



AYURVEDIC APPROACH OF ABHIGHATAJ ARDIT- A CASE STUDY

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ABSTRACT:

Ardita is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata*. *Ardita* is also explained as *Ekayaam* by *Ashtang Hrudaya*. *Acharya Charaka* has included *Sharirardha* in *Ardita* while *Sushruta* has considered as the face is only affected in *Ardita*. In the modern text it is correlated with facial palsy on the basis of signs and symptoms. *Charaka* attributed the root cause of *Ardita* to highly vitiated *vata* doshas whereas *Ayurvedic* experts like *Sodhala* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Ardita* in *Ayurveda* is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other *vatavardhaka ahara- vihara*. *Nadi swedna* and *Nasya* is explained in classics like *Charaka* and *Sushruta* for treatment of *Ardita*. *Sushruta* described medication for *Ardita* in his *Sutrasthana* giving special emphasis on *Nasya*. In the Present case study a 21 yrs. Male Patient was operated for fracture right zygomatic arch. after that Patient was suffer from *ardita*. after 1 month he reported in Panchkarma OPD. was treated by the Ayurvedic management and get relief in sign and symptoms in ardit.

Keywords: *Ardit, sodhan, saman chikitsa.*

INTRODUCTION

Ardita is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata*. It has been enlisted among eighty types of *nanatmaja vyadhies*. *Ardita* is also explained as *Ekayaam* by *Ashtang Hrudaya*. *Acharya Charaka* has included *Sharirardha* in *Ardita* while *Sushruta* has considered as the face is only affected in *Ardita*^[1]. In the modern text it is correlated with facial palsy on the basis of signs and symptoms mentioned there in it. It is commonly caused due to the lesion found on the seventh cranial nerve i.e. facial nerve which leads to partial or total loss of movement of unilateral face. Modern science found the drugs like steroids and anti-viral etc. for it. Also surgical and other treatments are available for facial paralysis. *Charaka* attributed the root cause of *Ardita* to highly vitiated *vata doshas* whereas *Ayurvedic* experts like *Sodhala* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Ardita* in *Ayurveda* is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other *vatavardhaka ahara- vihara*. Due to *vata prakopa, nidana sevana* whenever *vata doshas* vitiates, it enters in all the empty channels (*srotas*) of the body and then creates different types of *Ekangagata* and *Sarvangagata vyadhies* (80

types of *vata* disorders described by classics including various diseases like *Ardita, pakshaghat, joint disorders*). The main symptoms of *Ardita* are *vakrardha, netravikrti, lalasrava, vakasanga, parsh vedana* etc. *Nadi swedna* and *Nasya* is explained in classics like *Charaka* and *Sushruta* for treatment of *Ardita*. *Sushruta* described medication for *Ardita* in his *Sutrasthana* giving special emphasis on *Nasya*. In *Ayurveda Panchkarma* along with drug administration aims to improve its outcome and prevents the residual treatment. *Panchkarma* technique like *Nasya* has a definite role in relieving the impairment. *Nasya* is a process by which medicated oil is administered through the nostrils. Prior to *Nasya, purvakarma* measures are done like *Snehana* and *Swedna* to face, forehead, head, ear and neck. These prior *snehana* and *swedna* helps to loosen the adhesive *doshas* thereby facilitating the subsequent part of the treatment.

CASE REPORT

A 21 year old, moderately built male, belonging to middle class household student, visited to *Panchakarma* OPD with history of operated for right zygomatic arch fracture and his present complaints of deviation of mouth towards right side (*Vakree karo ti nasa bhru lalata akshi hanu statha*), watering (*Netramaavilam*), unable to blink (*Stabdha*

netram, Ek asyaakshonemeelanam), difficulty in chewing food on the left jaw (*Bhojana miti nasa mammukhenakhadati*) [2][3] He diagnosed the condition as Bell's palsy. he had sudden onset of deviation of mouth and weakness on the right side (*Samutkshiptetiatiwaritah*). Followed by inactivity of eyelid movement of left eye as per patient's report treatment was started with steroids for five days and advised to continue for another five days. As satisfactory results were not observed, patient stopped the use of steroids against medical advice before seven days of consultation for Ayurveda treatment.

Assessment of Criteria

The assessment of the result was done by observing clinical signs and symptoms of Ardit as follows:

1. *Mukhvakrata*
2. *Nasavakrata*
3. *Greevavakrata*
4. *NetraStabdhata*
5. *Waksang*
6. *NetraStabdhata*
7. *Lalasrava*
8. *KshawathuNigraha*

Following examinations were also included in the assessment criteria:

1. Unable to close eyes
2. Unable to whistle
3. Unable to inflate mouth

Table-1: Treatment Given

Sr.no.	Formulation	Total Duration of treatment
1.	<i>Mukha abhyang</i> with <i>ksheer bala taila</i> followed by <i>Nadi sweda</i>	7 days
2.	<i>Nasya</i> with <i>ksheer bala taila</i> 8 drops in each nostril	7 days
3.	Physiotherapy-Proprioceptive neuro muscular facilitation	7 days

Palliative management-

1. Tab. *Ekanaveer Rasa* -trice a day
2. Cap. *Ksheerabala* -twice a day

3. Liq. *Mahamasha Kashaya* -10 ml thrice a day

Table-2: Assessment of effect of treatment

Sr.no.	Assessment	Before treatment	After treatment
1.	<i>Mukhvakrata</i>	2	0
2.	<i>Nasavakrata</i>	0	0
3.	<i>Greevavakrata</i>	0	0

4.	<i>NetraStabdhata</i>	2	1
5.	<i>Waksang</i>	0	0
6.	<i>Lalasarava</i>	4	1
7.	<i>KshawathuNigrah</i>	2	1
8.	Unable to close eyes	3	0
9.	Unable to whistle	4	2
10.	Unable to inflate mouth	4	2

DISCUSSION

Acharya Charak has mentioned *Nasya* for *Ardita* in *Vata Vyadhi Chikitsa*. In *Ayurveda* *Nasya* is considered best to control the disease above neck. The process by which the drug is administered through nostrils is called *Nasya*. According to *Ayurveda* the drug administered through nostrils reaches *Shrungataka Marma* & distributed in *Murdha* (brain), *Siramukha* (opening of the blood vessels of *Netra* (eye), *Karna* (ear), *Kantha* (throat) etc. finally scratches the morbid *Dosha* from supra clavicular region completely just like removing *Munja* grass from its stem. According to modern science there is no direct route for pharmaco-dynamic consideration between nose & cranial organ because blood brain barrier is a strict security system of human brain. But the direct transportation can be possible through two pathways – Vascular & lymphatic. Vascular path transportation is possible through the pooling of nasal venous blood to the facial vein, which naturally

occurs. Just at the opposite entrance, the inferior ophthalmic vein also pools in the facial vein. As both facial & ophthalmic vein has no venial valves in between, so blood may drain on either side. That is to say the blood from facial vein can enter cavernous venous sinus of brain in reverse direction. Thus, such a pooling of blood from nasal vein to venous sinuses of brain, is more likely in the head lowered position due to gravity. On these lines, the drug absorption into meninges & related parts of intracranial organs. Drug transportation by lymphatic path, can reach direct into the C.S.F. it is known that arachnoid matter sleeve is extended to the submucosal area of the nose along with olfactory nerve.

Here in this case the patient was given *Sthanik Abhayanga* & *Swedana* prior to the *Nasya* therapy. *Sthanika Abhayanga* was done with *ksheer bala taila* followed by *Sthanik Naadi Sweda*. It dilates the micro-blood vessels of face & enhances the blood circulation to that area. The increased blood flow to the

peripheral arterioles accelerates the fast drug absorption & results in fast improvement. Improved blood supply to particular area of face result in nourishment of facial muscle & increases strength of facial muscle to work properly

Due to the surgical exposure *vata* and *kapha* doshas are vitiated, vitiated *Vata* with *Kapha* are involved in the genesis of the disease. *Prakupitavata* (aggravated *vata*) along with *Kapha* settles in Sandhi (joints of above clavicle) of *Shira* (head), *Nasa* (nose), *Hanu* (mandible), *Lalata* (forehead), and *Netra* (eye). *Snayu* (ligaments) and *Kandara* (muscles) are affected by the aggravated *Doshas* and presented symptoms on the left half of the face with all the features of *abhighataj Ardit*. As there is association of *Vata* with *Kapha*, the *Vata Kaphahara Chikitsa* is to be adopted. *Navana Nasya* (putting medicated oil drops in the nostrils), *Nadisweda* (fomentations to face through the tubular structures), Based on this, the *ksheer bala navana nasya* and *Sthanika nadisweda* have been adopted to remove *Urdhwajatrugata Doshas*. To subside the remaining *Doshas*, oral medications combating *Vata* and *Kaphadosha* have been selected. *Ekanerveer ras* is beneficial effects on nervous system as neurotic's regeneration and synaptic reconstruction and many more ^[4], used as internal medication. *Ksheerbala* is considered

to be quick control over the *Vata* and *Kaphashamana* in *Vegavastha* of *Vyadhi Mahamasha kashya* having properties like aphrodisiac, nerve tonic, anti-inflammatory, demulcent and immunity enhancer etc., Possibly, a combination of all these formulations helped in breaking the pathology at different levels.

CONCLUSION

From the present case study, it was observed that *Ayurvedic* management described in classical texts is helpful in giving significant relief in symptoms and signs of the disease Bell's palsy, thereby improving quality of day to day life of the sufferer. By the *sodhan* and *saman chikitsa* as a combined treatment, pacify the vitiated *Vata* in the body and thus provide nourishment to the sense organs. Moreover, *Navana Nasya* with *Ksheerbala Taila* followed by the oral medicines in the treatment of Bell's palsy (*Arditavata*) has provided significant improvement in this case.

REFERENCES

1. Yadavji Trikamji (editor), Sushruta Samhita Nibandha Sangraha, Nidana Sathana 1/69, Chukhamba Orintaila, 2005:267
2. Priyavrut sharma (editor) Sushrutasmhita, nidanasthana; 7th ed. chapter 1, verse 71. Varanasi: Chaukhamba Orientalia; 2002:267

3. Bhramanad tripati(editor) Charakasamhita, chikitsasthana; 5th ed. chapter 28, verse 40. Varanasi: Choukhamba Sanskrit Samsthana; 2001: 618.
4. Nathu singh, Rastantrasaar and siddha prayoga: 29th edition, Krishna Ayurved bhavan Ajmer, 2021:235

CITE THIS ARTICLE AS

Atul Pawar, Pramod Suryawanshi. Ayurvedic Approach of Abhighataj Ardit- A Case Study. *J of Ayurveda and Hol Med (JAHM)*. 2023;11(7):111-116

Conflict of interest: None

Source of support: None