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(CASE STUDY)

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 "*NanatmajaVyadhi*" of*Vata*80 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 [6]. 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

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& left sides of the face [8]. Probable Pathogenesis According to *Ayurveda*[9] 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 GurujiArogya 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 aymptomatic 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

Forehead frowning	**Affected on left side**
Eyebrow raising	Affected on left side
Eye closure	Incomplete closure of left eyelid
Teeth showing	Not possible on left side
Blowing of cheek	Not possible on left side
Nasolabial fold	Loss on left side
Taste perception	Affected
Dribbling of saliva	Absent
Bells phenomenon	Present on left side
Deviation of mouth	Towards right side

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
- AkarkarabhChoornajivhapradeshipratisaranartha
- *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 *Ardita*in *VataVyadhiChikitsa*[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* and*Dhupana* 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 l 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 *Ayurvedic*principles. 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

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

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.

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