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CASE REPORT OPEN ACCESS

MANAGEMENT OF BELL'S PALSY THROUGH AYURVEDA –A CASE STUDY

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ABSTRACT:

Ardita (Bell's palsy) is condition that develops due to aggravation of *vata dosha* and result into deviation of face . It can be correlated with the disease bell's palsy or facial palsy. Due to paralysis of facial nerve it is also called as facial palsy. Contemporary management of facial palsy includes the use of anti-inflammatory, antiviral, steroids only .with chance of recurrence and side effects. The present study a 36 years old hindu male patient having history of watering of left eye ,difficulty in closing left eye ,deviation of mouth towards right side ,dribling of saliva ,dysarthria since 2 days was registered in *kayachikitsa* opd . history and examinations reveled that more exposure to cold wind lead to *ardita* .by considering signs and symptoms patient was managed with *bahirparimarjana chikitsa*(external treatment procedure and *shamanoushadi* (internal medication) for 14 days . assessment of result done by using House Brackmann's of facial grade .

Keywords- *Ardita* ,Bell's Palsy, *Ksheeradhuma, kavala, pratisarana*

INTRODUCTION

Ardita is one among 80 *vataja nanatmaja vikara*[1] *Acharya Charaka* explained that *ardita* is localized in half of the face with or without involvement of the body[2]. *Acharya Sushruta* has considered as only face is affected in *ardita* and he also explained depletion of blood is one of the precipitating factor for *ardita*[3]. Acahrya *vagabata* called *ardita* as *ekayaam*[4] .*Arunadatta* also opines that *ardita* is disease of affecting half of the face. The pregnant women, women after delivery ,children, old persons, the debilated, anemic persons, those who speaks loudly, eating hard foods, laughing, yawning, weight lifting, etc. are the etiolgocial factors of *ardita* .due to above causative factors *vata* gets aggravated and localized in places such as head, nose, lips, chin, forehead, and eyes, and develops pain in these areas and cause *ardita*. The symptoms include deviation of face ,improper closer of eyes, watering of eye, drooling of saliva, horseness of voice, deafness, difficulty in speech, pain in the ear, difficulty in mastication and swallowing of food etc[5]. Facial palsy is an acute onset of non-suppurative inflammation of the facial nerve within the facial canal above the stylomastoid foramen, foramen, producing a unilateral lower motor neuron type of facial palsy. It is usually sudden and spontaneous deviation of mouth, dribbling of saliva, loss of furrowing on fore head unable to raise eye brows, improper closer of affected eye . normally ,on closing the eye ,the eyeball moves upwards and outwards. Nasolabial furrow is less prominent on the affected side,the patient cannot retract the angle of the mouth on affected side. The patient cannot hold air in the mouth on the affected side.loss of taste on the anterior two-thirds of of the tongue ,on the affected side. Medical treatment for bells palsy include corticosteroids therapy, antiviral agents,where as surgical treatment include facial nerve decompression, subocularis oculi fat lift,etc[6].with lot of side effects .In *ayurveda* treatment explained for *ardita* safest and effective. As per *acharya Charaka* treatement principle for *ardita* is *ardhite navanam moordini tailam tarpan mevacha ! nadi sweda upanahasch apyanoopa pisithair hita*[7] *nasya karma moorda taila* application of oil to the head *tarpana* (the treatment on which nourishes sense organs ie application oil to eyes and ears) . as *vata* is main culprit for the manifestation of *Ardita* so present case study was planned for to evaluate effect classical *ayurvedic* treatment methods and procedures in the management of *Ardita*.

CASE REPORT-

A 36 years old hindu male patient having history of watering of left eye ,difficulty in closing left eye ,deviation of mouth towards right side ,drooling of saliva ,dysarthria since 2 days.according to patient he was asymptomatic 2 days back .then he suddenly noticed deviation of mouth towords right side and he was unable to close his left eye . patient was registered in *kayachikitsa* OPD & IPD DGMAMC GADAG on 14/01/2023.patient had no previous history of hypertension and diabetes .

GENERAL EXAMINATION –

Bp -130/80mmhg, Pr-86bpm, Rr-18/min, Temp-98.6F^{o}. Cynosis-absent, Pallor –absent ,clubbing-absent. CVS,RS,CNS, & blood investigation were within normal limits.

Absence of furrows on left side of forehead ,unable to raise left eyebrow. Improper closer of left eye and outward and upward movement of left eyeball, Ear examination revealed normal external auditory canal and tympanic membrane.hearing was also normal in both ear. On examination of nose nasolabial fold less demarked ---.taste sensation of anterior 2/3rd of tongue was normal.mild slurred speech.,reduced tension and tonicity in muscles of left side of cheek.unable hold the air in buccal cavity ,leakage of air noticed at the left side of mouth .bells phenomenon positive.

ASSESMENT CRITERIA:

House Brackmann's of facial grading was used[8].

As per *ayurvedic* treatment patient was treated with *snehana swedana* and other oral medication and physiotherapy.

TREATMENT GIVEN

Table no-1 showing *Bahir parimarjana chikitsa*

S l NO	Treatment	Duration
1	*Mukha abhyanga* with *ksheerabala taila*	7-days
2	*Ksheera dooma bhashpa sweda*	7-days
3	*Jiwha nirlekhana* with *vacha and madhu*	7-days
4	*Panasa patra sweda*	7-days

Table no-2 showing *Antaha parimarjana chikitsa*

SL NO	MEDICATION	ANUPANA	DOSE	DURATION
01	Tab paslinueron	Water	1 tablet three times day after food	15 days

02	Tab cognium	water	1tablet three times day after food	15 days
03	*Dhanadanyadi kashya*	water	3 tsp two times day before food with Luke warm water	15 days

Table no -3 showing Assessment criteria based on House Brack Manns facial nerve grading[10]

	Characteristics	**Grade**		**Before treatment**	**After treatment**
Fore head	Normal function	normal	1	4	2
	Slight weakness to good function	mild dysfunction	2		
	Noticeable slight to moderate	Moderate dysfunction	3		
	Obvious weakness or disfiguring asymmetry	moderately severe dysfunction	4		
	Barely perceptible motion	severe dysfunction	5		
	No movement	total paralysis	6		
Eye	Normal function	normal	1	4	3
	Complete closure with minimum efforts	mild dysfunction	2		
	Obvious weakness ,eye closure with effort	Moderate dysfunction	3		
	Incomplete eye closure	moderately severe dysfunction	4		
	Barely perceptible eyelid movement	severe dysfunction	5		
	No movement	total paralysis	6		
Mouth	Normal function	normal	1	5	3
	Slight asymmetry or weakness of mouth movement	mild dysfunction	2		
	Obvious but disfiguring	Moderate	3		

	weakness	dysfunction			
	Asymmetry at rest	moderately severe dysfunction	4		
	Barely perceptible mouth movement	severe dysfunction	5		
	No movement	total paralysis	6		

Table no 4 showing -Assessment criteria based on clinical features of ardita (bell`s palsy)

Clinical feature	Grading		Bt	At
Watering from left eye	No watering	0	2	1
	Persistent but not disturb routine work	1		
	Persistent disturb routine work	2		
	Constant watering	3		
Widening of palpebral aperture *netravikruti*	No widening	0	2	1
	Slight wide (whole cornea visible)	1		
	Moderately wide(cornea &1/3 of upper sclera visible	2		
	Severely wide (cornea &1/2 of upper sclera visible	3		
Absence of nasolabial fold	Naso laibial fold present normaly	0	1	1
	Naso laibial fold seen while trying to speak	1		
	Naso laibial fold seen while attempting smile	2		
	Naso laibial fold never seen	3		
Smiling sign	Absent smiling sign	0	2	1
	Smiling sign present without upward movement of left angle of mouth	1		
	Smiling sign present with upward movement of left angle of mouth	2		
	Smiling sign present all the time	3		
Slurring speech	Normal speech	0	2	1
	Pronouncing with less efforts	1		
	Pronouncing with great efforts	2		

	Complete slurring	3		
Dribbling of saliva from right corner of mouth	Dribbling absent	0	1	1
	Intermittent dribbling	1		
	Constant but mild dribbling	2		
	Constant and profuse dribbling	3		
Trapping of food between gum and cheeks	No trapping	0	2	1
	Mild trapping (not noticeable)	1		
	Traped but easily removable by tounge	2		
	Traped and need manual removal	3		
Earache (*karnshool*)	No earache	0	3	1
	Intermittent earache	1		
	Persistent earache, do not disturb routine work	2		
	Persistent earache, disturb routine work	3		

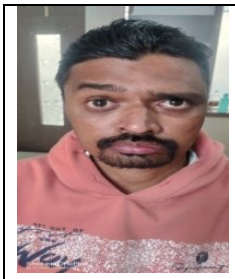


Fig 1 :Before treatment

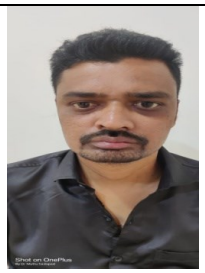
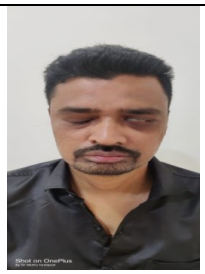

Fig 2 After treatment

RESULT AND DISCUSSION

In this case study, there were three assessment periods; the result is made on the basis of them. The first assessment was done before the treatment, the second assessment was done on the 15th day after the *Panchakarma* procedures and completion of oral medication. last assessment was done after the follow-up period of 30 days. A significant improvement was observed in the signs and symptoms of the patient after the completion of both procedural and medicinal treatment, which are shown in fig A &B.

As *ardita* is one of the *vatavyadhi* ,it should be treated with *vata* dosh pacifying statergies.so in this present case study subject treated with *mukhabhyanga* with *ksheerabala taila* which is *snigdha* and *guru* in nature, *ksheeradhuma* is one of the *snigdha swedha* were patient got nourishment soothing effects to facial nerve, *jivhanirlekana* is to did with *vacha churna* for the purpose of scraping of tongue make

person to get taste sensation as quick as possible. *Shaman aoushadi*- palsinueron and cognium which have *medhya and vatakaphashamka* properties which mainly indicated to breakdown pathogenesis of *ardita*.

CONCLUSION

In *Ayurveda* classics, *Ardita Vata* (Bell's palsy) was described in the chapter titled *Vatavyadhi*, so in *Ardita Vata* the main culprit was *Vata*. That's why here mainly *Vatahara* treatment protocol had been adopted. It was managed with the *Panchakarma* procedures such as *Mukhabhayanga, Nadi swedana,* along with oral medications. After completion of the treatment, significant improvement was noticed in the signs and symptoms of the patient. As all the procedures were done on an out patient department basis, they did not require any hospitalization. This present study protocol seems promising and very effective, less time-consuming, as well as easy to perform and worth documenting.

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