



**ROLE OF KSHEERBALA TAILA NASYA IN THE MANAGEMENT OF FACIAL PALSY
W.S.R.H TO ARDITA**

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ABSTRACT

Facial paralysis is a disfiguring disorder that has a great impact on the patient. Facial nerve paralysis may be congenital or neoplastic or may result from infection, trauma, toxic exposures, or iatrogenic causes. The most common cause of unilateral facial paralysis is Bell's palsy, more appropriately termed 'Idiopathic facial paralysis' (IFP). In Bell's palsy, the onset is rapid, unilateral and there may be an ache beneath the ear. The weakness worsens over one to two days. Bell palsy is an acute, unilateral, peripheral, lower-motor-neuron facial-nerve paralysis that gradually resolves over time in 80-90% of cases. In an upper motor neuron lesion e.g. stroke, the forehead is spared since this region is bilaterally represented in the cortex. Looking for 'forehead sparing' is thus a way of differentiating between upper and lower motor neuron causes of facial weakness. Facial palsy generally refers to weakness of the facial muscles. Mainly resulting from temporary or permanent damage to the facial nerve. This result in paralysis of the affected part of the face. This can affect movement of the eye and mouth as well as other areas. *Ardita* is a *Vatika* disorder mentioned in *Ayurvedic classics* which is included amongst the *eighty Nanatmaja Vata* disorders by *Acharya Charaka*. *Acharya Vagbhata* describes it as '*Ekayam*', *Acharya Sushruta* mentions the involvement of face whereas *Acharya Charaka* the whole of *Sharirardha* (half of the body). *Ardita* is a disease causing the *vakrardha* (deviation) of *mukhardha*. Facial palsy is the conditions which present with the deviation of half of the face and associate with the impairment of motor and sensory function of the affected side of the face. Facial paralysis can be placed under the wide spectrum of the *ardita vyadhi* which is described in *ayurvedic classics*.

KEY WORDS: Ardita, vata vyadhi, ksheerbala taila Nasya, facial palsy.

INTRODUCTION

Ardita, a *Vatika* disorder is included among the 80 *Nanatmaja Vata Roga* by *Acharya Charaka* and *Vagbhata*. *Vagbhata* has stated that *Ardita* results by the vitiation of *Pranavata*. Even *Rakta Kshaya* (desiccation of blood) can manifest *Ardita*. *Charaka* has mentioned *Avyakta Lakshana* (latent features) as the *Prodromal* symptom of all *Vata Vyadhis*. All the causative factors which are mentioned as- carrying heavy weight on head, excessive yawning-laughing, shouting loudly, pregnant female, fear and grief elevate *Vata*. which then gets localized in head, nose, lips, chin, forehead, eyes and causes deviation of half side of face and neck and produce symptoms- Deviation of angle of mouth and nose, absence of blinking of eyelids, unable to sneeze, impaired tongue functions with slurred speech, impaired hearing along with pain in affected side of body. *Acharya Sushruta* has described weakness, inability to close eyelids completely, consistent slurred speech, tremors and duration exceeding 3 years as incurable symptoms. The *Vata* vitiated by the earlier stated

causative factors, settles in the regions of head, nose, chin, forehead and the eyes and produces the disease called *Ardita Vata*.

The symptom of *Vaksanga* (Difficulty in speaking) indicates that the vitiated *Vata* affects the tongue also. *Vagbhata* has indicated the affliction of the ear on the affected side. The features of incurability of *Ardita* are *Ksheena* (debilitated), *Animeshaksha* (unable to close the eyes), *Avyakta Bhashina* (whose speech gets obstructed constantly), *Trivarsha* and *Vepana* (tremors). *Trivarsha* is suggestive of two things either the disease is 3 years old or discharge from mouth, eyes and nose. According to signs and symptoms *Ardita* resembles Facial Paralysis. Facial nerve paralysis is a common problem that involves the paralysis of any structures innervated by the facial nerve. Facial nerve paralysis is characterised by unilateral facial weakness, with other symptoms including loss of taste, hyperacusis, and decreased salivation and tear secretion. Symptoms may develop

over several hours. Acute facial pain radiating from the ear may precede the onset of other symptoms.

Bala (*Sida cordifolia*) – It is kept among *Balya* (Strengthening) *Mahakashaya* by *Acharya Charaka* and *Vata* alleviating drugs by *Acharya Sushruta*. These properties not only help in alleviation of *Vata* but also provide nourishment to nerves. Due to its ephedrine content, it processes psycho-stimulant properties, affecting the central nervous system.

Tila Taila (Sesame Oil) – It provides lipophilic base to *Nasya* drug which helps in its better absorption- as lipid soluble substances have greater affinity through cell walls of nasal mucosa. It also possesses anti-inflammatory and anti-oxidant properties. *Acharya Charaka* has indicated it in *Vataja disorders*.

NASYA- nasal instillation of *ayurvedic* medicine (also called '*nasyam*') it is one of the five *panchakarma* procedures used as part of *ayurvedic* treatment. *Nasya* is described best for the expulsion of *Doshas* present in supraclavicular region (*Uttamanga*) and *Ardita* is mainly the disease (*Vyadhi*) of supraclavicular region (*Uttamanga*).

DISEASE BACKGROUND

Facial palsy is the most common cause of acute unilateral facial paralysis, accounting for approximately 60-75% of such cases. The majority of large population studies reveal a yearly incidence of 15-30 cases per 100,000 persons. The annual incidence of Bell's palsy in the United States is approximately 23 cases per 100,000 persons, and in the United Kingdom 20 cases per 100,000 persons. Nevertheless, certain countries show greater variability in the incidence of this condition; the highest number of cases was found in a study conducted in Ehime Prefecture in Japan, while Sweden had the lowest reported incidence. The condition is more characteristic for winter season, largely because lower temperatures are associated with an overall higher risk. Facial palsy affects both sexes equally, although the condition is more frequent in younger women (aged 10-19) compared to the same age group of men. Pregnancy can increase the risk threefold, and in pregnant women Bell's palsy most commonly appears in the third trimester. Preeclampsia (disorder of pregnancy manifesting with high blood pressure and proteins in the urine) is also shown to increase the risk. The condition is generally more common in adults. Peak ages are between 20 and 40 years of age, although this disease occurs in children and elderly population over 70 years as well. The rate basically increases with age up to the fourth decade, and then remains steady until the old age, when growth of incidence is noted again. Hence a somewhat higher prevalence rate is found in people older than 65 years of age (59 cases per 100,000 persons). In children younger than 13 years of age the incidence rate is markedly lower (13 cases per 100,000 persons).

DISCUSSION

Ardita is a *Nanatmaja vatavyadhi* explained by *Charaka aacharya*. The disease is mostly occurring in winter and hence we considered it as seasonal disease. The persons who have less immunity to tolerate cold atmosphere when they suddenly exposed to cold climate they will become a victim of this disease. In north Karnataka almost all people are habituate to live in hot climate and few days or months in cold season they exposed to cold and became victim of such conditions. *Alpastva* persons especially women were found to more prone to such disorder.

CONCLUSION

As described in ancient literature, *Ardita* is *Vataja Roga* and characterised by weakness and impairment of the half part of the facial muscles along with loss of sensory functions which very much resembles the Facial nerve palsy described in contemporary literature. *Ardita* is mainly caused by the vitiation of *Vata* and the management described in this review with *Navana Nasya* followed by *Ksheera-bala taila* has significant effect on the symptoms of *Ardita* by affecting various factors constituting the pathophysiology and alleviating *Vata*. Also the treatment acts as a nervine potion and stimulant.

Navan nasya, nasal instillation of *ayurvedic* medicine (also called '*nasyam*') it is one of the five *panchakarma* procedures used as part of *ayurvedic* treatment. *Nasya* is described best for the expulsion of *Doshas* present in supraclavicular region (*Uttamanga*) and *Ardita* is mainly the disease (*Vyadhi*) of supraclavicular region (*Uttamanga*). Among *Nasya*, *Navana* is considered as the best type. *Ardita* is mainly a *Vata* disorder so *Brihana Nasya* (Nourishment therapy) can provide better results. For this purpose *Ksheerabala Taila Nasya* is chosen. *Bala* with its *Vata Shamaka* property pacifies the provoked *Vata* and with its *Balya* effect relieves the muscle weakness and its atrophy. When it administered through the root of nose, it reaches to the brain and normalizes the function of *Prana Vata*. The *Taila* form of *Bala*, emphasises its efficacy of *Vatashamana*. This way *Bala* have efficacy to treat the facial palsy.

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