

Management of Ardit w.s.r to Bell 's palsy with Nasya and Ayurveda treatment protocol- A Single Case Report

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Abstract:

A 36 year old female patient with two weeks history of right sided facial paralysis, presenting with inability to close right eye, which also had tearing and a burning sensation. In present time, due to fast life style, anxiety, stress etc., incidence of *Vatavyadhi* like *Pakshaghata*, *Ardita* etc is increasing. Aggravation of *Vata* is responsible to cause *Ardita*. On the basis of its origin and symptoms mentioned in Sushruta Samhita, *Ardita* can be correlated with facial paralysis or Bell's palsy caused by involvement of VII cranial nerve. The great Indian sage Caraka, in his medical tome scripted in the second century BC describes the aetiology and management of *Ardita*. Bearing this idea in mind *Nasya karma* with *panaspatra sveda* was selected in present case. There was no previous history of similar symptoms or a recent infection. Prior treatment had included oral steroids. The patient perceived a 70% to 80% improvement of facial movement after the first treatment. After the second treatment, the patient reported full control of his facial movement.

Key words: *Ardit*, Bell's palsy, *Nasya*.

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Introduction:

Bell's palsy is a unilateral facial paralysis of sudden onset. Its cause is unknown but is believed to involve swelling of cranial nerve VII, or facial nerve, due to viral infection or immune disease. It has an average annual incidence rate of 23 to 25 patients per 100,000 population¹. The right side is often more affected as it is the case in 63% of the time.

In modern medicine, long-term use of non steroidal anti-inflammatory drugs (NSAIDs) and a life-long program of appropriate regular exercises has been the mainstay of symptom control. The Ayurvedic term for facial paralysis irrespective of the aetiology is *Ardita*. On the basis of its origin and symptoms mentioned in SushrutaSamhita², *Ardita* can be correlated with facial paralysis.

Ardita as mentioned in almost all Ayurvedic classics. According to various classics *navana*, *moordhnitail* etc procedures are advised. *Nasya Karma (Navana Nasya)*³ is the specific treatment of *Ardita Roga*. Bearing this idea in mind *Nasya karma*⁴ was selected.

A single case study of bell's palsy is reported here in which vitiated *dosha* was pacified with the *nasya* and *panaspatra sveda* along with use of internal medication of *brihatvatachintamani*⁴ and *pancharitaloha guggulu*⁵ (compound formulation) . After 1 month, patient got relief restricted movement of right eye and watering of eye.

Case Report:

A 36 - year-old Female patient with two weeks history of right sided facial paralysis. She gave history of sudden onset (Thursday) of throat irritation for few hours in morning, followed by mild fever in noon, for these complaints he consulted local doctor and was treated with pricks and medication, after that fever subsided.

Next day (Friday) she felt pricking sensation and redness of right eye she neglected this for 2 days. On Sunday, after finishing her work in farm while having her meals she observed difficulty in eating and drinking; food falling out of one side(right) of the mouth and deviation of angle of mouth but neglected for another day. On Monday the above said complaints versend associated heaviness in tongue leading to difficulty in speaking, for this she consulted at murgod hospital and treated with one day IPD basis treated with (NSAIDS and Steroids) medications and oil for application.

Thursday with the above complaints she consulted at KLE hospital but refused for treatment. So for these complaints she consulted our hospital and got admitted for further management. There was no previous history of similar symptoms or a recent infection. She had no family history of any such illness. Patient was a farmer by profession

Local Examination:

On examination all vitals were wth in normal limit. She had facial oedema, her speech was slightly slurred, bell's phenomenon was present, she was not able

to close her eyes against resistance angle was deviated towards right side. Corneal reflex was absent. Conjunctival reflex was absent. Jaw Jerk was normal. Blow out the cheeks-present. Angle of mouth-deviated towards right.

Treatment Protocol:

External therapies:

Sarvangaabhyanga with *Sahachraaditaila* for 30 minutes followed by *bhaspasweda* for 10 min for seven days

Nasya with *Karpasasthadi tail* 10-10 drops each nostril for seven days followed *Panasapatra sweda* on *mukha pradesh* for 10 minute.

Shiro Picchu with *Dhanwantritail* .electric stimulation in physiotherapy

Internal medicine:

Following internal medications were prescribed during the course of treatment

1. Mashabaladi *Kwatha* 50ml three times in a day after food. ^[6]
2. Tab *Brhiatvata chintamani* 1 tablet of 125 mg two times a day with milk
3. Tab *Panchamritloha Guggulu* Two tab of 500mg (1gm) three times a day with warm water
4. Cap. *Dhanvantari tail* 250 mg three times in a day after food.
5. Cap. Neuron- 500mg three times in a day after food with milk.
6. Tab *Vishamushti Vati* 250 mg three times in a day after food with plain water.

7. Cap. *Ksheerabala* 1 (250 mg) three times in a day after food with plain water.

Result:

Patient showed significant improvement in the sign and symptoms of *Ardita*, thereby making quality of life of patient better. *Nasya* provided highly significant results in two parameters of assessment i.e. *Vaksanga* and *netravikirti* and significant results is observed in *Mukhavakrata* and *Lalasarava*. *Shiropicchu* provided highly significant results in *mukhavakrata* and significant result is observed in *Mukha parshwa greeva vedana*, *Lalasarava*, *Mukhavakrata*, *Lalasarava* and *Akshinimeshaasamarthya* .

Discussion:

Vata is considered as a chief factor for the physiological maintenance of the body. Factors provoking *Vata* result in the instantaneous manifestation of diseases, which can even prove to be fatal. Therefore, the *Vataja nanatmaja vyadhis* are of utmost importance, rather than the *vyadhis* produced by the other two doshas. Contradictory approaches to pacify this vitiated state have to be restored, to maintain the equilibrium. In Ayurveda this condition is called *arditha*⁷ means loss of function of facial muscles, Ayurveda consider this as a *vata* disorder because *vata* is the one dosha control the motor and sensory activities of the body mainly the brain function.

There are many possibilities for *vata* disorders it might be due to some external factors or due to some internal infection, which will vitiate the *vata* dosha. The main

pathology behind facial palsy is the inflammation of the concerned nerve, in Ayurveda without the involvement of pitta there would not be any inflammation, as the nerve get blocked the blocking factor will be mainly kapha, depending upon the severity of blockage the nerve damage will be there, and this determines whether the disease is vata, pitta or kapha predominant, the treatment will vary according to the *doshic* predominance.

The net result will be getting the *doshic* balance and the proper *vata* function. Treatment modalities include both internal and external therapies. The *Nasya karma* especially exerts its effects on the

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urdhvajatrugata pradesha. Acharya Vagbhata has stated that, the '*Nasa hi shirasodwaram*', that is, the nose, is the easiest and closest opening for conveying the potency of medicines to the cranial cavity. *Karpasasthyadi tai Inasya Brihmananasya* provides nourishment to the *shiroindriya* .The patient was also subjected for *sarvanga abhyanga*, *baspasveda* and *shiropichu* with *dhanvanthra tail* . *Dhanvantrama tail* was used which considered as one of the best *vata shaman tail* used in the nervous disorder. The selected treatment has provided considerable relief to the patient and can be adopted in the management of facial paralysis.

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