

# Management of Ardita with special reference to Bell's palsy - A Case Report

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**Abstract :** Ardita is one among the Vataja Nanatmaja vikara where the deviation of face is main feature. It can be correlated to Bell's palsy in allied science. Bell's palsy is sudden, unilateral, lower motor neuron facial weakness. Various causes for facial nerve palsy are proposed those are Viral, Inflammatory, Bacterial, Vascular and Idiopathic. Upto 70% of cases get resolved by its own within 6 months, if it is left untreated leads to long term complications. In other Health System Bell's Palsy is treated with steroids, Anti-inflammatory, Antiviral and multivitamins, but results are not satisfactory and also steroids are having hazardous effect on health so for that reason, this study is conducted for better Ayurvedic management of Ardita and to get complete relief from disease. In present study 10 years old child presented with sudden onset of right side deviation of mouth, difficulty in closure of left upper eyelid, watering of left eye, dribbling of Saliva while having food and water since 3 days. By signs and symptoms it is diagnosed as Ardita. The treatment is given as per classical reference for Ardita roga i.e *Navan Nasya*, *Ksheeradhuma*, *Panasa patra sweda*, *Netra Tarpana* for 7 days along with oral medicine. Patient got 80% for relief soon after treatment and after First follow up there is 100% relief from the disease.

**Key words:** Ardita, Bell's palsy, Nasya, Netratarpana, Panasapatra sweda and Ksheeradhooma.

## I. INTRODUCTION

Acharya Madhava defines Ardita as "*ardayatyanyilo vakram arditam janayatyatah*"<sup>1</sup>. Acharya Charaka and Acharya Vagbhata explained it among 80 types vataja nanatmaj vikara and defines it as "*Arde tasmin mukharde va kevale syat tad arditam*"<sup>2</sup>. It means the face deviates at one side due to vata vitiation. The causes for Ardita are carrying heavy weights on head, excessive yawning and laughing, shouting loudly, eating hard foods, aged person, children, fear and grief. When a person indulges in such nidana the vata dosha get aggravates at take sthanasamshraya in head, nose, lips, chin, forehead, eyes. Aggravated vata dosha causes Sankochata of Organs and leads to Ardita roga. The signs and symptoms of Ardita as follows *Mukhavakrata* (deviation of mouth at one side), *Greeva Chapya* ( Neck deviation), *sira chhalati* (tremours of the Head), *vaksanga* ( speech impairment), *Vaikrta netradi* (inability of closure of eyes, eyebrow deviation).<sup>3</sup> These symptoms merely relates to Bell's palsy. Bell's palsy is acute onset of unilateral lower motor facial nerve paralysis. Most population studies generally shows an annual incidence of 15-30 cases per 100,000 population which accounts for approximately 60-75% of cases of acute unilateral facial paralysis.<sup>4</sup> If not treated it properly leads to long term complications like corneal ulcer, infections of the eyes, synkinesis where particular group of muscles voluntarily moves, another group moves along involuntarily. The chikitsa adopted for Ardita is Vatahara. Acharya Charaka explained *Nasya*, *Nadisweda*, *Upanaha*, *Shirovasti*<sup>5</sup> whereas Acharya Sushruta chikitsa Siddanta is *Nasya*, *Karnapoorana*, *Akshitarpana*, *vamana* and *siravyadhana*<sup>6</sup>. This study is conducted to seen effective ayurvedic manangement and 100% relief from the symptoms.

## II. METHODOLOGY AND RESULT

### CASE REPORT:

A 10 years old child presented on 27/6/2019 with sudden onset of mouth deviation at right side, difficulty in closure of upper eyelid completely, dribbling of saliva while having food and water, watering of left eye since 3 days associated with mild fever since 1 day. Patient consulted allopathy doctor and received steroid for 2 days but no relief found instead patient symptoms are aggravating. General Health of patient good. Patient was admitted in General ward and treatment has been started.

Local examination:

- Deviation of mouth towards right.
- Incomplete closure of left upper eyelid.
- Lacrimation from the left eye
- Dribbling of saliva on angle of mouth and food contents while having food.
- Loss of nasolabial fold.

Cranial Nerve 7<sup>th</sup> (Facial Nerve) examination

- Forehead frowning- not possible on left side
- Eyebrow raising- not possible on left side
- Eye closure-not possible on left side
- Blowing of cheeks-absent at left side.
- Nasolabial fold- decreased at left side
- Dribbling of saliva-left corner of mouth Present.

CT Brain Plain- normal (to exclude central facial nerve paralysis)

Differential diagnosis:

Disease	Inclusion	Exclusion
Bell's Palsy	Loss of functions of half of face at affected side	
Facial Palsy (UMN)	Loss of functions at lower half of affected face	Intact functions at upper half of the affected side of face

**House Brackmann** grading <sup>7</sup> is used to compare the facial nerve function before and after the treatment

Grade	Function level	Symmetry at rest	Eye	Mouth	Forehead
1	Normal	Normal	Normal	Normal	Normal
2	Mild	Normal	Easy & complete closure	Slightly asymmetrical	Reasonable functions
3	Moderate	Normal	With effort complete closure	Slightly affected with efforts	Slight to moderate movements
4	Moderately severe	Normal	Incomplete closure	Asymmetrical with maximum effort	None
5	Severe	Asymmetry	Incomplete closure	Minimal movements	None
6	Total paralysis				

**Diagnosis:** Arditia (Bell's palsy with Grade 6)

**Treatment:** following treatment modalities are followed for 7 days

- 1) Nasya with Ksherabala 101
- 2) Panasa patra sweda
- 3) Akshitarana with Vidaryadi Ghrita
- 4) Gandusha with Tila taila
- 5) Physiotherapy – To strengthen facial muscles.

### Procedure of Nasya Karma:

Purvakarma: Patient is made to lie on supine position and mukhabhyanga was done with *Ksheerabala taila* followed by Nadi sweda with *Ksheera dhooma* is given to face. *Ksheera dhooma* contents are- *Ashwagandha churna*, *Rasna churna*, *Dashamoola Kwath choorna* are all added in *ksheera* in equal quantity and *Kashaya* is prepared. The *dhooma* which comes out from this *Kashaya* is made to give *Swedana* through *nadi yantra* to *Mukhabhaaga*.

Pradhana Karma: After Purvakarma, the lukewarm *Ksheerabala 101 taila* is taken in dropper. The tip of the nose is elevated and 8 drops of the medicine is instilled into each nostril. After that ask patient to spit out the sputum in sputum cup when medicine enters into throat.

Paschata Karma: once patient spits out the sputum. Ask patient to sit on chair and *dhoomapaana* is given with *Haridra dhoomavarti* to relieve the *kapha sanchaya* at *Kantha pradesha*.

### Oral Medicines:

Cap *Ksheerabala 101* 1 TDS After food

*Ashwagandha Ksheerapaaka* 20ml before Food

**Results:** After 7 days there is significant improvement from the symptoms. After first follow up there is complete relief from the disease. ( Fig 1,2 &3)

### III. DISCUSSION

- The Samprapti of Ardita is prakupita Vata dosha takes sthana samshraya at one or either side and leads to distortion of half side of face, curvature of nose, eyebrows, forehead, eye and mandible because of these patient could not swallow food properly, slurred speech, cessation of ear function, loosening of teeth and hoarseness of voice. As Vata dosha is main culprit to cause the disease the treatment adopted in this case is Vatahara and Bhrihmana chikitsa. In this case study we have adopted Navana Nasya with Ksheerabala 101 8 drops in each nostril for 7 days. Nasya is the prime line of management in Urdwajatrugata roga as it is said by Acharya Vagbhata '*Nasa hi Shirasodwaram*'<sup>8</sup> and to alleviate Vata dosha Ksheerabala tail 101 is used which has Bruhmana and Vatahara property so it reduces the symptoms of the disease.
- Nadisweda and Panasapatra sweda- Nadi sweda is given by Ksheera, Ashwagandha, Rasna dravya. Here all the dravya are having Vatahara and Brhumana property and nadisweda and panasa patra sweda relieves sheeta guna of vata dosha and thus helps in the management of Ardita.
- Netra Tarpana with Vidaryadi ghrita- As child is having moderate ptosis in the affected side to improves the movement of eyelid and to prevent exposure keratitis tarpana is adopted. Ghrita is having Pitta anilahara properties and vidaryadi ghrita is having Vata hara guna so there is relief in the symptom of ptosis after Akshitarpana
- Gandusha with Tila Taila- Mukhavakrata is the main feature of Ardita so to strengthen the facial muscles which are weakened by prakupita Vata dosha tila taila gandusha is adopted. Tila taila is having vata hara guna. Snigdaha gandusha is indicated in vata dosha<sup>9</sup>
- Tab Ksheerabala 101 TDS is given – It is having Vatahara and bruhmana.<sup>10</sup> Ashwagandha ksheerapaaaka 20 ml BID is given as Rasayana
- Ashwagandha drug which is having effects on balancing Tridosha especially reilieves Kapha and Vata. Ksheera is having jeevaneya guna it acts as bruhmana and vata hara and gives nourishment to the Saptadi Dhatus means it is kind of Santarpana chikitsa thus it helps in relieving the Ardita.

### IV. CONCLUSION

Ardita is one among the Vatavyadi and it can be correlated to Bell's palsy. The treatment adopted here are having the properties of Vatahara, Santarpaneeya chikitsa. This treatment modality shows significant improvement when it is adopted in proper manner and time. In this case study patient got 100% relief from disease through one sitting of Nasya karma along with oral medicines. Diagnosing disease through samprapti ghataka and samprapti vighatana chikitsa gives complete relief from the disease.

**Figure 1**



**Figure 2**



Figure 3



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