

EFFICACY OF JALAUKAVACHARANA IN THE MANAGEMENT OF ARDITA (FACIAL PALSY)- A CASE STUDY

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ABSTRACT

Acharya Charak has explained 80 *vataja nanatmaja vyadhi* one of them is *Ardita*. It can be correlated with facial palsy in modern science. Facial palsy is defined as an idiopathic acute non suppurative inflammation of facial nerve. *Ardita* (facial palsy) affects speech, mastication, expression of mood and emotions. Major complication of the condition are chronic facial spasm, facial pain and corneal infection; to avoid that, it is necessary to start treatment as early as possible. The present management of Facial palsy is oral steroidal therapy and antiviral therapy, but respond rate to these treatments is very less. Also steroidal therapy has its various adverse effects. In this article a case report of 62 years old male patient who came to OPD with complaints of slurred speech, deviation of mouth towards right

side, dribbling of saliva, inability to close left eye, difficulty in wrinkling forehead and inability to blow whistle since approximately 24 hours. Three settings of *Jalaukavacharan* was done over affected side of face anteriorly to ear approximately, around the surface anatomy where the facial nerve divides into 5 branches. Along with this oral medication and exercise was also advised. The clinical sign and symptoms of *Ardita* were reduced significantly after the application of leech i.e. *jalaukavacharana*.

KEYWORDS: *Ardita*, facial palsy, *jalaukavacharana*.

Article Received on
14 Feb. 2019,

Revised on 06 Mar. 2019,
Accepted on 27 Mar. 2019

DOI: 10.20959/wjpr20195-14615

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INTRODUCTION

In various *Ayurvedic Samhita* and text books *Ardita* is describe as one of the *vataja nanatmaja vyadhi*. *Acharya Charak* explain *Ardita* in *vatavyadhi chikitsa sthana*. *Ardita* is a disease causing *mukhardha* (half of face) *vakrata* (deviation). According to *Acharya Vagbhata*, half of face is involved with or without body. According to *Acharya Sushruta*, mouth and other regions of head are also affected. Etiological factors explain in *samhita* and texts are over laughing, sleeping on uneven surface, heavy weight lifting on head, sudden fear etc., *Vata* in its normal state is responsible for stimulation of all sense organs but in abnormal state it produces various diseases like *Ardita*. *Acharya Charak* considers *rakta dhatu dusti* as one of the main etiological factors in *samprapti of Ardita*. Facial palsy it is not an uncommon problem and annual incidence has been estimated to be approximately 70 cases per 100,000 populations. The incidence of facial palsy is increasing day by day. Facial palsy is defined as an idiopathic acute non suppurative inflammation of facial nerve. It is common in both male and female. Etiological factors according to modern science are trauma, stroke, exposure to excessive cold or chill, viral polyneuropathy, direct compression and secondary ischemia. All the factor causes infection, irritation or inflammation of facial nerve. Due to this facial muscle may appears weak or droop which leads to facial paralysis i.e. loss of facial movements. It can happen one or both sides of face. Clinical features of half sided facial deformity including eyebrow, eyes, nose and tounge regions on affected side etc.on the above clinical features this disease has similarities with facial palsy. In ayurvedic classic treatment available for *Ardita* (facial palsy) is *pachana, snehana. swedana, nasya, shirodhara, virechana, dhoopan* etc. and in modern medicine there is oral steroidal therapy and physiotherapy. Keeping all these in mind and besides that the present study was done to evaluate Efficacy of *jalaaukavacharan* in the managment of *Ardita* (facial palsy).

CASE REPORT

Patient name : xyz DOA :22 -12-2018
age & sex :62 yr/ male DOD:23 -01-2019
Reg. No.: 77650 Occupation : watchman

C/o

slurred speech

deviation of mouth towards right side difficulty in wrinkling forehead dribbling of saliva
inability to close left eye since approximately. 24 hr.

No any significant past history Addiction : smoking 2-3 beedi daily alcohol 2-3 times a week since 30 yr

O/E

S/E

G.C.Fair Afebrile Pulse rate -80/ min

BP – 130 / 86 mm of hg

RS – AEBE Clear CVS –S1S2 normal

CNS – Councious & oriented pupils –normal size reacting to light P/A – soft & non tender

INVESTIGATIONS

CBC – WNL

CT -Brain -WNL BT/CT – WNL

TREATMENT

After the necessary investingations patient was immediately taken for *jalaukavacharana*.

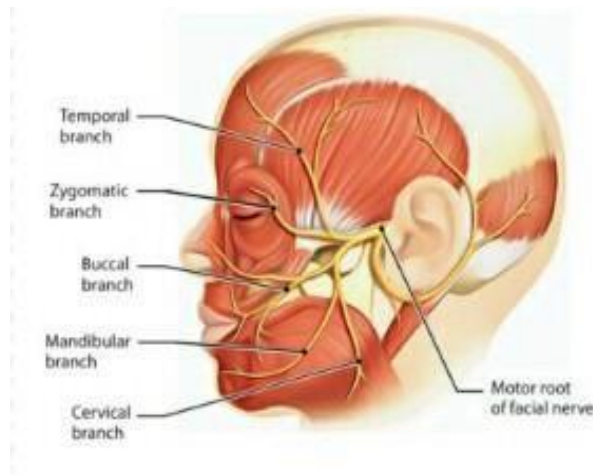
1st setting immediately

After *jalaukavrachan snehapana* with panchatikta ghita 20 ml daily for 7 days 2nd setting after 7days.

After *jalaukavrachan snehapana* with panchatikta ghita 20 ml daily for 7 days 3rd and final setting after 7 day.

In this patient every time *Jalaukavacharan* was done over affected side of face anteriorly to ear approximately, around the surface anatomy where the facial nerve divides into 5 branches.





RESULT

Immediately after 1st setting of *jaukavacharana* patient felts slight relief in muscle spasm and reduction in heaviness of left side of face. After completion of 3 settings these were results.

1. deviation of mouth reduced significantly.
2. speech of patient was markly improved (after treatment one could understand easily what patient was talking; which was difficult to understand before treatment).
3. now there was no dribbling of saliva.
4. Patient could wrinkle forehead on both side.
5. Patient could trap air in his mouth.

clinical features	grading	before treatment	after treatment
deviation of mouth	0- no persistant 1- persistant but do not disturb routine work 2- persistant and disturb routine work 3- constant	3	1
slurred speech	0- no persistant 1- persistant but do not disturb routine work 2- persistant and disturb routine work 3- constant	2	0
dribbing of saliva	0- no persistant 1- persistant but do not disturb routine work 2- persistant and disturb routine work 3- constant	2	0
diffiuculty in wrinkling forehead	0- no persistant 1- persistant but do not disturb routine work 2- persistant and disturb routine work 3- constant	3	0
inability to close left eye	0- no persistant 1- persistant but do not disturb routine work 2- persistant and disturb routine work 3- constant	2	1

**Before treatment****After treatment**

DISCUSSION

In facial palsy or *Ardita*, facial nerve dysfunction (due to inflammation or irritation) leads to facial muscle paralysis with impairment of both sensory and motor function. These function are govern by *vata*, hence, the improvement can be expected by attaining the normal state of *vata* and its *anubandh doshas*. In this patient of *Ardita samprapti*, *vitiated vaat & pitta dosha get sthan sanshraya in vatavaha nadi*, along *laghu, ruksha tikshna guna vridhi* causes *kriya alpata, kriya hani*. *Charakacharya* already explain *rakta dhatu dusti in Ardita samprapti*. *Jalaukavacharan* forms the safe alternative with minimum pain to the modern treatment, effective in *Ardita*. In Ayurveda among the *rakta mokshana* techniques application of *jalauka* forms easy method for the delicate people without much complications. As the *siraa, kandara* are the *updhatu* of *raktadhatu* the treatment of *raktamokshana* by *jalauka* is beneficial. Also *jalauka* reduce inflammation of facial nerve there by reduce suffering of patient.

CONCLUSION

This case report shows that *Ardita* (facial palsy) can be successfully managed by *jalaukavacharana* with cost effective way, lesser chance of recurrence and without any side effect.

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