

Case Study

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Clinical management of Ardita (Bell's palsy) through Ayurveda: A case study

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Abstract

Keywords

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As per Ayurveda Acharyas, Ardita is considered as one among the eighty Naanatmaja VataVyadhi and its major symptoms can be correlated to 'Bell's palsy' in modern aspect. In the present study, a 40 years old male patient approached to Kayachikitsa OPD complaining of deviation of mouth on left side, unable to chew on right side, slurred speech, difficulty in blinking right eye since last 14 days He was clinically diagnosed as Bell's palsy and managed through external treatment and internal medications for 14 days which included Mukha abhyanga with Dhanwantaram Tailam, Ksheeradhoomam, Nasya with Ksheerabala Taila 101 Avartti along with intake of Maharasnadi Kashayam, Yogaraja Guggulu, Maharajaprasarani Tailam Capsule, Dasamoolahareetaki Lehyam. The patient got a major relief in all symptoms with appreciable changes suggesting the wide scope of Ayurveda in management of Ardita.

Introduction

Ardita is one among the 80 Nanatmaja Vyadhis of Vata. The word 'Ardita' means the one that is partially destroyed. 'Ardhe hatham ithi ardhitham'. As per Ayurveda, excessively aggravated Vayu causes distortion in half of the face and curvature of the nose, eyebrow, forehead, eye and mandible. But Acharyas have different opinions about Ardita. Acharya Charaka described it as a disease affecting only face. But Acharyas like Vagbhata and Sushruta pointing out

the involvement of half of the body also. Excessive laughing, speaking loudly, chewing hard food, yawning, sneezing, carrying heavy loads on head, sudden movement of head and neck, exposure to cold and wind etc. are some Nidanas (aetiology) explained by Acharyas that leads to vitiation of Vata and manifestation of symptoms of Ardita. The symptoms include distortion of the affected side of the face, deviation of angle of mouth, tremors of the head, shaking of tooth, incomplete closure of the eye in the affected side, distortion of the nose, difficulty

in speech and hoarseness of voice, loss of hearing and impairment in smell sensation, pain in the ear, difficulty in mastication and swallowing of food etc.[V, 2013]. It is also considered as a 'Shiroroga' since Shira is the Adhistaana in this condition. As per Vaghbata, Ardita is explained as Ekayaam. It can be correlated with Facial palsy as the paralysis of facial nerve almost shows the symptoms of Ardita. Paralysis of the facial nerve may be of the upper motor neuron type or lower motor neuron type. The causes of facial palsy are compression of facial nerve by oedema, periostitis at the facial canal, ischemia of the nerve or a viral infection. Commonly occurring facial palsy is Bell's palsy, which is a lower motor neuron type. It usually develops suddenly and spontaneously due to idiopathic reasons. Paralysis of muscles of facial expression, weakness in pursing movements of lips, inability to hold water in mouth, deviation of the angle of the mouth to the normal side, incomplete closure of eyes and watering from the eyes, absence or decreased visibility of nasolabial fold etc are the common symptoms. Since facial nerve carries sensations from lateral border of anterior two third of tongue it is also affected. [Karan, et al. 2005]

Ayurveda, being the science of life which primarily focuses on maintaining the health of a healthy person and also curing the disease has been found specially effective in treating neurological disorders with classic Ayurvedic formulations and procedures.

2. Case presentation

2.1) Patient information: 40 year old male, well built with a height of 170 cm and weight of 72kg, and is assessed to be vata-kapha Prakriti.

2.2) Presenting complaints: The patient complaints of deviation of mouth on left side, unable to chew on right side, Slurred speech, difficulty in blinking right eye since last 14 days. General weakness is associated complaint.

2.3) History of presenting complaints: The patient was apparently normal before 14 days. Next day on waking up he noticed a slight deviation of mouth to left side. Gradually on the same day, he started suffering from symptoms like feeling difficulty in blinking right eye, chewing on right side and by night he observed his speech getting slurred. He was hospitalised on next day morning and was diagnosed with Bell's palsy. He was under allopathic medication since last 13 days but started feeling weak on taking medications. So for betterment of condition he has approached for Ayurveda treatment.

2.4) History of past illness: The patient is under allopathic medication for diabetes since last 10 years.

2.5) Family History: No history of family members having similar complaints.

2.5) Personal History: Bowel- Normal Appetite- Normal Micturition- Normal Sleep- Normal Diet – Mixed Addictions- Nil

2.6) Drug History: Metformin 500g – 1BD (Antidiabetic allopathic medication)

2.7) Clinical Examination

a) General Examination: Temperature – 37.2°C
Pulse- 74/min

BP-130/80mm Hg Lymphadenopathy- Absent
Oedema- Absent

Icterus - Absent Cyanosis- Absent Pallor- Absent

Central Nervous System Examination

1. Higher Motor Functions intact
2. Consciousness- Conscious
3. Orientation - Intact
4. Memory - Recent -not affected Remote- not affected
5. Intelligence- Intact
6. Hallucination & Delusion - Absent
7. Speech - Slow and words are mumbled

Cranial Nerve Examinations

Neurological examination of all other cranial nerves, aside from the facial nerve, are intact. Cerebellar examination is also normal.

- a. Forehead frowning - not possible on right side
- b. Eyebrow raising - not possible on right side
- c. Eye closure - Right eyeball moves upwards and inwards when the patient attempts to close it along with incomplete closure of eyelid. (Bells phenomenon)
- d. Teeth showing - not possible in right side denture
- e. Blowing of cheek - not possible in right side
- f. Nasolabial fold - Naso labial fold loss on Right side.
- g. Taste perception - not affected
- i. Bells phenomenon – present on right side
- j. Deviation of mouth towards left side

Reflex Test- Deep Reflexes such as Biceps, Triceps, Supinator, Knee jerk, Ankle jerk and Plantar reflex are normal.

Muscle power and Muscle tone of all limbs not affected.

Co-ordination Test

Upper limb

- Dysdiadokinesia- absent • Finger to nose test- possible
- Pronator Drift- Possible • Fine movements- No abnormality detected

Lower limb:

- Tandem walking-Possible • Heel shin test- Possible • Heel walk- Possible

Investigations: MRI demonstrates a neoplasm compressing the facial nerve

Diagnosis: Arditia (Bell's palsy)

Treatment Plan:

External Medication: Mukha Abhyanga (Facial massage) with Dhanwantaram Taila, Ksheeradhooma, Nasya with Ksheerabala Taila101 Avartti.

Internal Medication: Maharasnadi Kashaya 15ml with 30 ml lukewarm water at empty stomach (morning and evening)

Yogaraja Guggulu 1-0-1 with Kashaya

Maharajaprasarani Taila Capsule 2-0-2

Dasamoolahareetaki Lehya 15g twice a day

Assessment criteria: Done on the basis of gradation system

Results

100% relief was found in absence of nasolabial fold, watering of right eye and slurred speech, 50% relief was found in trapping of food between gums and cheek, widening of palpebral aperture, smiling sign. Before starting the treatment the House Brackmann's grading of facial nerve was Grade 4 and after completion of 14 days treatment; it was Grade 1. There was no side effect observed during and after the treatment.

Table No-1: Grading Assessment for clinical features before and after treatment

Clinical features	Grading		BT	AT	% of Relief
Absence of nasolabial fold	Nasolabial fold present normally	0	3	0	100%
	Nasolabial fold seen while trying to speak	1			
	Nasolabial fold seen while attempting to smile	2			
	Nasolabial fold never seen	3			
Watering from right eye	No watering	0	1	0	100%
	Persistent but daily routine not hampered	1			
	Persistent and hamper daily routine	2			
	Constant watering	3			
Widening of palpebral aperture	No widening	0	2	1	50%
	Slightly wide (Whole cornea visible)	1			
	Moderately wide (cornea+1/3 upper sclera visible)	2			
	Severely wide (cornea+1/2 upper sclera visible)	3			
Smiling sign	Absent	0	2	1	50%
	Present without upper movement of left angle of mouth	1			
	Present with upper movement of left angle of mouth	2			
	Always present	3			
Slurring of speech	Normal speech	0	1	0	100%
	Pronouncing with less effort	1			
	Pronouncing with greater effort	2			
	Complete slurring	3			
Dribbling of saliva	Absent	0	1	0	100%
	Intermittent	1			
	Constant but mild	2			
	Constant but profuse	3			
Trapping of food between gum and cheeks	Absent	0	2	1	50%
	Mild not noticeable	1			
	Present and easily removable	2			
	Present and need manual removal	3			

Discussion

As per Vaghbata and Charaka, Ardita requires a Brihmana Chikitsa (nourishing type of therapy) [KV, 2004]. Nasya Karma (Errhine therapy), Moordha Taila (application of oil to the head), Tarpana (Libation) with medicated oil to the eyes and ears, Nadi Sweda (Tubal sudation), Upanaha Sweda (application of poultice) are included in the treatment principle of Ardita.

Probable mode of action

Snehana (Oleation) with Dhanwantaram Taila [Vaidyan, 2015] which is mainly Vatashamaka in

nature increases the blood circulation, strengthens and tones up muscles and plays a vital role in restoring natural functions of nervous system. Swedana stimulates blood flow to peripheral arterioles which accelerates the drug absorption and nerve conduction. Ksheeradhooma is highly beneficial as the combination of Bala (*Sida cordifolia*) and milk is Brihmana as well as Vatahara in nature thereby reducing stiffness and strengthening facial muscles and nerves. Nasya is one among the Panchakarma which mainly focuses on treating Urdhwajatrugata Vikaras (disease affecting areas above neck).

Nasyadravya on reaching Sringataka Marma and spreads to various Srotas producing Dosha Shamana.

Maharajaprasarani Taila [Das Sen 2016] Capsules are highly effective in neurological disorders and are Vatahara in nature. Maharasanadi Kashaya [Tripathi 1994] and Yogaraja guggulu [Mishra 2018] is a highly prescribed effective combination for all Vatajarogas. Dasamoolahareetaki Lehya [Vagbhata, A. 2009] is a Rasayana Aushadha that is Vata-Kaphahara in nature that helps in reducing general weakness and has antioxidant, analgesic, anti-inflammatory action.

Conclusion

The patient was evaluated and treated according to Ayurvedic principles. From the study we can conclude that Ardita can be successfully managed by Ayurvedic treatment with lesser chance of recurrence and without any side effects. The grading done according to modern principles also matched very well with the results. Moderately severe grading (grade 4) done according to house-bookman's scale was reduced to normal (grade 1) stage.

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