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"AYURVEDIC MANAGEMENT OF ARDITA- A CASE REPORT"

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ABSTRACT

Introduction: On the basis of sign and symptoms *Ardita* (~Bell's Palsy) can be correlated with Bell's Palsy. It is a condition that developed; facial palsy the paralysis of facial nerve also affects the movement of facial muscles and shows similar symptoms. **Main clinical findings:** A 41 year old female patient approached to SK(ENT) OPD suffering from complaints of deviated face on right side, unable to chew from left side, inability to blink left eye completely, slurred speech, dribbling of saliva on left angle of mouth since 1-1.5 days. **Diagnosis:** Clinically diagnosed as *Ardita*. **Interventions:** *Abhyanga* with *Navneeta*, *Nadi swedna* with *Dashmoola kwatha*, *Nasya* with *Navneeta*, *Karnapurana* with *Dashmoola taila*, *Ekagveera rasa* orally with the *Anupana* of *Rasnadi kwatha* and *Dashmoola Ghrita* was given internally. *Ashchyotana* of *Goghrita* was given for 14 days. **Outcome:** A combination of local treatment & oral medicines effective in treating Ardita. **Conclusion:** The combination of local procedures and palliative treatment are good remedy for *Ardita*.

KEYWORDS: *Ardita, Bell's Palsy, Nasya*, Ayurveda, *Karnapoorana, Aschyotana*

INTRODUCTION

Ardita is considered as one among the *Vataja Nanatamja Vikara* (~diseases caused only due to *Vata Dosha*) described by *Acharya charaka*.[1] When *Vata* is functionally normal in the body, it is responsible for stimulation of all the sense organs [2] but when it is in abnormal state in the body; it causes various diseases.[3] According to *Acharya charaka*, this disease is localized in half of the face with or without the involvement of the body.[4] While *Acharya sushruta* has considered as the face is only affected in *Ardita*. *Acharya* further added that auxillary points that, following *Rakta kshaya* (~depletion of blood), in specific group of patients get afflicted by *Ardita*. *Acharya arundutta* clarifies that it mostly affects half of the face due to excessive aggravation of *Vata*.[5] On the basis of similar sign and symptoms it can be correlated with Bell's Palsy in modern. It is a condition in which facial palsy is developed as it affects the facial muscles and shows similar symptoms due to inflammation of the facial nerve within its canal above the stylomastoid foramen. Facial palsy 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.[6] Typical symptoms come on over 48 hours. The treatment of *Ardita* described in Ayurveda are both local procedures along with internal medications, which pacifies *Vatadosha*.[7] Prior to *Nasya*, *Abhyanga* (~massage) and *Swedana* (~sudation) are essential.[8]

CASE REPORT:

Patient Information

A 41 year old female patient attended the OPD of SK (ENT) in hospital of ITRA, Jamnagar on Nov 10,2022 with complaints of right side deviation of mouth, unable to chew from left side, inability to blink left eye completely, slurred speech, dribbling of saliva on left angle of mouth

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since 1-1.5 days. The patient opted Ayurveda consultation ad possible management.

Clinical Findings

The patient was afebrile. Pulse was 76 beats/min. Her blood pressure was 130/88 mmHg. No abnormality was noticed in the functioning of the respiratory and circulatory systems. To assess the effect of therapy, as in-house scoring criterion was developed [Table 1]. On examination, there was constant watering from left eye (grade III), Palpebral aperture was moderately widened (grade II), Nasolabial fold was seen while attempting to smile (grade II), Smiling sign was present with upward movement of right angle of mouth (grade II), patient was pronouncing words with great efforts (grade II), Food was trapped between cheeks and need manual removal (grade III), earache was present which disturbed patients daily routine (grade III) [Figure 1,4,7].

Diagnostic Assessment

Before treatment, haemoglobin was 12.1g % and random blood sugar was 112 mg/dl and urine analysis was within the normal limits. MRI head shows normal study.

Table 1: Scoring of symptoms severity

Watering from left eye	
0	No watering
1	Persistent but do not disturb routine work
2	Persistent disturb routine work
3	Constant watering
Widening of palpebral aperture (Netravikruti)	
0	No widening
1	Slightly wide (whole cornea visible)
2	Moderately wide (cornea & 1/3 of upper sclera visible)
3	Severely wide (cornea & ½ of upper sclera visible)
Absence of Nasolabial fold	
0	Nasolabial fold present normally
1	Nasolabial fold seen while trying to speak
2	Nasolabial fold seen while attempting to smile
3	Nasolabial fold never seen
Smiling sign	
0	Absent smiling sign
1	Smiling sign present without upward movement of right angle of mouth
2	Smiling sign present with upward movement of right angle of mouth
3	Smiling sign present all the time
Slurring of speech	
0	No slurring of speech
1	Mild slurring without difficulty in understanding
2	Moderate slurring with difficulty in pronunciation
3	Severe slurring; speech poorly understandable
Dribbling of saliva from right corner of mouth (Lalasrava)	
0	Dribbling Absent
1	Intermittent Dribbling
2	Constant but mild dribbling
3	Constant and profuse dribbling
Trapping of food between gum and cheeks	
0	No trapping
1	Mild trapping (not noticeable)
2	Trapped but easily removable by tongue
3	Trapped and need manual removal
Earache (Karnashoola)	
0	No earache
1	Intermittent earache
2	Persistent earache, do not disturb routine work
3	Persistent earache, disturb routine work

Timeline and Therapeutic intervention:

The timeline of the present case is depicted in Table 2.

Table 2: Timeline and therapeutic intervention

Duration	Medicines
November 10th-16th, 2022 1st sitting of *Nasya* (6-6 drops) with *Navneeta* (~fresh butter) followed by *Abhyanga* with *Navneeta* and *Nadi sweda* (~tubular sudation) with *Dashmoola kwatha* (for approx. 5-7 min.). (at 9:00 am)	Internally *Ekangveera rasa* 250 mg BD was given with *Anupana* (~vehicle) of *Rasnadi kwatha*.
November 18th-24th, 2022 2nd sitting of *Nasya* with *Navneeta* followed by *Abhyanga* (~facial massage) with *Navneeta* and *Nadi sweda* with *Dashmoola kwatha*.	*Dashmoola ghrita* was given in dose of 5 gm BD with *Sukhoshna Jala* (~Luke warm water).
November 10th-24th, 2022 *Karnapoorana* with *Dashmoola taila* was done. *Aschyotana* with *Goghrita* HS (2 drops)	

Follow- up and Outcome

After treatment of 15 days, the patient got a complete relief in all the sign and symptoms (grade 0) [Figure 3, 6, 9]. The patient was followed up for next two months at the interval of 15 days where no complaint and recurrences were found.

DISCUSSION

The manifestations is normally seen in individuals with vitiated *Vata*. *Sthanika abhyanga* and *Swedana* dilates the micro blood vessels of the face and thus enhances the blood circulation to that particular area. The increased blood flow to the peripheral arterioles accelerates that fast drug absorption and leads to rapid relief. Also, it nourishes the facial muscles and enhances their work. *Nasya* was done with *Navneeta* due to their action of pacifying *Vata dosha*, which is the main pathological factor involved in the development of *Ardita*. *Acharya vagbhatta* has mentioned *Navneeta* as an *Agrya dravya* (main drug) for *Ardita*.[10] It is *Snigdha* and *Madhura Rasa* and has *Vatapittahara* properties. *Nasya* provides nourishment to the nervous system by neural, diffusion and vascular pathway.[11] It reaches to the *Shringataka marma* from where it spreads to various vessels and nerves and nourishes all the muscles of face. *Karnapurana* nourishes and stimulates the nerve endings. It pacifies pain in ear and also improve the hearing quality.[12] *Karnapurana* having that type of properties which already works on vitiated *Vata dosha* an in addition *Dashmoola taila* all drugs mostly having *Vedanasthapna* and *Vatahara* properties which helps to eliminate vitiated *Vata dosha* from *Karna adhishthan. Ekangaveer rasa* in combination with *Rasnadi kwatha* works as *Deepana*, and *Pachana* thus improves digestion. *Kupilu* has properties such as *Vikasi, Vyavayi* and *Yogavahi*, which help in opening all the micro-channels. *Ekangaveer rasa* and *Rasnadi Kwatha* works as *Balya, Rasyana* and *Vata Pradhana Tridosha* and corrects the flow of *Vata* in the body. Also it acts as *Brihana*, *Rasayana*, *Vishaghna* which helps in enhancing the speed of recovery in the patients of *Ardita*.[13] Here, we adopted *Brihana* type of treatment for correcting the vitiated *Vata* as per Ayurvedic principles. It improves the motor function by stimulating and strengthening the facial nerves and muscles.

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सारांश

परिचयः अर्दित को आयुर्वेद में अस्सी वात नानात्मज विकारों में से एक माना जाता है। संकेत और लक्षणों के आधार पर इसे बेल्स पाल्सी से सहसंबद्ध किया जा सकता है। यह एक ऐसी स्थिति है जो विकसित हो चेहरे की तंत्रिका का पक्षाघात कर चेहरे की मांसपेषियों की गति को प्रभावित करता है और समान लक्षण दिखाता है। मुख्य नैदानिक निष्कर्षः एक 41 वर्शीय महिला रोगी ने शालाक्य तंत्र ओपीडी में संपर्क किया, जो दाईं ओर विकृत चेहरे, बाईं ओर से चबाने में असमर्थ, बाईं आंख को पूरी तरह से झपकाने में असमर्थता, अस्पष्ट भाशण, बाएं कोण पर लार टपकने की शिकायतों से पीड़ित थी। निदानः अर्दितद्य चिकित्साः नवनीत (ताजा मक्खन) के साथ अभ्यंग (चेहरे की मालिश), दशमूल क्वाथ के साथ नाड़ी स्वेदन (ट्यूबलर सिंकाई), नवनीत के साथ नस्य, कर्णपूरण दशमूल तैल के साथ, एकांगवीर रस मौखिक रूप से रसनादि क्वाथ के अनुपान के साथ और दशमूल घृत आंतरिक रूप से दिया गया। गोघृत का अश्च्योतन दिया गया। यह इलाज १४ दिन तक दिया गया. परिणामः स्थानीय उपचार और मौखिक दवाओं का संयोजन अर्दित के इलाज में प्रभावी है। निष्कर्षः अर्दिता को स्थानीय प्रक्रियाओं और उपशामक उपचार द्वारा व्यापक प्रबंधन देकर प्रबंधित किया जा सकता है जो दर्शाता है कि यह अर्दिता के लिए अच्छा इलाज है।

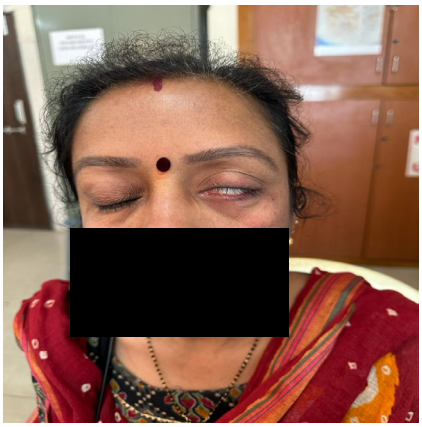

Fig. 1: Incomplete closure of eyelids (Day 01)

Fig. 2: Day-07

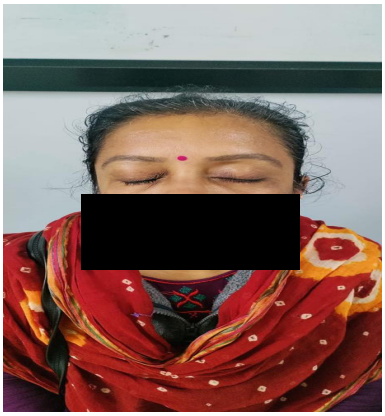

Fig. 3: Complete closure of Eyelids

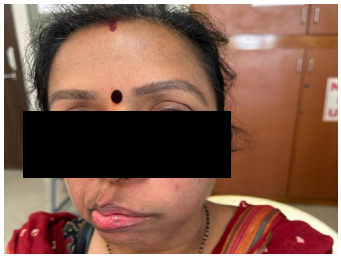

Fig. 4: Passing of air at the time of blowing (Day-01)

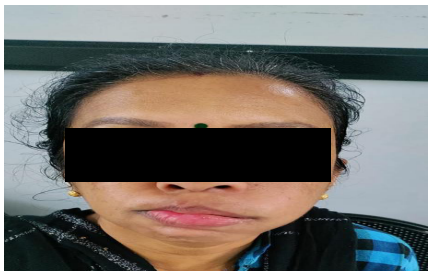

Fig. 5: Control in air blowing (Day 07)

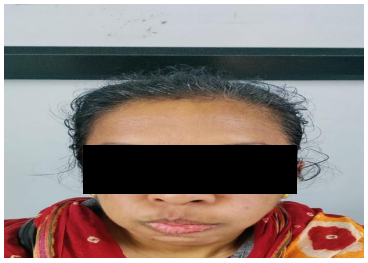

Fig. 6: Normal (Day 15)

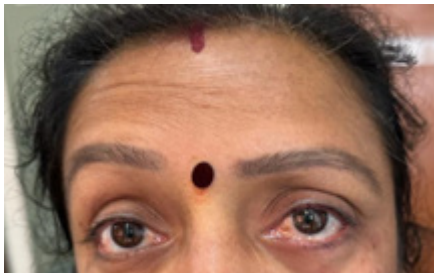

Fig. 7: Brow facial Asymmetry (Day-01)

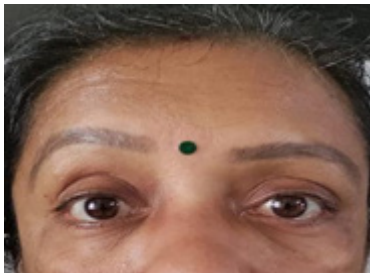

Fig. 8: Day-07

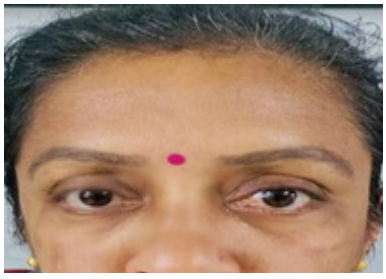

Fig. 9: Brow symmetry B/L (Day-15)