

**CASE REPORT-SYNERGISTIC ROLE OF AYURVEDA IN THE TREATMENT OF
ARDITA**Ramya S¹, Ananta. S. Desai²

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**ABSTRACT**

Ardita is a *Vataja Nanatmaja Vyadhi* with functional disturbance affecting the *Uttamanga*. *Ardita* can be correlated with Bell's palsy, which results from seventh cranial nerve damage. Bell's palsy is a condition that causes temporary weakness or paralysis of muscles in the face. In this case, a 39-year-old male patient who approached the panchakarma OPD presented with complaints of stiffness in the right half of the face, deviation of the angle of the mouth to the left side, difficulty in closing the right eye and difficulty in speech for 7 years. After relevant examination and screening, it was diagnosed as Bell's palsy. This disease, though self-resolving, in some cases remains partially recovered, and some may be left with significant facial dysfunction. It was treated with *Mukha abhyanga*, *Nasya* and *Shastika shali annalepa*. Results- There was considerable relief from the signs and symptoms of *Ardita*, demonstrating the effectiveness of Ayurvedic treatment. House Brackman scale showed improvement from grade 4 to grade 2. Conclusion- *Ardita* can occur due to *Margavarana* or *Dhatukshaya*. In this case, *Dhatukshayaja* lakshanas were predominantly seen and treated with *Mukha abhyanga*, *Nasya* and *Shashtikashali annalepa* as a *Brumhana chikitsa*.

Keywords: *Ardita*, Bell's palsy, *Mukha abhyanga*, *Shashtikashali Annalepa* and *Nasya*.

INTRODUCTION

Early diagnosis and prompt treatment are crucial in managing Ardita. Ardita is one of the Vata-jananatmaja vyadhi¹ mentioned by Acharya Charaka. Acharya Sushruta is considered only Mukha Ardha², while Acharya Charaka has included Sharira Ardha in Arditha³. Ardita is also explained as Eka-yama by Ashtanga Hrudaya; Acharya Arunadatta⁴ has clarified that Ardita is a disease of the body mainly affecting half of the face due to excessive aggravation of vata and causes distortion of the face. Clinical features, according to Ayurvedic classics, are half-sided facial deformity including nose, eyebrows, forehead, eyes, tongue and chin regions on the affected side, slurring of speech, trapping of food particles between gums and cheeks, deafness, partial closure of eyes, disturbed smell sensation, pain in supraclavicular part of the body³. Based on these features, this disease is similar to Bell's palsy. The annual incidence of this idiopathic disease is 15 to 20 per 1,00,000, with 40,000 new cases yearly. The lifetime risk is 1 in 60. The recurrence rate is 8% to 12%⁵. Bell's palsy is a neurological disorder that causes paralysis or weakness on one side of the face. A most common cause of facial paralysis. Symptoms appear suddenly over a 48 to 72-hour period. Medical treatment for Bell's palsy includes corticosteroid therapy, antiviral agents, and topical ocular lubricants, whereas surgical treatment includes facial nerve decompression. The treatment protocols mentioned in Ayurvedic texts are

Nasya, Murdhni taila, Tarpana, Nadi sweda, Upanaha, etc.

CASE REPORT:

Chief complaints

Stiffness in the right half of the face, deviation of angle of mouth to the left side, difficulty in closing the right eye and difficulty in speech for 7 years but aggravated in the past 8 months.

Associated complaints

Nothing specific

History of present illness

A male patient of age 39 suddenly developed a pricking sensation in the occipital region after travelling from his native country; he applied castor oil over his head on the same day, at midnight, around 1.30 am. He woke up and washed his face; then he noticed weakness in his right cheek by observing water leakage from the right cheek. He gradually developed stiffness in the right half of the face, difficulty closing the right eye, and difficulty speaking. He visited the OPD of Panchakarma, Government Ayurveda Medical College, Bengaluru, for further management.

Past History

H/O -Typhoid fever- 2 years ago.

Medical history-

N/K/C/O Hypertension, Diabetes Mellitus

Family history

Nothing specific

Personal history: Shown in table no.01

Table 1: showing the subject's personal history

Name: xyzzy	Bowel: Regular
Age: 39 years	Appetite: Good
Marital status: Married	Habits: None
Occupation: Iskcon supervisor	Height: 188cm
Diet: Mixed	Weight: 78kg

Table 2: Showing Ashta sthana pareeksha

Nadi	Prakruta, 70bpm
Mutra	Prakruta 3-4times/day 3-4times/night
Mala	Prakruta 1 time/day

Jihwa	Alipta
Shabda	Vikruta {speech}
Sparsha	Prakruta
Drik	Prakruta
Akriti	Prakruta

Table 3: Showing Dashavidha pareeksha

Prakriti: Vata Kapha	Satmya: Sarva rasa
Vikriti: Vata kapha	Ahara shakti: Madhyama
Sara: Madhyama	Vyayama shakti: Madhyama
Samhanana: Madhyama	Vaya: Madhyama (39 years)
Satva: Pravara	Pramana: Height- 188cm Weight- 78kg

Systemic examination

Cardiovascular system: S1 S2 heard, no abnormality detected

Respiratory system: NVBS heard, no abnormality detected

Gastrointestinal system: P/A- soft, non-tender

Central nervous system:

Higher mental functions – intact

Oriented to time, place and person.

Table 4: Showing facial nerve examination:

Sign	Right	Left
Blowing of cheeks	Possible with reduced resistance on the right side	Possible
Clenching teeth	Deviation of the angle of the mouth to the left side	Possible
Frowning	Reduced in the right side	Possible
Crowning	Reduced in the right side	Possible

Smiling – Asymmetrical

Taste perception - Intact

Table 5: Showing Nidana panchaka

Nidana	Ucchairbhashya, Atiprajagara, Chinta, Abhojana.
Purvarupa	Avyaktha
Roopa	Headache, numbness and pain in the right half of the face, Vaksanga, netraadeenam cha vaikrutham, Vakribhavati vakthardham.
Upashaya	Ushnopachara
Anupashaya	Cold environment and intake of cold items.

Table 6: Showing samprapti ghataka

Dosha	Vata kapha	Udbhavasthana	Pakvashaya
Dushya	Rasa, Rakta, Mamsa	Sancharastana	Mukhardha
Agni	Jatharagni, Dhatwagni	Vyaktasthana	Mukhardha
Agni dushti	Mandagni	Adhistana	Shiras
Srotas	Rasavaha, Raktavaha	Rogamarga	Madhyama
Srotodushti	Sanga	Sadhyaasadyata	Asadhya

Table 7: Showing Treatment protocol adopted

Date	Treatment planned
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2/12/23 to 9/12/23	Mukha abhyanga with ksheerabala taila followed by nasya with Dhanwantara taila 3ml followed by 8ml to each nostril for 7 days.
10/12/23 to 23/12/13	Shashtikashali annalepa for 15-20 minutes

Table 8: Showing the contents of the annalepa

Contents	Quantity
Shashtika shali	50g
Balamula kwatha churna	50g
ksheera	500ml

Table 10: Showing Assessment (House Brackman scale)

Grade 3 before treatment

Grade 2 after treatment

Grade	Description	Characteristics
I	Normal	Normal facial function
II	Mild dysfunction	Slight weakness on close inspection: normal tone and symmetry at rest
III	Moderate dysfunction	Obvious weakness +/- asymmetry, but not disfiguring: synkinesis, contracture or hemifacial spasm: complete eye closure with effort
IV	Moderately severe dysfunction	Obvious weakness or disfiguring asymmetry: normal symmetry and tone at rest, incomplete eye closure
V	Severe dysfunction	Barely perceptible motion: asymmetry at rest
VI	Total paralysis	No movement

DISCUSSION

The Ayurvedic pathogenesis of Arditā Where the Vata dosha becomes aggravated due to various nidana and lodges in vaktrardha, which leads to vaksanga, twak swapa, netradeenam cha vaikrutham and Vakribhavati vakthardham. Hence, the primary focus is treating vata dosha and Brumhana chikitsa. In this case, the main nidana for the manifestation of arditā is exposure to cold; it causes biological effects of freezing on the various tissues of the maxilla facial region, including skin, blood vessels, nerves, etc., so here, Sthanika Chikitsa, like mukhabhyanga, nasya, sweda will be more beneficial.

Mukha abhyanga and Pata sweda:

In The present case, the patient presented signs and symptoms indicative of vata and kapha pradhana dosha. Hence, the initial treatment followed is mukha abhyanga with ksheerabala taila and pata sweda. Acharya Dalhana has explained in detail the absorption of Sneha used in the abhyanga procedure; the oil used in Abhyanga reaches up to the different dhatu

if applied for sufficient time⁷. Hence, the drug used in Abhyanga gets absorbed by the skin. Ksheerabala taila⁸ contains Balamula, ksheera and murchita tila taila, which possess brumhana property. It nourishes the kapha and provides strength to facial muscles. Pata sweda helps in microcirculation by dilating blood vessels.

Nasya:

Acharya charaka, as mentioned, “Nasa hi shiraso dwaram”⁹. Nasa is the gateway of Shiras where medicine administered through the nose reaches Shringataka marma, from which spreads all over Shiras there by removing doshas¹⁰. In this particular case, Nasya with Dhanwantara taila, six drops of this Nasya dravya were instilled into each nostril. This Dhanwantara taila indicated in sarvavataroga¹¹ as it contains

balamu-
la, yava, kolakulattha, dashamula, manjishta, Kakoli, C handana, Sariva, kushta, tagara, jeevaka Tilataila, ksheera etc. It has Vatahara and Brumhana properties, which help in pacifying Vata. In Arditā there is dushti of mainly Prana, Vyan and Udan vayu. “Vak-

stambha” is one of Ardita's symptoms. It is primarily caused by *Prana vayu* and *udan vayu* dushti. The normal function of *Prana* is *Annapravesha*, and *udana vayu* is *Vakpravrutti*¹¹. These two functions are disturbed in *ardita*. Thus, in this case study, *nasya* is beneficial.

Shashtikashali Annalepa:

Comes under one among the *pradeha*. In this case report, its *vataashlemahara* property helped manage the condition. *Acharya sushruta* mentioned how *pradeha* would act like through *tiryag dhamanis*¹² reaches *romakupas* and *swedavaha srotas*, by the virtue of *veerya* of drugs used in *pradeha* it reaches targeted site. *Shashtika Annalepa* has innated nourishing properties that might have facilitated the remyelination of served nerve. Thus, *Shashtikashali* nourished *mamsa - asthi dhatu*¹³.

Discussion on observation:

A moderate improvement occurs in overall Symptoms such as difficulty in closing eyes, deviation of the angle of the mouth, trapping of food particles between gums and teeth and stiffness of the affected side of the face. The patient found 50% relief from the symptoms. In this case, treating *mukha abhyanga* with *pata sweda*, *nasya*, and *annalepa* helps reduce symptoms.

CONCLUSION

Ardita can occur due to *margavarana* or *dhatukshaya*. In this case, it has happened due to *dhatukshaya*, so the *brumhana* line of treatment was adopted. The patient experienced a moderate improvement in symptoms, progressing from grade 4 to grade 2 on the House Brackmann scale. This case study on Bell's palsy alongside *ardita* showcases the efficacy of the Ayurvedic approach with contemporary medical understanding. Ayurvedic interventions, such as *mukhabhyanga*, *nasya* with *Dhanwantara taila* and *Shashtikashali annalepa*, addressed the *vata dosha* imbalance and facilitated the restoration of facial muscle function.

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