



Case Report

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AN AYURVEDIC APPROACH TO BELL'S PALSY: A CASE REPORT

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ABSTRACT

Introduction: Bell's palsy is a ubiquitous lower motor disorder primarily affecting facial symmetry. The onset of the disease is acute mainly and idiopathic. The line of treatment for Bell's palsy includes steroids, antiviral drugs and physical therapies. Ardita is a vatananatmaja vyadhi which simulates Bell's palsy in clinical presentation. The treatment principles of Ardita chikitsa can be effectively adopted in successfully managing Bell's palsy. **Materials and Methods:** The present study reports the case of a 49-year-old female patient with symptoms of facial asymmetry and right-sided numbness for 15 days. The case was reported to OPD of Panchakarma, Alva's Ayurveda Medical College, Moodbidri, Karnataka, India. The treatment adopted included sthanika abhyanga, pottali sveda and Marsha nasya, along with internal medicines during the hospital stay. During the follow-up period, sthanika abhyanga, panasa patra sveda, shiropichu and pratimarsha nasya, along with internal medicines, were advised. **Result:** Patient observed relief in numbness by 4th day of treatment. Marked improvement was noted in eye closure (90%), forehead frowning, and eyebrow rise on the 11th day. 100% relief was noted at the end of 2 months of follow-up. **Conclusion:** The treatment principles enumerated in Ayurveda have a high success rate in effectively managing Bell's palsy. It not only fastens the pace of recovery but also could help decrease the chance of recurrence.

Keywords: Ardita, Bell's palsy, Marsha Nasya

INTRODUCTION

Bell's palsy is a common lower motor neuron disorder caused due to damage or trauma of the facial nerve. It is the most common cause of acute unilateral facial paralysis. The symptoms of Bell's palsy can range from mild weakness to total paralysis¹. It can cause significant facial distortion urging the patient to seek immediate medical attention. In India, the incidence of Bell's palsy is 20-30 cases for 100,000 population. It has a recurrence rate of 4-14%². The treatment protocol for Bell's palsy includes steroids and antiviral and analgesic drugs. Additionally, physiotherapy modalities such as facial muscle stimulation, muscle strengthening exercises³ and Kinesio taping⁴ technique are recommended to rehabilitate Bell's palsy.

Ardita, a vata vyadhi explained in classic Ayurvedic, exhibits an uncanny resemblance to symptoms of Bell's palsy. Vata is aggravated due to various causative factors afflicting half of the face leading to facial asymmetry. Clinical features include facial deviation, dysarthria, and affliction of the eye and eyebrow⁵. Ardita can be treated based on the principles of samanya vata vyadhi chikitsa (general line of treatment of vataja disorders). However, particular treatment modalities include nasya, murdhini taila, upanaha and tarpana⁶.

Case Report

49-year-old female patient with a deviation of the mouth towards the left side and numbness on the right half of the face for 15 days reported to OPD of Panchakarma, Alva's Ayurveda Medical College, Moodbidri, Karnataka, India. The patient provided a travel history 15 days back, after which she developed ear pain the same evening. Subsequent morning patient experienced numbness and heaviness in the right half of the face. Deviation of the angle of the mouth and inability to close the right eye was also noted on the same day. She consulted an allopathic doctor, following which she was put on steroids and physiotherapy. As the symptoms persisted, the patient consulted for seeking Ayurvedic care. Past medical history revealed that the patient is a known case of untreated congenital torticollis. On examination, facial asymmetry, deviation of the angle of the mouth towards the left, and incomplete closure of the right eye were noted. Inability to puff the cheek, absence of wrinkle over the right side on frowning of the forehead, inability to raise the right eyebrow, and positive bells phenomenon were signs noted confirming the diagnosis of Bell's Palsy. Additionally, on inspection, neck tilt towards the right and elevation of the left shoulder were observed. The treatment was initiated after obtaining the consent of the patient.

Treatment Protocol

Table 1: Treatment Advocated During Hospital Stay

Procedure	Medicine	Duration
Sthanika Abhyanga (face)	Prasarinitaila	25/4/22-28/4/22
Sthanika Sveda (face)	Arka Patra Pinda Sveda	
Marsha Nasya	Shadbindu Taila (4 ml each nostril)	
Sthanika Abhyanga (face)	Karpasasthyadi Taila	29/4/22-5/5/22
Sthanika Sveda (face)	Shashtikashali Panda Sveda	
Marsha Nasya	Maharaja Prasarini Taila (4 ml each nostril)	
A patent herbomineral drug of 500 mg containing Ekangaveera Rasa, Sootashekara Rasa, Sameerapanaga Rasa, Mahavatavidwans Rasa, Bala Eranda, Nirgundi, Ashwagandha, Lajjalu, Kapikachu, Lashuna, Shunti, Vidanga, Kuchala.	One capsule, thrice daily, after food.	25/4/22-5/5/22
Dhanadanayanadi kashayam	20 ml with an equal quantity of warm water, thrice daily, before food.	

Table 2: Treatment advocated during follow up

Procedure	Medicine	Duration
Sthanika Abhyanga	Karpasasthyadi Tailam	6/5/22-14/7/22
Stanika Sveda	Panasa Patra Sveda	
Shiropichu	Karpasasthyadi Tailam	
Pramitarsha Nasya	Mahamasha Tailam (1 ml in each nostril)	

Table 3: Medicines advocated during follow up

Oral Medication	Dose	Duration
A patent herbomineral drug of 500 mg containing a combination of Brihat Vata Chintamani Rasa, Dashamoola, and Trayodashanga Guggulu.	1 Tablet thrice daily after food	6/5/22-16/5/22
Cap MaharajaPrasarini Tailam	1 Tablet thrice daily after food	
Syrup Navashwagandha	15 ml with an equal quantity of warm water thrice daily after food	
A patent polyherbal capsule of 500 mg containing Atibala, Ativisha, Sugandha Vacha, Vriddhadaruka, Vajradanthi, Devadaru, Barangi, Dashamoola, Dusparsha, Yavani, Pushkaramoola, Sadapushpa, Erandamoola, Balamoola, Amrita, Nirgundu.	1 Tablet thrice daily, after food	17/5/22-30/5/22
Ashwagandha kashyam	20 ml with equal quantity thrice daily	
Tab. Brihath Vata Chintamani (Plain) 250 mg	1 Tablet daily in the afternoon, after food	

OBSERVATION AND DISCUSSION

During the hospital stay, the patient received sthanika abhyanga with Prasarini taila, Sthanika Arka patra Sveda, Marsha nasya with Shadbindu taila, and internal medicines such as patent herbomineral drug containing a combination of Ekangaveera Rasa, Sameerapanaga Rasa, Mahavatavidwans Rasa etc. and Dhanadanayanadi kashayam for initial four days. On 4th day of treatment, a reduction in numbness and heaviness of the right half of the face was noted. During the later seven days brimhana line of treatment, such as sthanika abhyanga with Karpasasthyadi taila, Sthanika shashtika shali pinda sveda and Marsha nasya with Maharaja Prasarini taila, were adopted. At the end of 11 days of treatment, the patient had (90%) improvement in eye closure, forehead wrinkling on frowning and eyebrow rise. Sthanika Panasa patra sveda, pratimarsha nasya with Maha Masha taila, mukhaabhyanga and shiropichu with Karpasasthyadi taila, along with internal medicines, were advised during follow-up. The changes observed in the first follow-up include complete eye closure, defined nasolabial fold, wrinkling of forehead on frowning and eyebrow raise. During the second follow-up, eye closure was complete, puffing of cheeks, barring of teeth, and facial symmetry was regained. However, slight weakness of facial muscle persisted. At the end of 2 months of treatment, complete relief in symptoms was noted.

Bell's palsy is a common neurological disorder seen in clinical practice. 1 in 60-70 people is at risk of developing Bell's palsy in a lifetime⁷. The recurrence rate of Bell's palsy is 7%, with an equal incidence of ipsilateral and contralateral recurrence².

Curating an effective treatment protocol at the earliest is essential to ensure faster recovery and prevent a recurrence. Ayurveda offers the privilege of tailoring the treatment protocols for Bell's palsy from an array of shamana aushadhi and Panchakarma procedures.

The clinical features of Bell's palsy similitude to Ardita of Ayurvedic parlance. Vata dosha is chiefly involved in the pathogenesis of Ardita. In the present case, the patient resorts to exposure to cold wind and irregular head posture while sleeping. Additionally, the patient is a known case of congenital torticollis, contributing to the vitiation of vata dosha in the head and neck region. The vitiated vata dosha singly or associated with anubanda dosha leads to the manifestation of signs and symptoms.

The treatment is planned based on pradhana dosha, anubanda dosha and sthana. In the present case, numbness and heaviness of the affected side are observed, indicating the association of kapha dosha. Considering the association of kapha dosha and manifestation in kapha sthana, kaphavatahara chikitsa is adopted initially. On removing the anubanda dosha and exposing the vata, brumhana and vatahara line of treatment are adopted.

Prasarini taila finds its utility in combating diseases caused by vata dosha⁸. The procedure of svedana counteracts heaviness and stiffness⁹. Leaves of Arka possess ushna, laghu, rooksha, and tikshna properties¹⁰. Hence Arka patra pottali sveda acts as vatakaphahara, thereby reducing the heaviness of the affected region. Shodhana variety of nasya with Shadbindu taila cleanses

the channels and restores the normal movement of the vata. Dhanadanayanadi kashayam is indicated in Ardita and akshepaka disorder¹¹. It is beneficial in the initial stage of Ardita vata as most ingredients are ushna and kapha vatahara. The patent medicine was constituted Ekangaveera Rasa, Sameerapanaga Rasa and Mahavata Vidwamsini Rasa, along with various vatahara dravyas as chief ingredients. After combating the associated kapha dosha, the brimhana line of treatment, such as sthanika abhyanga with Karpasasthyadi taila, Shashtika shali pinda sveda and Marsha nasya with Maharajaprasarini taila, were adopted for later seven days. Abhyanga with Karpasasthyadi taila is said to combat all the vata vyadhi with special utility in pakshaghata Ardita and Apabahuka¹². Shashtika shali panda sveda is brimhana. Hence it imparts strength and nurtures the depleted tissues. It alleviates various kinds of pain and discomforts caused by vata¹³. Maharaja Prasarini taila contains the meat of goat and vatahara aushadha as ingredients¹⁴. Thus, nasya with Maharaja Prasarini taila has a brimhana effect and may help impart strength to the facial muscle. The medicines administered during the follow-up period include nervine tonics such as Navashwagandha Syrup, Vanarikalpa and various vata hara formulations such as Tab Brihath Vata Chintamani¹⁵. The therapies are brimhana and vatahara, such as sthanika abhyanga with Karpasasthyadi tailam, Panasa patra sveda and pratimarsha nasya with Maha Masha taila¹⁶, advised during the period of follow-up. During the follow-up period, the patient presented symptoms of a common cold managed with Pushkaramrutha Syrup.

CONCLUSION

Bell's palsy can be very well correlated to Ardita of Ayurvedic parlance. The association of kapha dosha with vata was noted in the present case. To combat kaphanubanda vata snigdha, the rooksha variety of sveda and shodhana nasya was adopted initially. The disease was brought to a stage of kevalavataja, following which the brimhana and vatahara line of management was adopted.

Bell's palsy is a common neurological disorder that is well managed with Ayurveda's treatment principles. Recurrence following treatment is not a rarity in Bell's palsy. Hence immediate and prompt treatment will help provide complete recovery and minimal chances of recurrence.

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