

ROLE OF ANUTAILA NASYA IN THE MANAGEMENT OF ARDITA W.S.R. TO FACIAL PARALYSIS

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ABSTRACT

Background- In the modern era due to changing lifestyle, anxiety, stress, etc are responsible to cause *Vata vyadhis* like *Pakshaghata*, *Ardita*. Aggrevation of *Vata* is responsible to cause *Ardita*. On the basis of origin and symptoms mentioned in Sushruta samhita it can be correlated with facial paralysis. According to Acharya Charaka, specific treatment for *Ardita* is *Navan / nasya karma*, thus *Anutaila nasya* is selected for present study. **Aim-** To study role of *Anutaila nasya* in the management of *Ardita* w.s.r. to facial paralysis. **Objectives-** To study role of *Anutaila nasya* to reduce the symptoms of *Ardita* w.s.r. to facial paralysis. **Materials and Methods-** A single case report *Anutaila nasya* given for 7days with 7 days gap with 10

min regular facial exercise; this treatment was followed alternatively with 2 settings.

Conclusion- *Navan nasya* gives significant relief in *Ardita*.

KEYWORDS:- *Ardita*, facial paralysis, *Navan nasya*, *Anutaila nasya*.

INTRODUCTION

Acharya Charaka and *Acharya Vagbhata* included *Ardita* in the 80 *Nanatmaja vata rog*. *Vagbhata* has stated that *Ardita* results by the vitiation of *Pranvata*.^[1] Even *Rakta kshaya* (desiccation of blood) can manifest *Ardita*.^[2] *Charaka* has mentioned *Avyakta Lakshana* (latent features) as the prodromal symptoms of all *Vata Vyadhi*.^[3] Causative factors of *Ardita* are as follows- carrying heavy weight on head, excessive yawning-laughing, shouting loudly, pregnant female, fear and grief elevate *Vata*.^[4] Which then gets localised in head, nose, lips,

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chin, forehead, eyes and causes deviation of half side of face and neck^[5] and produce symptoms like - Deviation of angle of mouth and nose, absence of blinking of eyelids, unable to sneeze, impaired tongue functions with slurred speech, impaired hearing along with pain in affected side of body.^[6] *Acharya Sushruta* has described weakness, inability to close eyelids completely, consistent slurred speech, tremors and duration exceeding 3 years as incurable symptoms.^[7] The *Vata* vitiated by the earlier stated causative factors, settles in region of head, nose, chin, forehead and eyes and produces the disease called *Ardita*.^[8,9] The symptoms of *Vaksanga* (difficulty in speaking) indicates that the vitiated *Vata* affects the tongue also. *Vagbhata* has mentioned the affliction of the ear on the affected side.^[10] The features of incurability of *Ardita* are *Ksheena* (debilitated), *Animeshaksha* (unable to close the eyes), *Avyakta Bhashin* (obstructing of speech constantly), *Vepan*. According to signs and symptoms *Ardita* can be correlated to Facial Paralysis.

Facial nerve paralysis is a common problem that involves the paralysis of any structures innervated by the facial nerve.^[11] Symptoms of facial nerve paralysis are unilateral facial weakness, loss of test, hyperacusis, and decreased salivation and tear secretion. Symptoms may develop over several hours.^[12] Acute facial pain radiating from the ear may precede the onset of other symptoms.^[13] The Epidemiology^[14] of the disease is

Prevalence rate 6.4 to 20 / 1,000

Incidence: Increases with age (Age 20: 0.1/1000

Age 80: 0.6/1000)

Male = Female, or slight female predominance

Increased Incidence – Diabetes, Pregnant females: Especially in 3rd trimester

The most common cause of facial paralysis is idiopathic (Bell's palsy). Facial paralysis is seen in three clinical forms for the differential diagnosis.^[15]

- 1) Upper motor neuron paralysis (U.M.N. lesion)
- 2) Lower motor neuron paralysis (L.M.N. lesion)
- 3) Myopathy

Any lesion occurring within or affecting the cortico – bulbar tract is known as an upper motor neuron lesion. Any lesion affecting the individual branches (Temporal, Zygomatic, Buccal, Mandibular and Cervical) is known as a lower motor neuron lesion. The main distinction between UMN and LMN lesion is that in the former, there is hemiplegia of the ipsilateral

face. Myopathy may cause facial weakness. This occurs in the heredo – familial dystrophies and myotonic dystrophy, but in these conditions the affection is not limited to the face.

Aim: To study role of *Anutaila nasya* in the management of *Ardita* w.s.r to facial paralysis.

Objective: To study the role of *Anutaila nasya* to reduce the symptoms of *Ardita* w.s.r to facial paralysis.

MATERIAL AND METHOD

A female patient of 55 year was selected during the OPD of Dept. of *Shalakyatantra* having complaints of deviation of angle of mouth towards left side, absence of blinking of right eye, slurred speech, dribbling of saliva since 10days with known case of hypertension taking tablet amlodipine 5mg once a day.

No history of diabetes mellitus

Investigations: Blood sugar fasting - 100

Post prandial - 130

Urine sugar - nil

Albumin – nil

Treatment

Nasya is best treatment for the expulsion of *Doshas* present in supraclavicular region (*Uttamanga*) and *Ardita* is mainly the disease (*Vyadhi*) of supraclavicular region (*Uttamanga*). *Ardita* is mainly a *Vata* disorder so; *Brihana Nasya* (Nourishment therapy) can provide better results. For this purpose *Anutaila Nasya* is chosen.

Anutaila Nasya given for 7 days with 7 days gap with 10 min regular facial exercise, this treatment was followed alternatively with 2 settings.

Procedure and Mode of action

Purvakarma: 1) *Urdhvanga Snehana* and *Swedana* - *Nasya* is the *Panchkarma* procedure. So prior to *Nasya*, *purvakarma* measures like *Snehana* (oleation), *Swedana* to face, forehead, head, ear and neck. The *Snehana* and *Swedana* will help to loosen the adhesive *doshas* thereby facilitating the subsequent treatment. *Snehana* is done with lukewarm *Til taila* at face for 15 minutes and *Swedana* at shoulder, neck region for 5min and eyes are covered with wet goss piece.

Pradhana Karma: Pillow is kept below the shoulder so that the nostril will be directed towards the roof, 6 drops of *Anutaia nasya* is instilled in each nostril.

Pashchat karma: *Urdhwanga Snehana* with luckwarm *Tila taila* and *Swedana* is done and Patient is advised to spit out the collected secretions. *Kaval* with luckewarm water is given. *Pathya Apathya* must be followed.

In addition blow with balloon exercise is done.

Criteria for assessment

Assessment was done on the basis of scoring of cardinal signs, associated symptoms and *Doshanubandhita Lakshanas*. Scoring pattern was developed according to severity of symptoms. Improvement was assessed accordingly.

Symptoms	Observations	Grading
1. <i>Mukhavakrata</i>	Complete <i>Mukhavakrata</i>	3
	Half <i>Mukhavakrata</i>	2
	Mild <i>Mukhavakrata</i>	1
	Normal	0
2. <i>Vaksang</i>	Complete <i>Vaksang</i>	3
	Pronouncing with great efforts	2
	Pronouncing with less efforts	1
	Normal speech(whistling)	0
3. <i>Netravikriti</i>	Complete upward rolling of eye	3
	Half of the upward rolling of eye	2
	Partial upward rolling of eye	1
	Normal	0
4. <i>Vedana/Karnashoola</i>	Constant <i>vedna/karnashoola</i> in affected side of face	3
	Intermittant <i>vedana/ karnashoola</i> in the affescted side of face	2
	Mild <i>vedana/karnashoola</i> in the affected side of face	1
	No <i>vedana/karnashoola</i>	0
5. <i>Lalasarava</i>	Constant (Profuse) <i>Lalasarava</i>	3
	Intermittent (moderate) <i>Lalasarava</i>	2
	Partial (mild) <i>Lalasarava</i>	1
	Normal / No <i>Lalasarava</i>	0

OBSERVATIONS AND RESULT

Chief complaints	BT (Day 1)	Day 14	Day 28	At (Day 42)
1) <i>Mukhavakrata</i>	3	3	2	1
2) <i>Vaksang</i>	2	1	1	0
3) <i>Netravikriti</i>	2	2	1	0
4) <i>Vedana/Karnashoola</i>	2	2	2	1
5) <i>Lalasarava</i>	2	2	1	0



DISCUSSION

Ardita is one of the *Nanatmaj Vataj Vyadhi*. So the treatment should mainly be based on *Balya*, *Brihana* drugs which alleviate *Vata*. *Nasya* is described to be the best remedy to reduce *Vata* present in *Uttamanga* (Supra-clavicular region). *Nasya* drugs via *Shrungataka Marma* enter brain which is a main vital point corresponding to nerve centres responsible for speech, vision, smell, taste and hearing. Facial Palsy involves disturbances in almost all the sense organs. *Nasya* proceeded by *Abhyanga* by the *Til taila* also helps in strengthening the facial muscles. *Swedana* in the form of vapours of the decoction is given to face. This is to stimulate nerve endings and open the micro channels below skin level due to which the *Nasya dravya* is better absorbed. All the drugs chosen here for *Nasya* medication has no any side effect. The *Nasya dravya* medicine acts at *Sringataka marma* from where it spreads into various *strotas* (vessels and nerves) and bring out all vitiated *dosha*.

CONCLUSION

As described in ancient literature, *Ardita* is one of the *Nanatmaja Vataja Roga* and characterised by weakness and impairment of the half part of the facial muscles along with loss of sensory functions which very much resembles the Facial nerve palsy described in

modern science. *Ardita* is mainly caused by the vitiation of *Vata* and the management described in this review with *Anu Tail Nasya* with 10 minutes of facial exercise has significant effect on the symptoms of *Ardita*.

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