1. Introduction

Ardita is one among the 80 vatajanananatmajayadhis. In the explanation of the disease Ardita by Acharya Charaka it’s mentioned that the features are seen in one half of face, trunk, extremities or they may be restricted only to face and is episodic in nature [1]. Acharya Susrutha opines that Ardita involves one lateral of face only and is non-episodic in nature [2]. Vridhha Vagbhata specifies it as the manifestation in the half of face along with the involvement of half of the body [3]. So there exist certain differences in the explanation of disease manifestation between the Brihaththrayees. But when it comes to treatment Acharya Charaka and Susrutha treated Ardita as a vata vyadhi, whereas Vagbhatacharya has recommended two principles of treatments based on the dosha involvement [4]. He has clearly stated that if associated with sopha, vamana must be done. And in case of daha, siravyadha is the management.

All the comments on Ardita by Acharyas seem to be scientific and relatable to the disease Bell’s palsy mentioned in modern science. Bell’s palsy or Facial nerve palsy is a condition that causes temporary weakness or paralysis of the muscles in the face. In Ayurveda, Arditam is a disease with functional disturbances affecting the Uthamanga (head) and stands close with the symptoms of Bell’s palsy. This crippling disease has been elaborated by Ayurveda Acharyas Charaka, Susrutha and Vagbhata in their respective samhithas. It is narrated as one among the Asheeti Vata Vikaras (80 types of typical vata predominant diseases). This report is on a case study of 44 year old male patient who approached the Panchakarma OPD presenting with complaints of deviated face towards left side, difficulty in closing right eye and feeling of heaviness and swelling over right side of face for about 3 days. After relevant examinations and screening it was diagnosed as Bell’s palsy. This disease though self-resolving some cases remain partially recovered and some may be left with major facial dysfunction. This patient was admitted at Govt. Ayurveda College, Tripunithura, Kerala, India for speedy recovery and complete resolution of this disease. Fourteen days of treatment primarily Sadyovamana followed with oral medications, pratimarsha nasya and physiotherapy were administered. The patient got complete recovery from all the symptoms of Ardita without any residual weakness or deformity within two weeks which is much early than the self-resolving period of 6 months. Being one among the asheetivatavikaras, Sadyovamana is the least practiced treatment for this condition. So in this report the scope of Sadyovamana in Bell’s palsy management is discussed.

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temporary oral insufficiency and incapability to close the eyelids in some cases, resulting in potentially permanent eye injury. In approximately 25% of patients with Bell’s palsy, moderate-to-severe facial asymmetry may persist, frequently impairing patients quality of life. These are among the long term consequences of Bell’s palsy which can be devastating [8]. Therefore, diagnosis and prompt cause determination are key for early treatment. No effective treatment has been highlighted by the contemporary science for this crippling disease apart from symptomatic management. It is estimated that 4–7% of all cases of Bell’s palsy have recurrent facial palsy [9].

This reported case serves as a novel evidence of the management of Bell’s palsy with Sadyovamana, which is the least preferred therapy among Ayurvedic physicians.

2. Patient information

A 44 year old male patient approached the Panchakarma OPD with complaints of deviated face towards left side, difficulty in closing right eye and feeling of heaviness and swelling over right side of face for 3 days. Three days before his visit to the hospital, he noticed difficulty in holding water inside the mouth while brushing his teeth early in the morning. He ignored the same and proceeded towards his work place which lead to exposure to cold air. By evening he noticed difficulty in closing his right eye and felt deviation of mouth towards left side. He also felt a feeling of heaviness and swelling over right side of face. As the symptoms persisted up to the third day, he came to Panchakarma OPD at Government Ayurveda College, Tripunithura, Kerala, India for speedy recovery and complete resolution of this disease. For ruling out other etiologies brain MRI was taken. There was no record of any co-morbidities, any surgical history or history of any allergy or past medication. Before ongoing the examination and procedure, the informed written consent was obtained from the patient.

3. Clinical findings

3.1. General examination

Pulse rate — 67/min, Heart rate — 70 beats/min, Respiratory rate — 16 breaths/min, Blood pressure — 130/80 mm Hg, Temperature — 98.6 °F.

3.2. Central nervous system examination

1. Higher Motor Functions - Intact
2. Consciousness- Conscious
3. Orientation to- time, place, person- Intact
4. Memory (Recent and Remote)- Intact
5. Intelligence- Intact
6. Hallucination and Delusion - Absent
7. Speech - Slow with mumbled words

3.3. Cranial nerve examinations

Neurological examination of all cranial nerves were performed and found intact except facial nerve. Cerebellar examinations were also within normal limits.

On Facial nerve examination:

- a. Forehead frowning - not possible on right side
- b. Eyebrow raising - not possible on right side
- c. Eye closure - incomplete closure of right eyelid (Bell's phenomenon)
- d. Clenching of teeth - mouth deviates to the left side
- e. Blowing of cheek - leaking of air from right side
- f. Nasolabial fold - loss on right side.
- g. Taste perception - not affected
- h. Dribbling of saliva and spilling of food from right angle of the mouth
- i. Bell’s phenomenon-present on right side
- j. Deviation of mouth - towards left side
  - Deep Reflexes such as Biceps, Triceps, Supinator, Knee jerk, Ankle jerk and plantar reflex were normal.
  - Muscle power and Muscle tone in all limbs were also normal.
  - Corneal reflex — Blink reflex was absent on right side.

3.4. Co-ordination

Upper limb.
- Dysdiadochokinesia- Absent
- Finger nose test- Possible
- Pronator Drift- Possible
- Finemovements- No abnormality was detected

Lower limb.
- Tandem walking- Possible
- Heel shin test- Possible
- Heel walking -Possible

4. Timeline

| SI No | Complaints/Events | Duration/Date |
|-------|-------------------|---------------|
| 1     | Difficulty in closing right eye | 17 Sep 2019 |
| 2     | Deviation of mouth towards left side | 17 Sep 2019 |
| 3     | Feeling of heaviness and swelling over right side of face | 17 Sep 2019 |
| 4     | First OPD visit and Diagnosed as Bell’s Palsy | 20 Sep 2019 |
| 5     | Admitted to hospital as inpatient | 21 Sep 2019 |

5. Diagnostic assessment

After relevant examinations it was diagnosed as Bell’s palsy. MRI Brain was advised to be taken for excluding other possible causes of Bell’s palsy. The report showed no abnormalities.

6. Therapeutic intervention

The comprehensive treatment was planned for the present case by clearly understanding the associated kaptha dosha through his presentation of heaviness and swelling on right side of face. During interrogation we could trace certain food habits which included daily consumption of fish and curd together for 3 years which could be the possible nidana for this roga. Taking into consideration the disease pathology and challenges of performing vamana preceded by shodhanartha snehapana, here Sadyovamana was selected due to the acute nature of the disease. After Sadyovamana oral medications along with Prathimarsa nasya and physiotherapy was given Tables 1 and 2.
Table 1
Details of the treatment algorithm like duration of treatment, drugs used, dosage, etc. have been enlisted.

| 1st, 2nd, 3rd day | Sadyasneha with go ghritha 50 ml + peya | two times a day |
|-------------------|----------------------------------------|----------------|
| 3rd day           | Sadyasneha + utkleshanaadhara, sarvangabyanga and bashpa neera |                  |
| 4th               | Vamana with yeshtmadhukashaya            |                  |
| 5th, 6th, 7th     | Peyadi krama                             | 3 days           |

7. Follow up and outcomes

Patient was hospitalized for 14 days. Symptoms like heaviness and swelling of face got relief soon after Sadyovamana. Whereas the other symptoms like closing of right eye and deviation got complete relief within 14 days of treatment. All the examinations were repeated and showed no abnormalities. On discharge the patient was educated regarding his condition and the chances of recurrence. He was advised to avoid the foods and activities which can cause the recurrence of the same and follow up every six months. It is estimated that 4–7% of all cases of Bell’s palsy have recurrent facial palsy [9]. The patient is under follow up for almost three years without any recurrence.

8. Discussion

The general treatment principle explained for kevalavatayadhi is snehana. But whenever there is an association of either kapha or Pitta due to avarana or samsarga the treatment may shift to vamana or virechana. These two possibilities in samprapthi are evident when we analyze the treatment principle explained by different acharyas. According to Acharya Susrutha the treatment for Arditha includes Mathishkyam, Shirivasti, Dhoomapana, Snehamana. This may be suitable for a kevalavatayanaaridhita. Vagbhataacharya explored the two possible samprapthi (kevalavata or anyadoshaja involvement) of ardita. And stated that whenever is association of sopha, vamana may be done and when there is daha, rakthamokshana may be a treatment option [13].

Keeping all these efficacious treatment modalities in mind, a comprehensive treatment was planned for the present case. Sadyovamana is a rarely practiced treatment due to lack of proper understanding about the possibility of kapha doshha involvement in the samprapthi of this roga. Here for this case a treatment plan of 14 days primarily Sadyovamana followed with oral medications, pratimarsha nasya and physiotherapy were administered to this patient Tables 1 and 2. The patient got complete recovery from all the symptoms of Ardita without any residual weakness or deformity within two weeks which is much earlier than the self-resolving period of 6 months.

In Ashtanga Sangraha, Vagbhataacharya has mentioned the disease Ardita among the people who are contraindicated for vamana [12]. It is explained that if vamana is performed in a contraindicated person, it might cause increase of the disease and even death. It is difficult to see the kapha and Pitta component in this vatavyadhi. Hence most physicians go along with the vatavyadhi protocol which is really contradictory if there is an association of kapha and Pitta, whereas a proper management will ensure complete cure of the disease without recurrence.

Table 2
Intervention through oral medicaments — Shamana chikitsa after sadyovamana.

| No. | Details | Regimen |
|-----|---------|---------|
| 1   | Dhanadhamaayadhi kashaya [10] | 90 ml twice a day before food |
| 2   | Tab. Dhanamvirtharam [11] | 1 tab twice a day with kashaya |
| 3   | Pratimarshanaayasa | with Anutailam [12] |
| 4   | Physiotherapy |

9. Patient perspective

The patient was satisfied with the treatment protocol and was really happy to see the reversal of symptoms within a short duration of two weeks. Now he has confidence to engage in normal routine work. The treatment helped him not only to cure but also to improve his quality of life and also prevent the recurrence of this disease. It was later after discharge he realized the seriousness of the disease and was thankful for the prompt treatment.

10. Conclusion

Sadyovamana is the least preferred treatment in the management of Ardita because it is not a self-administered procedure. But in this particular case we could clearly identify the kapha doshha involvement by heaviness of right side of face and in addition to that his eating habits and travelling with exposure to cold became the potential cause for vata and kaphavridhi. Thus performing sadyovamana became a very effective procedure. This case study is having encouraging results. By two weeks of treatment we could provide patient with complete cure and good quality of life. This patient has had no recurrence since three years. So this intervention highlights the need of exploration of association of kapha in the pathogenesis of Ardita and elimination of this kapha by introducing Sadyovamana.

Informed consent

Informed consent was taken from the patient for this study.

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None.

Declaration of competing interest

None.

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