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Ayurvedic management of Bells Palsy - A Case Report

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ABSTRACT

Introduction: Bells palsy an acute paresis of facial mimetic muscles is most common in the third decade of life with an incidence of about 20 cases per 1,00,000 population. The complete recovery rates within 3 months vary from 80-85%. Major complications of the condition include chronic loss of taste, chronic facial spasm, facial pain, corneal infections making early intervention essential. Ardita clinically correlates to Bells palsy. Its cause is mainly vitiated *Vata* due to *Avarana* or *Dhatukshaya* and management is primarily based on *Vatahara* and *Urdhva Sharira Chikitsa.* **Methods:** The current report is based on a case of Bells palsy that presented as left sided facial paresis with deviated angle of mouth to the right, diagnosed as *Ardita* due to *Vata* and *Kapha Anubandha*. Treatment included *Nasya Karma, Shiro Pichu, Mukhabhyanga* followed by *Panasa Patra Sweda* and internal medications. **Result:** Improvement in motor functioning was noticed from day 3 of treatment. Speech enhancement and sensory perception was also noted. **Discussion:** Ayurvedic management with *Ardita Chikitsa* provided brisk results in this case.

Key words: *Ardita, Aurvedic, Avarana, Bells Palsy, Vatahara.*

INTRODUCTION

Facial palsy synonymously called prosopoplegia is the paralysis of structures innervated by the facial nerve. Bell's palsy is the most common type accounting for approximately 60-75% cases of acute unilateral facial paralysis. It is diagnosed by exclusion as it is a disease of unknown cause.

Bell's palsy is more likely to occur between the age of 15-45 years, with diabetes and pregnancy being a major risk factor. Recovery from the disease in 8-12 weeks is noticed among most people.[1] Exposure to cold is a common precipitating factor, it has also been suggested that the inflammation and swelling of nerve is due to herpes simplex viral infection. It is likely to be a result of a lesion in upper motor neuron or lower motor neuron. The presenting signs and symptoms include acute onset of unilateral facial paralysis, poor eyelid closure, posterior auricular pain, numbness of cheek, deviation of angle of mouth to the unaffected side.

Ardita a *Vatavyadhi* caused either due to *Dhatu Kshaya* leading to *Vata Prakopa* or because of *Vata Avarana,* presents clinically similar to Bell's palsy. The management principle includes *Nasya Karma, Murdhni Taila, Akshi Tarpana, Nadi Sweda, Upanaha, Vamana* and *Raktamokshana*. *Ardita* can manifest affecting the *Mukha Ardha* or include the *Shareera Ardha*, this differentiation can be correlated to the varying causes and presentation of facial paralysis like in Ramsay Hunt syndrome, Lyme disease, trauma, cerebrovascular accidents, Guillain-Barre syndrome,

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tumors, Myesthenia gravis. Major complications are chronic loss of taste, chronic facial spasm, facial pain, corneal infections, synkinesis, gustatolacrimal reflex.[1] Thus to avoid these complications and for complete remission a systematic line of management is essential.

Vital data

- Age : 33 years
- Gender : Female
- Religion : Hindu
- Education : Graduate
- Occupation : HR department (recruiter)
- Marital status : Married
- Socio-economic status : Upper Middle class

Presenting concerns

Table 1: Complaints with duration

SN	Complaints	Duration
1.	Deviation of angle of mouth to the right	3 days
2.	Inability to open the right eye	
3.	Drooping of the left eyelid	
4.	Drooling of saliva from the left side	
5.	Loss of sensation over the left half of face	
6.	Increased tear flow from the left eye	
7.	Slurring of speech with difficulty in talking	
8.	Inability to close the left eye completely	
9.	Pain and burning sensation behind the left ear	

Past history

- Facial paralysis (diagnosed as right sided Bells palsy) 15 years back (in 2003) with complete recovery in 25 days. Managed with Electric stimulation therapy and physiotherapy.
- Fever with cold 2 months back (for 3 days) managed conservatively with acetaminophen (in a dose of 650mg twice daily).

Clinical findings

Inspection of face

- Loss of facial expression
- Deviated angle of mouth to the right
- Widened palpebral fissure on the left
- Flattened nasolabial fold on the left
- No lesions over the external auditory meatus
- Drooling of saliva from left angle of mouth

Examination of the facial nerve

Table 2: Motor function testing

Instruction	Muscle tested	Response of the patient
Patient asked to wrinkle her forehead	Frontal belly of occipitofrontalis	Asymmetry - she was unable to wrinkle her forehead on the left side
Patient asked to forcibly close her eyelid against resistance	Orbicularis oculi	Unable to close the left eyelid completely - with positive Bells phenomenon
Patient asked to smile	Levator anguli oris, Zygomatic major, minor, Depressor anguli oris, Buccinator, Risorius	Angle of mouth deviated to the right

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Patient asked to puff the cheeks against resistance	Orbicularis oris, Buccinator	Unable to blow her cheeks, air escaped from the left side
Patient asked to clench	Platysma	Folds of platysma seen over the neck, deviation of angle of mouth to the right

Sensory function testing

No loss of taste on the anterior 2/3rd of tongue on either side.

Reflexes

- Corneal reflex : consensual response intact, closure of left eyelid diminished.
- Palmomental reflex : absent

Table 3: Examination of the trigeminal nerve.

Test performed	Part tested	Observation
Light touch : with a cotton wisp	Ophthalmic , Maxillary , Mandibular division of trigeminal nerve	Loss of sensation
Pain : sharp object		
Temperature: cold metal object		
Patient asked to clench her jaw while palpating	Temporalis, Masseter muscles	Normal muscle movements
Patient asked to keep her mouth open against resistance	Pterigoids	Muscle power normal
Finger placed over patients chin tapped with a reflex hammer	To elicit jaw jerk - Masseter muscle	Normal reflex
Repetitive tapping over forehead	To elicit glabellar reflex	Blinking not persistent

Roga Pareeksha

Nidana

- *Ati Sheeta Vata* (works at air conditioned environment)
- *Prajagara* (sleeps after midnight 12 or 1 am)
- *Chinta* (stress at work place)

Poorvaroopa - Avyakta

Roopa

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

Samprapti Ghataka

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

Anupashaya

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

Diagnosis

Ardita (Kapha Anubandha)

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Facial nerve palsy : LMN Type of unidentified etiology - Bell's palsy

Treatment

Table 4: Treatment procedures and oral medications with dosage and duration

SN	Treatment	Duration
Oral medications		
1.	Capsule *Vatapi* 2 b.i.d. after food	13 days (1st - 13th)
2.	Tablet *Anuloma* DS 1 h.s.	12 days (2nd- 13th)
3.	*Sukumara Ghrita* 10ml with hot water in empty stomach (6 am)	8 days (6th- 13th)
4.	*Danadanayanadi Kashaya* 15 ml t.i.d. after food	4 days (10th- 13th)
Therapeutic procedures		
5.	*Shiro Pichu* with *Ksheerabala Taila*	12 days (1st - 12th)
6.	*Mukha Abhyanga* with *Ksheerabala Taila* followed by *Ksheeradhooma*	
7.	*Nasya* with *Ksheerabala*-101 6 drops to each nostril o.d.	
8.	*Panasa Patra Sweda* over *Mukha*	11 days (2nd - 12th)

OBSERVATIONS

Table 5: Changes observed in the patient during treatment.

Day	Changes observed
2	Hard stools
4	Reduction in deviation of mouth, improvement of speech
5	Reduction in drooling of saliva
	Hard stools
6	Pain in left half of face
7	Severe tenderness over left half of face
10	Normal sensory perception over left half of face , no tenderness Complete improvement in speech No drooling of saliva
14	Complete remission

Medications on discharge

- Capsule *Vathapy* 1 b.i.d. after food
- *Danadanayanadi Kashaya* 10 ml t.i.d. after food
- *Sukumara Ghrita* 10 ml o.d. before food
- *Anutaila* for *Nasya* 2 drops o.d.

DISCUSSION

In the present case the patient had *Nidana* like *Sheeta Vata Sparsha, Ratri Jagarana, Chinta* leading to the *Prakopa* of *Vata Dosha* with *Kapha Anubandha*. The patient presented with *Mukha Vakrata, Sanga* of *Vak, Netra Vikriti* (inability to close the left eyelid), *Aavila Netra, Tvak Swapa, Vedana*.[2] Considering the *Nidana*, *Lakshana* it was inferred that the disease was due to *Vata, Kapha* and *Vata Kaphahara* line of management was followed. She was administered capsule *Vathapy* with ingredients like *Ativisha, Vacha, Balamoola, Devadaru, Eranda* acts as *Kapha Vatahara. Sukumara Ghrita* comprised of *Punarnava, Dashamoola, Ashvagandha, Trinapanchamoola* is *Vatahara* and *Rakta Prasadaka*. Tablet Anuloma DS a main ingredient of which is *Markandika* (*Cassia aungustifolia*) that has the property of *Sukha Rechana, Vatanulomana.*

The *Chikitsa Sutra* of *Ardita* was systematically followed, where in *Nasya* with *Ksheerabala* drops, *Murdhni Taila* in the form of *Shiropichu* with *Ksheerabala Taila, Nadi Sweda* with *Ksheera* after *Mukhabhyanga* with *Ksheerabala Taila, Swedana* with *Panasa Patra* were adopted. The properties of

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medications used were predominantly *Vatahara*. *Ksheerabala Taila* has additional properties of *Rasayana, Indriya Prasadana, Brimhana. Bala* (*Sida cordifolia*) mainly contains ephedrine[3] an alkaloid which is a CNS stimulant. It increases the activities of neurotransmitter norepinephrine, one of which is increased blood flow to skeletal muscles and improved functioning. *Ksheera* (cow's milk) is a widely accepted source of lipids, proteins, minerals, salts, vitamins. Apart from these it also contains exorphins that are exogenous opioid peptides which are pharmacologically similar to endorphins. The principle functions include inhibition of pain signals analogous to activities of corticosteroids. *Panasa Patra* has beta-sitosterol as an active principle.[4] 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.

Conclusion

Vata Kaphahara, Brimhana, Vata Anulomaka properties of the formulations adapted with the biochemical relevance are noteworthy in the case. Bell's palsy can be managed utilising the *Chikitsa Sutra* of *Ardita* with appropriate consideration of the involved *Dosha*.

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