International Research Journal of Ayurveda & Yoga
Vol. 5 (5),47-51, May, 2022
ISSN: 2581-785X; https://irjay.com/
DOI: **10.47223/IRJAY.2022.5508**

Ayurvedic Management of Facial Paralysis - A Single Case Study

Monika Rathore,[1] Gyan Prakash Sharma,[2] Mahesh Kumar Sharma,[3] Renu Sharma[4]

1. PG. Scholar, PG Department of Panchkarma UPGIAS&R, Jodhpur
2. HOD &Associate Professor, PG Department of Panchkarma UPGIAS&R, Jodhpur
3. Professor, PG Department of Panchkarma UPGIAS&R, Jodhpur
4. PG. Scholar, PG Department of Panchkarma UPGIAS&R, Jodhpur

Article Info

Article history:
Received on: 10-03-2022
Accepted on: 15-05-2022
Available online: 31-05-2022

Corresponding author-
Monika Rathore, PG. Scholar, PG Department of Panchkarma UPGIAS&R, Jodhpur
Email-monikarathore1993@gmail.com

ABSTRACT:

Bell's palsy or acute idiopathic lower motor neuron facial palsy are similar to *Ardita vata* presenting with palsy on one side of the face. Sudden paralysis or weakness of the muscles on one side of the face controlled by the facial nerve characteristics this condition. Bell's palsy is an idiopathic, immune-mediated condition that is thought to be triggered by an infection. In today's science, steroid medication is the preferred treatment for full facial palsy. A 66-year-old person was diagnosed with *Ardita vata* as a result of a nor bearing pain in left ear and was treated with *Mahamasha taila Nasya* and oral *Ayurvedic* medicines, as well as two *Panchakarma* sessions. The treatment lasted four months in total, but significant benefits were shown after just one month, indicating practically complete recovery without the use of any additional drugs. The patient had the identical ailment in the right side of his face 5 years ago, and he received complete relief after 2 years of allopathic treatment. This instance serves as proof of the efficacy of *Ayurvedic* treatment in the treatment of *Ardita vata* (Bell's palsy) and as a proposal for more research on a larger number of patients.

Keywords- *Ardita* ,Bell's palsy, *Mahamasha tail*, *Nasya* , *Ksheerdhooma.*

INTRODUCTION

Facial nerve dysfunction can have a significant impact on a patient's overall happiness. The human face serves as a meeting point for correspondence and appearance.[1] Because the face nerve carries motor, sensory, and parasympathetic fibres, facial palsy affects both function and appearance.[2] On clinical examination, facial nerve paralysis is found to cause face muscular weakness. Idiopathic, traumatic, infective, neoplastic, innate, and immune system factors should all be evaluated when one-sided facial paralysis occurs. [3,4]The inability to completely seal the mouth and eye on the influenced side of the face causes problems with eating and communicating, as well as corneal dryness and disintegration.[5] Agony around the ear, sometimes spreading to the back of the head or neck, altered taste, synkinesis, facial spasm, facial contractures, dysfunctional lacrimation, and voice intolerance are some of the later signs.[6] Bell's palsy can cause severe mental discomfort due to the ensuing impairment of oral fitness, verbal correspondence, and social connection.[7,8]
Without treatment, around 71% of patients with Bell's

paralysis recover their motor function completely within a half year.[9,10] Approximately 33% of patients may have insufficient recovery and residual effects. Post incapacitated hemifacial spasm, co-contracting muscles, synkinesis, and perspiring while eating or exerting physical exertion are among the residual effects.[11,12] Lacrimation of the ipsilateral eye during eating (crocodile tears) and closure of the ipsilateral eyelid when the jaw expands are the two most basic atypical regeneration patterns (jaw-winking). This indication can be compared to *Ardita Vata* in *Ayurveda* based on symptomatology.[13,14](Table 1)

CASE REPORT

A 66-year-old middle-class male with recurrent Bell's palsy presented to the *Panchkarma* outpatient department (OPD) in Dr.sarvepalli Radhakrishnan rajasthan ayurveda university jodhpur with complaints of mouth deviation to the Right (*Vakreekaroti nasa bhru lalata akshi hanustatha)*, inability to blink (*Stabdha netram*, *Ekasya aksho nemeelanam* nor bearing pain in left ear and left temporal region and left zygomatic bone area , left maxillary region area .

For his left side discomfort, the patient did not take any medication. According to the patient, he was asymptomatic for 5 years until one day when he noticed a slight deviation of his face to the Right , as well as modest difficulty speaking, eating, and drinking. Patient improved entirely after two years of allopathic medication and physiotherapy. In the next five years, there will be no complaints of this nature. When he was woken up from his bed in March 2018, he saw a deviation of the mouth to the right (*Samutkshipteti atitwaritah*), inactivity of the left eyelid movement, trouble speaking (*Vaak sanga*)and escaping water from the lips. There were no previous diagnoses of diabetes, hypertension, dengue fever, malaria, or any other infectious disease. According to the patient's report, therapy was started with steroids for 5 days and continued for another 5 days. Due to the lack of satisfactory outcomes, the patient stopped taking steroids against medical advice before one month of *Ayurvedic* treatment and sought *Ayurvedic* management

On Physical Examination

The patient's physical examination revealed a body temperature of 98.8°F, a pulse rate of 72 beats per minute, a respiratory rate of 18 times per minute, a blood pressure of 120/80 mmHg, and normal oxygen saturation at the time of his hospital admission. The lungs were found to be clear on auscultation, and there was no further sound. With regular tachycardia, a heart examination revealed a nondisplaced point of maximal impulse. No whispers, rubs, or gallops could be heard. There was no organomegaly in the abdomen, which was soft and nontender. All regular investigations were normal at the time of the initial appointment. Higher cerebral functions were unaffected, while the afflicted facial nerve's motor activities were unaffected. When clenching teeth and puffing out cheeks, air was found to escape through the left angle of the mouth, resulting in drooping of the mouth to the right side. The inability to completely close the left eye and lift the left eyebrow, as well as the absence of wrinkles on the left side of the forehead, indicated that the facial nerve's motor function was impaired; nevertheless, the sensory functions remained intact.(Table 2)

Assessment criteria

The House–Brackmann scale of facial nerve weakening revealed that grade IV facial paralysis exists (weak with incomplete eye closure).

***Samprapti* (Pathogenesis)**

In the genesis of the condition, vitiated *Vata* with *Kapha* is implicated due to excessive exposure to cold wind. The *Sandhi's* (joints above the clavicle) of *Sira* (head), *Nasa* (nose), *Hanu* (mandible), *Lalata* (forehead), and *Netra* (neck) are where *Prakupita vata* (aggravated *vata*) and *Kapha* dwell (eye). The *Doshas* have impacted *Snayu* (ligaments) and *Kandara* (tendons), causing symptoms on the right half of the face with all the characteristics of *Ardita vata*. In modern research, this disorder is similar to Bell's palsy, which is characterized by facial nerve palsy and the symptoms listed above.

Management

Management Of Facial Paralysis

Treatment of facial paralysis was started, as the patient admitted in *Panchkarma* OPD along with the nor bearing pain in left temporal area complaint. The patient took following *Ayurvedic* medication for 4 months

Total duration of the treatment with admission was 4 months. During the treatment and follow-up (4 months), the patient was advised to avoid the exposure to wind, sunlight, dust, etc., as *Vataprakopaka nidanas.*

OBSERVATION AND RESULTS

Clinical Parameters

Symptoms such as eye closure (95 percent), speech (100

percent), and difficulty eating and drinking improved completely after four months of treatment. The reduction of deviation of the mouth, watering of the eyes, and pricking sensation in the eye was noted after the 30th day of treatment. Remission was reported in all symptoms after two months. The same drugs were given to the shaman of *Doshas* for the next four months. The patient was completely free of all symptoms, and the treatment was stopped.

DISCUSSION

In Ayurveda, Bell's paralysis is referred to as *Ardita vata*. Despite the fact that this disease is gradually improving with time, adequate and prompt mediation organization is required to avoid irreparable effects. As a result, steroid organization as early as feasible is considered the first line of treatment in traditional treatment. In this example, treating Bell's paralysis without steroid medication resulted in complete recovery within 7 days of treatment. When looking at the causative elements for *Vata vyadhi (Vata Dosh* – dominating diseases – *Ardita Vata* in this case), one of the causative variables in the vitiation of *Vata* that was proven in this case is severe exposure to cold air.[15,16]

Treatment principle and rationale of treatment adopted

Because *Vata* and *Kapha* have a relationship, the *Vata Kaphahara chikitsa* should be accepted. *Navana Nasya* (putting cured oil drops in the nostrils), *Moordhni taila* (distinctive modalities of treatment of putting sedated oil over the head), *Nadisweda* (fomentations to the face through tubular structures), and *Upanaha* (use of a paste prepared of medications to the head) are the treatment lines mentioned for *Ardita*. The *Mahamasha Navana Nasya* and *Sthanika Nadisweda* have been summoned to clear the *Urdhwajatrugata doshas*. Oral medications that combat *Vata* and *Kapha dosha* have been chosen to alleviate the remaining *Doshas*.[17,18] *Abhyanga* with *Mahanaryan taila (Bala* – Sida cardifolia integrated into *Balya Mahakashya* by *Acharya Charaka* and possesses psychostimulant properties following up on the central nervous system due to its ingredient ephedrine) *Swedana* with *Ksheerdhoom* (A decoction prepared by *Vatahara* medicines with cow's milk) and *Tila taila* (which provides a lipophilic basis for enhanced retention). The medications chosen here not only alleviate *Vata*, but also aid in the management of symptoms prior to *Nasya* by increasing blood flow to the peripheral arterioles, which aids in medication absorption. *Nasya* treatment involves administering therapeutic oil into the nostrils; this medicine is combined with *Shringataka marma* and distributes throughout all *Srotas* (vessels, nerves) to eliminate the vitiated *Dosha*. *Nasya* aids the sensory system via the circulatory system. *Talama* energises the sense organs and nerves while also reducing mental depletion, fatigue, and controlling the enlarged or *Dosha Vrudhi* in the head. Orally, *Ekangaveera rasa* acts as *Rasayan, Brihan, and Vishaghna*.[19,20] Due to the *Balya* and *Brimhana* qualities of the drugs found in *Mahamasha* capsule, it smothers nerve inflammation, improves nerve repair, and provides muscle power. It protects neurological and muscle tissues from wear and injury. A mixture of all of these formulations may have aided in breaking the disease at various levels.

CONCLUSION

In this example, *Navana nasya* with *Mahamasha taila* followed by oral drugs for Bell's palsy (*Ardita vata*) resulted in total improvement. During the course of treatment, no conventional medications were employed. In these circumstances, the entire *Ayurvedic* therapeutic approach has exhibited anti-inflammatory, nervine potion, nerve ending stimulant, and neurodegenerative properties.

Declaration of patient consent

The authors declare to having gotten all necessary patient consent papers. The patient(has/have given his/her/their agreement for his/her/their photos and other clinical information to be published in the journal by filling out the form. The patients are aware that their names and initials will not be published, and that while every effort will be taken to keep their identities hidden, anonymity cannot be guaranteed.

Acknowledgements:- Nil
Conflict of Interest – None
Source of Finance & Support - Nil

ORCID

Monika Rathore, https://orcid.org/0000-0001-6900-9463

REFERENCES

1.May M, Hardin WB, Jr Facial palsy .Interpretation of neurologic findings.Trans Sect Otolaryngol Am Acad Ophthamol Otolaryngol .1997;84:710-22.[PubMed]

2. May M , Schaitkon B, Shapiro A. The Facial Nerve. New York :Thieme;2001.

3. Bleicher JN, Hamiel S, Gengler JS , Antimarino J. A survey of facial paralysis : Etiology and incidence. Ear Nose Throat J.1996;75:355-8.[PubMed]
4. www.healthline.com
5. Rose BG, Fradet G, Nedzelski JM [1996] Development of a sensitive clinical facial grading system . Otolaryngol Head Neck Surg 114: 380-386 . [PubMed]
6. Ochoa -Sepulveda JJ, Ochoa-Amor JJ [2005] Ondine's curse during pregnancy . J Neurol Neurosung Psychiatry 76:294 [PMC free article] [PubMed].
7. Kimura J [2006] Electrodiagnosis of the cranial nerve .Acta Neurol Taiwan 15:2-12[PubMed].
8. House JW , Brackman DE ; House Brackman Facial Nerve Grading System 2010.
9. Kumar A, Mafee MF, Mason T. Value of imaging in disorders of the facial nerve . Top Magn Reson Imaging .2000 Feb; 11 (1): 38-51. [Medline].
10. Fisch U. Surgery for Bell's palsy . Arch Otolaryngol.19881 Jan. 107(1):1-11. [Medline].
11. Ruboyianes J, Adour KK, Santos D, et al. The maximal stimulation and facial nerve conduction latency test : Predicting the outcome of Bell's palsy . Laryngoscope .1994; 104 (suppl):1-6.
12. Fisch U, Ruttner J. Pathology of intratemporal tumors involving the facial nerve .Fisch u,ed. Facial Nerve Surgery . Zurich: Kugler / Aesculpius Publishing Co;1977; 448-56.
13. Rahman I, Sadiq SA; Ophthalmic management of facial nerve palsy : a review. Surv Ophthamol.2007 Mar-Apr;52(2): 121-44.
14. Adour KK, Wingerd J (1974) Idiopathic facial paralysis (Bell's palsy): factors affecting severity and outcome in 446 patient. Neurology 24:1112-1116 [PubMed]
15. Unuvar E, Oguz F, Sidal M, Kilic A (1999) Corticosteriod treatment of childhood Bell's palsy .Pediatr Neurol 21:814-816 [PubMed]
16. Devriese PP, Schumacher T,Scheide A, de Jongh RH, Houtkooper JM (1990) incidence prognosis and recovery of Bell's palsy .A survey of about 1000 patients (1974-1983). Clin Otolaryngol Allied Sci 15:15-27 [PubMed]
17. Kase CA , Cruz OL, Leonhardt FD, Testa JR Ferri RG Vierter EY(2005) The value of prognosis clinical data in Bell's palsy . Rev Bras Otorrinolaringol (Engl Ed) 71:454-458[PubMed]
18. Sharma PV. Nidana sthana. Sushruta Samhita. Shloka no. 70. 7th ed, Ch. 1. Varanasi : Chaukhamba Orientalia ; 2002. P. 267.
19. Trikamji Acharya VJ. Chikitsa sthana. Charaka Samhita. Chakrapani Commentary . Shloka no. 42.5th ed , Ch.28. Varanasi : Choukhamba Sanskrit Samsthana; 2001 .P.618.
20. Stew B, MRCS, DOHNS, ENT STS All Wales Rotation and Huw Williams,FRCS, ENT Consultant, Modern management of facial palsy: A review of current literature . Br J Gen Pract 2013 ;63:109-110.

How to cite this article: Rathore M, Sharma GP, Sharma MK, Sharma R "Ayurvedic Management Of Facial Paralysis - A Single Case Study"
IRJAY.[online]2022;5(5);47-51.
Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2022.5508

Table 1 Shows Comparison of Bell's palsy with *Ardita vata*

	Bell's palsy	***Ardita vata***
1.	Deviation of the mouth toward right side.	*Vakreebhavati vaktrardham Vakreekaroti nasa bhru lalata akshi hanustatha*
2.	Watering of eyes	*Netramaavilam*
3.	Unable to blink the eye of affected side.	*Stabdham netram, Ekasya aksho nemeelanam.*
4.	Sudden onset of deviation of the mouth and weakness.	*Samutkshipteli atitwaritah*
4.	Slurred speech	*Vaak sanga*

Table 2 Shows Findings before and after treatment

Neurological evaluation showed	**Before treatment**	**After treatment**
Optic nerve	Field of vision – normal in right, in left visual acuity was 6/18	Normal in right , in left visual acuity was 6/18
Trochlear nerve	Pupillary reflex direct – left diminished , right – normal Pupillary reflex indirect- right and left normal	Normal
Trigeminal nerve	Motor Clenching of the jaw – deviated to the right side Sensory- sensation over the right side – cold , hot -decrease Superficial touch- decrease	Normal
Facial nerve	Nasolabial fold absent in the left side. Wrinkles on the forehead – decrease in the left side . Lagophthalmos -left side Tongue deviated toward right. Jaw jerk – negative Force full closure of the eye – left eye not closed properly. Blow of cheeks – weakness in the left side . Whistling – not proper The taste was middle affected	Normal
Auditory nerve	Conductive deafness [mild]	Normal