



A CASE REPORT- MANAGEMENT OF ARDITA THROUGH AYURVEDA

Deepika Sethi

PG Scholar, Dept. of Kriyasharir, A&U Tibbia College, University of Delhi

Ravi Shankar khatrī*

Assistant Professor, Dept. of Kaumarbhritya, A&U Tibbia College, University of Delhi*Corresponding Author

Sujata Rajan

Associate Professor, Dept. of Kriyasharir, A&U Tibbia College, University of Delhi

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*^[1]. When *Vata* is functionally normal in the body, it is responsible for stimulation of all sense organs^[2] but when it is in abnormal state in the body; it can cause morbidity and mortality^[3]. 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^[4].

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^[5].

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

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.

