Therapeutic effect of *navana nasya* with *dashamooldya taila* in *Ardita* with special reference to Bell’s palsy- A single case report

Dr Chakravarthula Adithya*1* Dr Rajalaxmi M.G*2*

1. PG Scholar, Department of PG studies in Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi 574118, Karnataka, India. Email-adithyachakravarthula@hotmail.com
2. Associate professor, Department of PG studies in Panchakarma, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Kuthpady, Udupi 574118, Karnataka, India. Email-drrajalaxmisdm@gmail.com

ABSTRACT

*Ardita* is one amongst the *vataja nanatamja vyadhi* which is resulted due to *prakopa* of *vata dosha* manifesting in one half of the face presenting with the symptoms like *mukhardha vakrata, netra vaikrita* and *vaksanga*. The same is narrated in contemporary science under the name Bell’s palsy. This disease manifests due to temporary paralysis of the facial nerve on one half of the face. As explained in the classics, the features of Bell’s palsy was observed in one of the male patient aged about 8 years presented with the complaints of incomplete closure of right eye lids along with the deviation of angle of mouth to left side, the condition was even associated with pain in right half of the face. Later patient noticed dribbling of saliva from the angle of the mouth on right side. As these symptoms were classically presented representing *Ardita*, after assessing the fitness of the patient *Nasya karma* with *dashamooladya taila* was administered for a period of 7 days. Later the case was followed for a period of 7 days and the results were assessed based on the parameters selected for the study. The final results depicted with the significant improvement in signs and symptoms of *Ardita*.

KEY WORDS: *Ardita*, Bell’s palsy, *Nasya karma*, *Dashamooladya taila*.

Introduction

*Ardita* is one amongst 80 *nanatmaja vata vyadhi* as explained by Acharya charaka. The same is also mentioned under *shiro marmabhigahataja vikara* in classics some of the etiological factors are enumerated for the manifestation of the disease *Ardita* such as eating hard food, excessive yawning, laughing, speaking loudly, carrying heavy loads on the head, during old age are the commonest causes. Apart from these, some of the susceptible persons such as pregnant women, children and those persons who are endowed with *bhaya* and *lobha* which ultimately leading to *vata prakopa* getting *sthanasamshraya in shiras, nasa, oshta, chibuka, lalata* resulting in the manifestation of the disease *Ardita*, The clinical signs and symptoms which manifests in this
disease are mukhardha vakrata, greeva vakrata, shira shoola, vaksanga, netra vikruthi, greeva, chibuka, dhanta vedana etc. The same in modern parlance can be understood as Bell’s palsy.

Bell’s palsy is the condition wherein there is a temporary paralysis of 7th cranial nerve. The cause was identified as the inflammation of the facial nerve or the reaction occurring after viral infection but the exact cause of Bell’s palsy is still unknown. The annual incidence of this idiopathic disease is between 11 and 40 per 100,000 of population or about 1 in 60 persons in their lifetime.

In classics, nasya has been mentioned as the best choice of treatment for urdhwajathru vikara and Ardita is basically a vataja vikara which can be effectively treated by administering snehana type of navana nasya and hence it is selected. Acharya Vangasena had explained Dashamooladya taila in the context of Ardita under vatavyadhi adhikara for the purpose of nasya, pana, abhyanga and anuvasana basti.

Case Report

A male patient aged about 8 years presented with deviation of angle of mouth to the left side and unable to close the right eye lid completely which was also associated with pain in the right half of face, dribbling of fluids from the angle of mouth since 1 day.

Details of the case study:

A male patient aged about 8 years without any co-morbidities was said to be apparently healthy a day before his arrival to the hospital. Progressively patient party had noticed deviation of angle of mouth on left side of the face (unaffected side) after waking up from the bed and he noticed that his right eye lid was incompletely closing. These symptoms were associated with pain in the right side of the face, dribbling of liquids from the angle of mouth. For these complaints the patient approached to our hospital.

On examination, there was absence of expressions on the right half of the face, deviation of angle of mouth towards left side and also the eye ball movement was observed upwards and inwards when attempted to close the eye lids (Bell’s phenomenon). Along with this there was absence of nasolabial and frontal folds on the right half of the face. Based on the above clinical symptoms and examinations, the patient was diagnosed as Ardita (Bell’s palsy). As it is urdhwajathru gata vikara and also there is an indication of nasya karma in Ardita vata, we have selected nasya karma. Since the basic causative factor for the manifestation of the disease is said to be prakupita vata dosha and the disease per se is having an indication of snehana nasya that yoga which is having an indications for nasya in Ardita such as dashamooldya taila has been selected with a dose of 8 drops for a period of 7 days.
Results:

The signs and symptoms were compared before the treatment, after the treatment and after follow up of 7 days.

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Discussion:

Age of the patient: As explained in the classics, there is an age limit for nasya to be performed. Since the age of the patient is considered to be the initial age to start nasya karma, finally it was decided to perform madhyama matra of marsha nasya in the dose of 8 drops to each nostrils.

Presenting symptoms: As patient presented with the classical signs and symptoms of Ardita, wherein there will be aggravation of vata dosha in urdhwa jatru pradesha. Hence to eliminate the dosha from the asanna marga, nasya karma was selected.

Selection of the drug: Sneha used for the nasya karma was dashamooladya taila which contains drugs such as dashamoola and jeevaniya gana dravya which possess the action such as tridosha shamaka and brimhana. This
will pacify *vata* and strengthen the *dhatu* which in turn subside the signs and symptoms of *Ardita*. Amongst *chaturvidha sneha, taila* was used, as it pacifies the *vata* and doesn’t aggravate the *sthanika kapha dosha*.

Method of *nasya karma*: *Abhyanga* and *swedana* performed before the *nasya karma* helps in the stimulation of nerves and proper absorption of the medicine by increasing blood circulation to the local area. Along with this, the specific position given during the procedure will help to enter the circulation which is directed towards the brain and also it has local circulatory effect which aids towards drug absorption.

Probable mode of action: As the *nasa* is the gate way of *shiras*, the *nasya* drug *Dashamooladhyya taila* after being instilled into both the nostrils initially enters into *shringatataka marma* from where it gets distributed into *murda* and different parts of *urdhwa jatru* like *netra, karna, kantha* through respective *srotas* and brings the morbid *dosha* out from the *mukha marga*.

Changes observed: The patient got complete relief from signs and symptoms of *Ardita* like *mukha ardha vakratha, vaksanga, netra vikriti, jatrudhwa vedana* after the treatment.

**Conclusion:**

Based on signs and symptoms of *Ardita*, the patient was diagnosed in modern parlance as Bell’s palsy and as there is an indication of *navana nasya* in *Ardita, Dashamooladya taila* which is explained in *vata vyadhi adhikara* was administered with a dose of 8 drops into each nostril for a period of 7 days and the patient was assessed before and after the treatment.

As the disease *Ardita* is a *vata pradhana vyadhi*, *snehana navana nasya* with *dashamooladya taila* which possesses the properties such as *vatahara* and *brimhana* was selected and administered to that patient.

As the patient approached us in the initial stage of the disease wherein there was no intervention of any other contemporary medicine, it was easy for us to start the *nasya karma* after correcting *ama avastha* in the patient. During this study, patient did not have any untoward effects of the treatment and he tolerated *nasya karma* very well.

However this study is a single case study, to get the statistical significance of present line of treatment such studies having a large sample size should be taken to highlight the efficacy of the treatment in the successful management of the disease *Ardita*. 
References: