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A CASE SERIES ON THE ROLE OF PANCHAKARMA THERAPY IN THE MANAGEMENT OF ARDITA

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ABSTRACT

Background: We assessed the outcome of Panchakarma therapy in Ardita roga in addition to the standard conservative approach of medical management and physiotherapy.

Methods: We conducted a retrospective cohort study in 15 patients of both sexes of age group 15-60yr admitted with unilateral facial palsy. A complete history of etiologies and comorbidities and a full physical and neurological examination were conducted. Oral treatment with panchakarma therapy was given for 21 days, and the outcome was evaluated in the form of symptom relief and neurological examination.

Results: Fifteen patients, including nine males and six females of age group 15-60yr, were included in this study. The aetiology was mostly idiopathic in 10 patients, followed by exposure to cold in 3 cases. The patients were presented with numbness over the face in 10 patients, followed by weakness of facial muscles. Upon examination, most had motor deficits; two patients had a taste, three had lacrimal, and six presented with altered reflexes mediated by the facial nerve. No mortality was seen in the study, and significant improvement was seen after the therapy.

Conclusions: Facial nerve palsy is one of the most commonly encountered neurological pathologies in the outpatient department and is often managed conservatively. Progression can lead to permanent neurological deficits and various motor and sensory abnormalities. Thus, prompt management of this disorder can prevent such complications and improve the patient's outcome.

Keywords: Facial nerve, Facial muscles, Paralysis, Taste

INTRODUCTION

Vata is the primary controlling agent of the central nervous system, and all neurological disorders are caused by vitiated *vata dosha* in the body. We know that vata vitiation is caused either by *dhatukshaya or margaavaran*.

Ardita is among Ayurvedic texts' eighty Nanatmaja Vyadhis of vata [(1)]. Acharya Charak advocates the involvement of this disease in either half of the face with or without the participation of the whole body[(2)]. On the other hand, Sushruta considered the involvement of only face in the disease process.

Based on the clinical presentation, Ardita can be correlated with Bell's palsy, which is an acute, idiopathic lower motor neuron type of facial paralysis. [(3)]

Bell's palsy is the most common cause of facial nerve paralysis, affecting around 23 per 1,00,000 people per year, leading to weakness of facial muscles on one side of the face, causing either temporary or even permanent paralysis of facial movements. [(4)] Although it can be seen in any age group, it primarily affects middle-aged people with an equal propensity to the right and left side, increased risk in diabetes and pregnant females, and exposure to cold and Herpes Simplex virus infections. [(5)]

Ayurveda's treatment principle includes oral medications along with panchakarma therapy, including *urdhwanga chikitsaya and Vatashamak chikitsaya with neuromuscular strengthening (Shiroabhyanga, Nasyakarma, and Patrapindasweda*).

Although remission is seen in 8-12 weeks, residual paralysis is seen in only a few cases. Still, prompt ayurvedic management with panchakarma therapy can prevent significant complications and improve the patient's overall outcome.

MATERIAL AND METHODS

This retrospective observational study was conducted on 15 patients admitted from January 2023 to December 2023 in the Department of Panchakarma of Government Ayurveda College, Jaipur, after obtaining approval from the institute's ethical committee.

There were 15 patients, nine males and six females, aged 15- 60 years. After collecting the demographic data, clinical features, physical examination and co-morbidities, and a thorough neurological examination, all the patients were started on ayurvedic oral medications and panchakarma therapy after proper written and informed consent.

A complete workup, including a complete blood count, biochemistry, and viral markers, was performed, and the patient was managed depending on the clinical condition and degree of facial paralysis.

Inclusion criteria

Patients admitted to the Department of Panchakarma with idiopathic facial nerve palsy within three days of the onset of the disease were included in the study.

Exclusion criteria

Patients with pre-existing facial nerve paralysis and neuropathies who did not give consent for panchakarma therapy and children less than 15 or more than 60 years of age were excluded.

Treatment given

Oral medical management-

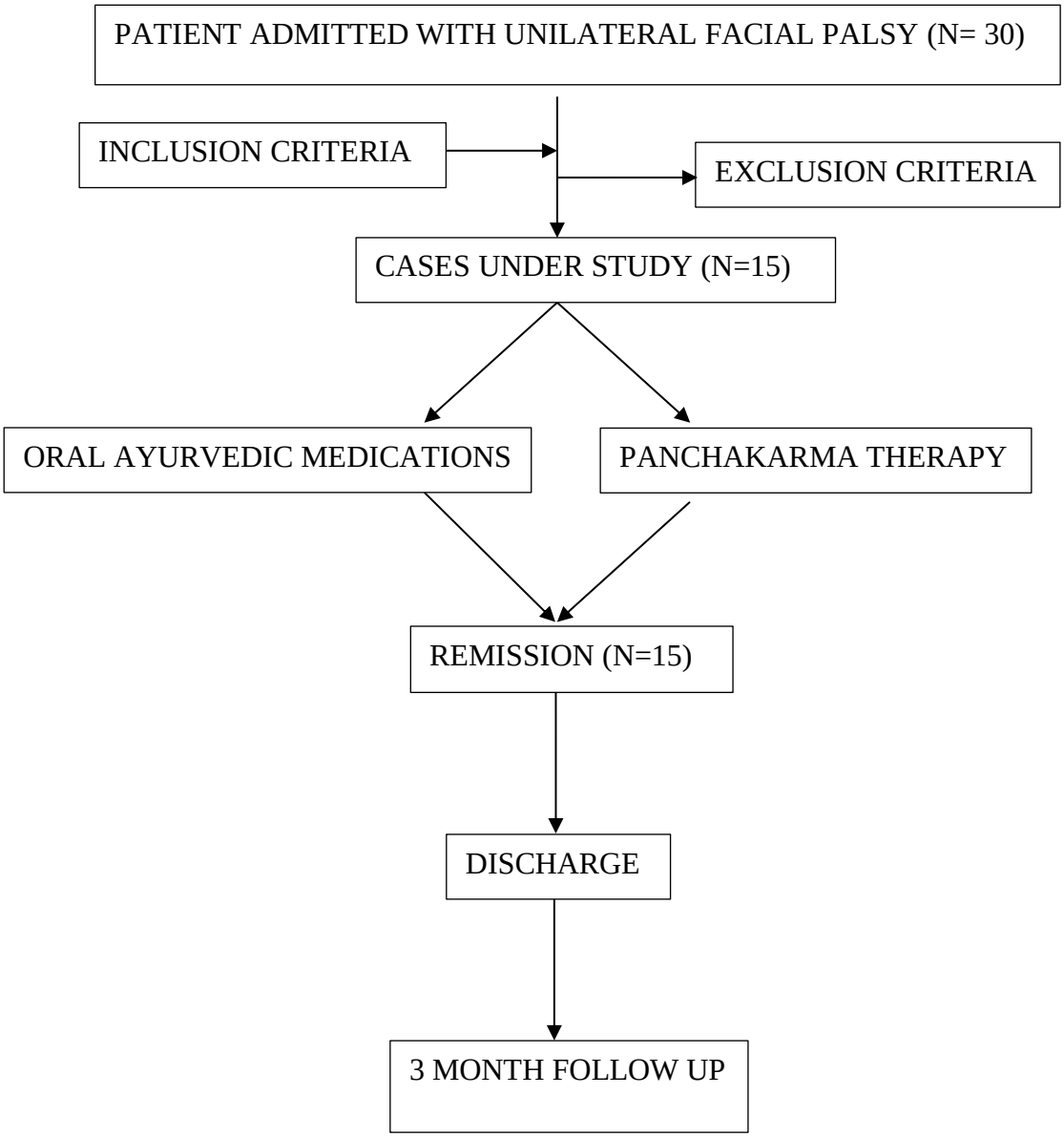
Combination of drugs (*Ashwagandha Churana 2g + Mahayograj Guggulu 500mg + Rasrajras 125mg + Ekangaveer ras 250mg + Prawalpishti 125mg*) reconstituted with honey twice a day followed by *Dashmool kwath 20ml* twice a day for 21 days.

Panchakarma therapy-

1. *Shiroabhyanga with Ksheerbala taila*
2. *Nasyakarma* including *Mukhabhyang vaspaswedana* nasal drop administration followed by *Dhoompana and Kawaldharana*.
3. *Patrapinda Sweda by Shigru and Erandapatra* bolus dipped in *Dashmool taila*

Panchakarma therapy was given for 21 days

FLOW CHART


PATIENT ADMITTED WITH UNILATERAL FACIAL PALSY (N= 30)
INCLUSION CRITERIA
EXCLUSION CRITERIA
CASES UNDER STUDY (N=15)
ORAL AYURVEDIC MEDICATIONS
PANCHAKARMA THERAPY
REMISSION (N=15)
DISCHARGE
3 MONTH FOLLOW UP

RESULTS

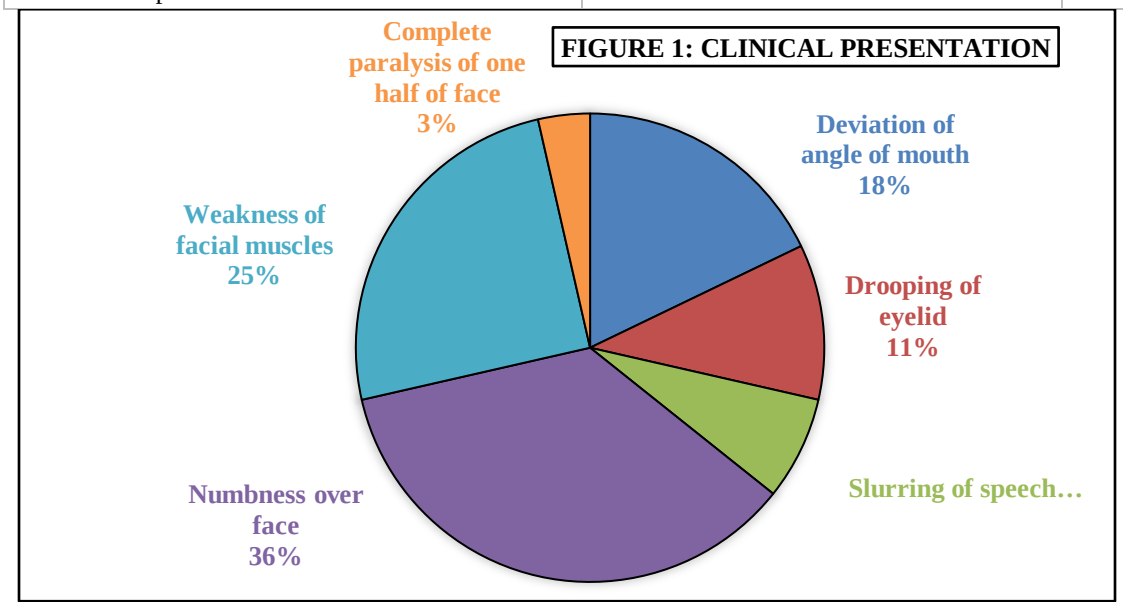
Fifteen patients were included in this study, 9(60%) male and 6(40%) female; the maximum number of patients were from the age group 31-45 years, the median age being 38.8 years (range 15-60) as indicated by **Table 1**.

Table 1 shows the various etiologies for facial palsy. The most common was idiopathic in 10 cases (66.67%), followed by exposure to cold air in 3 cases (20%).

Table 1: Patient characteristics

	Number of patients (n=15)	Percentage (%)
Gender		
Male	9	60%
Female	6	40%
Age(years)	Mean- 38.8 yrs.	
<15	0	0
15-30	3	23.33%
31-45	8	19.33%
46-60	4	31.34%
Etiology		
Idiopathic	10	66.67%
Exposure to cold	3	20%
Herpes simplex virus	1	6.67%
Diabetes	1	6.67%
Traumatic	0	0
Immunocompromised status	0	0

FIGURE 1: CLINICAL PRESENTATION



The various clinical presentations are mentioned in **Figure 1, and most patients presented with numbness over the** face in 10 (66.67%) of patients.

Upon the facial nerve examination of all the patients, it was found that motor functions were deranged in most patients. Eight patients (53.33%) could not raise their eyebrows due to weakness of the frontal head of the occipitofrontalis, followed by seven patients (46.67%) who could not wrinkle the forehead, as demonstrated in **Table 2.**

Two (13.33%) patients were presented with taste abnormalities, one with a sweet and one with a bitter

taste. Two patients also presented with hyperacusis and an aversion to loud noises.

The complete facial nerve examination findings are demonstrated in **Table 2.**

Table 2: Facial nerve examination

	Abnormality seen in patients (n=15)	Percentage (%)
Motor functions		
Raising eyebrow	8	53.33%
Wrinkling of forehead	7	46.67%
Tightly closing of eyes	4	26.67%
Deviated angle of mouth	5	33.33%
Blowing of cheeks	3	20%
Whistling	4	26.67%
Pursing of lips	2	13.33%
Sensory function		
Taste over anterior 2/3rd of tongue	2	13.33%
Secretory function		
Schirmer's test	1	6.67%
Nasolacrimal reflux test	2	13.33%
Reflexes		
Corneal reflex	4	26.67%
Stapedial reflex (leading to hyperacusis)	2	13.33%

After continuous oral medical management followed by panchakarma therapy for 21 days, all the patients (100%) had remission, with taste function returning the earliest after seven days of treatment, followed by reflexes normalising on the 12th day and lacrimation tests returning to normal on the 16th day.

The motor functions took the longest to return. However, the severity of muscle paralysis decreased over the treatment course, and four patients still had some form of residual motor deficit after 21 days, for which they were discharged an additional 15 days of oral medication therapy.

Upon three-month follow-up of the patient on regular OPD visits, none demonstrated any form of residual neurological deficit or motor or sensory dysfunction. No recurrence was seen in the follow-up period, and all the patients returned to their everyday work life with no abnormality.

DISCUSSION

In Ardita, the vitiation of Vata and Dhatukshaya causes clinical disorder. Brihana Chikitsa is being adopted to relieve Vata Dosha and nourish Dhatu.

Navan Marsha Nasya was done with Ksheerbala taila for 21 days. In Nasya, medicated oil is administrated through the nostrils based on the principle mentioned in Ashtanga Hridaya, "*Nasa Hi Shirasodwaram*" [(6),] so the drug administered through the nostrils reaches *Shringataka Marma. It* spreads throughout *Uttamanga* (*Murdha* (head), *Netra* (eyes), *Shrotra* (ears), *Kantha* (throat) and *Siras*) and soothes the disease from *Urdhava Jatrugat Pradesh* and nourishes Shira. [(7)]

Before Nasya, Shiroabhyanga with Ksheerbala Taila and Mukhabhyanga with Dashmool oil, followed by swedana, were performed as Purva karma, facilitating drug absorption, eliminating Dosha, and improving circulation. The drug is administered in a low head position, which increases the contact timing of the drug in the nasopharynx and leads to proper absorption. [(8)]

Swedena excites the nerve endings and improves tactile sensibility. It causes primary dilation of capillary vessels and improves the strength of striated voluntary muscles.

Ksheerbala taila contains bala (Sida cordifolia Linn.), milk, and sesame oil, which increases endorphin re-

lease and is a pain-reducing neurotransmitter. It also acts vatahara, bhrumhana, and balya properties. (9) Ksheerbala Taila has additional rasayana, Indriya Prasadana, and Brimhana properties.

Patrapinda Sweda relieves sheeta guna of vata dosha and strengthens facial muscles based on its properties of vatahara, balya, bhrumhana, mamsala, and santarpana. (10)

Ashwagandha (*Withania somnifera*) has shown beneficial effects on nervous regeneration and synaptic reconstruction. (11)

Ekangaveer Rasa was given orally to pacify vitiated Vata Dosha because of its *Madhura Rasa, Snigdha Guna, Ushna Veerya, and Madhura Vipaka*. It also pacifies vitiated Kapha Dosha by *Tikta-Katu-Kashaya Rasa, Laghu-Ruksha Guna, Ushna Veerya, and Katu Vipaka*. It also eliminates *Srotorodha due to Ama and Kapha and decreases nerve damage due to Amapachana, as well as anti*-inflammatory and antioxidant effects. (12)

Rasraj Ras works on all three *Dosha, especially Vata,* and acts as an excellent nerve and cardiac tonic. It strengthens the muscles and helps restore nerves and blood vessel functions. (13)

Our study's limitations are mainly attributable to the sample size and the single institutional nature of our investigation, which is prone to selection bias.

CONCLUSION

In this study, we conclude that Ardita is a common neurological disorder that must be appropriately managed to prevent complications and residual neurological deficits. Ayurveda has proven its test of time in managing Ardita using oral ayurvedic medications and panchakarma therapy, which helped in the complete remission of disease and prevented major complications to give an overall better outcome for the patient.

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