet Vata (increase in pain at the back of right ear on exposure to cold)

Vyadhi Vinishchay:

- Ardita (Vata Pradhan; Kapha Anubandhi)
- After relevant examinations it was diagnosed as Bell's palsy. MRI Brain was taken to exclude other possible causes of Bell's palsy. The report showed no abnormalities.

Materials and Methods

Treatment: 15 days treatment plan included internal medications and external procedures.

Table 4: Plan of Internal medications

SN	Drug	Dose	Duration	Anupana
1.	Maharasnadi Kashaya	10 ml twice a day	15 days	Luke warm water
2.	Cap Palsineuron	1 cap twice a day	15 days	Cows' ghee
3.	Sanshamani Vati	1 tab twice a day	15 days	Luke warm water
4.	Gandharvahrutaki Churna	10 grams at bed time	7 days	Luke warm water

Table 5: Plan of External procedures

SN	Type of Panchakarma treatment	Drugs used	Duration
1.	Mukha Snehana	Balaashwagandhadi Taila	15 days
2.	Mukha Swedana	Nadiseda with Dashmuladi Kashaya	15days
3.	Nasya	Panchendriyavardhana Taila	15 days
4.	Akshitarpana	Triphala Ghruta	15 days
5.	Karnapoorana	Bilvadi Taila	15 days
6.	Divha Pratisarana	Vacha and Akkalkara Churna + Honey	15 days

Result

Assessment was done on the basis of facial nerve grading by House-Brackmann gradation system.[10]

Table 6: Changes observed in the patient during treatment.

Clinical features	Grading	BT	AT	%Relief	
Watering from right eye	Absent	0	2	0	100%
	Persistent but do not disturb routine work	1			
	Persistent disturb routine work	2			
	Constant	3			
Widening of palpebral aperture (Netravikriti)	Absent	0	1	0	100%
	Slightly wide	1			
	Moderately wide	2			
	Severely wide	3			
Nasolabial fold	Present normally	0	2	1	50%
	Seen while trying to speak	1			
	Seen while attempting to smile	2			
	Never seen	3			
Smiling sign	Absent	0	2	1	50%
	Present without upward movement of left angle of mouth	1			
	Present with upward movement of left angle of mouth	2			
	Present all the time	3			
Slurring of speech	Normal speech	0	1	0	100%
	Pronouncing with less efforts	1			
	Pronouncing with great efforts	2			
	Complete slurring	3			
Earache (Karnshool)	Absent	0	2	0	100%
	Intermittent	1			
	Persistent do not disturb routine work	2			
	Persistent disturb routine work	3			

On discharge:

- Internally - *Sanshamani Vati* 1 b.i.d. after food for 15 days
- Externally - *Anutaila Nasya* 2 drops o.d. for 1 month

- Pathya* - *Goghruta, Mudga Yusha, Patol Shaak, Mrudvika, Dadima, Takra.*
- Apathya* - *Jagrana, Ativyayam, Chinta, Sheeta Sparsha, Sheet Vata.*



Figure 1: Before treatment



Figure 2: After treatment

Discussion

In the present study the patient had various *Vata Prakopak Nidana* like *Sheeta Vata Sparsha*, *Ratri Jagarana*, *Chinta*. The patient presented with *Mukha Vakrata*, *Sanga of Vak*, *Netra Vikriti* (inability to close the left eyelid), *Aavila Netra*, *Tvak Swapa*, *Vedana*.^[11] Considering the *Nidana*, *Lakshana* the disease was diagnosed to be *Ardita* (Bell's palsy) a disease caused by highly vitiated *Vata Dosha* according to *Bruhatrayi*.

As per *Vagbhata* and *Charaka*, *Ardita* requires a nourishing type of therapy.^[12] *Nasya Karma* (Instillation of medicated oil in nostrils), *Moordha Taila* (application of oil to the head), *Tarpana* (instillation of medicated oil to the eyes and ears), *Nadi Sweda* (Tubal sudation), *Upanaha Sweda* (application of poultice) are included in the treatment principle of *Ardita*. Keeping all these efficacious treatment modalities in mind, the comprehensive treatment was planned for the present case. *Snehana Karma* nourishes the *Shleshaka Kapha*, stimulate the sensory nerve endings provide strength to the facial muscles.^[13] *Swedana* 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 nerves.^[14]

Nasya 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 *Srotas* (vessels and nerves) and alleviates the vitiated *Dosha*.^[15]

Nasya provides nourishment to the nervous system by neural, diffusion and vascular pathway.[16] *Tarpana* provides nourishment and strength to the eye.[17]

It also helps in watering from eyes.[18] *Karnapoorana* nourishes and stimulates the nerve endings. It pacifies pain in ear and also improve the hearing quality.[19]

Cap. Palsineuron - *Ekgaveera Rasa* used orally act as *Brinhana*, *Rasayana*, *Vishaghna* which helps in enhancing the speed of recovery in the patients of *Ardita*. [20] *Sanshamani Vati* - *Guduchi* has *Rasayana* properties which helps in rejuvenation of all *Dhatus* in the body.[21] *Maharasnadi Kashaya* pacify the *Vata* and corrected their flow in the body. *Gandharva Haritaki* powder - Mild purgative which induces *Vatanuloman* (downward flow of *Vata*) and relieves constipation. It helps to relieved a *Pakvshayagata Vata* has laxative properties pacify *Vata* from the *Pakvashaya*.

Conclusion

Ardita (Bell's palsy) can be effectively managed by classical treatment given in Ayurveda texts. All therapies like *Sthanik Snehana*, *Nadisweda*, *Nasya*, *Akshitarpana*, *Karnapoorana* as a combined treatment pacify the vitiated *Vata* in the body and thus provide nourishment to the sense organs. *Vatakapha Shamak*, *Bruhana*, *Vata Anulomaka* properties of the oral medications help in relieving the sign and symptoms thereby improving quality of life of the sufferer.

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