AyurloG



National Journal of Research in Ayurved Science

(A peer-reviewed open access Indexed e-journal of Ayurved Since 2013)



http://www.ayurlog.com

June- 2020 | Volume 08th | Issue: 3rd

ISSN: 2320-7329

A Single Case study to evaluate the efficacy of *Ksheerbala Taila Nasya in* the management of *Ardita* w. s. r. to Bell's Palsy

Bharat G. Ubale^{*(1)}, Rajan B. Kulkarni⁽²⁾, Eknath G Kulkarni⁽³⁾, Sanjivani Rathod⁽⁴⁾,

- 1. PG Scholar,
- 2. HOD & Professor,
- 3. Associate Professor,

4. Assistant Professor, *Kayachikitsa* Department, A. S. S. Ayurved College, Nashik, Maharashtra.

*Corresponding author: Mob. No.8329042163, Email -bharatubale8975@gmail.com

Abstract:

Ardita is a disease-causing Vakrata (deviation) of Mukha Ardha (half of the face). In Modern science, it can be compared to Bell 's palsy caused by the involvement of the 7th cranial nerve. It is characterized by the deviation of half of the face & associated with the sudden impairment of motor and sensory function of the affected side of the face. In modern science administration of steroids is the treatment of choice for Bell's palsy. A 22 yr. an old male patient diagnosed as Ardit Vata treated with Ayurvedic shaman Aushadh along with Ksheerbala taila Nasya, Shirodhara, Abhangya & Nadi Sweda. This Ayurvedic treatment gives a significant improvement in this case. No conventional drugs used during treatment. This is evidence to demonstrate the effectiveness of Ayurveda treatment in the case of Ardita Vata.

Keywords: Ardita, Bell's Palsy, Ksheerbala Taila, Nasya,Shirodhara & Nadi Swedana.

Introduction

Ardita is one of the 80 types of Nanatmaja Vata Roga which is caused by the aggravation of Vata. Especially aggravation of Vata dosha causes Ardita as mentioned in almost all Ayurvedic classics. Acharya Sushruta mentioned only face is affected in *Ardita* ⁽¹⁾While Charaka Included *Sharirardha* in *Ardita*⁽²⁾.*Vagbhatta* has stated that *Ardita* results from the Vitiation of *Prana Vata* ⁽³⁾. Even *Rakta Dhatu Kshay* (desiccation of blood) can manifest *Ardita* ⁽⁴⁾. *Acharya Charaka* has cited latent features as the prodromal symptom of all *Vata Vyadhis* ⁽⁵⁾.

The most common form of facial paralysis is Bell's palsy. The annual incidence of this idiopathic ailment is approximately 25 per 100,000 annually or 1 in 60 persons in a lifetime. Bell's palsy also called 'acute Lower motor Neuron facial paralysis'; It is characterized by sudden onset paralysis or weakness of the muscle to one side of the face controlled by the 7th facial nerve. Bell's palsy is an idiopathic, presumed immune-mediated phenomenon, possibly with an infection as the inciting event. Symptoms usually develop sub acutely over few hours, the early symptom of Bell's palsy is unable to fully close the mouth & eye on the affected side of the face, causes speech difficulty and eating difficulties, corneal drying and disintegration. The latter symptom can include pain around the ear and then reaching out to the back of the neck or head, altered taste, synkinesis, facial contractures, facial spasm, dysfunctional lacrimation, and voice intolerance,

communication, and social interaction can contribute to significant emotional distress during Bell's palsy.

About 71% of patients with Bell's palsy have motor function recuperation totally inside a half year without treatment. About 33% may have incomplete recovery and leftover impact ⁽⁶⁾. *Ardita Vata* in *Ayurveda* can be compared with Bell's palsy as far as their symptoms are concerned.

Aims

Ayurvedic Management of *Ardita* w.s.r. to Bell's palsy: A case study

Objectives:

- 1. To explain the pathogenesis of Bell's palsy in Ayurvedic terms.
- 2. To evaluate the effect of *Nasya*, *Abhangya*, and Nadi Sweda karma indicated for Ardita on Bell's palsy.

Comparison of *ArditaVata* with Bell's palsy

ArditVata	Bell's palsy	
Vakreebhavati	Deviation of the	
Vaktradham	toward right side	
Vakreekarotinasabhru		
lalataakshihanustatha		
Netramaavilam	Watering of eyes	
Stabdhamnetram,	Unable to blink	
Ekasyaakshonemeela	the eye of affected	
nam	side	
Samutkshiptetiatitwar	Sudden onset of	
itah	deviation of the	
	mouth and	
	weakness	
Vaaksanga	Slurred Speech	

As per literature, it is episodic, and it takes 6 months to recover without treatment. Here in this case for almost complete recovery is observed after 21 days of the treatment.

CASE REPORT

A 22-year-old, moderately built male, belonging to the middle class household student, visited *Kayachikitsa* OPD with the complaints of deviation of the mouth towards the right side (*Vakreekaroti, Nasa*,

bhru, lalata, akshi, hanustatha), watering (Netram aavilam). unable to blink (Stabdha netram. Ekasva aksho nemeelanam), difficulty in chewing food on the left jaw (Bhojanamiti na samam khadati),bhrama prachiti mukhena (giddiness) and pricking pain in the left eye since ten days. His physician diagnosed the condition as Bell's palsy. He had a history of excessive exposure to cold weather before the manifestation. Started with watering of eyes with mild swelling in the lower lid of the left eye. He consulted eye ophthalmologists for the same and prescribed eye-drops. No reduction in symptoms was seen. The next day, he had a sudden onset of deviation of mouth and weakness on the left side (Samutkshipteti atitwaritah). Followed by struggle in speaking (Vaka sanga) and sluggishness of eyelid movement of the left eye. As per the patient's report and diagnosis treatment was started with steroids for seven days and advised to continue for another seven days. As satisfactory results were not observed, the patient stopped the use of steroids against medical advice before seven days of consultation for Ayurvedic treatment.

On physical examination

The physical check up at the time of hospital visit of the patient revealed a body temperature of 96.7°F, pulse rate - 70 beats/min, respiratory rate of 20times/min, blood pressure of 110/80 mmHg, and normal oxygen saturation. Auscultation of the cardiac examination presented a nondisplaced point of maximal impulse with regular tachycardia. There were no murmurs, rubs, or gallops. On respiratory auscultation found bilateral chest clear, and there was no additional sound. The abdomen soft and non-tender was including no organomegaly. At the time of the first visit, all routine investigations were normal. Higher cerebral functions were intact with motor functions of the affected facial nerve. Deviation of the mouth towards the right side was observed during clenching of teeth and while puff

out cheeks, air found to be escaped through the right angle of mouth with drooping of mouth on the right side. Entire closure of the left eye was not possible and incapable to raise the left eyebrow with absent wrinkles on the left side of the forehead, indicating the affected motor function of the facial nerve; however, the sensory functions were unchanged.

Samprapti (Pathogenesis):Due to the extreme exposure to cold wind, vitiated Vata with Kapha is involved in the genesis of the disease. Prakupita Vata (aggravated Vata) along with Kapha settles in Sandhi's (joints above clavicle) of Sira (head), Nasa

(Nose), Hanu (Mandible), Lalata (forehead), and Netra (eye). Snayu (ligaments) and Kandara (tendons) are affected by the Doshas and existing symptoms on the right half of the face with all the characteristic of Ardita Vata. This specification is akin to Bell's palsy in Modern science, where the facial nerve palsy presenting with the above symptoms is seen.⁽⁷⁾

Treatment: Treatment of facial paralysis was began, as the patient admitted in *Kayachikitsa* IPD. Patient take following *Ayurvedic* Medicine.

Sr.	Formulation	Day of treatment	Total duration of
no.		administration	treatment
1	Mukha abhyanga with Narayana	Day1- Day 14	21h Days
	taila and Sthanik Nadi sweda		
2	Nasya with Ksheerbala taila ⁽⁸⁾	Day1-Day 14	14 Days
	8 drops in each <i>tail</i> nostril		
3	Shirodhara with tilaTaila and	Day 5 -Day 12	7 Days
	Bramhi tail		
4	Netra Tarpan with Triphala ghruta	Day 1-Day 5	5 Days
5	Warm water Gandusha after	Day1-Day 14	14
	Shirodhara and Nasya		
5	Physiotherapy -Proprioceptive	Day1-Day 21	21 days
	neuro muscular facilitation		
	technique		
6	Tab-Ekangaveerrasa 1 tid after	Day1-Day10	10 Days
	meal		
7	Dashmoolarista 15ml BD after	Day1-Day21	21 Days
	meal with 15ml of water		
8	AbhrakBhasma	Day1-Day 21	21 Days
	1gm+Trivangabhasma		
	1gm+Ashvagandha choorna 5 gm		
	in 3 divided doses with Ghruta		
9	Cap Palsineuron 2-tab Bd after	Day1-Day 21	21 Days
	meal		
10	Oral cavity massage with Vacha+	Day1-Day 14	14Days
	Madhu+ Nimbu Swarasa		

During treatment and follow up of 21days, the patient was advised to avoid exposure to wind, sunlight, cold weather, dust etc. as *Vataprakopaka nidanas* (that exacerbate *Vata*) and advised to take rest. **Observations and Results** Clinical parameters: After the 10th day of the treatment, the improvement was seen in the reduction of deviation of the mouth, watering of eyes, and pricking pain in the eye. After 15 days, retardation was observed in all the symptoms. Images After 21 days of treatment, there were complete improvements of symptoms such as the closing of the eye, communication, and difficulty in eating and drinking. For *shaman* of *Doshas*, the same medications were continued for the next days. The patient was free from all symptoms and the treatment was aborted.



Complete blinking of eyes after 21 days of treatment.



Deviation of mouth angle became normal after 21 days of treatment

Discussion:

Hetu (causative Element) of *Ardit* as – 1) *Ahariya*- unbalanced and improper diet reasons the vitiation of *Vatadosha*

2) Vihariya-, *jagrana*, *Jrumbha*, *atibhashan* contact of cold morning breeze

3) *Manasika nidana- stress, depression,* fear, and *vegavrodha* causes *vatavrudhi*.

In Ayurveda, Bell's palsy can be corelated with *Ardita Vata*. This ailment requires proper and timely medication to avoid the irreversible changes even though this condition settles down steadily after some time. Steroid regulation is considered as a line of conventional treatment. In this case, Bell's palsy was cured totally in 21 days devoid of steroid. The causative element in this case was extreme presentation to cold air which caused vitiation of *Vata dosha* which lead to *Ardita*. This is one of the causative elements for *Vata vyadhi*.

Treatment theory and grounds of treatment adopted:

As their association of Vata with Kapha dosha, the Vata Kaphahara Chikitsa to be incorporated. Navanna Nasya by putting medicated oil drops in the nostrils, Moordhni taila by putting sedated oil over the head), Nadi sweda (fomentations through the tubular structure over the Upanaha by applying paste face). formulated of medicines over the head and Anoopa mamsa sevana ingestion of meat of animals living in Marshy area is the mainstay of treatment mentioned for Ardita. To diminish remaining Doshas, oral medications preventing Vata and Kapha dosha have been preferred. Ashwagandha (Withaniasomnifera) is surveyed to have very goodoutcomes on nervous system as neurotics' reproduction and synaptic renovation and many more, used as internalremedy.

Samprapti-Bhanga (breakdown of pathology)

Mukhaabhyanga with Narayanataila-Kaphavatashamak, Bramhana Properties Nadisweada- Vata-kaphashamak

(decresses*sheetaguna*)

Nasya-Ksheerbala increases power of panchadnyanindriya, Balya Dashamula- Vatashamak

Warm water Gandusha-Sheetagunashamak

Ashwagndha- Vatavaha *nadi*, *Balya*, *VataKaphaghna*, *Nidrapad*.

A blend of all these formulations facilitated in breaking of the pathogenesis at differentstages. Many avenues have been opened by the case which I have reported

- 1. This case was my first experience which helped me realize that Ayurveda has many different modalities of treatments in acute conditions. It proved again that Ayurveda is effective even today as it was in past.
- 2. It enlightened me with new theories about Ayurveda and if all Ayurved practitioners decide then Ayurved will yield magical result.
- 3. If there is an effective communication between patient and Ayurvedic practitioner, the patients will visit the consultant for any health problem as a first choice.

Conclusion:

Navan Nasya followed by the *Panchakarma* along with oral medicine in the treatment of Bell's palsy (*Ardita Vata*) has provided significant improvement in this case. After treatment Patient had much relieve in speaking, lagophthalmos and there was improvement in facial muscle movement. Improvement also seen in facial deviation. No Modern drugs were used during treatment.

This study proves that if a disease is diagnosed and treated based on Ayurvedic principle, the outcome will be positive for sure. Ayurveda definitely can be labelled as evidence-based science. **References:**

- 1. Kaviraja Ambikadutta Shashtri, Sushruta samhita,Nidana sthana; edition 2015. chapter 1, verse 70. Varanasi: Chaukhamba Orientalia; 2015, page.303.
- 2. Ravi Dutta Tripathi, Charakasamhita, Chikitsa sthana; edition 2010. Chapter 28, verse 39. Delhi: Chaukhamba Orientation;2010, page 694.
- 3. Hari Sadashiv Shastri Paradakara, Vagbhatta. Astanga Hridaya, Nidana sthana, Chapter16, Verse₂₀. Shastri Narve KR. Chaukhamba editors. Varanasi: Surabharati Orientation;2002, page 402.
- 4. Kaviraj Ambikadutta Shashtri, Sushruta samhita,Nidanasthana; edition 2015. chapter 1, verse 6,. Varanasi: Chaukhamba Orientalia; 2015, page.303.
- 5. Ravi Dutta Tripathi, Charaka samhita, Chikitsa sthana;edition 2010. Chapter 28, verse 19. Delhi: Chaukhamba Orientation;2010, page 690.
- Anthony S. Fauci, Harrisons, Volume 2, 17th edition, Chapter 371, page 2584.
- 7. Kaviraj Ambikadutta Shashtri, Sushruta samhita,Nidanasthana; edition2015. chapter 1, verse 68,69,70,71, Varanasi: Chaukhamba Orientalia; 2015, page.303.
- Hari Sadashiva Shastri Paradakara, Vagbhatta. Astanga Hridaya, Chikitsa sthana, Chapter22, Shastri Narve KR, editors. Varanasi: Chaukhamba Surabharati Orientation; 2002, page 402.

Conflict of	Interest: Non	

Cite this article:

A Single Case study to evaluate the efficacy of Ksheerbala Taila Nasya in the management of Ardita w. s. r. to Bell's Palsy Bharat G. Ubale, Rajan B. Kulkarni, Eknath G Kulkarni, Sanjivani Rathod Ayurlog: National Journal of Research in Ayurved Science- 2020; (8) (3): 01-05

Source of funding: Nil