



## AYURVEDA MANAGEMENT OF ARDITA - A SINGLE CASE STUDY

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### ABSTRACT:

*Ardita* is one among the 80 types of *Vataja nanatmaja vikaras*. Based upon the clinical features it can be considered parallel to Facial palsy/Bell's palsy. Bell's palsy is a neurological disorder that causes paralysis or weakness on one side of the face. It is characterized by the features such as contracture in half of the body or half of the face along with deviated nose, eyebrows, forehead, eyes and jaws. There may be excessive salivation, partial closure of eye on the affected side, feeble voice, deafness, difficulty in sneezing, etc. In classics *navana*, *murdhni taila*, *tarpana*, *nadi sweda*, *upanaha* with meat of animals residing in water or near water are mentioned for the management of *Ardita*. The case presented here is successfully managed with *mrudu abhyanga* followed by *Nadisweda*, *Nasya* and *shamanaaushadha*. After 7 days of treatment with *abhyanga*, *nadisweda* and *nasya* along with *shamana aushadha* patient got complete relief from the symptoms. No any side effects observed during treatment and even during follow-up period.

**Keywords:** *Ardita*, Bell's palsy, *Abhyanga*, *Nadisweda*, *Nasya*

## INTRODUCTION

*Vata* being important *dosha* responsible for major functions of the body like all kind of movements, sensory & motor functions, digestion, excretion, speech etc <sup>[1]</sup>.

Abnormality in *vata dosha* leads to various kind of diseases. There are 80 types of *vataja nanatmaja vikara* explained in our classics. *Ardita* is one among them <sup>[2]</sup>. It is characterized by the features such as contracture in half of the body or half of the face along with deviated nose, eyebrows, forehead, eyes and jaws. There may be excessive salivation, partial closure of eye on the affected side, feeble voice, deafness, difficulty in sneezing, etc <sup>[3]</sup>.

Bell's palsy is the most common form of facial paralysis. The incidence of this disorder is around 25 per 100,000 per year or about 1 in 60 people in a lifetime <sup>[4]</sup>. Diabetes mellitus, pregnancy and dental anesthesia are considered as risk factors. Even though causes for this disorder is not clear, exposure to cold, oedema and subsequent compression of nerve, otitis media, herpes zoster, head injury, Guillian – Barre syndrome, sarcoidosis and multiple sclerosis are few important causes. Clinical features may include pain behind the ear, watering from the eye, loss of sense of taste, problem in closing the eye, drooping of angle of mouth and dribbling of saliva <sup>[5]</sup>. The

diagnosis of Bell's palsy can be made clinically if patient has typical presentation without any risk factors <sup>[6]</sup>.

In classics *navana*, *murdhni taila*, *tarpana*, *nadi sweda*, *upanaha* with meat of animals residing in water or near water are mentioned for the management of *Ardita*.

## CASE REPORT

A female patient aged about 46 years reported with deviation of mouth towards left and unable to close the right eye since 4 days. She had taken some injection for the pain in the nape of the neck before 4 days. After that she noticed deviation of mouth. Details of the injection was not available. Patient had no previous history of Hypertension or Diabetes mellitus.

### General Examination

Vitals were within normal limits with BP- 130/80 mm of Hg, Pulse rate 78/min, and body weight was 50kg.

### Systemic Examination

Patient was conscious and well oriented to time, place and person. Higher mental functions were intact. Except Facial nerve all the cranial nerves were intact.

On Facial nerve examination, forehead furrow and wrinkling was absent on right side on frowning, partial closure of right eye, there was leakage of air from the right angle of the mouth on holding air with deviation of mouth

towards left and absence of nasolabial fold on right side were noted.

#### Diagnosis

Based upon the clinical features and examination findings, the condition was diagnosed as *Ardita*/Bell's Palsy.

#### Intervention

*Mrudu abhyanga* with *Ksheerabala taila* followed by *Nadisweda* over the face and nape of the neck and *Nasya* with *ksheerabala* 101 was done for 7 days. Along with this *shamana aushadha* like *Bruhat vata chintamani rasa* plain 2 TID, *Tab Yogaraja Guggulu* 1 TID and *Chitrakasava* 15ml TID were administered. After treatment patient recovered completely.

#### RESULT

After 7 days of treatment with *abhyanga*, *nadisweda* and *nasya* along with *shamana aushadha* patient got complete relief from the symptoms. Patient was able to close her right eye completely, there was no leakage of air through the angle of mouth and no deviation of mouth was observed.

Assessment was done by observing clinical signs and symptoms and House-Brackmann scale before treatment, after the treatment and during follow-up. Same were shown in table 1 and table 2.

**Table 1: Clinical signs and symptoms**

Parameter	Before Treatment (0 <sup>th</sup> day)	After Treatment (7 <sup>th</sup> day)	Follow up (After 15 days)
Deviation of mouth towards left side	Present	Absent	Absent
Eye closure	Incomplete closure of right eye	Complete closure of both the eyes	Normal
Blowing of cheek	Leakage of air from right angle of mouth	No air leakage	Normal
Forehead frowning	Not possible on right side	Normal	Normal
Nasolabial fold	Loss of nasolabial folds in right side	Normal	Normal

**Table 2: House- Brackmann Grading scale**

	Before Treatment	After Treatment
Right side of the face	Grade 4	Grade 1
Left side of the face	Grade 1	Grade 1



**Image 1: Before Treatment   Image 2: After Treatment   Image 3: Follow up**

### **DISCUSSION**

*Ardita* is one among the *Vataja nanatmaja vikara* characterized by the features such as contracture in half of the body or half of the face along with deviated nose, eyebrows, forehead, eyes and jaws, excessive salivation, partial closure of eye on the affected side, feeble voice, deafness and difficulty in sneezing. It is correlated to Bell's palsy. Bell's palsy is the most common form of facial paralysis, in which there will be pain behind the ear, watering from the eye, loss of sense of taste, problem in closing the eye, drooping of angle of mouth and dribbling of saliva. In this case, patient presented with deviation of mouth towards left and unable to close the right eye since 4 days.

*Navana, murdhni taila, tarpana, nadi sweda, upanaha* with meat of animals residing in water or near water are mentioned for the management of *Ardita*. In this case *Mrudu abhyanga* with *Ksheerabala taila* followed by

*Nadisweda* over the face and nape of the neck and *Nasya* with *ksheerabala* 101 was done for 7 days. Along with this *shamana aushadha* like *Bruhat vata chintamani rasa* plain 2 TID, *Tab Yogaraja Guggulu* 1 TID and *Chitrakasava* 15ml TID were administered.

*Mrudu Abhyanaga* and *Nadisweda* helps in mitigating the *vata dosha* which is the main factor involved in the manifestation of *Ardita*. *Ksheerabala taila* used for *abhyanga* contains *balamoola, murchita tila taila* and *goksheera*. All these are having *vatashamana* property. *Nasya* is the main line of treatment for the diseases affecting above the neck as *nasa* is the only route to the *shiras*. Thus it is the apt procedure for the management of *ardita*. Both *Vatachintamani rasa* and *Yogaraja Guggulu* are having *vata shamana* property.

### **CONCLUSION**

The medicaments selected here are *vatahara* in nature thus helped in rectifying the pathogenesis of *Ardita* by reducing the signs

and symptoms. After 7 days of treatment with *abhyanga*, *nadisweda* and *nasya* along with *shamana aushadha* patient got complete relief from the symptoms. No any side effects observed during treatment and even during follow-up period.

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