

Comprehensive Ayurvedic Management of Ardita (Bell's Palsy): A Case Study

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Abstract

Bells palsy (ardita) a common neurological condition affecting seventh cranial nerve. It conveys both sensory & motor along with parasympathetic fibers. Aggravated vata, affects face & leads to impaired function of facial muscle. Ardita comes under 80 Nanatmajavyadhi.

A case study of a 54 years old male patient with hemi facial palsy, drooping of angle of mouth towards left side, difficulty in closure of right eye, difficulty in wrinkling of forehead in right side, lacrimation from right eye. Ayurvedic formulations like Bruhatvata Chintamani Rasa, Neurocare drops + milk, Dhanwantharam Kashayam, eyedrops , patch etc along with panchakarma procedure has given and treated for 2 weeks. Patient got complete relief with appreciable changes in all symptoms.

Keywords: Ardita, Bell's palsy, Nasya, ksheeradhooma

INTRODUCTION

Ardita is one of the eight vatananatmaja vyadis according to ayurvedic classics^[1]. It is one specific disease which affects jatrorhdwaangas. It's nidanas include Ucchairbhashyas, Atiadhwa, Ratrijagarana, Diwaswapnaand Langan^[2]. Vata is functionally normal in the body, it supports the activity of all the sense organs^[3]. But when it is in abnormal state in the body it can cause morbidity and mortality^[4].

It presents with symptoms of Mukhaardavakrata, Vaksanga, Stabda netrata and Teevvaruja of Jatrudwa Pradesha^[5].

Acharya Charaka opines that ardita is localized in half face with or without involvement of body. Acharya Sushruta has considered the involvement of face only^[6]. Ardita is also termed as "Ekayaam" by Ashtanga Hrudaya^[7]. Acharya Arunadatta has clarified that ardita is the disease of body mostly affecting half of the face^[8] due to excessive aggravation of vata and causes distortion of face.

It can be correlated to "Bells Palsy" or "Facial palsy", this is a paralysis of facial nerve that also affects the movement of facial muscles and shows similar symptoms due to inflammation of facial nerve within its canal above the stylomastoid foramen^[9]. It has a rapid onset and is unilateral. The symptoms are weakness of facial muscles, poor eyelid closure, aching of ear, alteration of taste^[10].

It has an incidence of 23 cases per 1000000 population /year or about 1 in 60 to 70 people in a lifetime^[11]. It affects men and women more or less equally with a peak incidence between age of 10-40. It occurs with equal frequency on right and left sides of face^[12].

CASE STUDY

TABLE 1: CHIEF COMPLAINT OF THE PATIENT

SL NO	CHIEF COMPLAINT	DURATION
1	Deviation of mouth to left side	1 month
2	Loss of complete closure of right eye	1 month
3	Lacrimation from right eye along with irritation	1 month
4	Altered sensation of taste	5 days

HISTORY OF PRESENT ILLNESS

A 54 Years old male patient was apparently normal before 1 month experienced progressive facial weakness, noticed deviation of mouth to left side, next day gradually he suffered from symptoms such as right eye closure difficulty, lacrimation and itching.

HISTORY OF PAST ILLNESS PAST MEDICAL HISTORY

- No significant history of same illness
- K/C/O DM2 On Glycomet GP1 BD B/F
- Patient has family history of bell's palsy (big brother suffered the same 1 year back).

PERSONAL HISTORY

- Appetite - reduced

- Dietary habit - vegetarian
- Micturition - normal
- Bowel - formed stool
- Sleep - disturbed
- Addiction - not any

ON EXAMINATION

TABLE 2: GENERAL EXAMINATION

TEMP	AFEBRILE
PULSE	72/MIN
BP	130/80 MMHG
BUILT	MODERATE
NOURISHMENT	MODERATE
PALLOR	ABSENT
ICTERUS	ABSENT
CYNOSIS	NOT SEEN
CLUBBING	ABSENT
LYMPHEDENOPATHY	ABSENT
OEDEMA	ABSENT

CENTRAL NERVOUS SYSTEM EXAMINATION

1. HIGHER MENTAL FUNCTION - Intact
2. CONSCIOUSNESS - Conscious
3. ORIENTED TO TIME, PLACE, PERSON - Intact
4. MEMORY-RECENT- Not affected, REMOTE - Not affected
5. INTELLIGENCE -Intact
6. HALLUCINATION& DELUSION - Absent
7. SPEECH - Slow and words mumbled

CRANIAL NERVE EXAMINATIONS

All cranial nerves are intact except 7th nerve i.e. facial nerve.

TABLE 3: FACIAL NERVE EXAMINATION

FOREHEAD FROWNING	Affected in right side
EYEBROW RAISING	Affected in right side
EYE CLOSURE	Incomplete closure of right eyelid
TEETH SHOWING	Not possible on right side
BLOWING OF CHEEK	Not possible on right side
NASOLABIAL FOLD	Loss on right side
TASTE PERCEPTION	Affected
DRIBBLING OF SALIVA	Absent

BELLS PHENOMENON	Present on right side
DEVIATION OF MOUTH	Towards left side

All deep reflexes such as biceps , triceps, brachio radialis, knee jerk, ankle jerk, plantar reflex are normal. Muscle tone & power are normal in all the limbs. Systemic examination of cardiovascular, abdominal & respiratory was observed normal.

INVESTIGATIONS

- Haematological reports , lipid profile, LFT , KFT were normal but raised sugar level (HbA1C- 10%)
- MRI head shows normal study.

DIAGNOSIS: ARDITA / BELL'S PALSY.

Prior to treatment ,Informed consent was taken from the patient.

TABLE 4: ON ADMISSION PLAN OF TREATMENT

STANIKA ABHYANGA & NADI SWEDA	Narayana taila & Dashamoolakwata
NASYA	Neruo care 8 drops each nostril
KSHEERA DHOOMA	Yashtimaduksheeradhooma
INTERNAL MEDICATION	Bruhatvata Chintamani Rasa 1-0-1 for 15 days 0-0-1 for next 15 days
EYE DROPS(2 DROPS RIGHT EYE)	Optha care eye drop
EYE PADDING	RIGHT EYE CLOSE PADDING – at night to prevent dry eye with help of wet gauze piece and tape.

TABLE 5 : ON DISCHARGE PLAN OF TREATMENT

MEDICINE	DOSAGE
Brihath vata chinthamani	1 Tab BD
Neurocare drops + milk	10drops BD
Dhanwantharam Kashayam	10 ml BD
Opthacare eye drops	2 drops TID right eye
Eye patch on right eye	At night

RESULTS:

After 8 days of admission with panchakarma therapy and internal medication he got relief in complaints such as closure of eye, lacrimation , improving facial symmetry.

Clinical assessment was made from the house brackmann's grading of facial nerve and facial nerve examination. The results were seen after 7 days.

CONCLUSION:

This case study demonstrates the successful management of arditia(bell's palsy) in a patient using ayurvedic principles. Within a week of treatment , which included internal herbal medication and panchakarma therapy ,the patient exhibited significant improvement in all symptoms, including facial paralysis, eyelid closure , frowning, altered taste. Symptom severity was assessed using the house – brackmann scale.

Following a session of nasya and ksheeradhooma and 30 days of internal medication and eye patch , patient achieved complete relief from all symptoms without experiencing any side effects or recurrence.**ASSESSMENT OF CRITERIA** : Done on basis of **House Brackmanns** grading of facial nerve

TABLE 6 : GRADING FOR CLINICAL FEATURE

CLINICAL FEATURE	GRADING		BT	AT	% RELIEF
WATERING FROM RIGHT EYE	No watering	0	3	0	100%
	Persistent but do not disturb routine work	1			
	Persistent disturb routine work	2			
	Constant watering	3			
WIDENING OF PALPEBRAL APERTURE	No widening	0	1	0	100%
	Slightly wide	1			
	Moderately wide	2			
	Severely wide	3			
ABSENCE OF NASOLABIAL FOLD	Nasolabial fold present normally	0	3	1	75%
	Nasolabial fold seen while trying to speak	1			
	Nasolabial fold seen while attempting to smile	2			
	Nasolabial fold never seen	3			
SMILING SIGN	Absent smiling sign	0	2	0	100%
	Smiling sign present without upward movement of left angle of mouth	1			
	Smiling sign present with upward movement of left angle of mouth	2			
	Smiling sign present all the time	3			
SLURRING OF SPEECH	Normal speech	0	1	0	100%
	Pronouncing with less efforts	1			
	Pronouncing with great efforts	2			
	Complete slurring	3			
DRIBBLING OF SALIVA FROM LEFT CORNER OF MOUTH	Dribbling absent	0	0	0	
	Intermittent dribbling	1			
	Constant but mild dribbling	2			
	Constant and profuse dribbling	3			
TRAPPING OF FOOD BETWEEN	No trapping	0	1	0	100%
	Mild trapping	1			

GUM AND CHEEKS	Trapped but easily removable by tongue	2	1	0	100%
	Trapped and need manual removal	3			
EARACHE	No earache	0	1	0	100%
	Intermittent earache	1			
	Persistent earache do not disturb daily routine	2			
	Persistent earache disturb routine work	3			

BEFORE TREATMENT



AFTER TREATMENT



REFERENCES

1. YadavjiTikamjiAcharya, Charaka Samhita, Sutrastana, 17/12, ChoukumbhaSurabharatiPrakashan , Varanasi, 1st ed.,2000,p.99.
2. Drdhabala C. Caraka Samhita by Agnivesha with Ayurveda Dipika commentary of Cakrapanidata. Vaidya JadavjiTrikamji Acharya, editor. Varanasi: ChowkhambaKrishnadas Academy, 2015; 738.(66).
3. Shastri Pt. Kashinath and Chaturvedi Gorakhnath, Charaka Samhita with Vidyotini Hindi Commentary , reprint 2008, Varanasi, Chaukhamba Bharti Academy, Sutra Sthana- 12/7,pg.no. 246.
4. Shastri Pt. Kashinath and Chaturvedi Gorakhnath, Charaka Samhita with Vidyotini Hindi Commentary , reprint 2008, Varanasi, Chaukhamba Bharti Academy, Sutra Sthana- 12/8,pg.no. 248.
5. Dr Brahmananda Tripathi, editor. AstangaHridayam of Srimadvagbhata. Delhi: Chaukhamba Sanskrit Pratishthan, 2014; (27,1):386.
6. KavirajAmbikadutShashtri 2016 Ayurved-tatva-sandhipika Hindi commentary of Sushruta Samhita. Chaukhambha publication , New Delhi, NidanaSthana 1/69-71.

7. KavirajAtridevGupt 2016 Vidyotinihindi commentary on Astangahridayam. ChaukhambaPrakashan, Varanasi ,NidanaSthana 15/36.
8. Shastri Paradkar S., AstangaHridaya, Nidanastana, 15/36, .ChoukumbhaSurabharatiPrakashan, Varanasi, 1st ed.,2002,p.533.
9. Parvathy Ravindran , et.al., understanding Arditawsr to Facial Palsy, IAMJ:3/2;Feb-2015,p.604.
10. Warner JM, Hutchison J, Varacallo M. Bell Palsy. In: StatPearls [Internet]. Treasure Island (FL):StatPearls Publishing; 2023 [cited 2023 Dec 20].
11. M. Flint Beal, Stephen L. Hauser, Harrison's Internal Medicine, Trigeminal Neuralgia, Bell's Palsy, and Other Cranial Nerve Disorders, part 16,17thed.,p.2584.
12. Prescott CAJ 1988 Idiopathic Facial Nerve Palsy (the effect of treatment with steroid). J LaryngolOtol 102:403-407.