AYURVEDIC MANAGEMENT OF ARDITA: A SINGLE CASE STUDY

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ABSTRACT

ARDITA is made from the root ARD which means to move, the dictionary meaning of Ardita is to hurt, to distress or injure. This word ARDITA generally indicates a person afflicted or distressed, but in Ayurveda it explains a specific disease afflicting the Urdhvanga particularly the face. ARDITA is a type of VATAJA NANATMAJA VYADHI expresses itself with loss of movement involving one half of the face or half of the body with half of the face. It can be correlated with the disease ‘Bell’s Palsy in modern aspects. The present study was conducted with an objective to find out the effective Ayurvedic management in Bell’s palsy. For present study, a 56 years old Hindu female having history of watering from right eye, difficulty in closing right eye, difficulty in moving up right eyebrow with uneven frequency since last 1 year was registered in SJIIM OPD. Considering the signs and symptoms patient was treated on the lines of Ardita Chikitsa. Nasya Chikitsa with karparatyadi taila, Tarpana with Jeevantyadi Ghrita was done along with oral drugs and exercise. 100% relief was found in watering from eyes, slurring of speech, dribbling of saliva from right corner of mouth (Lalasrava), widening of palpebral aperture (Netra Vikriti), earache (Karnshool). 50% relief was found in, absence of Nasolabial fold and trapping of food between gum and cheeks.

KEYWORDS: Ardita, Bell’s palsy, Nasya, Tarpana

INTRODUCTION

Ardita is considered as a vatavyadhi according to Bruhatrayi. It is caused by the aggregration of vata. Acharya Charaka has included Sharirardha in Ardita while Sushruta considered as the face only affecte; 2d in Ardita. And also explained as Ekayaam by Astanga Hrudaya. Charaka attributed the root cause of Ardita to highly vitiated vata doshas, causes are
described in *Ayurvedic* texts as transferring heavy weight on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles etc."^{4} Clinical features according to *Ayurvedic* classics are half sided facial deformity including nose, eyebrows, forehead, eyes, tongue and chin regions on affected side, slurring of speech, trapping of food particles between gums and cheeks, deafness"^{5}, partial closure of eyes"^{6}, disturbed smell sensation, pain in supraclavicular part of body."^{7} On the basis of these clinical features, this disease has similarities with the disease entity: Bell’s palsy. Bell’s palsy is an acute, idiopathic, commonly unilateral Lower motor neuron type of facial nerve involvement due to non-supportive inflammation of nerve within the facial canal above the Stylomastoid foramen. The annual incidence of this idiopathic disorder is ~ 25 per 100000 annually, or about 1 in 60 persons in a lifetime. Medical treatment for Bell’s palsy include corticosteroid therapy, Antiviral agents"^{11}, topical ocular lubricants"^{12} whereas surgical treatment include facial nerve decompression, subocularis oculi fat lift, tarsorrhaphy etc. Approximately 80-90% of patients recover without noticeable disfigurement within 6 weeks to 3 months."^{13} The recurrence rate of Bell’s palsy is 4-14%."^{14} Treatment available in *Ayurvedic* text are *Nasya* (instilling medicated oil through nostrils), *Murdha taila* (oleation of head), *Santarpana Ahara* (Diet increasing strength and weight), *Nadisweda* (Sudation), *Upnaha* (Bandaging)."^{15} *Mastishkya Shirobasti* (pouring of medicated drugs on head), *Dhooma* (Medicated smoke to the desired area), *Snehana* (Oleation), *Ksheer Taila* (*Pana* and *Abhyanga*)"^{16}, *Shrota-Akshi Tarpana* (instilling medicated oil/ghee into ears and eyes) and purification procedures."^{17} Keeping all these efficacious treatment modalities in mind, the present case study was carried out to evaluate the effect of classical *Ayurvedic* methods and procedures in the management of *Ardita*/Bell’s palsy.

**CASE REPORT**

Patient was apparently normal up to 12/5/2019, initially she developed fever, at first she neglected because weather was so cold due to rain, so she thought that she felt like feeverish, and took crocin tab for that. But she didn’t get relief, since 1 week she suffered from fever, on 3rd day she went to clinic which was near to their home. She took medicine whatever they prescribed, fever came down. But she felt vomiting sensation and loss of appetite so visited another doctor. And after taking medicines she feels better, at that day’s night approximately 2 AM she felt severe chills. In the morning at 5 ‘o’ clock while brushing she noticed that water didn’t stay in right side, it spills off, again she neglected. When she visited to temple, one of their friend observed that slight deviation of mouth to right side. *Dakshina mukhardha*
vakrata. After that she decided to meet family physician in the evening. The doctor referred to NIMHANS Hospital. Next day she developed difficulty in closure of right eye/ Dakshina akshi nimesha harsha, watering from the right eye/Ashru srava from right eye. Slurred speech / Vaak aspashtata. Along with slight pain in the head and right side of face which is dragging type towards to right ear. In nimhans they done with all examination and diagnosed as BELL’S palsy and prescribed medicine for 10 days along with physiotherapy and some exercises. Tab wysolone 30 mg for 5 days, 20 mg for next 2 days, 10mg for next 2 days, 5mg for 1 day and stopped. Tab rantac 150 mg 1-0-1. Hydroxy methyl cellulose drops 1-1-1-1. But not seen the improvement. So after 7 days, as per advised by their sister she visited our hospital for the above complaints on 17th may 2019. On examination patient was having no wrinkles on forehead, unable to close her right eye, wistle blow out, mouth deviated to right side. Patient had no previous/family history of hypertension and diabetes mellitus. H/O pain in B/L knee (rt > lt) since 2 years. She took treatment for that in our hospital 1 year back. On examining clinically these findings were noted on general examination: body weight, heart rate, respiratory rate, temperature, blood pressure, CVS, RS, CNS, blood investigations all were within normal limits. Ear examinations revealed normal external auditory canal and tympanic membrane. Hearing was also normal in both ear. On examining nose, right side nasolabial fold was found less demarked in comparison to left side. Taste sensation for anterior 2/3of tongue was found normal. Mild slurred speech was also present. Food collection on right vestibule was present when patient was asked to eat food article. Reflex movement for smile was found abnormal. On examining forehead - furrow and wrinkling was absent on frowning on right side. Palpebral aperture of right eye was wider as compare to left. Partial eye closure and slow blinking was present in right eye. Cornea of both eyes were normal in sheen and transparency. Anterior chamber of both eyes were normal. Iris were normal in both eyes. Pupil of both eyes were normal in size, shape and reaction to light. Fundus of both eyes were within normal limits.

**Personal history**

**Ahara**: vegiterian. normal food.

morning at 10.30 am
mid day at 1.30 pm
night at 8.30 or 9 pm

**Vihara**: Adhika bhashana, load carrying

exposure to cold and dry wind,
excessive journey.

Appetite : decreases first one week
Bowel : Regular, once / day
Micturation : 3-4/ day and 1/night
Sleep : sound
Habit : coffie daily once morning or evening.

Dashavidha pariksha

Prakruthi : Vata-Pittaja, Sara : Avara, Samhanana : Avara
Pramana : Avara. Satmya : Madhyama, Sattva : Uttama
Ahara Shakti : Abhyavaharana and Jarana shakthi- Madhyama
Vyaya shakthi : Madhyama. Vayah : Madhyama

Vikruti pariksha

Dosh - Vata (prana and udana. vyana)
Dooshya – Meda, Rakta, Sira, Snayu, Prakriti- Mridu
Desha – Bhum- Sadharana
Atura – Mukhardha
Kala- Ritu –Varsharitu. kriyakala- Vyakta avastha
Bala – Rogi-Avara; Roga- Madhyama

Samprapti Ghataka

Dosha - Vata, Dushya – Rasa, Rakta, Meda, Agni – Jatharagni. Dhatwagni mandya
Srotas – Rasavaha, Raktavaha,Medovaha, Srotodushti - Sanga. vimargagamana
Udbhava sthana - Pakwashaya. Sanchara stana - Rasayani.Vyakta stana – Mukhaarda

Treatment Protocol Adopted
- Abhyanga and swedana
- Nasya karma
- Tarpana
DATE | TREATMENT | OBSERVATION
--- | --- | ---
24/5/19 to 30/5/19 | Mukha abhyanga with masha taila f/b Panasa patra sweda. f/b Nasya with Karpasatyadi taila – 7 days | Deviation of mouth towards right side- slight improvement Decreased by 10% within 3-4 days After 7 days 60% improvement
31/5/19 to 6/5/19 | Mukhaabhyanga f/b panasa patra sweda | Other symptoms are lacrimation from right eye reduced completely. Nasolabial fold visible on right side
31/5/19 to 6/5/19 | Akshi tarpana with jeevantyadi ghrata – 7 days | Complete closure of right eye is observed.

BEFORE TREATMENT | AFTER TREATMENT
--- | ---
Deviation of mouth towards right side. Bells phenomenon present | Deviation of mouth reduced by 90%
Watering of right eye | Stopped
Not able to close right eye | Able to close right eye
Nasolabial fold not present on right side | Nasolabial fold visible on right side.

Assessement Criteria
Clinical improvement in signs and symptoms of the disease were observed before and after treatment on the basis of gradation system. (Table -1)

RESULTS AND DISCUSSION
After 14 days of treatment 100% was found in watering from right eye, slurring of speech, dribbling of saliva from right corner of mouth (Lasasrava), ear ache (Karnashoola) 50% relief was found in absence of nasolabial fold and in trapping of food between gums and cheek. There was no side effects observed during the treatment.
### Table 1: Grading for clinical feature.

<table>
<thead>
<tr>
<th>Clinical feature</th>
<th>Grading</th>
<th>BT</th>
<th>AT</th>
<th>% Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watering from right eye</td>
<td>No watering</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Persistent but don’t disturb routine work</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Persistent disturb routine work</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Widening of palpebral aperture (netra vikriti)</td>
<td>No widening</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Slightly wide(whole cornea visible)</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Moderately wide (cornea &amp; 1/3rd of upper sclera visible)</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Severely wide (cornea &amp; 1/2 of upper sclera visible)</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Absence of Naso labial fold</td>
<td>Nasolabial fold present normally</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>N.L.F seen while trying to speak</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>N.L.F seen while attempting to smile</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>N.L.F never seen</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Slurring of speech</td>
<td>Normal speech</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Pronouncing with less efforts</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Pronouncing with great efforts</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Dribbling of saliva from right corner of mouth (Lalasrava)</td>
<td>Dribbling Absent</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Intermittent dribbling</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Mild dribbling</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Profuse dribbling</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Trapping of food between gum and cheeks</td>
<td>No trapping</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mild trapping</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trapping but easily removed by tounge</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Trapping and need manual removal</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Ear ache (Karnashool)</td>
<td>No earache</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Intermittent earache</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Persistent earache, don’t disturb routine work</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Persistent earache, disturb routine work</td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

### PROBABLE MODE OF ACTION OF THE THERAPY

*Snehana karma* with *Masha taila* nourishes the *Shleshaka Kapha* stimulate the sensory nerve ending and provide strength the facial muscles. *Swedana* enhances local microcirculation by dilation of blood vessels and increasing blood flow to the peripheral arterioles which accelerates the absorption and fast improvement. It also stimulates the local nerves.

*Nasya* is a process by which medicated oil is administered through the nostrils. The *Nasya Dravya* reaches to *Sringataka Marma* from where it spreads into various *Strosas* and alleviates the vitiated *Dosha*. *Nasya* provides nourishment to the nervous system by neural, diffusion and vascular pathway.

*Tarpana* provides nourishment and strength to the eye. It also helps in watering from eyes.
CONCLUSION
From the present case study it can be concluded that Ayurvedic management described in classics is helpful in giving significant relief in symptoms and signs of the disease Bell’s palsy and improving quality of day to day life of the sufferer. All the therapies like Abhyanga, Nasya and Tarpana and combined treatment pacify the vitiated Vata in the body and thus provide nourishment to the sense organs. This is a single case study which shows that Ayurvedic treatment is very effective in Bell’s Palsy, But large clinical trial is necessary to established it as a standard treatment. Hence come up with new researches with better results in Ayurveda in present era has a wide scope.

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