

A CASE REPORT OF INFRA-NUCLEAR FACIAL PALSY W.S.R TO ARDITA VYADHI

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ABSTRACT

Ardita is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata dosha*. *Ardita* is also explained as *Ekayaam* (loss of movement involving one half of the face or half of the body with half of the face) by *Ashtang Hrudaya*. *Aacharya charaka* has included *sharirardha* in *Ardita* while *Aacharya Sushruta* has considered as the face is only affected, in it. The function of sense organs is impaired in *Ardita*. Cause of *Ardita* in infant might be hereditary, congenital defects, improper care taken by mother, side effect of any medicine etc. *Ardita*, a *vata vyadhi*, where the sense organs which differentiates living and non-living are impaired and which also responsible for the interaction between the living and its environment is also ceased. In the modern text it is correlated with facial palsy as the basic of sign and symptoms. In this paper an attempt has been made to understand *ardita vyadhi* with respect to facial palsy and it can be treated only with the help of *panchakarma*.

Keywords: *Ardita*, *Vata vyadhi*, Facial palsy, *Panchkarma*

INTRODUCTION

Spontaneous, unilateral facial nerve paralysis described by Charles Bell in 1831 (known as Bell's palsy). In *Ayurvedic* texts *Ardita* is described as a *vata vyadhi*. References of this disease have been described by *Brihattra*, *Laghutrai*, other popular texts like *Kashyap Samhita* and *Bhela Samhita*.

These motor and sensory functions are co-ordinated and controlled from the epitome of the head, which is considered as "*Uttamanga*". Face, is the mirror of the mind, which conveys the emotions like happiness, sadness, anger, disgust, fear and so on. The ability of the both verbal communication and facial expressions are hampered in *Ardita*. It is considered as one among the 80 *vataja nanatmaja vyadhi* by

*Acharya Charaka*¹. Being *shira* as the *adhithana*; *Ardita* is also considered as *Shirorog*. It is considered as *Asthimajjagata vata* according to *Bhela Samhita*². *Chalatwa* (movement) characteristically qualifies the living; achieved by the virtue of *Vibhu-Vata*³. When *vata* in its abnormal state leads to dreadful condition such as human body fails to function properly or becomes deformed and even causes death⁴. *Vata* is the prime element which is responsible for conveying all sense from the sense organs⁵. The function of sense organs is impaired in *Ardita*. Hence *Ardita* can be considered as a *vikruti* of *indriya* also. The word paralysis or palsy implies an abnormal condition characterised by the loss of mo-

tor functions or the loss of sensation or both. Paralysis is impairment or loss of especially the motor function of the nerve, causing disability to move or weakness of the affected part.

Paracetamol has been used by pregnant women for many months without any obvious harmful effects on the developing baby. Taking Paracetamol during pregnancy may raise the risk of a child developing ADHD (Attention Deficit Hyperactivity Disorder) and ASD (Autism Spectrum disorder)⁶. It can act as

a hormone disruptor, interfering with brain development.

CASE REPORT

A 1.5 months female baby admitted in *balrog* IPD of Government *Ayurveda* Hospital, Nagpur, on 4th January 2018 with the complaints of Right eye didn't blink, Dryness of eye (no tears even after crying), Size of the left eye is smaller as compared to right eye, Deviation of angle of mouth to left side while crying since 8 days.

Past history: No H/O any major illness. Mild fever 8 days before –took symptomatic treatment

Family history: Mother:- H/O Fever during ANC period (since 3rd month till delivery of baby)

Father:- H/O Pulmonary tuberculosis – 11 years back (AKT course completed)

Balakavatha and Ahar:-*Kshirada avastha*

Janma itivrutta (Birth history):-

a) **Garbhakalina:-** Normal gestational period (from 3rd month onwards H/O fever to mother, Tab Paracetamol 500 mg taken intermittently)

b) **Prasavakalina:-** Full term normal delivery at Yawatmal hospital.

c) **Jatamatra :-** Cried well after birth.

Immunization status:

BCG, HIV, OPV: - Taken

Navajatabalakapariksha :- *kalaprasutta* (36week 1 day)

Neonatal reflexes:

Rooting: Present, **Sucking:** Present, **Swallowing:** Present, **Moro's reflex:** Present

Stepping reflex: Present, **Automatic walking:** Present, **Extensor plantar reflex:** Present

Anthropometry:

Weight: - 2.5kg Length/ Height:- 54cm

Head circumference: - 34cm Chest circumference:- 31cms

Mid arm circumference: - 10cm *Shirorandhra* (Frontanalles):- Open normal (not closed)

Developmental Milestones:-

Motor:- Palmar grasp, Adaptive:- Palmar grasp

Samanya Pariksha (General Examination):-

Nakha:-Prakruta *Netra:- Right :- Netra unmesha-nimesha kashtata* *Twak:- Prakruta*

Left: - Size of the left eye is smaller

Jivha:-Nirama *Danta:- not errrupted* *Kesha:- Prakruta*

Agni:-Madhyam *Mala:- Samyaka* *Mutra:- Samyaka*

Nadi:- 88/min *Dehoshma:- 98⁰F* *Raktadaba:- NA*

Prakruti:-Pittavataja *Sahanana :- Madhyama* *Satmya:-avishesh*

Rodhana:-Prakruta *Aachushana:- kshmata utama* *Nabhi:- Prakruta*

Indriyaparishana (Sensory and Motor Examination):-

Dhyanendriya:-Prakruta

Karmendriya:- Prakruta

Paani:-Prakruta

Paada:- Prakruta

Vaaka:- Avyakta

Paayu:-Avyakta

Upastha:- Avyakta

Strotas parishana:-

Majjavahasrotas:-

Nishkarsha:- Vikruti

Asthivaha:-Prakruta

Sandhivaha:-Prakruta

Akshi,vita,twaka sneha:- Right:- No Askhinetrasrava

Kampa, Aakhepa, Murcha:- No

Shiroabhighata Lakshana:- No

Gyanendriya parikshana:-Prakruta

Karmendriya parikshana:- Right Netra unmesha-nimesha kashtata

Prayogashaleya and anya pariskhana (Investigation):-CT scan of brain -WNL

Nidanpanchaka:-

Hetu:-Jwara of mother during gestational period - Tab Paracetamol 500mg taken by mother during ANC period from 3rd month to 9th month

Purvarupa:- Right Mukhavakrata,

NetraUnmesha- nimesha akshamatva

Rupa:- Right mukha-apalavakrata

Kapalavalli nasha

Difficulty in closure of right eye

Loss of flexion of right upper eyelid

Samprapti:- Due to *mithya ahara vihara* by mother during ANC; fever occur because of which tab paracetamol 500 mg consume by mother from 3rd month till labour so *khavaigunya* developed in *shirasthan* of baby. So after delivery temperature

increases in baby, latter on right eye didn't blink, dryness of eye (no tears even after crying), size of the left eye is smaller as compared to right eye, deviation of angle of mouth to left side while crying, thus *ardita vyadhi* developed.

Upashaya:-

| Lakshana | Day 1st | Day 4th | Day 7th | Day 10th | Day14th |
|--|---------------------------|---------------------------|---------------------------|----------------------------|---------------------------|
| Right mukha-kapalavakrata | +++ | +++ | +++ | ++ | ++ |
| Kapalavallinasha | +++ | +++ | ++ | ++ | ++ |
| Difficulty in closure of right eye | +++ | ++ | ++ | + | + |
| Loss of flexion of upper eyelid | +++ | ++ | ++ | ++ | + |
| Size of the left eye is smaller as compared to right eye | +++ | +++ | ++ | ++ | + |
| Deviation of angle of mouth to left side while crying | +++ | +++ | +++ | ++ | ++ |
| Right eye didn't blink | +++ | +++ | ++ | + | - |
| Dryness of eye | +++ | + | - | - | - |

All this *lakshanas* are also mentioned in *madhava nidana*⁷

DIFFERENTIAL DIAGNOSIS:-

Infranuclear facial palsy (Lesions lies below the nucleus of facial nerve, the muscles of facial expression get completely paralyzed on one side)

Supra nuclear facial palsy (It is a central facial palsy, only the lower face is paralyzed, especially perioral musculature)

Erb's palsy (It is a paralysis of the arm caused by the injury of the upper group of nerves from C5-C8 of the spinal nerves which forms a part of brachial plexus)

FINAL DIAGNOSIS:

Infranuclear facial palsy (*Dakshina* i.e. right *Ardita vyadhi*)

Dosha:-*Vata*

Dushaya:- *Rasa,,mansa, majja*

Srotas:-*Majjavaha,*

Srotodushthi:-*Sanga*

Udbhavasthana:-*Pakwashaya*

Adhithana:-*Shira*

Avastha:- *Acute*

Sadhyaasadhyatva:-*Kashtasadhya*

Chikitsa sutra:-

For the treatment of facial paralysis, nourishing type of inhalation therapy should be administered, and the head should be anointed with medicated oil. *Nadi sweda* (a type of fomentating therapy) and *upanaha* (application of hot ointment or poultice) prepared with the meat of animals inhabiting marshy lands are useful for the cure of this ailment⁸. *Pratimarsha nasya* is useful for *kshata, baala-vruddha* individual⁹.

Chikitsa:- *Upakrama:-*

Pratimarshanasya with *Brahmi* tail 1 drop each nostril

Shiro-pichu with *Bramhi* tail (10-15 mins)

Kshirabala tail massage on face

Lehana karma with *vachachurna* + honey

DISCUSSION

In facial palsy, facial nerve dysfunction leads to facial muscle paralysis with impairment of both sensory and motor functions¹⁰. *Ardita* is a disease caused by vitiated *vata*. *Vata* is responsible for all

motor, sensory and biological activities can be attained by normalcy of *vata*. Hence we adopted *brihmana* and *vata shaman* type of *chikitsa* for correcting the vitiated *vata* as per *Ayurvedic* treatment principle and mostly the *bahya vata shaman chikitsa* has been given as the *balak* was in *kshirad avastha*¹¹. It improved the motor function by stimulating and strengthening the facial nerves and muscles. As *nasya* is contraindicated for children, so *pratimarshanasya* was given¹². *Abhyanga* stimulate the nerves by increasing neural conductivity and improves circulation.

SUMMARY

Ardita is considered as a *vatavyadhi* caused by aggravation of *vata dosha*. It occurs because of improper diet consumed by mother as well as taken tab paracetamol 500mg during ANC period (from 3rd month till labour). Does keeping in mind about *shodana* purpose *panchakarma* has been applied according to the procedure mentioned by *acharya*. Thus after full study we can say that *panchakarma* therapy can be beneficial in treating *ardita vyadhi*. No case study related to *ardita vyadhi* in infant as been done.

CONCLUSION

The patient was evaluated based on her symptoms as suffering with upper motor neuron facial palsy and treated according to *Ayurvedic* principles.

From the study we can conclude that upper motor neuron palsy can be successfully managed by *Ayurvedic* treatment with lesser chance of recurrence and without any side effects.

TAKE HOME MESSAGES

- Prevention is better than cure... Care should be at early stage, at the higher level it would be very difficult to take a move. Similarly, for instance if a tree has to be cut, it should be at the start of its growth later on it is difficult to cut a tree. In the same way, cancer should be prevented and if detected than should be cured im-

mediately but at later stage it becomes utmost difficult to cure.

- “Health management is free and enjoyable; but disease management is very costly and painful”.

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