

## A CASE REPORT ON AYURVEDIC MANAGEMENT OF ARDITA (BELL'S PALSY)

<sup>1</sup>\*Dr. Adarsh Kallimath, <sup>2</sup>Dr. Muttappa Totad, <sup>3</sup>Dr. Yadu Gopan, <sup>4</sup>Dr. Vasantha B. and <sup>5</sup>Dr. Niveditha M. N.,  
Dr. Siminayani G.<sup>6</sup>

<sup>1,5</sup>Post Graduate Scholar, Department of Kayachikitsa.

<sup>2,4</sup>Associate Professor, Department of Kayachikitsa.

<sup>3</sup>Assitant Professor, Department of Kayachikitsa.

<sup>6</sup>Post Graduate Scholar, Department of Samhita and Siddhanta.

Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, BM Road, Thanniruhalla, Hassan- 573201,  
Karnataka.



\*Corresponding Author: Dr. Adarsh Kallimath

Post Graduate Scholar, Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital,  
BM Road, Thanniruhalla, Hassan- 573201, Karnataka.

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## ABSTRACT

Ardita is one among Vataja Nanatmaja vyadhis. It is a condition that develops due to excessive aggravation of Vata due to causes like Ucchairbhashya, Atiadhwa, Ratrijagarna, Diwaswapna, Langhana. It leads to Vakraha (deviation) of Mukha ardha (half of the face). It can be correlated with Unilateral facial paralysis. Bell's palsy, also termed idiopathic facial paralysis (IFP), is the most common cause of unilateral facial paralysis. The symptoms are weakness of the facial muscles, poor eyelid closure, aching of the ear or mastoid, alteration of taste. Bell's palsy accounts for approximately 60–75% of cases of acute unilateral facial paralysis. The annual incidence is 15 to 20 per 100,000 and the recurrence rate is 8% to 12%. This extensive case report delves into the diagnosis and management of a case involving a 60-year-old male who approached SDM Ayurveda Hospital, Hassan, seeking Ayurveda management for facial weakness. He was diagnosed with Ardita - Right-sided Bell's Palsy (Grade IV) and was treated based on principles of Ayurveda. A comprehensive approach was taken, involving various Ayurvedic procedures, oral medications, and dietary recommendations. The article provides an in-depth analysis of Ardita and its counterpart Bell's palsy, shedding light on the patient's medical history, clinical examination, diagnostic methodologies, and the pivotal role of Ayurveda in the successful management of the same.

**KEYWORDS:** Ayurveda, Ardita, Bell's Palsy, Vatvyadhi, Mukhabhyanga, Nasya.

## INTRODUCTION

Vata is responsible for all the movements and physiological functions in the body. When Vata is affected, it results in impairment of various functions in the body. Vata has 80 Nanatmaja Vyadhis.<sup>[1]</sup> Ardita is one among them. Ardita is one specific disease which affects Jatrorhdwa angas. It is caused due to nidanas like Ucchairbhashya, Atiadhwa, Ratrijagarna, Diwaswapna, Langhana.<sup>[1]</sup> It presents with symptoms of Mukhardhavakrata, Vaksanga, Sthabdanetrata and Teevraruja of Jatrurdhwa Pradesha.<sup>[2]</sup>

Bell's palsy, also termed idiopathic facial paralysis (IFP), is the most common cause of unilateral facial paralysis.<sup>[3]</sup> It accounts for approximately 60–75% of cases of acute unilateral facial paralysis.<sup>[4]</sup> It is caused due to paralysis of 7<sup>th</sup> cranial nerve - The facial nerve. This nerve also controls salivary and lacrimal glands. The motor function

of the peripheral facial nerve controls the upper and lower facial muscles.<sup>[5]</sup> It has a rapid onset and is unilateral.<sup>[5]</sup> It is more common in patients with diabetes or who are pregnant.<sup>[5]</sup> The symptoms are weakness of the facial muscles, poor eyelid closure, aching of the ear or mastoid (60%), alteration of taste (57%).<sup>[3]</sup> Diagnosis is clinical, often made on physical exam. Treatment is medical with a combination of corticosteroids and antiviral medication.<sup>[5]</sup>

A close resemblance of Bell's palsy and Ardita are seen as the symptoms are similar and hence an effort is made to treat Bell's palsy according to the treatment lines of Ardita.

## PATIENT INFORMATION

A 60-year-old farmer who is a known case of Type II DM for 4 years and under medication for the same, developed deviation of the angle of mouth to the left, an

inability to close right eye completely, and pain behind the right ear on 7/9/2023. He got admitted at SDM Ayurveda Hospital, Hassan on 9/9/2023.

**Chief Complaint:** Deviation of angle of mouth to left, inability in complete closing of right eye and pain behind right ear since 2 days. Associated with right temporoparietal headache since 2 days.

**Clinical Findings:** The patient's family history reveals no significant contributions to the current health issue. In terms of personal history, the individual maintains a mixed diet with a good appetite, regular bowel movements, and micturition. Sleep is reported as adequate and sound, with no notable habits.

**Vital signs** include a pulse rate of 80/min, blood pressure at 140/80 mm Hg, afebrile temperature, and a respiratory rate of 18 cpm. General examination shows the absence of pallor, icterus, cyanosis, clubbing, and lymphedema. The tongue is not coated, and the patient is well-built with moderate nourishment.

**Systemic examination** reveals CVS with S1 and S2 sounds and no added sounds. The respiratory system demonstrates normal breath sounds with clear lung fields and good bilateral air entry. The abdominal examination indicates softness, non-tenderness, and no organomegaly.

**CNS examination** confirms the patient's consciousness and orientation to time, place, and person. Cranial nerves 1-6 and 8-12 are intact. Notably, cranial nerve VIII (Facial Nerve) examination shows signs on the right side, including obliteration of the nasolabial fold, dropping of the angle of the mouth, air leakage on the right-side during cheek blowing, incomplete teeth showing on the right side, and positive Bells Phenomenon on the right side. Taste sensation in the anterior 2/3rd and posterior 1/3rd is intact, hyperacusis is absent, and lacrimation is preserved.

**Table 1: Timeline of intervention.**

DATE RANGE	PROCEDURES DONE
9/9/2023 – 15/9/2023	1. Sarvanga Parisheka with Dashamoola Kwatha + Dhanyamla 2. Mukhabhyanga with Ksheerabala Taila + Ksheeradhooma f/b Marsha Nasya with Ksheerabala 101 drops 6/6 drops b/l nostrils. 3. Shiropichu with Ksheerabala Taila 4. Netra bandhana to prevent dryness and protect cornea
13/9/2023 – 15/9/2023	Continued 2, 3,4. 5. Sarvanga Abhyanga with Mahanarayana Taila f/b Sarvanga Parisheka with Dashamoola Kwatha + Dhanyamla
<b>ORAL MEDICATION</b>	
9/9/2023 – 15/9/2023	Tab. Kamaduga Mukta 1-1-1 B/F
9/9/2023 – 10/9/2023	Gandarva Hastadi Kashaya 10 ml TID A/F
11/9/2023 – 15/9/2023	Drakshadi Kashaya 10 ml TID A/F
<b>Pathya</b>	Ksheerasarpi Bhojana
<b>Apathya</b>	Sheetambu, Rookshanna, Kathina Bhakshya, Ucca bhaashya
f/b = followed by, B/F = Before food, A/F = After food, b/l = Bilateral	

**Rogi Pareeksha** reveals a Kapha-Vata Prakruti, Vata Vikruti, the pramana and Samhanana were madhyama, while Satva, Aharashakti and Vyayama shakti are also deemed Madhyama. Madhyamarasa satmya is noted. Ashtasthana Pareeksha highlights a predominantly Vata nadi and normalcy in stool, urine, tongue, speech and touch. Drik and Akriti were Vaikrita.

**Roga Pareeksha** revealed Nidanas that include carrying weights, exposure to Katu, Amla and Kashaya rasas, and daytime sleep. Poorvaroopas were not observed by the patient. Aggravating and alleviating factors were not elicited.

#### INVESTIGATIONS (10/9/2023)

Hb% : 11.4 gm%  
TC : 12100/mm<sup>3</sup>  
ESR : 10 mm/1st hr  
FBS : 180 mg/dL

All other parameters were within normal limits

#### MRI Brain on 8/9/2023 revealed bilateral cerebral white matter hyperdensities

The differential diagnosis of Horner's syndrome, Ramsay Hunt syndrome and TIA were well-considered and excluded, and the investigations helped rule out other potential conditions.

#### DIAGNOSIS

- Ardita (Dakshina) - Right sided Bell's Palsy (House Brackman Grade IV)

#### THERAPEUTIC INTERVENTION

The patient was intervened with shodhana and shamana chikitsa with both Bahya and Abhyantara chikitsa. The treatment was planned taking into consideration the etiology, clinical features, findings of clinical examination, and laboratory findings.

**Treatment duration:** 7 days (09/09/2023 – 15/09/2023)

On 16/9/2023, examination revealed **House Brackman Grade III Facial palsy.**

**Assessment criteria:** House Brackman Grading

**Assessed on:** Day0 and Day7

### OUTCOME

The patient showed improvement in facial weakness, with reduced pain and better facial muscle function after the treatment.

#### BEFORE TREATMENT (9/9/2023)



**Figure 1:** Inability in complete eye closure.



**Figure 2:** Inability in showing teeth right side.

#### AFTER TREATMENT (16/9/2023)



**Figure 3:** Near complete eye closure.



**Figure 4:** Improved teeth showing.

### DISCUSSION

White Matter Hyperintensities (WMH) encompass acute small subcortical infarcts that exhibit variable outcomes, including disappearance (10%), persistence (60% to 70%), or cavitation leading to lacune formation.<sup>[6]</sup> This phenomenon draws parallels to Asruksosha as described by Charaka<sup>[1]</sup> and Asrukkshaya in Sushruta<sup>[7]</sup> when elucidating Ardita. Considering that WMH may initially lack clinical signs or symptoms, it aligns with the concept of avyakta poorvaroopavastha, later manifesting as Ardita in a sequela. The therapeutic interventions mentioned above, coupled with Nidanaparivarjana and

Pathya, likely contributed to halting or decelerating the progression of WMH and improving the associated disability. Additionally, this approach may diminish the risk of future cerebrovascular accidents (CVA) a sequela of WMH.

Inflammation of facial nerve at facial canal leads to Bell's palsy<sup>[8]</sup> and is typical of that. Hence this was understood in terms of Pitta, and oral intervention of Kamaduga Mukta and Drakshadi Kashaya were chosen. Gandharvahastadi Kashaya does Vatanulomana.

External therapy Mukhabhyanga stimulates facial muscles, enhance local circulation and drug absorption due to the method and temperature. Considering Grade 4 Bell's palsy, due to severe weakness of facial muscles, Balya formulation was chosen. Ksheerabala taila consists Ksheera, Bala and Tila taila, all which are Vatahara and Balya thereby pacifying Vatadosha.

Marsha nasya with Ksheerabala 101 drops is Brimhana nasya. Nasya or nasal route of drug delivery is considered as one of the fastest routes of drug delivery to the brain. This is due to the large surface area, porous endothelial membrane, high total blood flow, the avoidance of first-pass metabolism, and ready accessibility.<sup>[9]</sup> The Nasya procedure facilitated the drug's direct reach to the sringataka marma which is a dhamani marma residing on either sides of nostrils just above maxillary sinuses. These bring out vitiated doshas from jatrurdhwa pradesha and indriyas. This route helped in providing strength to the indriyas and aiding in restoring their function, which have been disrupted by the disease.

In summary, the adoption of a multimodal approach and the utilization of drugs with multipharmacokinetic actions, combined with specific procedures, contributed to the successful management of Ardita.

## CONCLUSION

This case study on Grade IV right-sided Bell's Palsy alongside Ardita showcases the efficacy of Ayurvedic approach with contemporary medical understanding. Ayurvedic interventions, such as Mukhabhyanga, Nasya with Ksheerabala 101 drops, and specific oral medications, addressed the Vata dosha imbalance and facilitated the restoration of facial muscle function.

The success in managing the case of Ardita and Bell's Palsy not only speaks to the efficacy of the interventions but also opens avenues for further research into the role of Ayurveda in complex neurological conditions. As we move forward, continued exploration and documentation of such cases will contribute to establishing Ayurveda as a valuable and complementary system in the broader healthcare landscape.

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