



CASE REPORT

A Clinical approach to Arditha [Bell's Palsy] through Ayurveda – A Case report.

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Abstract

Arditha is considered as one among the 80 *vataja naanathmaja vyaadhi* in *Ayurveda*. The objective of the present study was to find out the effective *Ayurvedic* management of *Arditha*. It can be correlated with Bell's palsy. A 60-year-old female patient approached *Kayachikitsa* OPD who was suffering from complaints of deviation of the mouth towards the right side, slurring of speech, and difficulty in completely closing the left eye and holding water in the mouth for 12 days. She was clinically diagnosed with Bell's palsy and took medication for that. After which she developed drug-induced diabetes. Then she reached out to us and took treatments. Within 5 weeks, the patient got complete relief from all symptoms with appreciable changes. Bell's palsy can be managed by giving comprehensive treatment of *Ayurveda* both internally and externally, which indicates that it is a good remedy for Bell's palsy. The patient is treated with *Kaphahara* or *Sophahara*, followed by *Vatahara* medicines and procedures. The case was assessed with the "House and Breckmann" assessment scale. The result showed remarkable improvement in motor functions and asymmetry of the face. After the treatment, the 'House and Breckmann' gradation improved from grade 5 to grade 1. This case report shows that classical *Arditha* treatment is effective in Bell's palsy.

Introduction

Arditha is included among *Vatavyadhi*¹. *Vatavyadhis* are a group of disorders due to vitiated *Vata*. It can be caused either by *Avarana* or *Dhatukshaya*. The etiological factors include speaking in a loud voice, eating hard food substances, excessive laughing, carrying heavy loads on the head, sleeping in uncomfortable postures, etc². The aggravated *Vata* will produce symptoms like deviation of half of the face, tremulousness in the head, difficulty in speech, deformities in the eyes³, etc. Bell's palsy can be correlated with *Arditha*. Bell's palsy is characterised by sudden weakness in the muscles of one half of the face due to inflammation or compression of the facial nerve, which is commonly unilateral⁴. Bell's palsy is a lower motor neuron lesion. The first symptom is often an ache in the region of the stylomastoid foramen (where the facial nerve passes), followed by the deviation of the face, the inability to

close the eye of the affected part while trying to roll it up (Bell's phenomenon), disturbance of taste on the anterior 2/3rd of the tongue, drooling of saliva, etc. The line of treatment for *Arditha* includes *Nasya*, *Moordha Taila*, *Srotra Akshi Tarpana*, and *Naadisweda*⁵. *Vamana* and *Siravyadha* are advised in *Sopha*, *Daha*, and *Raga* conditions.

CASE HISTORY

Patient information

- A 60-year-old lady came to OPD and was admitted on the same day. The informant was her husband, and the information was reliable.
- She has complained of deviation of the mouth towards the right side, slurring of speech, difficulty to completely close the left eye, and holding water in her mouth for 12 days. The patient, a right-handed individual, was apparently alright 12 days ago in her usual state of health, performing daily activities. 2-3 days before the incidence, she felt dryness in her mouth, but she ignored it as it didn't cause any significant difficulties. One day in the morning hours, when she was brushing and spitting, she was not able to spit completely, and water dribbled from the left side of the mouth. Also, she was unable to completely hold the water in her mouth. When she checked in the mirror, she found a deviation of the mouth towards the right side. She didn't complain of headaches, vertigo, nausea, or vomiting. There were no taste or hearing disorders. The patient also had no visual impairments or imbalances. For which she was taken to a nearby private hospital immediately and underwent emergency management. Then she went to the railway hospital and was admitted there for 10 days.
- No history of double vision, increased or reduced hearing, change in voice, loss of taste, No history of weakness of limbs / difficulty in walking, No history of reduced sensation or numbness over face., No history of giddiness, vomiting, headache, swaying while walking, No history of recent fever, myalgia, trauma or facial swelling.

HISTORY OF PAST ILLNESS

- History of Mumps at 10 years of age.
- Done tooth extraction few years back

FAMILY HISTORY

- No history of similar complaints running in the family.
- History of DM runs in the family.

COMORBIDITIES

- K/C/O Type II diabetes mellitus since 12 years – on regular oral medication and frequent follow-up
- K/C/O HTN since 2 years

DRUG HISTORY

- T. Metformin -: 1-0-1
- T. Losartan 50 : 1-0-1
- T.Nifedipine prolonged release tablets IP 20mg 1-0-1

CLINICAL FINDINGS

On facial nerve examination, symmetrical wrinkling of the forehead on the left side is absent, while clenching the teeth causes asymmetry of the face. The patient cannot close his left eye against the resistance of the examiner. Blowing cheeks is not possible. Whistling is not possible. On showing the teeth, the mouth deviated to the left side. While examining the sensory systems, taste sensation in the anterior 2/3rd is intact, corneal reflex in the left eye is absent, glabellar tap is positive, and Bell's phenomenon is observed in her left eye.

INVESTIGATION

MRI BRAIN [10-08-2022]

A well defined T2 /FLAIR hypointense on the right parieto-occipital region showing blooming of GRE-Microhaemorrhage likely along with chronic small vessel ischemic changes.

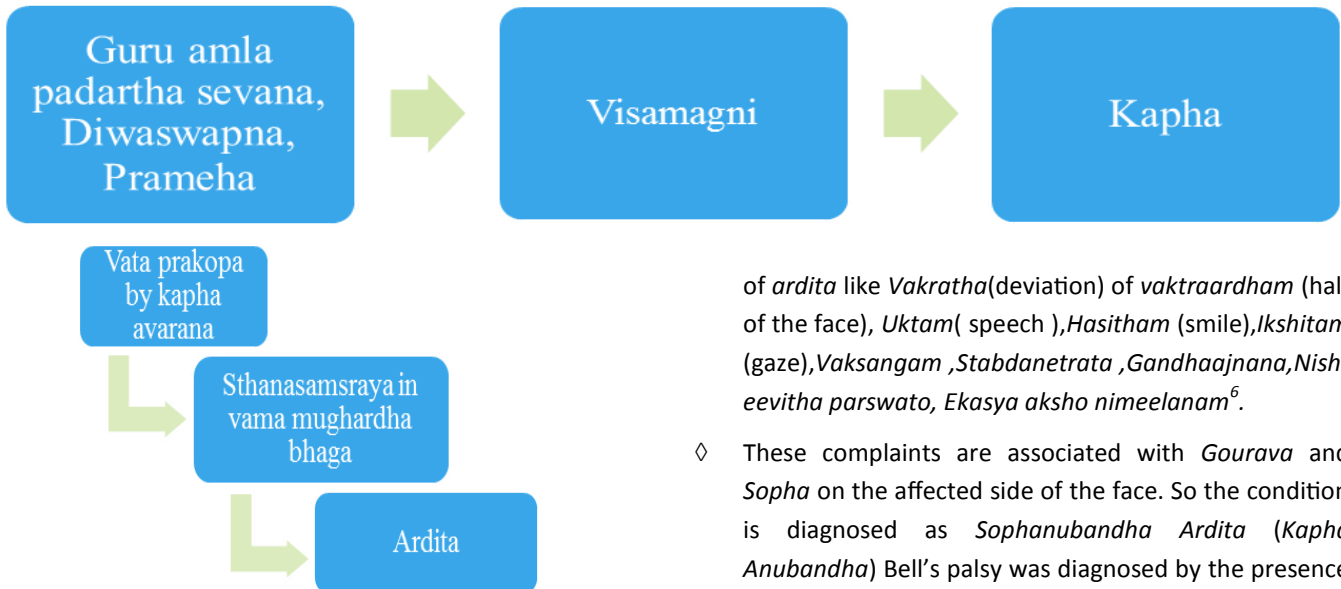
Blood investigations(29/6/22)

FBS – 269 mg%, PPBS – 335 mg%, Total cholesterol – 308 mg%, HbA1C-8.4 %, ESR – 60mg%, Hb – 10.2 g%.

SAMPRAPATHI

NIDANA

- Excessive intake of cold water, Untimely food intake
- over exertion, carrying heavy objects in the head, holding of urges [feces mainly]
- Prana, Vyana, Udana vitiated on localised mugha
- Sira and Snayu got Vishushka due to localised vata kopa



of *ardita* like *Vakratha*(deviation) of *vaktraardham* (half of the face), *Uktam*(speech),*Hasitham* (smile),*Ikshitam* (gaze),*Vaksangam* ,*Stabdanetrata* ,*Gandhaajana*,*Nisht eevitha parswato*, *Ekasya aksho nimeelanam*⁶.

- ◇ These complaints are associated with *Gourava* and *Sopha* on the affected side of the face. So the condition is diagnosed as *Sophanubandha Ardita* (*Kapha Anubandha*) Bell's palsy was diagnosed by the presence of paralysis on one half of the face, drooling of saliva, impairment of taste, pain around affected side face and behind the ear, incomplete closure of left eye, impaired speech, difficulty eating or drinking and Bell's phenomena. Laboratory investigations for blood and urine routine checkups were done.

METHODOLOGY

Treatment given

Sophanubandha (*Kapha Anubandha*) *Ardita* was managed with *Kaphahara/Sophahara* succeeded by *Vatahara* medicines (Table.1). The therapeutic procedures (Table.2) were also selected according to the same treatment principle mentioned above. The patient was assessed during the inpatient treatment period and after two weeks of follow-up. The case was assessed with 'House and Breckmann' assessment scale⁷ (Table.3). The signs and symptoms of the patient were also assessed at similar time points.

SAMPRAPTHI GHATAKA

- *Dosha – Vata pradhana kapha dosha.*
- *Dushya – Rasa, raktha, mama, medas*
- *Srothas – Rasavaha, Rakthavaha, Mamsavaha, Medovaha*
- *Srothodushti- Sanga, Vimarga gamana*
- *Agni – Jataragni , dhatvagni*
- *Udhhavasthana – Amashaya, pakwashaya.*
- *Sancharasthana- Rasayani*
- *Vyaktha sthana – Mughaardha*
- *Adhishtana – Shiras, Indriya*
- *Rogamarga- Madhyama*
- *Sadhya - asadyatha- Krichrasadhya*

DIFFERENTIAL DIAGNOSIS: *Hanusthambha, Pakshaghata*

DIAGNOSIS:

- ◇ Diagnosis of *Ardita* was done with classical symptoms

Table 01

Date	No	Name of medicine	Dose of medicine and time of administration	Remarks
30-06-22	1	<i>Gandharva hasthadi Kashaya + indupp+ sarkara</i>	45ml morning empty stomach	Periorbital oedema decreased. Appetite increased.
	2	<i>Punarnavadi Kashaya</i>	45 ml evening empty stomach	
	3	<i>Vaiswanara churna</i>	5g with <i>Gandharva hasthadi Kashaya</i>	
8-07-22	1	<i>Ashtavargam Kashaya</i>	90ml two times a day before food 1 pinch with honey	Deviation slightly changed
	2	<i>Pramehoushadhi tablet</i>		
	3	<i>Annabhedhi sindooram</i>		
18-07-22	1	<i>Vidaryadi kashayam</i>	90ml bd before food	Sugar level comes down. Deviation of mouth significantly reduced.
	2	<i>Pramehoushadhi tablet</i>	2-0-2	
26-07-2022	1	<i>Maharasnadi Kashaya</i>	90 ml bd before food	Wrinkles on forehead appeared
	2	<i>Ksheerabala 101 A</i>	5ml with <i>Kashaya</i>	
3-08-22	1	<i>Maharasnadi kashayam</i>	90ml bd before food	Significant symmetry attained
	2	<i>Ksheerabala 101 A</i>	5ml with <i>Kashaya</i>	
	3	<i>Sivagulika</i>	1-0-1 After food	

Table 2

Date	No	Name of procedure	Duration of procedure	Remarks
29-06-22	1	<i>Sadyovamana</i>	Morning empty stomach 4 litre <i>Yashtimadhu Kashaya</i>	Periorbital oedema and swelling over face reduced
30-06-22	1	<i>Kashayadhara</i> whole body with <i>Dasamoola kashayam</i>	9 days	Deviation persisted, body pain reduced
	2	Thalam [rasnadi churna+ jambeera swarasa]		
8-07-22	1	<i>Kabalam</i> with <i>Ashtavargam Kashaya</i>	7 days	Significant change in face symmetry
	2	<i>Ksheeradhuma nasya</i>	7 days	
	3	[<i>Anutaila</i> – 3 days, <i>Shad bindu taila</i> - 4 days] <i>Utsadana</i> [<i>Jeevanthyadi churna + vidaryaadi Kashaya</i>]	7 days	
18-07-22	1	<i>Kabalam</i>	7 days	Can able to blow, strow, whistle
	2	<i>Abhyangam</i>	7 days	
26-07-22	1	<i>Sirodhaara</i> with <i>karpasasthyadi thailam</i>	7 days	Wrinkles appeared on forehead
3-08-22	1	<i>Akshi tharpanam</i> with <i>thaila</i>	7 days	Face symmetry attained
	2	<i>Anuvasana vasthi</i> with <i>thaila</i>	7 days	

Assessment done on the basis of gradation system and according to House and Breckmann

Adverse and Unanticipated Events

No adverse events were reported during the entire course of treatment. Intervention adherence and tolerability as well as adverse and anticipated events were assessed by interrogation of the patient.

Result and Discussion

The patient had uncontrolled DM before admitting here. She used to take avalose powder more than any other food which makes her DM uncontrolled and more chewable activity is needed for the intake of avalose is also a causative factor for palsy . Prednisolone was taken in more

dosage at the commencement of treatment. Then it is reduced to a lower form after consulting with her family physician. Prior to and following treatment, the patient was evaluated at two different times. After treatment, the patient's grade on the "House and Breckmann scale" went from grade 5 to grade 1 (Table 3). Improved motor skills and taste perception were also observed (Table.4).As this *Arditha* was of sudden onset, a positive relationship with *ama* can be clearly traced. The patient also had the symptoms like *Gaurava* and *Sopha*. So, after doing *sadyovamana*, she was treated with *Kaphahara* and *Sophahara* medications.*Vamana* also regularises *prameha* because *Vamana* is the ideal treatment strategy for *kapha*

Table 03

GRADE	Clinical features	Before treatment	After treatment
Grade 1	Normal symmetrical functions	---	Possible
Grade 2	a) Gross: slight weakness noticeable on close inspection; may have very slight synkinesis b) At rest: normal symmetry and tone	---	---
	c) Motion: forehead - moderate to good function; eye - complete closure with minimum effort; mouth - slight asymmetry.		
Grade 3	A) Gross: obvious but not disfiguring difference between two sides; noticeable but not severe synkinesis, contracture, and/or hemifacial spasm. B) At rest: normal symmetry and tone	---	----
	C) Motion: forehead - slight to moderate movement; eye - complete closure with effort; mouth - slightly weak with maximum effort		
Grade 4	A) Gross: obvious weakness and/or disfiguring asymmetry b) At rest: normal symmetry and tone	----	---
	c) Motion: forehead - none; eye - incomplete closure; mouth - asymmetric with maximum		
Grade 5	A) Gross: only barely perceptible motion b) At rest: asymmetry	Yes	---
	c) Motion: forehead - none; eye - incomplete closure; mouth - slight movement		
Grade 6	No movement	---	---

After the treatment GRBS was turned to 154mg/dl, Hb – 12.2g%, total cholesterol – 236mg%.

TABLE 4 : Assessment of clinical features before and after treatment. Facial nerve examination

SI number	Clinical features	Before treatment	After treatment
1	Symmetrical wrinkling of the forehead	Absent	Present
2	Whistle	Not possible	Possible
3	Closure of eye against resistance	Not possible	Possible
4	Blowing of cheeks	Not possible	Possible
5	Corneal reflex	Absent	Present
6	Show the teeth	Deviation of mouth towards right side	Symmetrical

IMAGES [Consent from patient has been taken for publication of her case]

Before treatment



After treatment



dosha. *Prameha* is the disease which affects mainly *Kapha* and its *asraya-asrayi dhatus* as well..*Vagbhata* advised *Vamana* in the *Sopha Anubandha Ardita* on how to get rid of the related *Kapha Dosh*⁸. Here, the same treatment protocol was adopted. *Sophara* and *Amahara* properties are owned by *Punarnavadi Kashaya*. For *Sophaharathvam*, *Kashayadhara* with *Dasamoola Kashaya* was done. *Ashtavargam Kashayam* was given following the first line of management. The same *Kashaya* was administered for *kabala*, which strengthens the muscles in the face. The main therapy mentioned for *Ardita* is *nasya*. *Nasya* was therefore instructed to take *Anutaila* for the first three days as *srodhosodhana* and *Shadbindu Taila* for the following four days. This treatment had a positive effect on the patient, as seen by the formation of frown lines across the forehead and an improvement in eye closure. To give the facial muscles *Brumhana*, *Utsadana* was performed using

godhuma churna, *jeevanthyadi churna*, and *Vidaryadi Kashaya*. The treatment continued with *Vata Samana* medications once the related *Kapha* had been relieved. *Ashtavargam Kashaya* was replaced by *Vidaryadi Kashaya*, and *Ksheerabala Taila* (101Avartti) was given as *Anupana* in 5 drops. These drugs have *Vatasamana* and *Brmhana* qualities. Due to its *Brmhana*, *Rasayana*, *Indriya Prasadana*, and *Vatapitta Samana* qualities, *Ksheerabala Taila* was chosen. The development of frown lines across the forehead and an improvement in eye closure are signs that this treatment was successful for the patient.

Conclusion

The 'Acute onset LMN Facial palsy' may be considered as *Sopha/Kapha Anubanda Arditha* and thus given *Vatakapha Samana* treatments. The patient responded positively within 3 days of treatment and the majority of complaints were relieved with 40 days IP treatments. While treating the patient, *Ayurveda* consider both *Roga avastha*⁹ and *Rogi avastha*, and which really help to cure a disease without any identifiable ill effects. The patient is managed with minimum and cost-effective treatments. This case study elicited the effectiveness of Ayurvedic management in acute onset LMN Facial palsy (Bell's palsy).

PRIMARY TAKE AWAY LESSONS FROM THIS CASE REPORT

In neurological conditions, there is always a chance for progression or further worsening of the condition with time. *Ayurveda* plays a key role not only in reducing the symptoms but also reduces the pace of progression. Neurological

condition is often associated with many other co-morbidities which are also addressed with *Ayurvedic* treatment. Bell's palsy is one among the common neurological condition, is effectively managed with *Ayurvedic* treatment.

PATIENT PERSPECTIVE

I was unable to spit, hold water in mouth and do proper facial movements. Rather I had an inferiority complex related my facial asymmetry. By doing the IP management, all the complaints got resolved. Also my associated issue diabetes is getting controlled by these medications. I would say compared to the day of admission I can feel more than 99% improvement in all my conditions. I am grateful to my doctors and their staff for helping me improving my health.

INFORMED CONSENT

Informed consent was obtained from the patient for publication of de-identified medical information.

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References

1. sarvanga sundara vyakhya of arunadutta. Ashtangahridayam. In Nidana vatavyadhi: choukhambha sanskrit sansthan varanasi; p. sloka 32. (kashi sanskrit series).
2. sarvanga sundara vyakhya of arunadutta. Ashtangahridayam. In Nidana vatavyadhi: choukhambha sanskrit sansthan varanasi; p. sloka 34. (kashi sanskrit series).
3. sarvanga sundara vyakhya of arunadutta. Ashtangahridayam. In Chikitsa vatavyadhi: choukhambha sanskrit sansthan varanasi; p. sloka 43. (kashi sanskrit series).
4. Adams, Raymond D., and Maurice Victor. Principles of neurology, McGraw-Hill, Health Professions Division, New York, 5th edition 1993. Print, pp 1175-1177.
5. Chakrapanidutta revised by charaka and dridabala. charaka samhitha. In: by agnivesha. chikitsa 28: choukhambha sanskrit sansthan varanasi; p. sloka 99. (Mohandas Indological Series).
6. Chakrapanidutta revised by charaka and dridabala. charaka samhitha. In: by agnivesha. chikitsa 28: choukhambha sanskrit sansthan varanasi; p. sloka 38. (Mohandas Indological Series).
7. House-Brackmann Facial Paralysis Scale | Facial Paralysis Institute [Internet]. [cited 2024 Mar 13]. Available from: <https://www.facialparalysisinstitute.com/conditions/house-brackmann-grading-system/>
8. sarvanga sundara vyakhya of arunadutta. Ashtangahridayam. In Chikitsa vatavyadhi: choukhambha sanskrit sansthan varanasi; p. sloka 43. (kashi sanskrit series).
9. sri chakrapanidutta. Charaka samhitha. In: ayurveda deepika vyakhya. suthrasthana. 20th chapter: choukhamba krishnadas academy; p. sloka 20. (krishnadas ayurveda series 66).

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