



MANAGEMENT OF ARDITA THROUGH PANCHAKARMA: A CASE STUDY

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ABSTRACT

Ardita is one among the Vata Nanatmaja Vyadhis described in our Ayurvedic classic, which causes Vakrata (deviation) of Mukha Ardha (half of the face). Laxhanas resembles symptoms of Facial palsy, where there is involvement of 7th cranial nerve. The present case study was conducted with an objective to find out the effective ayurvedic management in Facial palsy. where in 13 years old girl with a history of Deviation of mouth towards right side since 2 Years associated with Incomplete closure of left eye since 2 years, Ringing sound in left ear intermittently since 1 yr, Difficulty in chewing from left side of mouth since 2 years was registered in our OPD. History and examination reveal facial paralysis.i.e. Facial palsy. On examination the patient was treated on the lines of ardita chikitsa mentioned in ayurvedic classics.

KEYWORDS: Ardita, Facial palsy, Nasya, panasapatra swedha, ksheeradhooma.

INTRODUCTION

Ardita is considered as one among the eighty Vataja Nanatmaja Vyadhis in Ayurvedic classics¹. Charaka Acharya opines that this disease is localized in half of the face with or without the involvement of the body². While Sushruta has considered as the face is only affected in Ardita³. He further added that auxiliary points that, following Rakta Kshaya, (depletion of blood) in specific group of patients get afflicted by Ardita:

Acharya Arunadatta has clarified that Ardita is the disease of the body mostly affecting half of the face, due to excessive aggravation of Vata and causes distortion of face⁴.

On the basis of symptoms Ardit can be correlated with facial palsy. Facial palsy is a common neurological disorder in which seventh cranial nerve is affected. 7th cranial nerve also known as facial nerve, responsible for all voluntary movement of face, taste to the anterior 2/3 of tongue as well as control of lacrimal gland & salivary gland secretions. Facial palsy is defined as a temporary inability to control the facial muscles on affected side of face⁵. It can be characterized by weakness, muscle twitching, or total loss of ability to move on affected side along with drooping of eyelid, pain around the ear and change in taste. Typical symptoms come on over 48 hours. Its cause is unknown. On the basis of lesions, it can be divided into two types, UMN & LMN lesion. If patient involves paralysis of lower face on the opposite side, it comes under UMN. If involves upper as well as lower face on same side, it comes under LMN.

The incidence is around 23 per 1, 00,000 people per year, or about 1 in 60-70 people in a lifetime⁶. It affects men and women more or less equally, with a peak incidence between the age of 10-40. It occurs with equal frequency on the right & left sides of the face⁷.

CASE REPORT

A 13 years old Girl, came to Panchkarma OPD with the following complaints from 2 years.

- Deviation of mouth to right side
- Incomplete closure of left eyelid
- Ringing sound in left ear intermittently
- Difficulty in chewing from left side of mouth
- watering from left eye
- dribbling of saliva from rt side of mouth.

History of Present Illness

According to the patient she was apparently normal 2 yrs back, one sudden day after post night sleep her mother noticed slight deviation of mouth to Right side. she was taken to nearby hospital & was treated, From next day onwards pt noticed difficulty in closure of left eye, watering from left eye, slurred speech, she was on same medication for 1 to 2 weeks & then later she was taken for treatment in different hospital since 1 & ½ years but was not cured from difficulty. Thereafter She approached for ayurvedic treatment.

AIMS AND OBJECTIVE

To evaluate the effect of navana nasya, ksheera dhooma & panasapatra sweda in Ardit. (Bell's Palsy).

MATERIALS AD METHODS -**SOURCE OF DATA -**

subject selected from opd and ipd of government hitech panchakarma hospital Mysore.

General examination

| | | |
|-----------------------|----------------------|---|
| • BP- 110/70 mm of Hg | • Pulse- 98/min | • Temperature – 98 ⁰ F |
| • R/R – 20/min | • Edema –not present | • Pallor – not present • Icterus – not present |

ASTA STHANA PAREEKSHA

| | | |
|----------------|--|---|
| • Nadi: 98/min | • Mutra: 4-5 times/day, • once at night | • Sparsha: prakruta • Druk: prakruta |
| • Jihva: lipta | • Shabda: vama karnanada | • Akruthi: madhyama |

DASHA VIDHA PAREEKSHA

- ✓ Prakruthi: VK
- ✓ Vikruthi: KV
- ✓ Sara, samhanana, pramana, satmya , sattva: Madhyama
- ✓ Aharashakthi :
 - Abhyavaharanashakti- madyama.
 - jarana shakthi- avara
- ✓ Vyayama shakthi : madhyama
- ✓ Vayah: bala

Systemic Examination:

Patient was conscious & well oriented to time, place & person. Higher function like intelligence, memory, behaviour, emotions are normal. Superficial & deep reflexes were normal. All the cranial nerves are intact except

VII nerve i.e. facial nerve.

| | |
|---------------------|-----------------------------------|
| Forehead frowning | Affected on left side |
| Eyebrow raising | Affected on left side |
| Eye closure | Incomplete closure of left eyelid |
| Blowing of cheek | Not possible on left side |
| Nasolabial fold | Decreased on left side |
| Taste perception | Not Affected |
| Dribbling of saliva | From left side |
| Bells phenomenon | Present on left side |
| Deviation of mouth | Towards right side |

- CN 8 Vestibulocochlear nerve

Rhinne's Test - Left Ear Bc > Ac, Right Ear Ac > bc

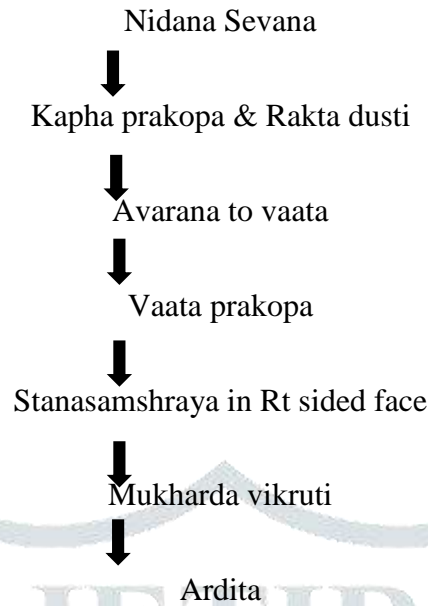
Weber's Test – Left Ear > Right Ear

- **MOTOR & SENSORY SYSTEM**
- Muscle tone, bulk & power are normal in all the limbs.
- **Reflexes:** Biceps Jerk, Triceps Jerk, Supinator Jerk, Knee Jerk, Anklejerk Were Normal,
- **Sensory system:** superficial & deep sensations - were intact

NIDANA PANCHAKA

- Nidana - exposed to sheeta vayu (while travelling)
- Purva roopa - nothing specific
- Roopa - Deviation of mouth towards rt side, incomplete closure of lt eye.

Upashaya & anupashaya – nothing specific

SAMPRAPTI**Plan of Treatment:****INTERVENTION**

| | |
|----------------|---|
| POORVA KARMA | Mukha & shiro abhyanga with ksheerabala taila followed by panasa patra swedha & ksheera dhooma for 14 days. |
| PRADHANA KARMA | Navana nasya with ksheera bala 101 avarthitha 4 bindhu in each nostril for 14 days |
| PASCHATH KARMA | Padatala,skandhas,hasta,karnadi mardhana was done. |

Shamana chikitsa:

- Cap. Ksheerabala taila 101 1-0-1 [AF] * 15days
- Avipattikara churna 2tsp at night with warm water
- Ashwagandha choorna 2tsp BD anupana ksheera
- Yasti & Vacha churna for Jihwa nirlekhana.
- Advised followup after 15 days.



Before Treatment

After Treatment

Assessment of Criteria:

Clinical assessments were made from the subjective symptoms & House-Brackmann's grading of facial nerve VII. The result was seen after 14 days of treatment. There was no side effect observed during & after the treatment.⁸

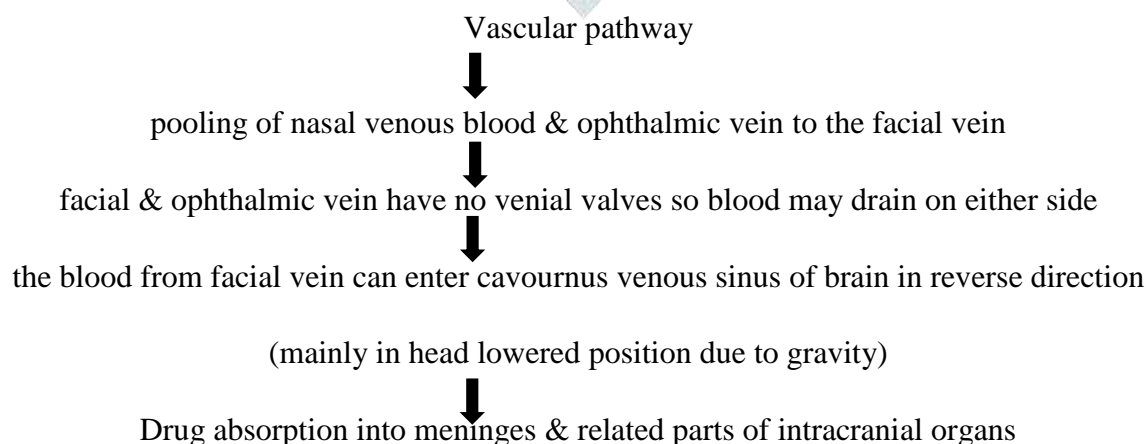
Subjective parameters

| Parameter | Before Treatment | After Treatment |
|---------------------------------------|---|----------------------------|
| Deviation of mouth towards right side | Grade IV | Grade II |
| Dribbling of saliva | Dribbling present | Dribbling absent |
| Nasolabial fold | Decreased nasolabial fold from left side of mouth | Normal |
| Lacrimation | Continuous lacrimation from left eye | Lacrimation absent |
| Chewing | Difficulty in chewing from left side | Easily chew from left side |
| Taste sensation | Altered | Normal |

| | Before Treatment | After Treatment of 14 Days |
|--------------------|--|---|
| Left side of face | Grade IV (weakness with asymmetry of mouth, forehead frowning-none, incomplete closure of eyes with efforts) | Grade II (slight weakness noticeable on close observation, normal symmetry at rest, forehead-moderate to good function, eye- complete closure with minimum effort, mouth- Slight asymmetry. |
| Right side of face | Grade I (normal facial function in all area) | Grade I (normal facial function in all area) |

DISCUSSION

Arditha is one among the Vataja Nanatmaja vyadhi explained by Acarya Caraka and the treatment should be employed by using General protocol i.e., Brimahana and Balya drugs which alleviates Vata⁹.

MODERN HYPOTHESIS IN DRUG OBSERPTION

Thus, Drug transportation, can reach directly into the C.S.F. as arachanoid matter is extended to submucosal area of the nose along with olfactory nerve.

Here in this case the patient was given Sthanik Abhayanga & Swedana prior to the Nasya therapy. Sthanika Abhayanga was done with ksheera bala taila followed by panasa patra swedha & ksheera dhooma. It dilates the micro-blood vessels of face & enhances the blood circulation to that area. The increased blood flow to the peripheral arterioles accelerates the fast drug absorption & results in fast improvement. Improved blood supply to particular area of face result in nourishment of facial muscle & increases strength of facial muscle to work properly.

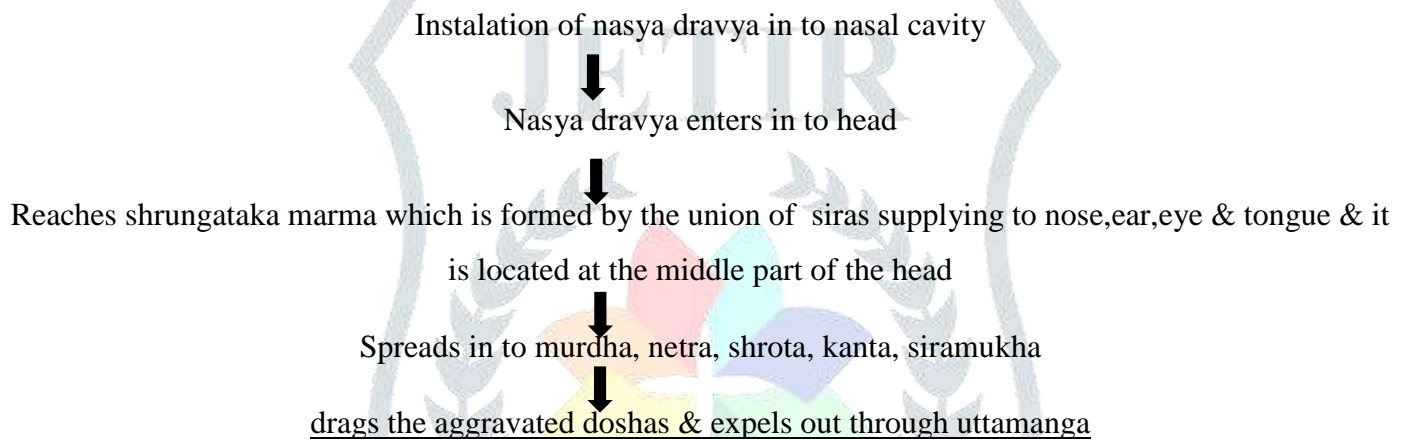
- **Sthanika abhyanaga:** ksheera bala taila augments release of endorphin, which are pain reducing neurotransmitters, along with it acts vatahara, bhrumhana & balya properties¹⁰
- **Panasapatra sweda:** panasa patra sweda relieves sheeta guna of vata dosha & it as balaya, bhrumhana, mamsala & santarpana properties given strength to facial muscles¹¹. Panasa Patra has beta-sitosterol as an active principle. It is a steroid & precursor of an anabolic steroid boldenone. The probable topical absorption of beta-sitosterol in lipid base can be substantiated by the pharmacokinetics of boldenone.
- **Ksheera Dhooma:** Bala moola ksheera dooma have following benefits,
 - Bala (*Sida cordifolia*) mainly contains ephedrine an alkaloid which is a CNS stimulant. It increases the activities of neurotransmitter norepinephrine, one of which is increased blood flow to skeletal muscles & improved functioning.
 - Ksheera (cow's milk) Madhura quality of goksheera is SaptaDhatuVardhaka and Indriya Prasadaka helps in DhatuKshaya and improves sensory functions. Due to its Snigdha property it will mitigate Vatadosha. Guru Guna of Go Ksheera stabilizes the normalcy of Kapha Dosha.
- **Nasya karma:** Nasya karma with Ksheerabala 101 avarthita taila suppresses nerve inflammation and promotes nerve regeneration and gives strength to muscles due to Balya and Brimhana properties of drugs present in it¹¹. Ksheerabala Taila has additional properties of Rasayana, Indriya Prasadana, Brimhana properties.

PROCEDURAL EFFECT

- Abhyanga followed by Snigdha Sweda in the form of Ksheera Dhooma relieves Stabdhatata by Ushna Guna, Rukshata by Snigdha Guna, Sthanika Srotovivarana by Ushna Guna, Mridutva and Balya effects are achieved by steam of mixture of Ksheera and Balamoola Qwatha.
- Dhooma of Ksheera and Balamoola Kashaya is one of the best Brimhana Chikitsa, which can normalise Bodhaka Kapha Vikruti¹³.
- Swedana has the quality to excite the nerve endings and thus improve tactile sensibility.

- Primary dilation of capillary vessels is seen due to the vasomotor nerve influence.
- Swedana also improves the strength of striated voluntary muscles.
- Swedana procedure helps in vasodilation and is effective in diseases like paralysis, where vasoconstriction is the root pathology.
- The Nasya dravya acts at Sringataka marma from where it spreads into various Srotas (vessels, nerves) and brings out all vitiated Doshas from Urdhvajatugata vikara. So Shodhana in the form of Nasyakarma i.e., Navana nasya is adopted in this study which has shown highly significant result. Nasya supports the sensory system by vascular pathway

MODE OF ACTION OF NASYA



The treatment employed here acts as Vata shamana, alleviation of Sthabdatha due to Ushna guna of Swedana. Navana nasya which alleviates the Vata dosha due to Madhura and Brihmana effect and there by disintegrates the Samprapthi involved in Arditha.

CONCLUSION:

Arditha involves the Dhatu kshayajasamprapthi in its manifestation. Acharyas have indicated Snehana, Swedana and Navana nasya in its management. Hence in this study Sthanika abhyanaga with ksheerabala taila, Sthanika panasa patra sweda, ksheera dhooma & Navana nasya with Ksheera Bala101 was employed in the study shown highly significant results in all parameters. However as this is a single case study, similar studies needed to be done on larger sample size to establish statistical significance of present line of treatment.

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