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“To study Efficacy of Ayurvedic Shodhan and Shaman Chikitsa in the management of Ardit (Facial Paralysis) - Case study.”

Priyanka Kandikattiwar

B. A. M. S. MD (Kayachikitsa)

*Author Correspondence: Mob.: 9604588109, E-mail- kandikattiwar@gmail.com

ABSTRACT

Ardit (Facial paralysis) is a very troublesome disease and about one in every 60 to 70 people is affected by it. It adversely affects the most important functions of the mouth leading to difficulty in deglutition, mastication, closing of the mouth as well as closure of eyes etc. Case study of a Male Patient of 40 years old got cure within 15 days with pure Ayurvedic Management. **Aim and objective:** To study efficacy of Ayurvedic Shodhan and Shaman Chikitsa in the management of *Ardit* (Facial Paralysis) **Material and Method:** The patient was selected from the OPD and IPD of concern institution **Result:** At the end of 15 days of shaman Chikitsa and Panchkarma procedures resulted in the improvement of overall symptoms **Conclusion:** The case report shows that combine Ayurvedic Chikitsa is potent and safe effective in the treatment *Ardit*.

KEY WORD: *Ardit*, Facial paralysis, Shamana therapy, Panchakarm

INTRODUCTION: *Ardita* is one of the Vata Vyadhis which is caused by aggravation of Vata. It has been enlisted amongst the eighty types of Nanatmaja Vata Vyadhis. The vitiation of Vata

especially aggravation of Vata causes ‘*Ardita*’ as mentioned in almost all Ayurvedic classics. Acharya Charaka has included *Sharirardha* in *Arditas*^[1] while Sushruta has considered as only face is affected in *Ardita*^[2]. Clinical feature of *Ardit* is Inability to move the defected side of the face, Pain behind ear; affected Eye side cannot be close, the mouth drawn over the opposite side, Inability to wrinkle the brow, Inability to blow and smile. *Ardit* can be co-related with facial paralysis on the basis of its signs and symptoms mentioned in texts^[3]. It is commonest infra nuclear type of facial paralysis due to lesion in facial nerve resulting characteristics of facial disorientation, it is most commonly due to parotids, carries, associated with otitis media, toxaemic neuritis or due to any injury of mastoid and may be due to exposure to cold. Modern science found drugs like Steroids and Anti viral etc. for it, also surgical and other treatments are available for facial paralysis. Yet, its recurrence and *synkinesis* are also reported. Therefore there is definite need to explore more efficacious and radical cure to this illness hence Present case study is successful Ayurvedic management of case of *Ardit* (facial paralysis).

AIM AND OBJECTIVE:

- To study efficacy of *Ayurvedic Shodhan* and *Shaman Chikitsa* in the management of *Ardit* (Facial Paralysis)

CASE REPORT:**CASE HISTORY**

- Basic information of patients
- Name: XYZ
- Age: 40 years old
- Gender: Male
- Religion: Hindu
- Social economical status: Lower middle class
- Occupation: labour

PRADHAN VEDANA VISHESH (CHIEF COMPLAINT): (from 1 day)

- Vama Mukhavakrata*
- (angle of mouth drawn over left side)
- Vaksnaga* (difficult during talking)
- Epiphora* from left eye
- Karnajadata* (Heaviness on Ear)

VARTAMAN VYADHIVRITTA (HISTORY OF PRESENT ILLNESS)

Patient was apparently all right before 6 day, after that the patient fell from bicycle, he was affected with small scratches on head, patient was alright but after 5 day that he developed above Symptoms. He took medicine in private hospital but there was no relief. So for further treatment he was shifted to *Ayurvedic* hospital for *Ayurvedic* management.

PURVAVYADHIVRITTA (HISTORY OF PAST ILLNESS)

- H/o fall from bicycle before 6 days
- H/o Accident: 2-3 year ago
- No H/o HTN/DM/Any other medical illness
- No H/o Any Surgical Illness

KULAJVRITTA (FAMILY HISTORY)

NAD

VAYAKTIK VRITTANATA (PERSONAL HISTORY)

AHARAJA – Patients was taking *Katu-Tikta Rasatmak Ahara*, Improper and irregular diet One glass of water early in the morning

VIHARAJ - Patient have heavy exertion (Cycling 25 km/day)

Does physical exercise daily

ADDICTION- Alcohol consumption (8-10 year)

GENERAL EXAMINATION:

- G.C.-Moderate
- A febrile
- P-70/m
- BP-130/90 mmHg
- RS = Chest Clear, AE=BE
- CVS= S1S2 Normal
- CNS=Conscious, Oriented
- P/A – Soft, Non tender

ASHTAVIDHA PARIKSHA:

- NADI*: 70/m
- MALA*: *Avishesh*
- MUTRA*: *Avishesh*
- JIVHA*: Test loss at the outer border of tongue
- SHABDA*: *Spasth*
- SPARSHA*: *Samtishno*
- DRUK*: *Dakshin netra : Spasth*

- *Vam netra: Unmesh*(difficult to close the eye),*Epiphora*
- *AKRITI: Madhyam*

DASHAVIDHA PARIKSHAN

1. *Dooshyam: Majja Dhatu* and *Pitta*
2. *Desham*(Examination of the surroundings): *Sadharan Desha* (Common Region).
3. *Balam*(Examination of strength): medium by physical strength.
4. *Kalam*(Examination of season): *Vasant*
5. *Agni : Mandagni* (which causes loss of Appetite),
6. *Prakriti : Vata Prakriti*.
7. *Vayas*(Examination of Age): *Madhyam Avstha*
8. *Satwam* (Examination of Mental Power): *Tamasik*
9. *Satma : Asatma* (incompatibility)
10. *Strotas Dushti*(Systemic Involvement): Generally *Manovah, Majjavah, Annavaha, Raktavaha* and *Rasavaha Strotas Dushti*(affect) found.

INVESTIGATION:

- Blood glucose Random: 179.74 mg/dl
- Serum *Creatinine*: 1.07 mg/dl
- Peripheral Smear
 - RBC *Normocyte Normocromia*
 - Platlets*
 - Adequate *ESR*-47 mm at hr

EXAMINATION OF FACE:

LEFT SIDE OF FACE:

- Wrinkles are absent on forehead.
- One Eye was not close Completely

- Epiphora from Eye
- *VamaMukhavakrata*(Mouth dragged away from midline)
- *Aspashta Vakapravruti*
- Slightly Taste sensation loss

ASSESSMENT CRITERIA: Assessment done on basis of following symptoms

1. VAKSANGA

Symptoms	Grade
Complete <i>Vaksanga</i>	3
Pronouncing with great efforts	2
Pronouncing with less efforts	1
Normal speech	0

2. ASHRUSRAVA

Symptoms	Grade
Continuous <i>lacrimation</i> on affected eye	3
<i>Lacrimation</i> only during exposure to light or Air	2
<i>Lacrimation</i> occasionally on severe strain	1
No <i>lacrimation</i>	0

3. MUKHARDHA VAKRATA

Symptoms	Grade
Mouth drags away from midline, produces angle more than 30 degree	3
Mouth drags away from midline, produces angle of 10 - 30 degree	2
Mouth drags away from midline, produces angle of 10 degree	1
No dragging of Mouth	0

4. EKAKSHINIMEELANA

Symptoms	Grade
Cannot close eye	3
Partial closure of eye	2
Incomplete closing of eye	1
Complete closing	0

TREATMENT

Shaman Chikitsa: (Dose: TDS)

- Vatahar Samany 3 gm.
- Ashwagandha 2gm

- Bala Churna 1 gm
- Agnitundi Vatti 2 TDS
- Cap Palsineuron 2BD

Shodhan Chikitsa:

- Snehan (Bala Tail)
- Swedan
- (Kukutandpindasweda)
- Nasya Anutail^[4] 2 ml BD
- Netra Tarpan –Vidaryadi Tail

RESULT AND OBSERVATION

ASSESSMENT DONE ABOVE SYMPTOMS

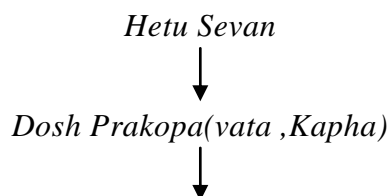
Follow up after 5		Follow up After 10		Follow up after 15	
Vaksanga	3	Vaksanga	1	Vaksanga	0
Ashrusrava	2	Ashrusrava	0	Ashrusrava	0
Mukhardha	3	Mukhardha	2	Mukhardha vakrata	1
vakrata	2	vakrata	1	Ekakshinimeelana	0
Ekakshinimeelana		Ekakshinimeelana			

DISCUSSION:

Hetu :^[5]

- Ahar: Improper and irregular diet Cause disturbance of Vata Dosh
- Vihar: Jrumbha, Atibhashan, Jagran, Contac of cold air in morning (breeze)
- Mansik Nidan: Chinta ,Shoka ,Bhaya, and Vegavrodh cause Vata Vyadhi

SAMPRAPATI: ^[6]



Vatavahanadi Sansthan pradeshi stahan
sanshray

↓
Ruksha,shit,laghu,guna vridhi,

↓
Mukhapradeshistambha,kriya alpata,

↓
Ardit

LAKSHAN CRANIAL & NERVE INVOLVED^[7]

- Vakreekarothi Vaktrardham Naasa broo (Deviation of half of the face, nose, eyebrow, fore head and chin, escape of food and fluids from the angle of the mouth, incomplete closure of the eye) :- Facial nerve

- *Bhadhyethe Sravanou* (Difficulty in hearing and pain in the ear) :- Auditory nerve
- *Deena Vaak, Vaktrambhojanam Vrajathi* Feeble(Speech, hoarseness of voice, difficulty in swallowing) :- *Glossopharyngeal* and *vagus* nerve
- *Nethradeenamvaikrutham* (Defects in vision due to drooping of eyelids) :-Optic nerve

CONCLUSION:

The case report shows that combine *Ayurvedic Chikitsa* is potent and safe effective in the treatment of *Ardit*. There was no adverse effect found in combined *Ayurvedic Chikitsa*. The treatments were found to be helpful in reducing the signs and symptoms of the disease.

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