Management of Ardita in Ayurveda: A Case Study

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Abstract

Aggravated Vata, affects face & leads to impaired function of facial muscle. The term Ardita denotes facial paralysis or Bell’s palsy. Ardita comes under eighty Nanatmaja Vyadhi. Facial palsy is most common neurological disorder, in which seventh cranial nerve is affected. The facial nerve conveys both sensory & motor along with parasympathetic fibres. Damaged facial nerve (VII) results in loss of function of facial muscle leads to cosmetic impairment. In this manuscript we are presenting a case study of a 38 years old male patient with left LMN left hemifacial palsy with symptoms of weakness in the left side of body, drooping of angle of mouth towards the left side, difficulty in speech, difficulty in wrinkling of forehead in left side, lacrimation from left eyes, numbness in left side of face, altered sensation of taste. Ayurvedic formulations like Vatavidhwansa rasa, ekangavir rasa, jivhadikashaya etc along with the Panchkarma procedure has been given and treated for one week. Patient got complete relief with appreciable changes in all symptoms.

Keywords: Ardita, Facial palsy; Bell’s palsy; Ayurveda

1. Introduction

Vata is responsible for controlling all the functions as well as formation of body structures. It is the only motivating force in the body, having propulsive action, through which it moves things & expels waste products from the body [1]. It controls central nervous functions, neuro-muscular activities & mind. It is responsible for all movements in the body hence under the term “Nanatmaja Vyadhi” of Vata80 disease have been included which covers wide range of symptoms like paresis, paralysis of muscles, monoplegia, diplegia, hemiplegia, facial paralysis, neuralgia, stiffness of muscles, sciatica, spondylitis, convulsions, tremors, atrophy of muscles & cramps[2]. Acharya Charak has explained Ardita as the contracture of mouth along with the involvement of forehead, eyebrow, eye, nasal fold on the affected side of face [3]. Acharya Charak opines that Ardita is localized in half face with or without involvement of body. Acharya Sushruta has considered the involvement of face only [4]. Ardita is also termed as Ekayaam [5]. On the basis of symptoms Ardita can be correlated with facial palsy. Facial palsy is a common neurological disorder in which seventh cranial nerve is affected. 7th cranial nerve also known as facial nerve, responsible for all voluntary movement of face, taste to the anterior 2/3 of tongue as well as control of lachrymal gland & salivary gland secretions. Facial palsy is defined as a temporary inability to control the facial muscles on affected side of face [4]. It can be characterized by weakness, muscle twitching, or total loss of ability to move on affected side along with drooping of eyelid, pain around the ear and change in taste. Typical symptoms come on over 48 hours. Its cause is unknown. On the basis of lesions it can be divided into two types, UMN & LMN lesion. If patient involves paralysis of lower face on the opposite side, it comes under UMN. If involves upper as well as lower face on same side, it comes under LMN. Here the patient has come with symptoms involving left unilateral side of face with both quadrants upper & lower, so representing the symptoms of LMN lesion of facial nerve. The incidence is around 23 per 1, 00,000 people per year, or about 1 in 60-70 people in a lifetime [7]. It affects men and women more or less equally, with a peak incidence between the age of 10–40. It occurs with equal frequency on the right side of the face.
Probable Pathogenesis According to Ayurveda

When Vata is aggravated, it affects the one half part of body, it dries up blood, hand, legs, nee and produces contracture in that half. Consequently face, nose, eyebrows, forehead, eyes, jaw also get crooked. There is salivation and the eyes on the affected side remains partially closed. Thus when the food is taken, the morsel goes on the affected side, as the tongue also get affected. Patient may also face slurred speech. Some time may also feel pain in foot, hand, eyes, temple, ear & cheeks.

2. Case Study
A 38 years old male, driver by occupation, belonging to the low middle class, came to Kayachikitsa OPD department of Sane Guruji Arogya Kendra, Hadapsar, India with the following complaints from 4 days

- Weakness in the left side of face along with other body parts
- Numbness in the left half side of face
- Angle of mouth drooped down towards the left side of face
- Lacrimation from left eye
- Altered taste sensation & smell
- Slurred speech
- Inability to make facial expression like smile

2.1. History of Present Illness
According to the patient, he was asymptomatic before one week; suddenly he felt weakness in left side of face along with generalized weakness. He also noticed that his angle of mouth droop down towards left side & numbness in left half side of face. Few hours later he also felt altered sensation of taste and smell with slurred speech. For this he came to OPD for management.

- Past Medical History
  - No significant history of same illness
  - Patient is K/C/O hypertension since 2 years.
  - No H/o of fall, trauma or surgery.
  - Patient does not have significant family history. No drug or food allergy.

- Personal History
  - Appetite - reduced, Thirst – reduced
  - Dietary habit – mixed diet
  - Micturition – normal
  - Addiction – Chronic tobacco chewer

- General Examination
  - BP- 110/80 mm of hg
  - Pulse- 78/min
  - Temperature – afebrile
  - R/R – 18/min
  - Edema – not present
  - Pallor – not present
  - Icterus – not present
  - Tongue – white coated
  - Skin – dry

2.2. Systemic Examination
Patient was conscious & well oriented to time, place & person. Higher function like intelligence, memory, behavior, emotions are normal. Speech was slurred

All the deep reflexes such as biceps, triceps, brachioradialis, knee jerk, ankle jerk, planter reflex are normal. Muscle tone & power are normal in all the limbs. Systemic examination of cardiovascular & respiratory system was observed normal. During the abdominal examination there was tenderness in hypo-chondrium region, rest thing was found normal.
Table 1 Facial nerve examination

<table>
<thead>
<tr>
<th>Forehead frowning</th>
<th>Affected on left side</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyebrow raising</td>
<td>Affected on left side</td>
</tr>
<tr>
<td>Eye closure</td>
<td>Incomplete closure of left eyelid</td>
</tr>
<tr>
<td>Teeth showing</td>
<td>Not possible on left side</td>
</tr>
<tr>
<td>Blowing of cheek</td>
<td>Not possible on left side</td>
</tr>
<tr>
<td>Nasolabial fold</td>
<td>Loss on left side</td>
</tr>
<tr>
<td>Taste perception</td>
<td>Affected</td>
</tr>
<tr>
<td>Dribbling of saliva</td>
<td>Absent</td>
</tr>
<tr>
<td>Bells phenomenon</td>
<td>Present on left side</td>
</tr>
<tr>
<td>Deviation of mouth</td>
<td>Towards right side</td>
</tr>
</tbody>
</table>

2.2.1. Investigations

- Hematological reports, lipid profile, LFT, RFT were normal
- MRI head shows normal study

2.2.2. Diagnosis

Considering the symptoms & examinations, the condition was diagnosed as case of *Ardita* / facial palsy. Written informed consent from patient was taken prior to treatment. Study was carried out by following the good clinical practice.

Plan of Treatment Considering the diagnosis, patient was treated on the line of treatment for *Ardita*. Internal medicine – all for 60 days.

2.2.3. Plan of Treatment

- Vatavidhwansa Rasa 250 mg TDS
- Ekangvir Rasa 250 mg TDS
- JivhadiKashaya 4 tsp BD
- AkarkarabhChoornajivhabradeshipratisaranartha
- Panchkarma Therapy Details
- Mukha, manya, skandhapradeshi
- Snehan – Balataila
- Swedan- Balaksheer
- *Nasya* – (Poorvapaschatkarmasaha)
- Panchendriyavardhantaila – 20 bindu
- Dhupana- VachaChoorna
- Kaval -Gandusha – Tilataila with koshnajala

3. Discussion

*Acharya Charak* has mentioned *Nasya* for *Arditain VataVydhiChikitsa*[10]. In *Ayurveda Nasya* is considered best to control the disease above neck [11]. The process by which the drug is administered through nostrils is called *Nasya*[12]. According to *Ayurveda* the drug administered through nostrils reaches *Shrungatakamarma* & distributed in *Murdha* (brain), *Siramukha* (opening of the blood vessels of *Netra* (eye), *Karna* (ear), *Kantha* (throat) etc. finally scratches the morbid *Dosha* from supra clavicular region completely just like removing *Munja* grass from its stem [13]. According to modern science there is no direct route for pharmaco-dynamic consideration between nose & cranial organ because blood brain barrier is a strict security system of human brain. But the direct transportation can be possible through two pathways – Vascular & lymphatic. Vascular path transportation is possible through the pooling of nasal venous blood to the facial vein, which naturally occurs. Just at the opposite entrance, the inferior ophthalmic vein also pool in the facial vein. As both facial & ophthalmic vein have no venial valves in between, so blood may drain on either side. That is to say the blood from facial vein can enter cavernous venous sinus of brain in reverse direction. Thus, such a pooling of blood
from nasal vein to venous sinuses of brain, is more likely in the head lowered position due to gravity. On these lines, the
drug absorption into meninges & related parts of intracranial organs. Drug transportation by lymphatic path, can reach
direct into the C.S.F. it is known that arachnoids matter sleeve is extended to the sub mucosal area of the nose along
with olfactory nerve. Here in this case the patient was given SthanikAbhayanga&Swedana prior to the Nasya therapy.
SthanikaAbhayanga was done with balataila followed by Sthanikswedana with balaksheer. It dilates the micro-blood
vessels of face & enhances the blood circulation to that area. The increased blood flow to the peripheral arterioles
accelerates the fast drug absorption & results in fast improvement. Improved blood supply to particular area of face
result in nourishment of facial muscle & increases strength of facial muscle to work properly. Kavala with tilataila
andDhupana after Nasya Karma removes the remaining Doshas which enhance the efficacy of treatment. Thus, helps to
improve proper muscle functioning by pacifying the vitiated VataDosha & strengthening the muscles.

4. Conclusion

Here the patient is treated with Ayurvedic principles of Ardita& got marked improvement within one week without any
side effect or recurrence. All the observation was done on the basis of clinical presentation. Before the treatment
the patient was unable to smile, had difficulty in speech, closure of eyelid, frowning, altered taste & smell. With the internal
preparation &Panchkarma therapy he got improvement in all the symptoms. After the completion two sitting of Nasya
therapy & 60 days of internal herbal medication he got relief from all the symptoms successfully. From this study we
can conclude that Ardita can be managed successfully by Ayurvedicprinciples. However, this is a single case study;
similar studies are needed to be done on a large scale to establish statistical significance of the present line of treatment.

5. Results

After 7 days of therapy with internal medication, she got significant relief in complaints like lacrimation, numbness on
left side of face, correction of facial symmetry, no difficulty in speaking. Clinical assessments were made from the
subjective symptoms. The result was seen after 7 days of treatment. There was no side effect observed during & after
the treatment.

Table 2 Observations before and after treatment

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviation of mouth towards right side</td>
<td>Grade IV</td>
<td>Grade II</td>
</tr>
<tr>
<td>Dribbling of saliva</td>
<td>Dribbling absent</td>
<td>Dribbling absent</td>
</tr>
<tr>
<td>Nasolabial fold</td>
<td>Loss from left side of mouth</td>
<td>Normal</td>
</tr>
<tr>
<td>Slurred speech</td>
<td>Mild difficulty in pronouncing</td>
<td>Normal speech</td>
</tr>
<tr>
<td>Lacrimation</td>
<td>Continuous lacrimation from left eye</td>
<td>Lacrimation absent</td>
</tr>
<tr>
<td>Chewing</td>
<td>Difficulty in chewing from left side</td>
<td>Easily chew from left side</td>
</tr>
<tr>
<td>Taste sensation</td>
<td>Altered</td>
<td>Normal</td>
</tr>
</tbody>
</table>

Compliance with ethical standards

Disclosure of conflict of interest
No conflict of interest to be disclosed.

Statement of ethical approval
Ethical approval is not applicable for this case study as this is a single case study.

Statement of informed consent
Informed consent was obtained from individual participant included in the study.
References


[6] Bell's Palsy Fact Sheet from Wikipedia.


Author’s short biography

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