



Case Report

A CASE REPORT: AYURVEDIC MANAGEMENT OF ARDITAVATA (FACIAL PALSY)

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ABSTRACT:

Arditavata is a disease in which both facial expressions and communication are disabled. It is a *VataVyadhi* with an increased prevalence in present day scenario is due to exposure to *Vatavrdhikara Ahara* and *Vihara*. *Ardita* (facial palsy) is a disease that presents with deviation of half of the face, associated with impairment of motor and sensory functions of affected side of the face. This disease affects all the age groups, and it is need of the hour to curb the disease through effective treatment. The present study mainly focuses on management of facial palsy(LMN type) through *Ayurvedic* medicines like *Ekangaveeraras*, *Kanchanara Guggulu*, *Aswagandhachurna* (Internally), *Kukkutanda Nimbuka sweda* and *Ksheera bala taila Nasyam*. Targeting the *dosha* involved, and there by curing the disease is successful key tool in treating *Arditavata*(Facial Palsy) through *Ayurveda*

Keywords: *ArditaVata*, Case Report, Facial Palsy, *Ayurveda*, *KukkutandaNimbukaSweda*, *Ksheerabalatailam*, *Nasyam*

Study & Article History: Submitted on 15/06/2022, Revised on 28/06/2022. And published in Volume 1.Issue 2. July 2022. WWW.Avishkara.in

INTRODUCTION

Facial nerve dysfunction can severely affect patient's quality of life as human face is a focal point for communication and expression. As facial nerve carries motor, sensory, and parasympathetic fibers, facial palsy results in functional as well as cosmetic impairment. Facial nerve palsy is diagnosed upon clinical presentation with weakness of facial muscles, immobility of the eyebrow, incomplete eyelid closure, drooping of corner of the mouth, impaired closure of lips, dry eye, hyperacusis, impaired taste, pain around the ear. Many causes constitute for unilateral facial palsy which include traumatic, infective, neoplastic, congenital, autoimmune etc. In Ayurveda *Arditavata* is described under 80 *Vataja Naanatmajavyadhies* which implies *vata* as the main constituent factor in the causation of disease.^[1] Also as per *Ayurvedic* classics *Arditawas* explained as *Ekayam* which mean loss of movement of one half of face or half of the body along with half of the face.^[2] *Arditavata* disease that described by *Charakacharya* considers *sharirardha* involvement.^[3] *Acharya Susrutha* has considered that only one half of the face is affected in the disease *Arditavata* which can be correlated to Facial palsy in modern terms. *Acarya Susrutha* has also explained the

incurability in the persons where the disease is *gaada*, associated with *Kampana* and who had disease for more than 3yrs. ^[4]

PATIENT INFORMATION

Chief Complaints: A 27 years old male with OPD number 1338 presented to Dr BRKR Government *Ayurvedic* Hospital, *Kayachikitsa* Department with the complaints of deviation of mouth towards right side, unable to close his left eye completely, dribbling of saliva and unable to chew food since 2 days.

Associated Symptoms: Neck pain, stiffness, tingling sensation.

H/O of Present illness : Patient is asymptomatic one week ago, after a long journey in bus exposing to cold weather, patient developed cold and earache for which he had taken allopathic treatment. Later after 4 days of this history patient felt consistent deviation of his mouth towards right side after waking up from bed. Patient had slurred speech with difficulty to chew food and unable to close his left eye completely. On his friend's advice patient visited Dr BRKR Government *Ayurvedic* College for better treatment. Patient had no H/o DM/HTN/CVA/CAD/Infectious diseases/Surgeries/Trauma.

Personal History of the Patient: Occupation: Electrician, Food Habits: Mixed diet, Marital Status: Married, Sleep: Reduced, Appetite, Micturition: Normal, Bowel: Regular, No addictions, No Known Allergies

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	DOI: https://doi.org/10.56804/Avishkara.2022.1208

3. Clinical findings and Diagnostic assessments

Physical Examination:

General Examination: Temperature: 98.6 °F; Pulse rate: 80 beats/min; Respiratory rate: 20/min; Blood Pressure: 130/90 mm Hg; No Pallor/Icterus/Cyanosis/Clubbing of the fingers/Lymphadenopathy/Edema of feet/Dehydration/Malnutrition seen.

Systemic Examination : CVS,RS, Abdominal Examination: No Abnormalities detected

CNS Examination:

Higher Mental functions: Patient is conscious and oriented, No effect on memory, Intelligence or Lobar functions. Presented with slurred speech.

Cranial Nerves: Olfactory(I): Normal ; Optic(II) :No vision abnormalities, Pupils: 4mm reactive to light; III,IV,VI: EOM full range of movement, Pupillary reflexes present; V: Normal, Jaw Jerk: Normal; Facial Nerve(VII): Bell's Phenomenon present, Deviation of mouth towards right side, loss of frontal & nasolabial folds, unable to lift eye brows, taste preserved. VIII, IX, X, XI, XII- No abnormality.

Motor System: Tone: Normal; Power: Normal; No wasting of muscles seen; Gait: Normal

Sensory system: Fine touch: Normal; Pin prick: Normal; Vibration: Normal.

	Biceps	Triceps	Supinator	Knee	Ankle
Right	2+	2+	2+	2+	2+
Left	2+	2+	2+	2+	2+

Table I for Deep Tendon Reflexes:

Cerebellar Signs: Coordinations: oriented;

Plantars: Right – flexor, Left: flexor.

Assessment Criteria:

Assessment for the patient was made with following criteria which included cardinal signs of the disease along with other presenting symptoms before and after treatment.

Table II Showing grading of the Assessment Criteria			
1.Vaktrardhavakara		5.Difficulty in chewing food	
Severe <i>Mukhavakrata</i>	3	Great difficulty with Pain	3
Moderate <i>Mukhavakrata</i>	2	Moderate difficulty with Pain	2
Mild <i>Mukhavakrata</i>	1	Mild difficulty without pain	1
No <i>Mukhavakrata</i>	0	No difficulty	0
2.Vaksanga		6.Neck pain	

Complete <i>Vaksanga</i> (No Speech)	3	Severe	3
Slurred Speech with great efforts	2	Moderate	2
Slurred Speech with minimal efforts	1	Mild	1
Speech Normal	0	No pain	0
3. Affected Eyelid Closure/<i>StabdaNetram</i>		7. Neck Stiffness	
Severe Dysfunction/No movement at all	3	Severe	3
Moderate Dysfunction/Eye lid closure with effort	2	Moderate	2
Mild Dysfunction/ Complete closure with minimal effort	1	Mild	1
Normal eyelid function	0	No stiffness	0
4. <i>Lalasarava</i>		8. Tingling Sensation	
Constant (Profuse) <i>Lalasarava</i>	3	Severe	3
Intermittent (Moderate) <i>Lalasarava</i>	2	Moderate	2
Partial (Mild) <i>Lalasarava</i>	1	Mild	1
Normal / No <i>lalasarava</i>	0	No Tingling	0

Table III. Therapeutic intervention:

S.No	Medication	Dose	Frequency	Duration	Anupana
1	Tab <i>EkangaveeraRas</i>	125mg	Twice daily (Morning- Evening) before food	7days	Water
2.	Tab <i>KanchanaraGuggulu</i>	500mg 2tablets	Twice daily (Afternoon and Night) after food	7 days	Water
3.	<i>AswagandhaChurnam</i>	3gms	Twice daily (Morning- Evening)	7 days	Milk

Procedure Advised: *Kukkutanda Nimbuka sweda* and *Ksheera bala taila Nasyam* for 1 week.

Pathya: *Mashandha* (described in *Yogaratanakara* assuming to be present day Urad dal Idli) with *Navaneetha* (Butter).^[5]

Also other *Pathyas* general for *Vatavyadhies* are advised.^[6]

Apathya: *Seetala Ahara, Vihara, Viruddhahara* described in classics.

Patient was advised to take the following medication for one week in prescribed

timings along with *Anupana.Aswagandhachurna* and *pathya,apathyas* are advised to continue for one month. Assessment of the patient was done by the criteria designed for the patient which included chief complaints and associated symptoms before and after the treatment. **Procedure for *KukkutandaNimbukaswedafollowed by KsheerabalatailaNasyam***

Poorva Karma: Patient was explained with the procedure and written consent was taken. Patient was made to lie in a supine posture and *mukhaabhyanga* was done with *Ksheerabalatailam* with proper technique.

Pradhana Karma: Four *Kukkutanda* white part is heated on a pan with *Goghrita* and chopped lemon pieces were added to it while frying, they are heated till they attain

mild goldish tinge and were taken in 2 different clothes and were tied as *pottali*. With one *pottali*, *Mardhana* was done on *mukha* giving prime importance to the affected side by mildly squeezing the contents. Meanwhile the other *pottali* which is maintained with moderate temperature that is acceptable temperature to the patient was brought to continue the process and the one in the procedure was discontinued to maintain homogenous temperature, to attain good *swedana* properties. Later *Ksheerabalataila* 1ml-1ml was administered in both the nostrils.

Paschat Karma: Patient was given classical *dhupanaby* lighting a dried cloth smeared with *ghrta* and *haridra* and advised to do gargling with *Ushnajala* to remove the remaining morbid *doshas*.



1. Affected eye incomplete closure before treatment 2. Affected eye closure after treatment. 3. Mouth deviation before treatment 4. No Mouth deviation after treatment

5. Follow up and outcomes

After the completion of the treatment, two follow ups were done after 15 days and on

30th day. Patient was healthy with all the symptoms relieved, no recurrence of the symptoms noted during the follow up period

also and the details for each symptom outcomes were given in the below table 4.

TableIV Showing Grading of Symptoms Before and After Treatment Including Follow up.

S.No.	Lakshanas	Grading of the Symptoms			
		BT (Day 1)	AT (Day 8)	1 st Follow Up	2 nd Follow Up
1	Vaktrardhavakara	2	0	0	0
2	Vaksanga	2	0	0	0
3	StabdaNetram	2	0	0	0
4	Lalasrava	3	1	0	0
5	Difficulty in chewing food	3	1	0	0
6	Neck pain	2	0	0	0
7	Neck Stiffness	3	0	0	0
8	Tingling Sensation	2	0	0	0

*BT- Before Treatment * AT- After Treatment.

DISCUSSION

Arditavata being a *vatajaroga*, there is need to adopt treatment which is *vata shamaka* and *Brmhana*. In this present case patient had clinical features like neck stiffness, pain and tingling sensation which denotes the involvement of *vata* and *kaphadosha*, so a treatment which is *vata kaphahara*, *balya* and *Rasayana* was adopted. *Ekangaveeraras* indicated in *Arditavata* is particularly selected in this case due to its best *vatanashaka* property and its usefulness in *vata kaphajanyavikaras* also.⁷ This formulation by virtue of its *Brhmana* and *Rasayana* property for *Nadijanyavikarasis* helpful in treatment of *gambeeravatajarogas* also.⁸ *Kanthalohabhasma*, *Abhrakabhasma*, *Naga bhasma* in this formulation are very much potent in giving quick relief in *vatajarogas* especially in *Arditavata*. Other

drugs like *Marica*, *Shigru*, *Amlaki*, *Pippali*, which are used as *bhavanadravyas* in this formulation have the ability to minimize the nerve damage due to their anti-oxidant properties. *Ekangaveeraras* is drug of choice which played instrumental role in restoring the patient *gati* (motor functions), and relief from other symptoms also. *Kanchanara Guggulu* explained in *Bhaishajya Ratnavali Galagandachikitsa* is selected for this case due to its well-recognized anti-inflammatory action.⁹ *Guggulu* is *tridoshashamaka*, mainly *vata shamaka* due to its *ushna veerya*.¹⁰ It is *brmhana*, *balya*, *sophahara* and has very good *rasayana* properties. It is best analgesic, anti-inflammatory and the other constituent drugs like *Kanchanara*, *pippali*, *haritaki* are helpful in *vatanulomana* which means it is useful in proper functioning of *vata*. *Pippali* increases the bio-availability due to its active ingredient

piperine and also acts as anti-inflammatory and anti-oxidant.^{11,12} *Aswagandhachurna* is useful in *Vatakaphajavikaras* due to its *ushnaveerya*, *tiktakashaya rasa* and *madhuravipaka*. It acts as good rasayana and is *balya*.¹³ It is helpful as *sothahara* (anti-inflammatory) and is also best nervine. *Ksheerabalatailam* is used for *Abhyanga* and *Nasyamas* it is one of the most popular formulations in *Ayurveda* well recognized for its usage in *Vatavikaras* especially in *Arditavata*, *Pakshaghata*, *Sarvangavata roags*.¹⁴ *Abhyanga* was done with this *tailam* as *bala* is best *vatahara*, also *abhyanga* promotes neural conductivity and improves circulation, thereby relieving the stiffness making it a good *poorva karma* before *Nasyam*. *Nasyam* is best in all *Urdhwajatruvikaras*, it performs *sodhana* and acts as *snehana*. Particularly *Bala* is *brmhana* and *sothahara*, its analgesic and anti-inflammatory action is well recognized.¹⁵ *Kukkutanda Nimbukasweda* is a unique type of *swedana* with mild modification of that is described in *Bhavaprakasha* was preferred due to its properties of *sthambagna*, *gauravagna*, *vedanashamaka*, *brmhana*, *balya* and *tridoshagnaproperties*.¹⁶ *Kukkutanda* in particular acts as *balya*, *vatahara*.¹⁷ *Nimbuka* is *vataghna*, *teekshna*.¹⁸ *Ghritais balya* and *tridoshaghna* and is Nootropic.¹⁹ This particular type of *Pindasweda* improves local blood and lymphatic circulation resulting in increased local tissue metabolism. Localized hyperthermia produced in the procedure reduces inflammation, relaxes musculature and decreases spasm. Here absorption mainly occurs by passive diffusion and rate of diffusion depends upon permeability

coefficient of drug. Lipids aid for proper penetration of drug molecule hence *Goghrita* is used and proper *abhyanga* was done prior to *Nasya* procedure.

CONCLUSION

This is one of the cases which substantiate the role of *Vatavrdhikaranidana* in the causation of the *Arditavataroga*. There needs to be an overall approach for *Arditavata* disease keeping in view of its *Samprapthi* and patient's *doshic* predominance which should include both the *ShamanaAushadies* and *Panchakarma* therapies along with the *Pathya* and *Apathyas* for an effective treatment. This case demonstrates the efficacy of *Ayurvedic* management for the disease *Arditavata* and as a proposition for further research activities on a greater number of patients.

Limitations of the Study: Assessment Criteria scale designed in this case will be varied from individual to individual and cannot be universal in all *Arditavata* cases. Self-grading of symptoms in a single case study should be followed by large group of patients for better authenticity. Efficacy of the *Kukkutanda Nimbukasweda* procedure should be established in large number of patients.

Patient informed consent:

Patient gave consent for the publication of the article.

Source of funding:

None

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