



## ROLE OF NASYA IN ARDITA W.S.R TO FACIAL PALSY

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### ABSTRACT

*Ardita* is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata*. *Ardita* is also explained as *Ekayaam* by *Ashtang Hrudaya*. *Aacharya Charaka* has included *Sharirardha* in *Ardita* while *Sushruta* has considered as the face is only affected in *Ardita*. In the modern text it is correlated with facial palsy on the basis of signs and symptoms. *Charaka* attributed the root cause of *Ardita* to highly vitiated *vata doshas* whereas *Ayurvedic* experts like *Shodhal* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Ardita* in *Ayurveda* is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other *vatavardhaka ahara- vihara*. *Nadi swedna* and *Nasya* is explained in classics like *Charaka6* and *Sushruta* for treatment of *Ardita*. *Sushruta* described medication for *Ardita* in his *Sutrasthana* giving special emphasis on *Nasya*.

**KEYWORDS:** *Nasya karma*, *Arditha*, Facial paralysis.

*Ardita* is considered as a *vatavyadhi* according to *Bruhatrayi*. It is caused by aggravation of *vata*. It has been enlisted among eighty types of *nanatmaja vyadhies*. *Ardita* is also explained as *Ekayaam* by *Ashtang Hrudaya*. *Aacharya Charaka* has included *Sharirardha* in *Ardita* while *Sushruta* has considered as the face is only affected in *Ardita*<sup>1</sup>. In the modern text it is correlated with facial palsy on the basis of signs and symptoms mentioned there in it. It is commonly caused due to the lesion found on the seventh cranial nerve i.e facial nerve which leads to partial or total loss of movement of unilateral face. Modern science found the drugs like steroids and anti-viral etc. for it. Also surgical and other treatments are available for facial paralysis. Yet its reoccurrence and synkinesis are reported.

*Charaka* attributed the root cause of *Ardita* to highly vitiated *vata doshas* whereas *Ayurvedic* experts like *Shodhal* classified *Ardita* on *doshic* influence of *Kapha* and *pitta* rather than *vata*. *Ardita* in *Ayurveda* is due to transferring heavy wt. on head, excessive laughing, loudly talking, sudden fearing, sleeping on uneven bed, eating hard food particles, other *vatavardhaka ahara- vihara*. Due to *vata prakopa, nidana sevana* whenever *vata doshas* vitiates, it enters in all the empty channels (*srotas*) of the body and then creates different types of *Ekangagata* and *Sarvangagata vyadhies* (80 types of *vata* disorders described by classics including various diseases like *Ardita, pakshaghat, joint disorders*). The mainsymptoms of *Ardita* are *vakrardha, netravikrti,*

*lalasrava, vakasanga, parsh vedana* etc. *Nadi swedna* and *Nasya* is explained in classics like *Charaka6* and *Sushruta* for treatment of *Ardita*. *Sushruta* described medication for *Ardita* in his *Sutrasthana* giving special emphasis on *Nasya*. In *Ayurveda Panchkarma* along with drug administration aims to improve its outcome and prevents the residual treatment. *Panchkarma* technique like *Nasya* has a definite role in relieving the impairment. *Nasya* is a process by which medicated oil is administered through the nostrils. Prior to *Nasya, purvakarma* measures are done like *Snehana* and *Swedna* to face, forehead, head, ear and neck. These prior *snehana* and *swedna* helps to loosen the adhesive *doshas* thereby facilitating the subsequent part of the treatment.

### Incidence

According to statistical data, facial paralysis affects around 1 in 1000 of the general population. It is more common in young adults. Diabetic patients and women are more prone to this disorder.

### Objectives

To evaluate the efficacy of *Nasya karma* in *Arditha*.

### MATERIALS AND METHODS

The patients were selected from the OPD and IPD of J.I.A.R Hospital, Jammu after considering the Inclusion and Exclusion criteria. Then they were selected on the basis of clinical examination, signs and symptoms in a single group and treatment was adopted. Totally 15

patients were registered for the study and Assessment of results was done by considering the subjective and objective parameters pre and post treatment. Then it was compared for assessments and results. All the results were analysed statistically for 'P' Value using paired t-test.

#### Inclusion Criteria

- Patient presenting with signs and symptoms of *Ardita* is selected.
- Patient between the age group of 20-60 years, irrespective of religion, sex, socioeconomic status, occupation are included for the study.

#### Exclusion Criteria

- Patient of age <20 years and > 60 years.
- Patient suffering from intra cranial tumour, intracranial haemorrhage, involvement of ipsilateral or contra lateral hand and leg.

#### Diagnostic Criteria

- Signs and symptoms of *Arditha*
- Signs and symptoms of facial paralysis.

#### Study Design

15 patients of *Ardita* (facial paralysis) who fulfilled the inclusion criteria were selected.

#### Assessment Parameters Subjective parameters

1. *Mukhardha vakratha*
2. *Vaksanga*

**Table 1: Showing effect of the treatment on Mukha vakratha.**

<i>Mukha vakratha</i>	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	2.8	1	1.8	0.48	0.15	10.66	<0.005	HS

**Table 2: Showing effect of the treatment on Vaksanga.**

	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	2	0.5	1.5	0.72	0.37	6.25	<0.05	HS

**Table 3: Showing effect the treatment on Netra vikriti.**

	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.8	0.6	1.2	0.41	0.05	24	<0.05	HS

**Table 4: Showing effect of treatment on Ekakshi nameelana.**

	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.5	0.3	1.2	0.79	0.26	4.61	<0.05	HS

3. *Ekakshi nimeelana*
4. *Netravikriti*

**Time Of Administration-** *Prakbhakta* (morning) before Breakfast.

#### Procedure for *Nasya*

Patient was asked to lie in supine position, proper *Mukha Abhyanga* was done with *Murchita Taila* to face followed by *sweda*. After that patient is asked for *Nasya* position (*Kinchita pralambita shirasa*) and *Ksheerabala taila* which was indirectly heated in warm water made luke warm and instilled with *Shukti* 8 drops to each nostrils. Asked to remain in same position for 10 mins, and instructed not to swallow the *Taila* and spit out if comes to throat region. Patients are asked to follow the regimens needful after *Nasya* such as keeping warm, not to take head bath, staying warmth, not having cold items.

**Paschat Karma-** *Kavalagraha* with *Sukoshna jala* and *Dhoomapana* with *Haridra* will be done.

#### OBSERVATION AND RESULTS

In this study 15 patients fulfilling the inclusion criteria were registered. All the patients were examined before and after the treatment. Changes were recorded.

## DISCUSSION

*Arditha* is one among the *Vata nanatmaja vyadhi* explained by Charaka acharya and the treatment should be employed by using *Brimahana* and *Balya* drugs which alleviates *Vata*. Acharya Charaka emphasized *Swedana* and *Nasya* in *Chikitsa* sutra of *Arditha*. Facial Palsy involves disturbances in almost all the sense organs, the *Nasya karma* with *Ksheerabala thaila* suppresses nerve inflammation and promotes nerve regeneration and gives strength to muscles due to *Balya* and *Brimhana* properties of drugs present in it. The *Nasya dravya* medicine acts at *Sringataka marma* from where it spreads into various *Srotas* and brings out all vitiated *Doshas* from *Urdhwajatusugata vikara*. So *Shodhana* in the form of *Nasyakarma* i.e., *Navana nasya* is adopted in this study which has shown highly significant result.

Table 1 showed that out of 15 patients exhibiting the features of *Mukha vakratha*, 5 patients completely recovered and 10 patients showed mild *Mukhavakratha*. Which showed highly significant, due to the *Swedana* affect it acts upon *Sthamba*, and it showed highly significant result.

Table 2 showed that out of 15 patients 8 patients completely recovered from *Vaksanga*, remaining 7 patients showed significant result. In *Nasya* therapy medicated oil is administered in nostrils, these medicines reaches to *Shringataka marma* and spreads into all *Srotas* (vessels, nerves) and eliminates the vitiated *Dosha*. *Nasya* nourishes nervous system by vascular pathway.

Table 3 showed that out of 15 patients 7 patients completely recovered from *Netra vikriti*, remaining 8 patients showed highly significant result. *Nasya karma* which is treated for *Urdhwajatusugata vikara*, does the *Samprapti vighatana* of *Dosha* and *Doshya* thereby relieving *Netra vikriti*.

Table 4 showed that out of 15 patients 9 patients completely recovered from *Vaksanga*, remaining 6 patients showed highly significant result. *Navana nasya* due to its *Snehana* property alleviates *Vatadi disha* hence, bringing down in the symptoms of *Ekakshi nameelana*.

## CONCLUSION

*Arditha* involves the *Dhatu kshayaja samprapthi* in its manifestation. Acharyas have indicated *Snehana*, *Swedana* and *Navana nasya* in its management. Hence in this study *Sthanika abhyanaga* with *Moorchith tila taila*, *Sthanika panasa patra sweda*, *Navana nasya* with *Ksheera Bala* 101 was employed in the study shown highly significant results in all parameters. The treatment employed here acts as *Vata shamana*, alleviation of *Sthabdatha* due to *Ushna guna* of *Swedana*. *Navana nasya* which alleviates the *Vata dosha* due to *Madhura*

and *Brihmana* effect and their by disintegrates the *Samprapthi* involved in *Arditha*.

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