



## A CASE REPORT- MANAGEMENT OF ARDITA THROUGH AYURVEDA

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**ABSTRACT** *Ardita* is considered among eighty *vataja nanatamaj vikara* by *Acharya Charaka*. The objective of present study was to find out the effective Ayurvedic management in *Ardita*. A 15 yrs. old female patient reported to outpatient department of *kaumarbhritya* A&U Tibbia College & hospital with complaints of right side deviation of mouth and difficulty in eating through left side of mouth. The patient was diagnosed as *Ardita* on the basis of history and examination and treated on the line of *Ardita chikitsa*. The patient was given *dashmoola kwath*, *kumar kalyan ras* and *Anu tailam pratimarsha nasya*. There is significant improvement in presenting complaints. Before starting the treatment the Sunnybrook facial grading score of facial nerve was 17 and after commencement of 30 days treatment it was 73. There was no side effect observed during and after the treatment.

**KEYWORDS** : *Ardita*, Sunnybrook Facial grading System, *vataja nanatmaja vikara*, *Nasya*

**INTRODUCTION**

*Ardita* is considered as one among the *Vata Nanatmaja Vyadhi* described by *Acharya Charak*<sup>[1]</sup>. When *Vata* is functionally normal in the body, it is responsible for stimulation of all sense organs<sup>[2]</sup> but when it is in abnormal state in the body; it can cause morbidity and mortality<sup>[3]</sup>. As per Ayurveda, when excessively aggravated *vata* afflicts half of the body, then it dries up the blood and causes excessive contraction of the arm, foot and knee of that part. It causes distortion in half of the face and curvature of the nose, eyebrow, forehead, eye and mandible. Ingested food moves tortuously to one side of the mouth, speech become slurred, eye remains fixed and there is suppression of sneezing<sup>[4]</sup>.

On the basis of these clinical features, this disease has similarities with the disease entity: Facial nerve palsy. Paralysis is impairment or loss of especially the motor function of nerves causing weakness of the affected part. A complete interruption of the facial nerve at the stylomastoid foramen paralyzes all muscle of facial expression. The corner of the mouth droops, the creases and skin folds are effaced, the forehead is unfurrowed and the eyelids will not close. The lower eyelid sags and falls away from the conjunctiva, permitting tears to spill over the cheek. Food collects between the cheeks and the lips, and saliva may dribble from the corner of the mouth<sup>[5]</sup>.

According to *Acharya Sushruta*, the patient of *ardita* who is strong, self-controlled should be treated with measures as prescribed for *vatic* disorders<sup>[6]</sup>.

**CASE HISTORY**

A 15 yrs old female patient attended the outpatient department of *kaumarbhritya* in A&U Tibbia Hospital on Nov 18 2017 with CR No. 177869 and OPD No. 6036 with complaints of *vakrasyata* (right side deviation of mouth) and *vakram vrajtyasya bhojanam* (difficulty in chewing from left side of mouth and food accumulates in left side).

**History of present illness:** Patient was asymptomatic one week ago when she suddenly developed pain in left side neck followed by sudden deviation of face towards right side.

**Table 1: Clinical Examination**

Vitals	General examination	Facial nerve examination	Sensory examination
Pulse-78/min	Pallor- present	On opening mouth – mouth deviates towards right side	Superficial reflexes - intact
Resp.rate-18/min	Icterus- absent	Patient has difficulty in closing left eye	Deep tendon reflexes- intact

Wt- 36 kg	Edema- absent	Wrinkles on left side forehead are effaced	
	Cyanosis- absent	On blowing or whistling- air leaks from left side of mouth	
	Clubbing- absent	Difficulty in chewing and Drooping of saliva from left side of angle of mouth	
		Hyperacusis- absent	
		Taste perception- intact	

Patient has no significant medical, family and psychosocial history. Patient's immunization status was up to date.

On the basis of above clinical findings and absence of any risk factors or pre-existing symptoms for other causes of facial paralysis and normal neurological examination with the exception of the facial nerve; diagnosis of *ardita* (facial palsy) is made.

**Table 2: Treatment**

Date	Shodhana	Shamana
18.11.2017 to 18.12.2017	<i>Nasyam with Anu tailam</i> - 2 drops in each nostril	<i>Dashmoola kwath</i> -20 ml twice daily after meals
		<i>Kumarkalyan rasa</i> -125 mg BD

Patient was administered *kumar kalyan rasa (bhaishjyarnawali, balarogadhikar)*, manufactured by HLL lifecare ltd Uttarakhand), 125mg twice a day with honey and *ghrita, Dashmoola kwatha* (manufactured at IMPCL Uttarakhand) 20ml twice a day after meals and *Anu tailam*(AFI-1, manufactured by HLL Lifecare Ltd, Uttarakhand)*pratimarsha nasya* for 1 month.

Standard Operating Procedure of *Nasya*:

1. Face massage for 5min and mild fomentation with hot water cloth.
2. Hyper extended neck in supine position.
3. Administer the scheduled dose.
4. Allow the kapha to spit out.

All medicines were procured from Ayurvedic dispensing section of A&U Tibbia Hospital.

After one month, patient can close her eyes bilateral comfortably; can chew easily from left side of mouth, no drooping of saliva and no deviation of angle of mouth towards right.

The score of 17 as per Sunnybrook facial Grading System analysed before treatment turned into 73 after treatment for one month showing significant improvement.

Sunnybrook Facial Grading System		
Resting Symmetry	Symmetry of Voluntary Movement	Synkinesis
Compared to normal side	Degree of muscle EXCURSION compared to normal side	Rate the degree of INVOLUNTARY MUSCLE CONTRACTION associated with each expression
Eyes (choose one only) <ul style="list-style-type: none"> <li>normal <input type="checkbox"/> 0</li> <li>narrow <input type="checkbox"/> 1</li> <li>wide <input type="checkbox"/> 1</li> <li>spastic surgery <input type="checkbox"/> 1</li> </ul> Cheek (passive labial fold) <ul style="list-style-type: none"> <li>normal <input type="checkbox"/> 0</li> <li>absent <input type="checkbox"/> 1</li> <li>less pronounced <input type="checkbox"/> 1</li> <li>more pronounced <input type="checkbox"/> 1</li> </ul> Mouth <ul style="list-style-type: none"> <li>normal <input type="checkbox"/> 0</li> <li>corner drooped <input type="checkbox"/> 1</li> <li>corner pulled up/roof <input type="checkbox"/> 1</li> </ul> Total X 5 = 10	Standard Expressions: <ul style="list-style-type: none"> <li>Smile (DUC)</li> <li>Surprise</li> <li>Anger</li> <li>Disgust</li> <li>Concentration</li> <li>Stress</li> <li>Shock</li> <li>Disgust</li> <li>Anger</li> <li>Disgust</li> <li>Concentration</li> <li>Stress</li> <li>Shock</li> </ul> Degree of muscle EXCURSION: <ul style="list-style-type: none"> <li>1 2 3 4</li> </ul> Total X 4 = 40	Synkinesis: <ul style="list-style-type: none"> <li>1 2 3 4</li> </ul> Total = 8
Patient's Name: _____ Initials: _____ Date: 18.12.2017	Voluntary movement score: Total X 4 = 40 Resting Symmetry score: 15 Synkinesis score: 8 Composite Score: 63	Synkinesis score: Total = 8

  

Sunnybrook Facial Grading System		
Resting Symmetry	Symmetry of Voluntary Movement	Synkinesis
Compared to normal side	Degree of muscle EXCURSION compared to normal side	Rate the degree of INVOLUNTARY MUSCLE CONTRACTION associated with each expression
Eyes (choose one only) <ul style="list-style-type: none"> <li>normal <input type="checkbox"/> 0</li> <li>narrow <input type="checkbox"/> 1</li> <li>wide <input type="checkbox"/> 1</li> <li>spastic surgery <input type="checkbox"/> 1</li> </ul> Cheek (passive labial fold) <ul style="list-style-type: none"> <li>normal <input type="checkbox"/> 0</li> <li>absent <input type="checkbox"/> 1</li> <li>less pronounced <input type="checkbox"/> 1</li> <li>more pronounced <input type="checkbox"/> 1</li> </ul> Mouth <ul style="list-style-type: none"> <li>normal <input type="checkbox"/> 0</li> <li>corner drooped <input type="checkbox"/> 1</li> <li>corner pulled up/roof <input type="checkbox"/> 1</li> </ul> Total X 5 = 10	Standard Expressions: <ul style="list-style-type: none"> <li>Smile (DUC)</li> <li>Surprise</li> <li>Anger</li> <li>Disgust</li> <li>Concentration</li> <li>Stress</li> <li>Shock</li> <li>Disgust</li> <li>Anger</li> <li>Disgust</li> <li>Concentration</li> <li>Stress</li> <li>Shock</li> </ul> Degree of muscle EXCURSION: <ul style="list-style-type: none"> <li>1 2 3 4</li> </ul> Total X 4 = 80	Synkinesis: <ul style="list-style-type: none"> <li>1 2 3 4</li> </ul> Total = 2
Patient's Name: _____ Initials: _____ Date: 18.12.2017	Voluntary movement score: Total X 4 = 80 Resting Symmetry score: 15 Synkinesis score: 2 Composite Score: 73	Synkinesis score: Total = 2

**PATIENTS CONSENT:**

Written permission for publishing this case study has been obtained from patient.

**SOURCE OF SUPPORT:**

Nil

**CONFLICTS OF INTEREST:**

None declared

**REFERENCES:**

- Sharma R.K, Dash B. editor, Charaka Samhita of Agnivesha, Sutra Sthana, vol. 1 Maharoga adhyaya : chapter 20 verse 11. Chaukhamba Sanskrit Series Office; Varanasi 2005 p:363-364.
- Shastri Pt. Kashinath and Chaturvedi Gorakhnath, Charaka Samhita with Vidyotini Hindi Commentary, reprint 2008, Varanasi, Chaukhamba Bharti Academy, Sutra Sthana – 12/7, pg. no.246.
- Shastri Pt. Kashinath and Chaturvedi Gorakhnath, Charaka Samhita with Vidyotini Hindi Commentary, reprint 2008, Varanasi, Chaukhamba Bharti Academy Sutra Sthana – 12/8, pg. no.248.
- Sharma R.K, Dash B. editor, Charaka Samhita of Agnivesha, Chikitsa Sthana, vol. 5 Vatavyadhi chikitsa : chapter 28 verse 38-42. Chaukhamba Sanskrit Series Office; Varanasi 2005 p:31-32.
- Bael M. Stephen L. Trigeminal Neuralgia, Bell's Palsy & other Cranial Nerve Disorders In: Dennis L. kasper...[etal] editors, Harrison's Principle of Medicine, 16th edition.USA: McGraw-Hill Companies.Inc.2005p:2435-2436.
- Sharma P.V. editor & translator. English Commentary of Dalhana on Susruta Samhita, Chikitsa Sthana vol.2 Mahavatavyadhi, chapter : 5, verse-21.Chaukhamba Vishwabharti, Varanasi,2005. P-322.
- Sharma P.V. editor & translator. English Commentary of Dalhana on Samhita, Nidaan Sthana vol.2 Vatavyadhi Nidaan, chapter : 1, verse-68-73.Chaukhamba Vishwabharti, Varanasi,2005. P-15.
- Sharma R.K, Dash B. editor, Charaka Samhita of Agnivesha, Sutra Sthana, vol. 1 Kiyantahshirsiya adhyaya : chapter 17 verse 12. Chaukhamba Sanskrit Series Office; Varanasi 2005 p:312-313.
- Murthy. K.R. editor, Ashtang Hridayam of Vagbhata, Sutra sthana, vol 1, Nasyavidhi, chapter-20, verse-26-27. Krishanadas Academy Varanasi, 1991.p-260. Khurana P, Pareek. T, Saroch V, Pareek R.K, Role of Kuukkutanda Swedana & Nasyam in Management of Ardita-Apilot Study. IJAMH 4:5 (2014) 1602-1607.

**DISCUSSION**

The case was treated on the line of *vata vyadhi* as *ardita* is considered among eighty *vataja nanatmaja vikara* and *Acharya Susruta* has mentioned children, old, pregnant woman, emaciated and anaemic person, by speaking loudly, eating hard food, laughing, yawning, weight-lifting and sleeping on uneven bed as *nidaan* (causes) of *vata dushti* in head, nose, lips, chin, forehead and corners of eye, affects face and causes *Ardita*<sup>[7]</sup>.

As all these causes leads to *vata dushti* specially in *urdhwajatrugata sthana* ; *Dashmula kwath* was prescribed as *Dashmula* is considered best *vata shamaka* along with its anti-inflammatory action, it is also *vedanasthapana* (overcome pains) and *vrana ropana*(enhances the healing) and *kwatha* is prepared because of its property of better assimilation.

In a living being, the head is the substratum of élan vital and all the sense faculties, so it occupies the first place amongst the vital organs of the body<sup>[8]</sup>. There is involvement of head in *Ardita* as it is the site of all cranial nerves and *Nasyam* is considered as the best treatment modality for all *shiroroga*, *pratimarsha nasyam*<sup>[9]</sup> with *Anu tailam* considering the *sokumaryata* of patient was administered. *Nasyam* acts on *shringatak marma* from where it spreads in various *strotas* and brings out all vitiated *doshas*. The drugs enter general blood circulation after absorption via nasal mucous membrane as it pools into venous sinuses of brain via inferior ophthalmic veins and absorbed directly into CSF. *Nasyam* stimulates olfactory and trigeminal nerve ending present in peripheral surface of mucous membrane and impulses are transmitted to CNS<sup>[10]</sup>.

*Kumar kalyana rasa* was administered for *balavardhana* (general health maintenance .and immunomodulation) which helps in accelerating recovery and treating cause of *Ardita* by correcting emaciation.

**CONCLUSION:**

The *Ayurvedic* formulations combined with *Nasyam (Panchakarma)* found effective in treatment of *Ardita* (facial palsy). The treatment has improved the self-confidence of patient. There were no side-effects noticed during the course of treatment.

**PATIENT PERSPECTIVE:**

Patient was satisfied with the treatment and was able to chew food properly, no drooping of saliva and no deviation of angle of mouth.