



**EFFICACY OF VISHNU TAILA NASYA AND EKANGAVEERARAS IN
ARDITAVATA W.S.R TO BELL'S PALSY –A CASE STUDY**

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ABSTRACT

Arditavata is one among Vatananatmaja vyadhi, Characterized by Mukhavakrata, Ekakshi Nimeelana, Ashrusrava, Lalaatavakrata, Ruja in Jatrurdvapradesha, Vaksanga, Hasitavakrata are the most common symptoms leading to disfigurement of face at one lateral side. Arditavata is well correlated with Bell's palsy which has incidence rate 6 of 23 cases per 100,000 Population /Year or about 1 in 60 to 70 people in a lifetime. It affects in all the age groups and in both sexes. It is mainly precipitated by fast life style, irregular food habits, lack of sleep and some of viral infections which are the common events of modern life. It is more prevalent in known cases of Hypertension and Diabetes. The facial nerves control a number of functions, such as blinking and closing the eyes, smiling, frowning, lacrimation, salivation, flaring nostrils and raising eyebrows, sensation of taste in the anterior two third of the tongue, which affected in Bell's Palsy. In contemporary system of medicine there is no proved medical management for Bell's palsy. And available medicines are also having its own limitations with side effects. In Ayurvedic classics there is specific line of management for Arditavata such as NasyaKarma, MoordniTaila, Tarpan and Shamanoushadhis like Ekangaveera Ras and etc.

Ekangaveerras is a herbo mineral shamanoushadhi administered as nano medicine, which is mentioned in Vatavyadhiprakarana of Brahat Nighantu Ratnakar with an indication in Arditavata and in all Vatavyadhis. Vishnutaila nasya is a choice of treatment chosen which

expels vitiated Doshas from Shiras. Vishnutaila is of vata shamaka properties of drugs involved in it. Hence Ekangaveeraras as shamanoushadhi, Nasya Karma with Vishnutaila taken for the study and tried in treating Arditavata case w.s.r to Bell's Palsy.

Keywords: Arditavata, Ekangaveerraras, Vatavyadhi, Bell's palsy, Nasyakarma

INTRODUCTION

Arditavata is Ekayama by Ashtanga Hrudaya. Nanatmaja Vatavikara Vatakara Ahara-Vihara like biting hard things, Atihasana, UchchaBhshana, Vegadharana, etc. are the leading Nidanas Vepathu, and charmasuptata are some of Purvarupa. Arditavata is nothing but Mukharda Vakrata. Disability and Disfigurement of one lateral side of face. Clinical features of Arditavata are well correlated with Bell's palsy. Face looks Asymmetrical even at rest. Efforts to close the eye merely cause the eye balls to roll up; it is known as Bell's phenomenon. Arditavata is classified under three headings depending on Doshic predominance Vataja, Pittaja and Kaphaja. Arditavata, A Bell's palsy has become common now days. In contemporary system there is no specific line of treatment for it, only managed by steroids and neurotonics, though facial deformity and difficulty in speech are involved in a disease hence patients approaching Ayurvedic physician with lot of hope. So the clinical study is done here Nasya with Vishnutaila and Ekangaveeraras as shamanoushadhi for the rest of the

symptoms present after the Nasyakarma in treating the case Arditavata w.s.r to Bell's palsy.

CASE REPORT

On June 6th 2021 A male patient of 45 yrs. came to Panchakarma OPD S.S.Ayurvedic Medical College Hospital with complaints of Pain in left Ear with Deviation of face at left side, difficulty in speaking watery discharge from left eye On examination patient with a complaints and clinical symptoms Mukhavakrata, Ekakshi Nimeelana, Ashrusrava, Lalaatavakrata, Ruja in Jatrurdvapradesha, Vaksanga, and Hasitavakrata are the most common symptoms seen in the case. And patient was diagnosed as a Arditavata (Bell's palsy). After initial assessments and with the consent of patient, admitted in hospital. Basic investigations and examinations are got it done. From second day patient planned for the Nasya treatment.

Diagnostics (Lab Investigations):

TYPE OR NAME OF INVESTIGATION	DATE OF INVESTIGATIONS DONE	RESULTS	UNITS/PER
Haemoglobin	06-06-2021	13	g/dl
WBC count	06-06-2021	7800	Cells/cumm
Platelet count	06-06-2021	2.78	Lakhs/cumm
RBS	06-06-2021	112	Mg/dl
HIV/HBSAG	06-06-2021	Non-reactive	-
ECG	06-06-2021	WNL	-
Rapid test covid (card method)	06-06-2021	Negative	-

Ashtavidha Pariksha: Nadi (Pulse): 80/min, Mala pravritti (Stool): Asamyak Pravartana, Mutra pravritti (Urine): Prakrutta, Jeeva (Tounge): Aliptata, Kshudha (Agni): Mandya, Shabda (Speech): Prakrutta, Sparsha (Skin): Shitoshna, Khara, Dhruka (Eyes): Prakrutta, Nidra (Sleep): Khandita, Akrutti (Stature): Madhyama, Bala (Strength): Uttama.

Systemic Neurological examination

Motor system examination was done based on Bell's phenomenon - positive on Left side of face. Patient was unable to whistle, deviation during mouth clenching with loss of furrow over the forehead and unable to do full mouth inflation. Also difficulty was there in closing the left eye fully.

Treatment schedule planned:

1st schedule of Treatment (Started on next day of admission)

- Mukhabhyanga and Nasyakarma with Vishnutaila for 7 days
- Dhoomapana with Haridra dhooma.
- Ekangaveeraras 125mg 1tab 3 times after food for 21 days.

2nd schedule (After completion of Nasya Karma)

Ekangaveera rasa 125mg 1tab. tid after food for 21 days.

Exercise: Balloon blowing exercise three times a day.

Face exercise in front of mirror three times a day for 5 minutes.

Total course of treatment is 21 days with follow up 14th, 21st days.

PROCEDURE:

The patient was thoroughly examined in keeping view Prakruti and Vikruti.

1st step (Mukhabhyanga with Vishnu taila): Took lukewarm oil in the container and asked the patient to sit on chair with head tilted backward direction by giving support with pillow to neck. Then did Abhyanga (massage) to whole face within specific directions that is from neck upward, from affected side to normal side of face, and zig zag direction on forehead and chin. Bhashapa swedana is done with cloth dipped in warm hot water with all precautions.

2nd step (Nasya with Vishnu taila):

Down the patient on dhroni (massage bed) and tilt head to upward direction and ask the patient to relax. Then put Nasya 8-8 drops in each nostril alternately and comfort the patient by rubbing nose and asked then patient to spit after 5 minutes.

3rd step (Dhoomapana):

Patient was asked to sit up and Haridra dhooma was given and asked the patient to inhale dhooma from each nostril alternately blow out from mouth till 5 minutes.

DRUGS:

VISHNU TAILA (Swalpa):

- **Kalka dravya:** Shalaparni, Prushniparni, Bala Shatavari, Erandamoola, Bruhatimoola, Vachamoola, Nagabalamoola, Sahacharamoola.
- **Snehadravya:** TilaTaila
- **Drava dravya:** GoDugdha
- **Procedure:** VishnuTaila is prepared as per Classics.

EKANGAVEERARAS:

S. No.	MAIN CONTENTS	PROPORTION	BHAVANADRAYVA
1.	Shudhagandhaka	ALL DRAVYAS SAMABHAGA.	Triphala Trikatu Nirgundi Chitrak Shigru Kushtha Amalki Kupilu Arka Guduchi Aadraka
2.	Shudhaparada		
3.	Shudhakantalohabhasm		
4.	Vangabhasma		
5.	Naga Bhasma		
6.	Tamrabhasma		
7.	Abhrakabhasma		
8.	Tikshnalohabhasma		
9.	Nagaram		
10.	Maricha		
11.	Pippali		

According to classics Ekangaveeraras is prepared keeping in view of dosage and other Aspects classically.

ASSESSMENT OF RESULTS:

Depending on Subjective and Objective criteria Assessment is be done basis of the

response of treatment. Clinical study results are assessed on basis of grading are mentioned as **Severe-3, Moderate-2, Mild-1, and Normal-0** are given.

S. No.	SUBJECTIVE	OBJECTIVE	B.T	AT	F-1	F-2
1	Mukhavakrata	Deviation of face	3	2	2	1
2	Vaksanga	Difficulty in speech	3	2	1	0
3	Stabdanetrata	Unable to close the eye	2	2	1	0
4	Shirashoola	Headache	2	1	0	0
5	Shrutihani	Vaksanga	2	1	0	0
6	Lalatavakrata	Loss of furrow over the forehead	3	2	1	0

ASSESSMENT OF RESULTS: On the basis of “House Brackmann’s Gradation System” assessment was done. Results of

Clinical study are on basis of grading mentioned as Severe-3, Moderate-2, Mild-1, and for Normal-0.

Table 1: Grading for assessment of clinical feature.

CLINICAL FEATURE	GRADING	BEFORE TREATMENT	AFTER TREATMENT
FACE: RELIEF TWITCHING OF RIGHT SIDE FACE(DEVIATION)			
NOT PERSISTENT	0		0
PERSISTENT BUT DO NOT DISTURB ROUTINE WORK B	1	2	
PERSISTENT DISTURB ROUTINE WORK B	2	1	
CONSTANT	3		

CLINICAL FEATURE	GRADING	BEFORE TREATMENT	AFTER TREATMENT
EYEBROWS: DIFFICULTY IN MOVING UP LEFT EYEBROW			
NOT PERSISTENT	0		0
PERSISTENT BUT DO NOT DISTURB ROUTINE WORK	1	1	
PERSISTENT DISTURB ROUTINE WORK	2		
CONSTANT	3		

CLINICAL FEATURE	GRADING	BEFORE TREATMENT	AFTER TREATMENT
MOUTH: DRIFTING OF MOUTH IN LEFT SIDE ANGLE			
NOT PERSISTENT	0		0
PERSISTENT BUT DO NOT DISTURB ROUTINE WORK	1		
PERSISTENT DISTURB ROUTINE WORK	2	2	
CONSTANT	3		

CLINICAL FEATURE	GRADING	BEFORE TREATMENT	AFTER TREATMENT
EYE: DIFFICULTY OF CLOSING LEFT EYE			
NOT PERSISTENT	0		0
PERSISTENT BUT DO NOT DISTURB ROUTINE WORK B	1	2	
PERSISTENT DISTURB ROUTINE WORK	2	1	
CONSTANT	3		

CLINICAL FEATURE	GRADING	BEFORE TREATMENT	AFTER TREATMENT
TONGUE: DEVIATED TO RIGHT SIDE			
NOT PERSISTENT	0		0
PERSISTENT BUT DO NOT DISTURB ROUTINE WORK	1	1	
PERSISTENT DISTURB ROUTINE WORK	2		
CONSTANT	3		

DISCUSSION

Arditavata is well correlated with Bell's palsy which has incidence rate 6 of 23 cases per 100,000 Population /Year or about 1 in 60 to 70 people in a lifetime. Arditavata laxanas are as mentioned in classics are similar to the Bell's Phenomenon in contemporary Medicine. It is facial nerve palsy. There are many treatment modalities available to manage this disorder. Ayurvedic treatment protocol is one of the best holistic ways to manage this. It is time to except the fact that Ayurveda itself having best curative approaches for such types of disease and thus it should be used worldwide to cure and to serve good treatment protocol to benefit patients. Here is a case study done as above explained Nasyakarma with Vishnutaila and Ekangaveeraras 125mg thrice a day as Shamanouashadhi is resulted well in short period in Arditavata chikitsa.

CONCLUSION

The nidanas explained in classics are noticed in this patient like Patient mainly has history of Chinta, Bhaya and Ratrijagarana.etc and the lakshanas explained in classics are also noticed in this case. Arditavata is most common unilateral lower motor neuron facial palsy that usually develops suddenly or spontaneously. Arditavata was successfully managed with Ayurvedic treatment such as

Snehana (oleation), Svedana (fomentation) followed by Nasyakarma. (Nasal Medication) and shamanoushadhi as Ekangaveeraars 125 mg three times a day. The Chikitsa sidhanta followed here is Dhatuwardaka and Vatashamaka Chikitsa. as the disease belongs under Vatavyadhi. After Nasyakarma, patient found better relief in symptoms of Arditavata. There is direct indication of Nasyakarma in Arditavata by acharyas. The treatment advocated in Ayurveda for Arditavata (facial palsy) was instituted to this patient, who was cured without any further complications and side effects in holistic medicine of Ayurveda.

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