Case Report

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AYURVEDIC MANAGEMENT OF ARDITA (BELL'S PALSY): A CASE REPORT

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ABSTRACT

Bell's palsy is a lower motor neuron disease of the facial nerve (cranial nerve VII) characterized by acute unilateral peripheral facial weakness involving muscles innervated by the facial nerve. Stress, lack of sleep, and physical or mental trauma which in turn leads to less immunity can also trigger Bell's palsy. Conventional treatment protocols include the administration of Steroids, Antivirals and Analgesics even after which a complete recovery can't be guaranteed. Thus, a systematic Ayurvedic line of care is necessary and can be executed to prevent these problems and to achieve total remission. The patient in this report suffered from left-side facial paralysis with numbness and deviated angle of mouth to the left, difficulty in blinking of the left eye for 3 years [aggravated from 6 months], undergoing various allopathic treatments without sustained relief. Suffering with persistent symptoms, the decision was made to explore Ayurvedic intervention. She was managed with Pachana drugs (which stimulates the digestive system), Vata Anulomana (Correction of function of Vata), Marsha Nasya (Nasal instillation) with Ksheerabala Taila along with Mukha Abhyanga with Bala Taila and Swedana with Dashamula Ksheera Dhuma and oral medication. Following this regimen, the patient experienced significant improvement. This single case signifies the effect of Ayurveda treatment modalities with Panchakarma procedures in the management of Bell's palsy.

Keywords: Ayurveda, Ardita, Bell's palsy, Dashamula Ksheera Dhuma, Marsha Nasya

INTRODUCTION

Bell's palsy is a lower motor neuron disease of the facial nerve (cranial nerve VII) characterized by acute unilateral peripheral facial weakness involving muscles innervated by the facial nerve.[1] The annual incidence of Bell palsy is about 20 per 100,000, and the incidence increases with age. It is seen equally in both gender men as well as in women. [2]

Bell's palsy can also result from stress, sleep deprivation, and physical or mental trauma, which lowers immunity. It has been proposed that an infection with the herpes simplex virus or any other underlying illness may be the cause of the nerve enlargement and inflammation.[3] Rapid onset of one-sided facial weakness, insufficient eyelid closure, ear pain, cheek numbness, shift in the mouth's angle to the unaffected side, loss of taste on the front two-third of the tongue, excessive salivation, intolerance to noise, trouble eating or drinking etc. are some of the symptoms.[4]

The Bell's palsy is comparable to the Ardita described in Samhitas, or Ayurvedic literature. According to Ayurvedic texts, Ardita Vata is a disorder that mostly affect the half of the face, sometime involving the other half of the body. [5] The chikitsa vidhi or the treatment protocol of Ardita according to Acharyas includes Nasya Karma (Nasal instillation), Murdhni Taila (Medicated head oil therapy), Akshi Tarpana (Eye nourishment therapy), Nadi Sweda (Sudation), Upanaha (Poultice), Vamana (Emesis) and Raktamokshana (Blood-letting therapy). [6] Numerous conditions, including Ramsay Hunt Syndrome, Lyme disease, trauma, cerebrovascular accidents, Guillain-Barre syndrome, tumors, Mysthenia gravis and others can induce facial paralysis according to current medicines.[7] Prior to a correct diagnosis, these disorders should be ruled out and a treatment plan should be created appropriately.

Usually, Ardita affects mukha ardha or shareera ardha. Chronic facial spasms, face pain, corneal infections, and synkinesis are some of the major side effects of facial paralysis. [8] Even after taking steroids, antivirals and analgesics as part of allopathic therapy regimens, a full recovery cannot be assured. Therefore, to avoid these issues and attain complete remission, a methodical Ayurvedic treatment plan is required and can be implemented.

MATERIAL AND METHODS

Case History: A 58-year-old Female patient, previously in good health, began experiencing symptoms Three years ago, characterized by left-sided facial paresis with a deviated angle of mouth to the left, numbness over the left side of the face, difficulty in blinking of the left eye, the left side of earache associated with swelling. Then she was clinically diagnosed with Bell's palsy and took medication for that. Then these symptoms aggravated for 6 months associated with unsatisfactory bowel habits, numbness in the bilateral lower limb, depressive mood, and slowness in routine work. She also had a deranged diabetic profile FBS – 150 mg/dl and HbA1c - 8.6%. Despite prior treatment with allopathic medications, the patient experienced no significant relief. Then she came to the Kayachikitsa outpatient department. She was admitted for Nasya therapy (Nasal instillation) and other oral medications in Kayachikitsa indoor patient department, ITRA Jamnagar, Gujarat, India.

Past History: She reported a history of varicella-zoster virus infection in the left ear and also she had a history of stroke 3 years ago.

Family History: Not any associated history.

Comorbidities: She was a known case of Hypertension and Type 2 diabetes, for which was taking advised allopathic medication regularly as mentioned in Table 1.

Table 1: Ongoing Modern Medication

Medications
1. Aspirin 150 mg (OD)
2. Tab. Hydrochlorothiazide and Losartan 50 mg (OD)
3. Tab. Dapagliflozin (10.0 Mg) + Sitagliptin (100.0 Mg) + Metformin Hydrochloride (1000.0 Mg) (OD)
4. Tab. Rosuvastatin and Fenofibrate 10 mg (OD)
5. Tab. Mecobalamin, alpha lipoic acid, pyridoxine, and folic acid (OD)

Clinical Examination: On physical examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy was absent. BMI was 22.23 kg/m^2. Her BP was 110/70 mm /Hg, pulse - 82/min. The patient had no addiction.

Astavidha Pariksha (eight-fold examination) was done which reveals Nadi Vata Pradhana Pittaja, mootra pravruti was 5-6 times/day, 1-2 times /night. Mala pravruti 1 time/2 days, which was hard and unsatisfactory. Jihva (tongue) was saama (whitish-coated). Patient aakriti (general body built) was madhyama.

Dashvidha Pariksha (tenfold examination) of the patient was done which illustrate that the patient was Vata-Pittaja prakriti (physical built), vikriti - Vata-Kapha pradhana, sara and samhanana were madhyama, satva - avara. The patient had katu and lavana rasa priyata with avara abhayvarana shakti, jaran shakti, and vyayama shakti was avara, which reveals that roga and rogi bala was madhyama.

Systemic Examination: Higher motor functions and sensory functions were intact. The patient was well nourished and her muscle tone, muscle power, co-ordination tests and reflexes were normal. All the cranial nerves intact except corneal reflex was absent in left eye and motor function of facial nerve was affected. [Table 2]

Table 2: 7th Facial Nerve Examination (Before Treatment)

Eyebrows Raising	Wrinkling Of Left Side of Forehead Is Lost
Forehead Frowning	Affected on Left Side
Eye Closure	Incomplete closure of left eyelid
Teeth Showing	Not possible on left side
Taste Perception	Not affected
Dribbling Of Saliva	Not present
Blowing Of Cheeks	Not able to do on left side
Bell's Phenomenon	Not presented on left side
Deviation Of Mouth	Towards left side
Whistling	Not possible

Investigations

Biochemistry
Renal profile: Urea 21, Uric acid 4.72, Creatinine 0.85
Lipid profile: Cholesterol 148, Triglyceride 147, LDL 73.5, VLDL 29.4, HDL 45.1
Hepatic profile: SGPT 19, SGOT 19, Total Bilirubin 0.36

House -Brackmann's Facial Nerve Grading Scale
Left side of face: Grade IV (Weakness with asymmetry of mouth, forehead frowning loss, incomplete closure of eyes with efforts).[9]

Nidana: The patient presented with a faulty dietary habit consisting of consuming frozen food items, packed food items, and approximately 9-10 hours of continuous cooking job.

Samprapti Ghataka

Dosha	Vata pradhana Kapha
Dushya	Rasa, Rakta, Mamsa, Meda, Majja, Sira, Snayu
Agni	Mandagni
Udhbhavsthan	Ama - Pakvashaya
Vyaktasthan	Vama mukha,ubhaya pada,vama karna ,vama Netra
Srotasa	Rasavaha, Raktavaha, Mamsavaha, Medavaha, Majjavaha
Srotasa prakara	Sanga and Vimargaman
Sadhya /asadhya/ yapya	Kasta Sadhya

Upashaya: Abhyanga and Swedana
Anupashaya: Cold atmosphere

Differential Diagnosis: Ardita Or Pakshaghata

Final Diagnosis: Ardita

Management: The patient underwent a therapeutic regimen in Ayurveda, commencing with Vatanulomana by oral administration of Eranda-bhrista Haritaki Churna 4 gm HS with lukewarm water. Marsha Nasya (Nasal instillation) with Ksheerabala Taila along with Mukha Abhyanga with Bala Taila and Swedana with Dashamula Ksheera Dhuma. The patient was instructed to take her modern anti-hypertensive and anti-hyperglycemic medication and other oral Ayurvedic medications like Vijayasaradi Kwatha, Chandraprabha Vati and a combination of Rasayana Churna, Sudarshana Churna, Pippalimula Churna and Godanti Bhashma. Timeline as indicated in Table 3 and 4. The result is indicated in Figure 1.

Table 3: Vyadhipratyanika Chikitsa Protocol

Purpose	Duration	Medicine	Outcome
Vatanulomana	15 days	Erand bhrista haritaki churna 4 gm [HS with warm water]	Marked improvement in unsatisfactory bowel habit [1 time/day]
Pramehaghna	15 days	Vijayasaradi kwatha 10 ml [BD/ Before meal] Chandraprabha vati 2 tablets BD /after meal with lukewarm water	Mild improvement in deranged diabetic profile
Balya, Rasayana, Vatashamaka, Indriyaprasadana	15 days	Rasayana churna 3 gm Sudarshana churna 1 gm Pippalimula churna 500 mg Godanti Bhasma 500 mg [BD/after meal with lukewarm water]	Numbness on left side of face decreased
Nidrajanaka	15 Day	Sankhpushpi churna 2 gm Pippalimula churna 500 mg [HS with lukewarm water]	Improvement in sleeping hours depressive mood
Balya, Vata-Kapha hara	12 days	Marsha nasya with ksheerabala taila 101 avarti Swedana with Dashmula kwatha sidhha ksheera dhuma	Numbness on left side of face decreased

Table 4: Marsha Nasya Chart

Day and date	Nasya Dravya	Matra	Pradana kala	Lakshana /any complication	Vitals
Day 1 [5/12/23]	Ksheerabala taila [101 avarti]	4-4 drops	9: 45 am	Not any	BP 108/70 P 84/min
Day 2 [6/12/23]	Ksheerabala taila [101 avarti]	6-6 drops	10:16 am	Not any	BP 116/72 P 76/min
Day 3 [7/12/23]	Ksheerabala taila [101 avarti]	8-8 drops	10:00 am	Not any	BP 110/70 P 68/min
Day 4 [8/12/23]	Ksheerabala taila [101 avarti]	10-10 drops	10:15 am	Not any	BP 106/72 P 78/min
Day 5 [9/12/23]	Ksheerabala taila [101 avarti]	12-12 drops	11: 00 am	Not any	BP 116/70 P 76/min
Day 6 [10/12/23]	Ksheerabala taila [101 avarti]	10-10 drops	10:40 am	Not any	BP 110/70 P 84/min
Day 7 [11/12/23]	Ksheerabala taila [101 avarti]	8-8 drops	9:55 am	Not any	BP 110/72 P 76/min
Day 8 [12/12/23]	Ksheerabala taila [101 avarti]	6-6 drops	10: 05 am	Not any	BP 118/68 P 76/min

Before Treatment

After Treatment

Figure 1

Pathya Apathya: The patient was advised to adhere to pathya ahara, comprising a diet predominated by laghu supachya ahara, consumption of lukewarm water (ushnodaka pana), and following prescribed lifestyle practices (pathya vihara), including engaging in brief walks, practicing anuloma – viloma, and vajrasana. It was recommended to abstain from apathya ahara such as dadhi (curd), viruddha ahara (incompatible foods), vidahi katu ahara (spicy and irritant foods) and apathya vihara like ratrijagrana (night awakening), diwaswapa (daytime sleep), vegadharana (suppression pf natural urges).

RESULT AND FOLLOW UP

During the treatment course, it was noted that there was moderate relief in all the chief complaints i.e. numbness over the left side of the face, deviation of angle of the mouth at the left side, unsatisfactory bowel habit, sleep disturbance, and slowness in routine work. There was a moderate improvement in motor and sensory function of facial nerve examination after 15 days of treatment. The House-Brackmann (HB) scale was improved from grade 4 to grade 3 after treatment. Follow-up was maintained up to four weeks and then the scale was improved from grade 3 to grade 2. Her diabetic profile was also improved i.e. FBS - 105mg/dl and HbA1c - 6.8%. It was noted that there were no any complications found after treatment and also during follow up period.

Assessment Criteria

Assessment of patients was done by following scales

1] The House-Brackmann (HB) scale: For assessment of facial motor function and severity of disease.

2] Assessment of patients was also done by facial nerve examination.

House-Brackmann Facial Nerve Grading Scale

Grade	Clinical features	Before treatment	After treatment	After follow-up
Grade I	Normal symmetrical function	-	-	-
Grade II	a) Gross: slight weakness noticeable on close inspection; may have very slight synkinesis b) At rest: normal symmetry and tone c) Motion: forehead- moderate to Good function; eye -complete closure with minimum effort; mouth -slight asymmetry	-	-	✓
Grade III	a) Gross: obvious but not disfiguring difference between two sides; noticeable but not severe synkinesis, contracture, and/or hemifacial spasm b) At rest: normal symmetry and tone c) Motion: forehead -slight to moderate movement; eye - complete closure with effort; mouth -slightly weak with maximum effort	-	✓	-
Grade IV	a) Gross: obvious weakness and/or disfiguring asymmetry b) At rest: normal symmetry and tone c) Motion: forehead - none; eye - incomplete closure; mouth - asymmetric with maximum effort.	✓	-	-
Grade V	a)Gross: only barely perceptible motion b) At rest: asymmetry c)Motion: forehead - none; eye -incomplete closure; mouth -slight movement	-	-	-
Grade VI	No movement	-	-	-

Assessment of Facial Nerve After Treatment

Facial nerve examination	After treatment
Raise the eyebrows	Mild Wrinkling present at left side of forehead
Forehead frowning	Present
Eye closure	Improved
Teeth showing	Showing with minimal efforts
Taste perception	Intact
Dribbling of saliva	Not present
Whistling	Possible with minimal efforts
Asymmetry of face	Moderate improvement
Blowing of cheeks	Slightly present on left side
Bell's phenomenon	Not present on left side
Deviation of mouth	Improvement

DISCUSSION

Facial nerve dysfunction causes facial muscle paralysis and impairs both motor and sensory abilities in Bell's palsy. Essentially, Ardita is a Vata illness. Therefore, the primary focus of treatment should be on medications that reduce Vata, such as balya (strength promoting) and brimahana (nourishing therapy). The best way to calm the Vata in the uttamanga (supraclavicular region) is to take Navana nasya (Nasal instillation). The medicine enters the brain through sringataka marma (vital points of the head), which is the main important point that corresponds to the nerve centres that control the sensory organs.

Concentrated extracts of Bala combined with milk, known as Ksheerabala taila 101 avarti, are very nutritious to nervine tissue and aid in nerve regeneration. Because of the Balya and brimahana qualities of Ksheera and Bala, it gives muscle strength. It restores the natural functionality of affected nerves and improves blood circulation to particularly that concerned areas of the brain. [10] Ksheerbala 101 Avarti Taila is having rasayana, jeevaneeya and indriyaprasadana and these properties are vyadhi and doshapratyanika. Ksheerbala Taila was used to overcome the aggravated Vata dosha and to nourish the muscles, improve the blood circulation and stimulate the sensory nerve endings of face, and provide strength to the facial muscles. It improved motor function by stimulating and strengthening the facial nerves and muscles.

Ksheerabala taila regulates the vitiated Vata since it possesses snigdha (unctuous), guru (heaviness), ushna veerya (hot potency) and Vata shamaka qualities. Both medication's Balya and brimhaniya qualities can strengthen and nourish the muscles of the face. The primary alkaloid found in Bala (*Sida cordifolia*) is ephedrine, a CNS stimulant. It improves functionality and boosts neurotransmitter activity. It has also properties like analgesic, anti-inflammatory and hypoglycemic activities. [11] By reducing Vata and improving blood flow to the peripheral arterioles, Swedana with Dashmula ksheeradhooma (a decoction made by Dashmula kwatha with cow's milk) facilitates the rapid absorption of medicines.

CONCLUSION

This single case signifies the effect of Ayurveda treatment modalities with Panchakarma procedures in the management of Bell's palsy. However, a clinical trial with sufficient participants is required to establish role of Nasya karma and other panchakarma procedures like Shiropichu, Shirothalama, Kavala (Gargling) and Gandusha along with conservative treatment protocol for better management in condition like Ardita.

Patient Consent

Authors declare that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity.

Site of Study: PG hospital building, Aswini bhavan, indoor patient department, Institute of teaching and research in Ayurveda

(ITRA), Opp. B division police station, near reliance mall, Gurudwara road Jamnagar, Gujarat, India- 361008.

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