ejpmr, 2019,6(10), 239-242

SJIF Impact Factor 6.222

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Review Article

ISSN 2394-3211

EJPMR

ROLE OF KSHEERBALA TAILA NASYA AND KSHEERDHOOMA IN ARDITA W.S.R TO BELLS PALSY

Pratiksha Vitthalrao Namde* and Yawatkar Prashant

[1]Pg Scholar Dep. of Kaychikitsa, S.V.N.H.T Ayurveda Mahavidyalya Shrishivajinagar, Rahuri.
[2]Md Phd. H.O.D and. Professor Dep. of Kaychikitsa S.V.N.H.T Ayurveda Mahavidyalya Shrishivajinagar, Rahuri.

***Corresponding Author: Pratiksha Vitthalrao Namde**

Pg Scholar Dep. of Kaychikitsa, S.V.N.H.T Ayurveda Mahavidyalya Shrishivajinagar, Rahuri.

Article Received on 30/07/2019 **Article Revised on 20/08/2019** **Article Accepted on 10/09/2019**

ABSTRACT

Ardita is a disease causing the *Vakratha [deviation] of Mukha ardha* [half of the face] Bell's palsy cause sudden, temporary weakness in your facial muscles. bell's palsy is a form of facial paralysis resulting from damage or trauma to the facial nerves. the facial nerve is also called 7th cranial nerve. Bell's palsy also known as facial palsy, can occur at any age., the exact cause is unknown. Bell's palsy can be placed under the wide spectrum of Arditti *vyadhi.* Ardita is a Vatika disorder mentioned in Ayurvedic classics which is included amongst the eighty Nanatmaja Vata disorders by Acharya Charaka. Acharya Vagbhatta describes it as 'Ekayam', Acharya Sushruta mentions the involvement of face whereas Acharya Charaka the whole of Sharirardha (half of the body). Both Acharya Charaka and Sushruta described Nasya (Navana) and Nadi-sweda as the prime treatment modalities for Ardita. Sneha is considered to be the best Vata-shamaka and also the lipid-soluble substances have greater affinity for passive absorption through nasal mucosa and crossing Blood Brain Barrier (BBB) hence, Navana Nasya is considered the best. Nasya drug enters the brain through Shringataka Marma which is a congruence of the nerve fibres for smell, taste, speech, vision and hearing sensations. Ksheerdhooma in the form of Nadisweda (A decoction of cow milk and Vatahara drugs) not only serves the purpose of Swedana helping in better absorption of the drug administered through Nasya, but also helps to reduce the symptoms. Thus, this whole treatment can prove to be a promising management of Ardita by reducing the symptoms and correcting the pathophysiology.

KEYWORDS: Ardita; Ksheerdhooma; Nasya; Shringataka Marma; Swedana.

INTRODUCTION

Ardita, a Vatika disorder is included among the 80 Nanatmaja Vata Roga by Acharya Charaka and Vagbhatta. Vagbhatta has stated that Ardita results by the vitiation of Pranavata.[1] Even Rakta Kshaya (desiccation of blood) can manifest Ardita.[2] Charaka has mentioned Avyakta Lakshana (latent features) as the Prodromal symptom of all Vata Vyadhis.[3]

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[4] which then gets localized in head, nose, lips, chin, forehead, eyes and causes deviation of half side of face and neck[5] 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.[6] Acharya Sushruta has described weakness, inability to close eyelids completely, consistent slurred speech, tremors and duration exceeding 3 years as incurable symptoms.[7] 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.[8][9]

The symptom of Vaksanga (Difficulty in speaking) indicates that the vitiated Vata affects the tongue also. Vagbhatta has indicated the affliction of the ear on the affected side.[10] 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.[11][12][13]

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.[14] 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.[15] Acute facial pain radiating

from the ear may precede the onset of other symptoms.[16]

The Epidemiology[17] of disease is –

- Lifetime prevalence: 6.4 to 20 per 1,000
- Incidence: Increases with age Age 20: 0.1 per year per 1,000 Age 80: 0.6 per year per 1,000
- Male = Female, or slight Female predominance
- Recurrence: 7%
- Side: Right in 63%

Some of the main causes of facial palsy are:

- Viral infections such as- Ramsay Hunt syndrome.
- Surgical causes: for example during removal of acoustic neuroma or facial nerve tumour, or when operating on the parotid gland.
- Bacterial causes such as Lyme disease or following a middle ear infection.
- Neurological conditions such as Neurofibromatosis or Guillain-Barre syndrome.
- Traumatic injury such as fractures to the brain, skull or face.
- Birth trauma: for example caused by forceps or facial presentation delivery.
- Congenital conditions such as an abnormal development of the facial nerve or muscle in the womb.

Stroke: although a stroke can cause facial palsy, it is slightly different as the problems are not caused by direct damage to the facial nerve. The paralysis in this case is caused by brain damage and the messages not being transferred properly to the facial nerve.

Although the most commonly known cause of facial paralysis is idiopathic (Bell's palsy), there are actually many different causes also, the treatment and prognosis vary greatly depending on the cause.

Facial paralysis is seen in three clinical forms for the differential diagnosis.[18]

1. Upper motor neuron paralysis (U.M.N. lesion)
2. Lower motor neuron paralysis (L.M.N. lesion)
3. Myopathy.

MATERIAL AND METHODS

Nasya and Nadi Sweda have been described as the prime treatment modalities by both the Acharyas.[19][20]

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, Ksheerbala Taila Nasya is chosen. Ksheera-dhooma not only serves the purpose of Swedana enhancing better absorption of the Nasya drug but the drugs present in this help in alleviation of Vata and correction of the pathology.

Ksheerbala taila[21]

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 possesses psychostimulant properties, affecting the central nervous system. [22]

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.[23]

Ksheera-dhooma

A decoction prepared by Vatahara drugs with Cow's milk.

Ksheeradhuma is a type of sa-agni sweda because we use fire to heat milk or prepare medicated milk used for providing vapours. though ksiradhuma can be called as swedana it is termed as dhuma [somoke or smoking] because steam is inhaled with gapping mouth. But the procedure resembles that of swedana. it can be included under bashpa sweda [vapour steaming, bashap = vapours] or nadi sweda [tube fomentation, wherein the steam comes through a long heat resistant tube]

The Drugs selected here not only serve the purpose of Vata alleviation but also help in the management of symptoms.
The drugs selected here are

Vacha (Acorus calamus)

It is Katu Vipaka, Ushna Virya, Kapha-vata hara and is Medhya (nervine tonic) in nature. It shows neuro-protective effect against stroke and neuro-degeneration.[25] From the ancient times it has been used for the development of speech abilities in children. As slurred speech is a main symptom of Ardita, it can prove beneficial here by improving the speech functions and prevent nerve degeneration.

Bala (Sida cordifolia)

It is kept among Balya (Strengthening) Mahakashaya and Madhura Skandha by Acharya Charaka[26] and Acharya Sushruta has kept it among Vatashamaka Gana, hence it is best for promoting strength and alleviating Vata.

Rasna (Pluchea lanceolata)

Acharya Charaka has stated Rasna best among all Vata alleviating drugs- 'Rasna Vataharanam'. Due to its Katu Vipaka and Ushna Virya it alleviates Vata. It is helpful in suppressing the inflammation and is also a nervine tonic.

So it helps to reduce the inflammation of the nerve involved here.[27]

As the main pathological cause behind Facial Palsy is inflammation of Facial nerve and the modern system of medicine prescribe steroids for resolving this inflammation, the same purpose can be solved by using Rasna.

Ashwagandha (Withania somnifera)

Ashwagandha is a well-known Ayurvedic Rasayana, and belongs to a sub-group of Rasayanas known as Medhya-rasayanas. It slows, stops, reverses or removes neuritic atrophy and synaptic loss so, can be used to treat various neurodegenerative diseases at any stage of the disease.[28]

Go-Dugdha

Due to Madhura-rasa, Madhura-vipaka and Sheeta Virya it is Vata-Pitta Shamaka thus can help in supressing the inflammation of facial nerve and reducing symptoms.

DISCUSSION

Ardita primarily is a Vata disorder. So the treatment should mainly be emphasised on Balya, Brihana drugs which alleviate Vata. Navana Nasya is described to be the best remedy to pacify Vata present in Uttamanga (Supra-clavicular region). Nasya drugs via Srigataka Marma enter brain which is a main vital point corresponding to nerve centres responsible for speech, vision, smell, taste and hearing. Facial Palsy involves disturbances in almost all the sense organs, the Nasya with Ksheerabala oil suppresses nerve inflammation due to its Sheeta property and promotes nerve regeneration and gives strength to muscles due to Balya and Brimhana properties of drugs present in it. It precludes wear and tear of nervous and muscular tissues. Nasya preceded by Abhyanga by the same oil also helps in strengthening the facial muscles.

Nadi Sweda in the form of Ksheera-dhooma, Ksheeradhuma is a type of sa-agni sweda because we use fire to heat milk or prepare medicated milk used for providing vapours. Though ksiradhuma can be called as swedana it is termed as dhuma [somoke or smoking] because steam is inhaled with gapping mouth .but the procedure resembles that of swedana. It can be included under bashpa sweda [vapour steaming, bashap = vapours] or nadi sweda [tube fomentation, wherein the steam comes through a long heat resistant tube] a fomentation by vapours of the decoction is given to face. This is to stimulate nerve endings and open the micro channels below skin level due to which the Nasya dravya is better absorbed. To potentiate the effect of Swedana, decoction of various Vatashamaka (Vata alleviating) drugs with milk is taken.

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-dhooma 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. Hence, there is a vast scope for further research in this context.

REFERENCES

1. Vagbhatta. Astanga Hridaya. Hari Sadashiva Shastri Paradakara, Shastri Navre KR, editors. Varanasi: Choukhamba Surabharati Prakashan; Nidanasthana, 2002; 16/20: 402.
2. Susruta. Susruta Samhita. Yadavji Trikamji, editor. 4th ed. Varanasi: Choukhamba Orientalia; Nidanasthana, 1980; 1/68: 267.
3. Caraka. Caraka Samhita (Ayurveda Deepika commentary). Yadavji Trikamji, Chakrapani Dutta, editors. 1st ed. Varanasi: Choukumbha Surabharati Prakashan; Chikitsasthana, 2000; 28/19: 617.
4. Susruta. Susruta Samhita. Ambika Dutta Shastri, editor. 2nd ed. Varanasi: Chaukhamba Sanskrita Sansthan; Nidanasthana, 2014; 1/68: 303.
5. Susruta. Susruta Samhita. Ambika Dutta Shastri, editor. 2nd ed. Varanasi: Chaukhamba Sanskrita Sansthan; Nidanasthana, 2014; 1/70: 303.
6. Charaka. Charaka Samhita. Kashi Nath Shastri, Gorakh Nath Chaturvedi, editors. 1st ed. Varanasi: Chaukhamba Bhartiya Academy; 2007. Chikitsasthana, 28/40-42.p. 783.
7. Susruta. Susruta Samhita. Ambika Dutta Shastri, editor. 2 nd ed. Varanasi: Chaukhamba Sanskrita Sansthan; Nidanasthana, 2014; 1/73: 303.
8. Madhavakara. Madhava Nidana (Madhukosha commentary). Yadunandan Upadhyaya, editor. 26th ed. Varanasi: Chaukhambha Sanskrit Sansthan, 1996; 22/45: 431.
9. Susruta. Susruta Samhita. Yadavji Trikamji, editor. 4th ed. Varanasi: Choukhamba Orientalia; Nidanasthana, 1980; 1/69: 267.
10. Vagbhatta. Astanga Hridaya. Hari Sadashiva Shastri Paradakara, Shastri Navre KR, editors. Varanasi: Choukhamba Surabharati Prakashan; Nidanasthana, Nidanasthan, 2002; 15/35: 553.
11. Susruta. Susruta Samhita. Yadavji Trikamji, editor. 4th ed. Varanasi: Choukhamba Orientalia; Nidanasthana, 1980; 1/73: 267.
12. Sodhala. Gadanigraha. Gangasahay Pande, editor. 1st ed. Varanasi: Chowkhambha Orientalia, 1969; 55: 484.
13. Bhavamisra. Bhavaprakasha. Brahma Shankara Mishra, editor. 5th ed. Varanasi: Choukumbha Orientalia. Madhayama khanda, 1980; 67: 234.
14. Facial Nerve. Retrieved from: http://neuromuscular.wustl.edu./nanatomy/vii. htm [Accessed on: 03/02/2015]

15. Davidson. Principles and practice of medicine. 20th ed. Edinburgh: Churchill Livingstone/Elsevier, 2010; 1249.
16. Harrison. Principles of internal medicine. 17th ed. New York: McGraw-Hill Medical, 2008; 2585.
17. Retrieved from: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi ?cmd=Retrieve&db=pubmed&dopt=Abstract& list_uids=15929453&query_hl=3 [Accessed on: 14/03/2015]
18. Michael Swash, editor. Hutchuinson's clinical methods. 21st ed. Philadelphia: W.B. Saunders, 2002; 249-250.
19. Susruta. Susruta Samhita. Ambika Dutta Shastri, editor. 2 nd ed. Varanasi: Chaukhamba Sanskrita Sansthan; 2014. Nidanasthana, Chikitsaasthan; 5/22. p.43. 20. Caraka. Caraka Samhita. Kashi Nath Shastri, Gorakh Nath Chaturvedi, editors. 1 st ed. Varanasi: Chaukhamba Bhartiya Academy; Chikitsasthana, 2007; 28/99-100: 795.
20. Vagbhatta. Astanga Hridaya. Hari Sadashiva Shastri Paradakara, Shastri Navre KR, editors. 1 st ed. Varanasi: Choukhamba Surabharati Prakashan; Chikitsasthana, 2002; 22: 402.
21. Adam C Munhall, Steven W Johnson. Dopamine-mediated actions of ephedrine in the rat substantia nigra. Brain Research. 2006; 1069(1): 96-103.
22. Srikanth KY, et. Al. Pharmacodynmics of Nasya karma - A Review Article. IJRAP, 2011; 29(1): 24-26.
23. Charaka. Charaka Samhita. Kashi Nath Shastri, Gorakh Nath Chaturvedi, editors. 1st ed. Ayurpharm Int J Ayur Alli Sci., Vol. 4, No. 3 (2015) Pages 54 – 59 www.ayurpharm.com ISSN: 2278-4772 Ayurpharm - International Journal of Ayurveda and Allied Sciences 59 Varanasi: Chaukhamba Bhartiya Academy; Sutraasthana, 2007; 13/44: 187.
24. Shukla PK, Khanna VK, Ali MM, Maurya R, Khan MY, Srimal RC. Neuroprotective effect of Acorus calamus against middle cerebral artery occlusion-induced ischaemia in rat. Hum Exp Toxicology, 2006; 25(4): 187-194.
25. Charaka. Charaka Samhita. Kashi Nath Shastri, Gorakh Nath Chaturvedi, editors. 1st ed. Varanasi: Chaukhamba Bhartiya Academy; Sutraasthana, 2007; 4/7: 77.
26. Surendra Kumar Sharma, Naveen Goyal. Establishment of Standardization Parameters for root of Pluchea lanceolata (DC.) C. B. Clarke. Der Pharmacia Sinica, 2012; 3(1): 5-10.
27. Bhattacharya SK, Kumar A, Ghosal S. Effects of glycowithanolides from Withania somnifera on animal model of Alzheimer's disease and perturbed central cholinergic markers of cognition in rats. Phytother Res., 1995; 9: 110–113.