

Integrated approach on *Ardit vyadhi* w.s.r Bells Palsy – A Single Case Study

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ABSTRACT –

INTRODUCTION- Bell's Palsy is an acute, idiopathic, unilateral type of lower motor neuron type of facial nerve paralysis. *Ardit* is a type of *Vata Vyadhi* in which the vitiated *Vata* gets situated on either side of face and results in deviation of face on either side. A male patient age 50 years old came to *Kayachikitsa* OPD with C/O -right sided facial deviation, slurred speech, drooping of right eyelid, improper blinking of right eye, watering from right eye, numbness and tingling over right side, drooling of saliva from right angle of mouth, difficulty in chewing and swallowing of food, unable to blow or whistle, unable to fill mouth with air since 2 days. **MATERIAL AND METHODS -** Patient was treated with *Snehana*, *Swedana*, *Tarpana*, *Gandusha*, *Ayurvedic* Formulation and Physiotherapy as an Integrated approach.

RESULTS – Patient was observed before and after treatment. Patient had significant improvement in functional, psychological and emotional aspects.

DISCUSSION– Primary aim is understanding *Ardit Vyadhi*, its *Samprapti* and treatment. Secondary aim is functional, psychological and emotional inability of the patient and its importance to treat the patient with best possible way. There was no relapse of any symptoms post treatment even after 8 months. This longterm effect provided by a short span treatment was of very significance in this case. It's mainly patient centric and cost effective.

KEY WORDS – *Ardit Vyadhi*, Bell's Palsy, *Nasya*, *Tarpana*, *Gandusha*, *physiotherapy*.

I. INTRODUCTION

Bell's palsy is most common type of facial paralysis with idiopathic etiology. It is an Acute, Idiopathic, Unilateral Lower Motor Neuron type of Facial Nerve involvement where there is Non Suppurative Inflammation of the nerve. The incidence is approximately 25/10,000 people or 1 in 60 people annually. 80% of recovery completes within span of one month. Main Line of Treatment includes Prednisolone, Antivirals like Acyclovir, Valacyclovir, with other symptomatic treatment like Eye Padding with Artificial Tear, Antibiotics Eyedrops, Mouth Wash, Massage over affected area.^{[1],[2]}

Vata is mentioned as the controller of all the movements in the body including *pitta*, *kapha doshas* and also *dhatu* and *malas*. When the vitiated *vata dosha* causes the *asadharana vyadhi* it is called as *Vatavyadhi*.^[3] *Acharya Charaka* mentions 80 *Nanatmaja Vikaras* of *Vata Dosha*.^[4] One of the 80 *Vaatvyadhis* is *Ardita Vyadhi*. *Shabdakalpadruma* states meaning of the word *Ardit* meaning 'someone who is troubled'. *Ardit Vyadhi* is described in all *Brihatryais*. When one side of face gets deviated on either side then the *vyadhi* is known as *Ardit Vyadhi*. The causative factors for *ardit* states pregnant, recently delivered, children, old, emaciated and anaemic, the one who speaks loudly, eating hard food, laughing, yawning, weight lifting and uneven bed. This results in situation of *vayu* at head, nose, lips, chin, forehead and corner of mouth causing *Ardit Vyadhi*.^[5] The line of treatment mentioned in *samhitas* for *ardit vyadhi* is as follow-*Navana*

Nasya, Murdhni Taila, Tarpana, Nadi Sweda, Upnaha Sweda, Santarpana Ahara And Lastly Dhumpana.^{[6],[7]}

अर्दिते नावनं मूर्ध्नि तैलं तर्पणमेव च॥ १९॥
नाडीस्वेदोपनाहाश्चाप्यानूपपिशितैर्हिताः | (Charak
Samhita Vatavyadhi 28/99)^[6]

A single case study of a 50 years old male who developed Right sided facial deviation,dropping of right eyelid,watering from right eye,drooling of saliva from right angle of mouth,difficulty in swallowing and chewing of food was treated with integrated approach by the *ardit vyadhi chikitsasutra* and physiotherapy.At the end of treatment there was significant relief in all symptoms and signs.

II. CASE REPORT

HISTORY OF PRESENT ILLNESS -

A male patient age 50 years old was healthy on 18/03/2024; came to *Kayachikitsa* OPD on 20/03/2024 with complaints of –

Right sided facial deviation, Slurred speech, Drooping of right eyelid, Improper blinking of right

eye, Watering from right eye, Numbness and tingling over right side, Drooling of saliva from right angle of mouth, Difficulty in chewing and swallowing of food, Unable to blow or whistle, Unable to fill mouth with air since 2 days.

Patient visited to local physician but had no relief. Hence, was referred to higher centre. Patient admitted to *Kayachikitsa* male ward for further management.

HISTORY OF PAST ILLNESS –

Patient had history of foot drop since 2018.

Patient has no any K/C/O – DM / HTN / Thyroid / Haemorrhoids .

MEDICINAL HISTORY –

No any medicinal history

FAMILY HISTORY –

Maternal – IHD with Myocardial Infarction

Faternal – no any

SURGICAL HISTORY –

No any previous surgical history.

ALLERGY HISTORY –

No any known allergies

PERSONAL HISTORY –

Ahara	<ul style="list-style-type: none"> ➤ Good appetite has food on time as hunger is provoked. ➤ Takes food on time. ➤ Breakfast – 8.00 am; Lunch – 1 to 1.30 pm; Dinner – 8.30 to 9 pm ➤ Non veg – 2 times a week, includes chicken, mutton, fish and egg. ➤ Fast food – mostly vadapaav and bhajipaav - very frequently. ➤ Bakery products – biscuits and toast mainly ➤ Tea – 2 times a day; <i>Paryushita anna</i> – frequent; <i>Viruddha Ahar</i> – frequent
Vihara	Heavy work at Construction Site
Mutra	3 to 4 times in a day, 1 time at night, yellow / transparent in colour No any urgency, burning, frequency.
Mala	2 times in a day; evacuated in 2 minutes span
Nidra	Adequate Sleeps at 10 – 11 pm at night and wakes up at 5 to 5.30 am in morning.
Vyasana	Had previous habbit of tobacco chewing stopped 22 years ago.

Table No.1 – Personal History of Patient

GENERAL EXAMINATION ON ADMISSION DAY –

BP -180/110 mm of Hg	Oedema-Absent
P -84 / min , regular	Pallor-Absent
T- Afebrile	Icterus-Absent
RR- 18 / Min	Cyanosis-Absent
Spo2 – 98% on RA	Lymphadenopathy-Absent

Table No. 2 – General Examination of Patient

ASTHAVIDHA PARIKSHA

Nadi	84/min
Mala	Passed

Mutra	Passed; 3 to 4 eps /morning
Jivha	Sama
Shabda	Prakrut
Sparsha	Prakrut
Druk	Dakshin akshi unmesh nimesh hryasa
Akruti	Madhyama

Table No.3 – Asthavidha Pariksha

DASHAVIDHA PARIKSHA

Prakruti	Vata-Pitta
Vikruti	Vata Pradhana
Sara	Rasa Mamsa
Samhanana	Madhyama
Satwa	Madhyama
Satmya	Madhura, Lavana, Amla, Katu
Ahar Shakti	Madhyama
Vyayama Shakti	Madhyama
Vaya	Madhyama
Pramana	72 Kg

Table No.4 – Dashavidha Praiksha

SYSTEMIC EXAMINATION –

RS	AEBE Clear, No Any Added Sounds Present
CVS	S1S2 Heard, No Any Murmur Present
CNS	Concious And Oriented to Time, Place and Person
P/A	Soft And Non Tender

Table No.5 – Systemic Examination of Patient

LOCAL EXAMINATION

Cranial nerve Examination – 7th nerve - Facial Nerve

SR NO	FUNCTION	ASSESMENT
1	Smoothing of furrows over forehead	Right Side
2	Asymmetry Of Blinking	Right Eye
3	Watering / Epiphora	Right Eye
4	Bells Phenomenon	Positive On Right Eye
5	Corneal Reflex	Absent On Right Eye
6	Loss Of Nasolabial Fold	Right Side
7	Angle of mouth drawn on left side when asked to show upper teeth	Left Side
8	Drooping Of Angle of Mouth	Right Side
9	Dribbling Of Saliva	Right Side
10	Unable To Whistle / Blow as Air Escapes	Right Side

Table No.6 – Cranial Nerve Examination of Patient

INVESTIGATIONS –

Hb	16.0
WBC	9400/mm ³
RBC	4.99/mm ³
Platelets	1,82,000/mm ³
BSL- R	110 mg/dl
Sr Creatinine	1.31mg/dl

Table No.7 – Investigations of Patient

NIDANA ^[8]

Ahara	<i>Vidahi Anna, Paryushit anna, Ati ruksha anna, Ati Ushna anna, Virruddha anna</i>
Vihara	<i>Adhika bhara vahana - Heavy load carrier, Vishama shyana, Atapa sevana</i>

SAMPRAPTI ^[8]



SAMPRAPTI GHATAKA ^[8]–

Dosha	<i>Vata Pradhana Tridosha</i>
Dushya	<i>Rasa, Rakta, Mamsa, Sira</i>
Agni	<i>Mandagni– Jatharagni</i>
Strotas	<i>Rasavaha, Raktavaha</i>
Strotas Dushiti	<i>Sanga And Vimargagamana</i>
Udbhava Sthana	<i>Amashaya</i>
Sanchara Sthana	<i>Urdhwa Jatru</i>
Adhithana	<i>Mukhardhya</i>
Swabhava	<i>Chirkari</i>
Roga Marga	<i>Madhyama</i>

TABLE NO.8 – SAMPRAPTI GHATAKA

CHIKITSA –

अदिते नावनं मूर्ध्नि तैलं तर्पणमेव च। ९९।।

नाडीस्वेदोपनाहारचाप्यानूपपिशितैर्हिताः। (Charak Samhita Vatavyadhi 28/99)^[6]

In *Ardita Vyadhi*, treatment is done on the basis of *Nidana Parivarjana*, *Chikitsa Sutra for Ardit chikitsa* and *Vaat Vyadhi* and *Yukti chikitsa*.

Mainly it includes *Navana Nasya*, *Murdhni Taila*, *Tarpana*, *Nadi Sweda* and *Ayurvedic Medicinal Formulation*.

Total course of treatment was from March 21,2024 To April 5 , 2024

SHODHANA CHIKITSA	SHAMANA CHIKITSA
<i>Snehana With Masha Taila+Prasarni Taila</i>	<i>Cap Palsineuron</i>
<i>Swedana With Pinda Sweda</i>	
<i>Nasya With Panchendriya Vardhan Taila</i>	
<i>Gandusha With Bala Taila</i>	

Netra Tarapana With Triphala Ghruta

SR NO	PANCHAKARMA PROCEDURE	MEDICATION	DOSE	DURATION
1	Snehana	Masha Taila+ Prasarni Taila ^{[9],[10]}	20 ml	10 days
2	Swedana	Pinda Sweda ^[11]	Till samyak sweda lakshana appears 10 mins	10 days
3	Nasya	Panchendriya Vardhana Taila ^[12]	2 – 2 drops in each nostril	10 days
4	Gandusha	Bala Taila ^[13]	30-30 ml Hold till samyak gandusha lakshana	10 days
5	Netratarpana	Triphala Ghruta ^[14]	15 mins	5 days continue 2 days break then 3 days 10 days

TABLE NO.9 – Shodhana and Shamana Chikitsa

PHYSIOTHERAPY -

1	Galvanic current stimulation - 50 Hz
2	Blowing whistles
3	Blowing candle
4	Blowing balloons
5	Concentrating on a lightened candle
6	Closing and opening of eyes

III. DISCUSSION

1. Snehana and Swedana^{[15],[16],[9],[10],[11]}

Nidana sevana -> Mainly Prana, Udana, Vyana Vata vitiates -> Circulates and Sthana samshraya at Dakshina mukha -> Resulting in Dakshina Mukha Vakrata, Vakra Nasika, Stabhda Netra, Vaaksanga -> Dakshina Ardita vyadhi.

Additionally, loss of tonicity of orbicularis oris, buccinator, platysma, levator anguli oris, depressor anguli oris, orbicularis oculi -> Results in Drooping of Right angle of mouth, Drooling of saliva from Right angle of mouth, Food traps in between gums and teeth, Watering of eye and drooping of right eyelid.

Hence, for maintaining Vikrut Prana, Udana and Vyana Vayu locally at face region -> Snehana Chikitsa is suggested.

क्रियामतः परं सिद्धां वातरोगापहां शृणु केवलं निरुपस्तम्भमादौ स्नेहैरुपाचरेत्॥७५॥ वायुं सर्पिर्वसातैलमज्जपानैर्नरं ततः॥^[15]

Out of all types of treatment, Snehana is main line of treatment in Vata Vyadhi. Snehana can be preferred with taila, ghruta, vasa, majja according to condition of patient.

Taila is great choice as it reduces vitiated vata dosha but not increase kapha dosha, bala vardhana

and provides stability. Here, we preferred snehana with Masha Taila and Prasarni Taila over complete face.

Snehana chikitsa is done with Masha taila and Prasarni taila -> Madhur Rasa, Ushna Virya, Madhur Vipaka-> locally acts on Prana, Udana and Vyana Vayu releasing the Sankocha and Stambha, giving Bala -> improves Vaak pravrutti, Ksthivana, Annapravesha Kriya and Unmesh Nimesh kriya, giving Indriya Prasadana -> improving tonicity of all muscles of face.

When Snehana is followed with Swedana karma the dry wood can be bent; hence, stiffness of the patient can be released.

Here, Swedana is done with Pinda sweda.

Swedana relives Ayama, Sthambha, Gauravata of Right side face-> improving function of vata dosha.

2. NASYA^{[17],[12]}

Nidana sevana -> Vata prakopa ahara and vihara -> Prana, Udana, Vyana Vata vitiates -> circulates and sthana samshraya at Dakshina mukha -> resulting in Dakshina mukha vakrata, vakra nasika, stabhda netra, vaaksanga -> Dakshina Ardita vyadhi.

Best treatment for Ardit Vyadhi is Nasya Karma.

Nasya is Termed ‘Nasa Hi Shirso Dwaram’^[18] Which Means Nostrils is Doorway Towards Head.

Nasya is defined as therapeutic measures where medicated drugs are administered through nose. There are many types described in classical text among those Mainly on the basis of mode of action there are three types of nasya 1. Shamana nasya 2. Shodhana nasya 3. Bruhana nasya.

As Ardit Vyadhi is due to Vata Vikruti, Bruhana Nasya is choice of Nasya as it reduces the Vata dosha with Madhura rasa, Snigdha guna, Balya.

Here, Nasya Karma is done with help of Panchendriyavardhana Taila.

Nasya karma is administration of Nasya Dravya in the nasal cavity, it reaches the Shringataka Marma. Shringataka Marma have its extensions in Murdha, Netra, Kanth, Shortha.

The dosha of Uttamanga are pulled through these connections and drained outside the body cavity.

The method of pulling the dosha is similar as the Ishika is pulled from Munja, this loosen up Munja and eventually leads to destruction. Similarly, Nasya Karma remove doshas in small amount leading in complete destruction of doshas. This is Munja-Istika Nyaya.

Resulting in improvement in Annapravesh Kriya, Unmesh Nimesh Kriya -> improving the muscle tonicity of orbicularis oculi, orbicularis oris, platysma, levator anguli oris, depressor anguli oris -> relief in symptoms of Ardit.

3. GANDUSHA^{[13],[19]}

Due to Prana vayu vikruti -> Dosha vitiated in head region -> Causes Vikruti in Indriya Kriya, Ksthivana Kriya and Annapravesh Kriya -> additionally

Due to Udana vayu vikruti-> Dosha vitiated in head region -> Causes Vikruti in Vaak Pravrutti ->

Additionally, loss of tonicity of orbicularis oris, buccinator, platysma, levator anguli oris, depressor anguli oris -> Results in drooping of right angle of mouth, drooling of saliva from right angle of mouth, food traps in between gums and teeth.

4. CAP PALSINEURON^[21]

Mahavatavidhwansa	Vata kapha hara, balya, rasyana, strotoshodhana, dhatu poshana
Sameerpanaga Rasa	It is kupipakwa type of rasayana Rasa - Katu ,tikta rasa Virya -Ushna Vipaka -Katu Guna - Snigdha , ushna
Ekgaveer Rasa	Vatakaphahara Vata – Madhura rasa ,ushna virya , Madhura vipaka

Hence, for maintaining Vikrut Prana and Udana Vayu locally at mouth region -> Gandusha chikitsa is suggested

Gandusha chikitsa is done with Bala taila -> Madhur rasa, Shita Virya, Madhur Vipaka and best Vatashamaka guna-> Locally acts on Prana Vayu and Udana Vayu improves Vaak Pravrutti, Ksthivana and Annapravesh Kriya, giving Indriya prasada -> Improving tonicity of all muscles of mastication -> Reduces drooping of right angle of mouth and dropping of saliva from right angle of mouth, no trapping of food in between gums and teeth.

Here, muscular tonicity loss suggests of Vikrut Mamsa dhatu -> Mainly the Mamsa dhatu is made up of Prithvi Mahabhoot -> Correction of this Vikrut Mamsa dhatu is done with Prithvi mahabhoot pradhana dravya-> Hence, Bala Taila is Prithvi and Aap Mahabhoot pradhana composition -> Hence, Bala Taila nourishes Mamsa Dhatu -> Improves tonicity of muscles

3. NETRA TARPANA^{[20],[14]}

Due to Vyana Vayu vikruti -> Gets situated and vitiated at Netra-> Causes vikruti of Unmesh Nimesh Kriya and Rukshata in Netra-> Additionally, loss of tonicity of orbicularis oculi muscle and sphincter of lacrimation gland->Results in Lagophthalmus and excessive watering.

To treat the Vikrut Vyana Vayu affecting locally at eyes -> Tarpana Chikitsa is suggested

Tarpana chikitsa is done with Triphala Ghruta which is best Chakshushya and Rasayana for eyes , with ghruta being best Vata shamaka.

Triphala Ghruta -> Best Chakshushya, Rasayana and Vatashamaka-> Acts locally on vitiated Vyana Vayu and improves Unmesh Nimesh Kriya and provides Snigdha to Netra -> Along with it , improves tonicity of orbicularis oculi muscle and sphincter of lacrimation -> Hence, reduces lagophthalmus and excessive watering.

	<i>Kapha – tikta , katu rasa , ushna virya , katu vipaka</i>
<i>Sutshekhara Rasa</i>	<i>Rasa – katu , tikta Virya – ushna Deepana , aampachana</i>

This combination in Cap Palsineuron is best to reduce vitiated vata dosha and balances the *vata dosha*.

IV. OBSERVATION AND RESULT

The Assessment of Bell’s Palsy patient done based House Brackmann Facial Nerve Scale^[22] before and after treatment .

SR NO	PARAMETER	BEFORE TREATMENT	AFTER TREATMENT	FOLLOW UP AFTER 8 MONTHS
1	Smoothing of Furrows over Forehead on Right side	Grade 4 No Movement	Grade 3 Slightly Reduced	Grade 1 Normal
2	Asymmetry of Blinking of Right Eye	Grade 4 Incomplete closure of Right Eye	Grade 3 Complete Closure of Right Eye with Effort	Grade 1 Complete Closure of Right Eye
3	Watering / Epiphora from Right Eye	Persistent Watering from Right Eye	No Watering from Right Eye	No Watering from Right Eye
4	Bells Phenomenon present in Right Eye	Uprolling of Right Eye Present	Slight Uprolling of Right Eye Present.	Uprolling of Right Eye Absent
5	Corneal Reflex Positive in Right Eye	Positive	Slightly Positive	Absent
6	Loss of Nasolabial Fold on Right Side	Loss of Nasolabial Fold on Right Side	Loss of Nasolabial Fold on Right Side. But seen on Smiling	Normal Nasolabial Fold on Right Side
7	Drooping of Angle of Mouth on Right Side	Grade 4 Asymmetry with effort	Grade 2 Slight Asymmetrical	Grade 1 Symmetrical
8	Dribbling of Saliva from Right Side Food particles Trapping in gum and cheek on Right Side	Dribbling of Saliva from Right Side present. Trapping of Food particles on Right Side of mouth.	Dribbling of saliva absent. Food Particles not Trapped on Right Side.	Dribbling of Saliva absent. Food particles not trapped on Right Side.
9	Unable to Whistle / Blow as air escapes from Right Side	Unable to Whistle / Blow Air as the Air escapes from Right Side	Able to Whistle/Blow Air/Hold Air/Hold Water without escape from Right Side	Able to Whistle/Blow Air/Hold Air/Hold Water without escape from Right Side

Table No.10 – Observation and results of patient



BEFORE TREATMENT



AFTER TREATMENT



AFTER TREATMENT POST 8 MONTHS

V. CONCLUSION

Facial palsy is a facial disfigurement and patients experiences severe psychological and social problems. Facial expressions is diminished or altered, affects normal face to face conversations and non-verbal signs are misinterpreted. Functional problems like eating, drinking causes embarrassment. Unable to express emotions which mostly distresses the patient of facial palsy. Due to

functional, psychological and emotional inability of the patient it is important to treat the patient with best possible way. Here, we used *Navana Nasya* followed by *Snehana* and *Swedana*, *Akshitarpana*, *Gandusha*, *Ayurvedic* formulation and Physiotherapy which gave significant changes in patients. There was no relapse of any symptoms post treatment even after 8 months. This long-term effect provided by a short span treatment was of very significance in this case.

This study was done on a single patient and was successfully treated; this can be used on a large group of patients as a treatment protocol.

DECLARATION OF PATIENT'S CONSENT-

Patient's written consent has been taken to publish patient's information without disclosing identity of patient.

CONFLICT OF INTEREST –

The author declares no conflict of interest.

SOURCE OF SUPPORT –

None

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