

AYURVEDIC MANAGEMENT OF BELL'S Palsy WITH A NEURO REHABILITATING RASAYANA: A CASE REPORT

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**ABSTRACT**

Ardita (Bell's palsy) is one of a disease described among the 80 varieties of *Vataja Nanatmaja Roga* that has similar signs and symptoms as that of Bell's Palsy. This article is a case report of an unmarried 34-year-old male patient who visited the OPD with distortion of the face, sleeplessness, headache and slurred speech for the past 3 days. He was diagnosed with Bell's palsy and treated with combined treatment of *Lashuna Rasayana* course and *Anu taila Nasya*. Significant improvement in the signs and symptoms were seen along with reverting back to normalcy.

Aim – To Manage *Ardita* with a suitable *Rasayana* and *Nasya* course.

Methodology- Oral Administration of 500mg *Lashuna Rasayana* capsules and *Anu taila Pratimarsha Nasya* for 16 days followed by *Trivrut Lehya Virechana*.

Results – The patient had significant improvement in the signs and symptoms after the intervention.

Conclusion- *Lashuna Rasayana* being effective in treating both *Margavarana* and *Dhatukshaya Janya Vata Vyadhi* has tremendously worked in treating this acute condition. This *Rasayana* with *Anu Taila* has indeed contributed to the speedy recovery with no complications.

Keywords: *Rasayana*, *Ardita*, Bell's palsy, *Nasya*

INTRODUCTION

Acharya Charaka explained *Ardita* as that which affects one side of the face with or without the involvement of one side of the body¹. Whereas Acharya Sushruta opines that *Ardita* affects one side of the face. Due to the consumption of some *Vata Prakopakara Ahara* and *Vihara*, the *Vata* gets vitiated. This aggravated *Vata* settles down on *Ardha Mukha Bhaaga* and causes the disease². Being a *Vata Vyadhi*, the treatment modality of *Vata Vyadhi Chikitsa* can be incorporated for the treatment. In modern parlance, the disease symptoms coincide with the Bell's palsy. This disease typically starts abruptly with the paralysis of muscles on one side of the muscles of one side of the face due to the faulty signals from the paralyzed muscles. The Sunnybrook facial grading system was established by the Sunnybrook Health sciences centre, Toronto that aids in the measurement of a quantitative score to know the changes after an intervention.

Case Study:

Type of study - Interventional study

Study details –

A 34-year-old unmarried male patient visited the OPD of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Kuthpady, Udipi (OP-377548)

History of Present illness – An unmarried male patient aged 34 years who was apparently well before 2 months, had visited an allopathic hospital for ear wax removal. During the procedure, he had a rupture of the tympanic membrane. On severe bleeding from the injured site, the patient approached an ENT specialist. The doctor prescribed him with few medications and eardrops for 3 months duration. During the treatment (on 27/8/2021), the patient developed mild debility and also started noticing the deviation of the mouth to the left side while speaking and smiling, associated with reduced sleep, ear pain and headache. For all the above-said complaints he got admitted to the hospital (on 30/08/2021) for 1 week.

Past History - No significant history.

Family History- History of Hypertension for his father since 1 year.

Personal History - Gait- Normal Free Swing, Speech - Slurred, Bowel- Passes regularly once in a day, Appetite - Reduced, Micturition - Passes 4 -5 times a day, Sleep- disturbed due to pain, Allergy - allergy towards dust particles, Addiction – Nil

General Examination-

Pulse- 79/min, Blood pressure - 130/90mm Hg, Respiratory rate -21/min, Pallor – Absent, icterus – absent, cyanosis – absent, koilonychia – absent, lymphadenopathy, oedema - absent

Ashta Sthana Pareeksha

Nadi- *Vata Pittaja*, *Mutra*- *Prakritha*, *Mala* – *Prakritha*, *Jihva* – *Aliptha*, *Shabda* – *Prakritha*, *Sparsha* – *Rooksha*, *Drik* – *Vaikrutha*, *Akrithi* – *Mukha Vaikrutha*, *Prakrutha Deha*

Dashavidha Pareeksha

Prakrithi - *Vata* – *Pittaja*

Vikruthi-

Hetu- *Aharaja* and *Viharaja*,

Dosha –

Kapha (*Bhodhaka*, *Tarpaka*)

Vata (*Prana*, *Udana*, *Vyana*)

Dooshya – *Meda*, *Raktha*, *Sira*, *Snayu*

Desha – *Sadharaana*

Bala – *Madhyama*

Prakrithi – *Vikriti Vishama Samasamaveda*

Sara - *Madhyama*

Samhanana - *Madhyama*

Pramana - *Madhyama*

Ahara shakthi - *Poorva Kalina*- *Pravara*, *Adhyatana*-*Avara*

Vyayama Shakthi - *Poorva kalina*- *Pravara*, *Adhyatana*-*Avara*

Vaya - *Madhyama*

Satva – *Madhyama*

Satmya – *Madhyama*

Nidana Panchaka- *Nidana* - *Abhighata*; *Poorva Rupa*- *Roma Harsha*, *Avila Netrata*, *Toda*, *Manya sthambha*, *Hanugraha*; *Rupa* - *Vakreekarothi Vakrardham*, *Bhadyathe Shravanau*, *Nethradheenaam Vaikrutham*, *Avyaktha Bhashina*; *Upashaya* – *Aushadhi*

Facial nerve examination

Table 1: Facial nerve examination

Assessment	Tests	Observations
Sensory Assessment	Changes in sense of taste -	Present
Motor Assessment	Hearing changes	Hyper acusis present
	Inspection –	
	Forehead wrinkling	Absent on right side
	Naso labial fold	Obliterated on the right side
	Angles of mouth	Drooping on the right side
	Facial movements-	
	Raising the eyebrows	Not possible on the right side
	Closing eyes	complete closure of the eyelids possible
	Blowing of the cheeks	Air escapes through the right side
	Smiling	Deviation of the angle of the mouth towards the left side only

Vyadhi vinischaya (Diagnosis) - Ardita, Bell's Palsy

Treatment Plan –

- 1) A *Naimittika Rasayana* for the condition.
- 2) *Nasya* course for the fast and easy delivery of the medicine.

Treatment-

- 1) *Lashuna Rasayana* course along with milk followed by *Mridu Virechana* as mentioned in table 2

Table 2: *Lashuna Rasayana* course

Date	Intervention
4/9/2021 to 7/9/2021	12 caps of <i>Lashuna Rasayana</i> early morning in empty stomach
9/9/2021 to 11/9/2021	24 caps of <i>Lashuna Rasayana</i> early morning in empty stomach
12/9/2021 to 15/9/2021	36 caps of <i>Lashuna Rasayana</i> early morning in empty stomach
16/9/2021 to 19/9/2021	48 caps of <i>Lashuna Rasayana</i> early morning in empty stomach
20/9/2021	25 gm <i>Trivrut Lehya</i> was given with warm milk

- 2) *Nasya* with Anu Taila 2 drops to each nostril in the early morning in the empty stomach from 4/9/2021 for 1 month.

OBSERVATIONS AND RESULTS-

The patient was admitted to the IPD by the hospital and was strictly advised to follow *Vatahara Pathya* along with the plan of intervention. The same medications were given for a month and follow-up was done after complete course total remission of the symptoms. (Images shown below)

Fig 1: Before the Intervention

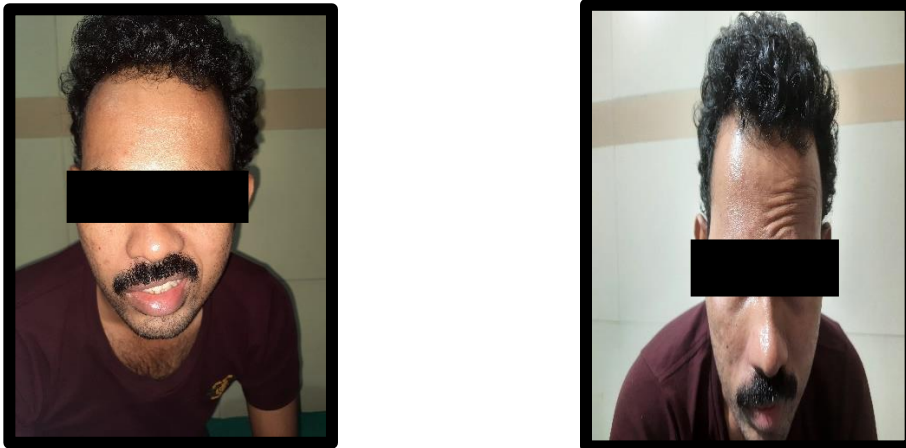
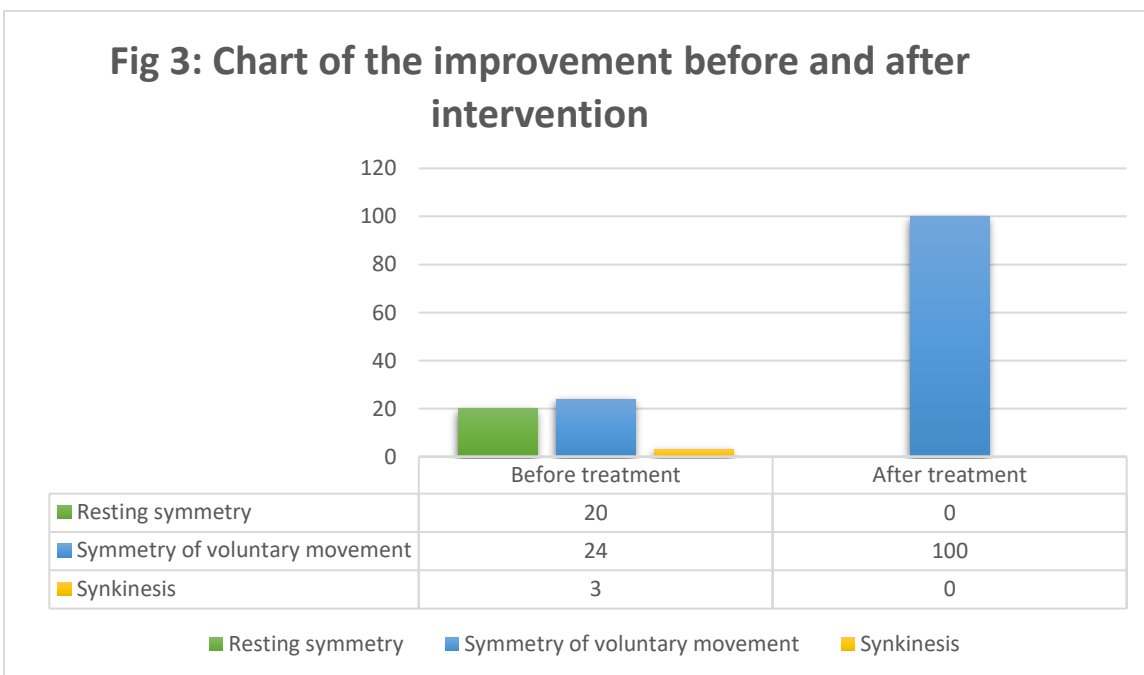


Fig 2: After the Intervention



Fig 3: Chart of the improvement before and after intervention



The composite score of the Sunnybrook facial grading system was 1 on the first day of admission which was 25 after the intervention.

DISCUSSION

Lashuna Rasayana is a potent neuro rehabilitating *Rasayana* that is efficacious in treating both the *Dhatukshayaja* and *Margavarana* pathologies of *Vata Vyadhi*, thus helping reduce the aggravated *Vata* vitiation. *Acharya* has mentioned that in doubt of *Pitta Kopa Bhaya* during the *Lashuna Rasayana* intake, one can opt for a *Virechana* soon after the course. *Trivrut Lehya* which is a *Sukha Virechaka* helps in normalising the aggravated *Pitta* after the *Lashuna Rasayana* intake. *Nasya* (Errhine Therapy) is the *Chikitsa* mentioned particularly for all the *Jatru Urdwaga Roga* and also *Ardita Chikitsa* includes the same. *Nasya* is the best and quick way to the *Shiras* and related structures and hence helps in the *Snehana (oleation)* of all the nerves involved in the bells palsy. A combined treatment of both oral and external routes has led to the speedy recovery from this condition.

*Lashuna Rasayana*⁴: This formulation contains only frozen dry powder of *Lashuna* encapsulated in 500mg hard gel capsules. *Lashuna* with *Madhura* (sweet) and *Lavana* (salt) *rasa*, with *Snigdha* (unctuous), *Guru* (heavy) *Tikshna* (quick) and *Sara* (unstable) *Guna*, having *Vata Kaphahara* and *Bruhmana Karma*. This is a *Rasayana* used in treating many *Vata Roga* irrespective of whether it's *Margavarana Janya* or *Dhatu Kshaya Janya Vyadhi*.

*Trivrut Lehya*⁵: This formulation is a *Virechana Yoga* that does not lead to any complications and at the same time yield the desired effects. *Rasayana* followed by a *Sukha Virechana* ensures that there is no aggravation of the *Pitta* following the intake of the *Teekshna Guna Yukta Lashuna*. Aggravated *Vata* being the prime causative factor in *Ardita* and also *Pakvashaya* being the *Vata Sthana*, *Virechana* helps in the *Anulomana* of the *Prakupita Vata* along with expulsion of the vitiated *Vata*.

*Anu taila*⁶: This formulation is advised in the *Jatru Urdwaga Roga* and administered through the nostrils to reach the *Shiras*. The drug gets absorbed and expels

the morbid *Dosha* present anywhere in the *Urdhwa Jatru*. The prior *Sthanika Abhyanga* and *Swedana* facilitates the drug absorption. The instilled medicine will be retained in the area for some time due to the gravity created due to the head low position and hence more time of exposure with the nasal mucosa. The *Anu Taila* possess *Laghu Tikshna Guna* and *Ushna Veerya* and is good *Srotoshodhaka*. Most of the drugs in the formulation is anti-inflammatory thereby preventing any inflammation, nourishing the nerves and nearby structures and also increasing immunity.

CONCLUSION

The timely diagnosis of bell's palsy is the key to achieving success in the treatment of the same. The judicious use of a *Rasayana* and *Anu Taila* course has remarkably contributed to the treatment of the disease with complete remission of the disease. This was a clinically significant single case study and hence the same treatment combination if done in a large sample size will help establish a statistical significance.

PATIENT PERSPECTIVE

The patient was satisfied with the treatment and was able to chew food, smile without deviation of the angle of the mouth and be completely relieved from the earache and generalised weakness.

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