

## ROLE OF KSHEERBALA TAILA NASYA AND KSHEERDHOOMA IN THE MANAGEMENT OF ARDITA: A REVIEW

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### Abstract

Ardita is a Vatika disorder mentioned in Ayurvedic classics which is included amongst the eighty Nanatmaja Vata disorders by Acharya Charaka. Acharya Vagbhatta describes it as 'Ekayam', Acharya Sushruta mentions the involvement of face whereas Acharya Charaka the whole of Sharirardha (half of the body). Both Acharya Charaka and Sushruta described Nasya (Navana) and Nadi-sweda as the prime treatment modalities for Ardita. Sneha is considered to be the best Vata-shamaka and also the lipid-soluble substances have greater affinity for passive absorption through nasal mucosa and crossing Blood Brain Barrier (BBB) hence, Navana Nasya is considered the best. Nasya drug enters the brain through Shringataka Marma which is a congruence of the nerve fibers for smell, taste, speech, vision and hearing sensations. Ksheerdhooma in the form of Nadi-sweda (A decoction of cow milk and Vatahara drugs) not only serves the purpose of Swedana helping in better absorption of the drug administered through Nasya, but also helps to reduce the symptoms. Thus, this whole treatment can prove to be a promising management of Ardita by reducing the symptoms and correcting the pathophysiology.

**Key words:** Ardita; Ksheerdhooma; Nasya; Shringataka Marma; Swedana.

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## INTRODUCTION

Ardita, a Vatika disorder is included among the 80 Nanatmaja Vata Roga by Acharya Charaka and Vagbhatta. Vagbhatta has stated that Ardita results by the vitiation of Pranavata.<sup>[1]</sup> Even Rakta Kshaya (desiccation of blood) can manifest Ardita.<sup>[2]</sup> Charaka has mentioned Avyakta Lakshana (latent features) as the Prodromal symptom of all Vata Vyadhis.<sup>[3]</sup> All the causative factors which are mentioned as- carrying heavy weight on head, excessive yawning-laughing, shouting loudly, pregnant female, fear and grief elevate Vata<sup>[4]</sup> which then gets localized in head, nose, lips, chin, forehead, eyes and causes deviation of half side of face and neck<sup>[5]</sup> and produce symptoms- Deviation of angle of mouth and nose, absence of blinking of eyelids, unable to sneeze, impaired tongue functions with slurred speech, impaired hearing along with pain in affected side of body.<sup>[6]</sup> Acharya Sushruta has described weakness, inability to close eyelids completely, consistent slurred speech, tremors and duration exceeding 3 years as incurable symptoms.<sup>[7]</sup> The Vata vitiated by the earlier stated causative factors, settles in the regions of head, nose, chin, forehead and the eyes and produces the disease called Ardita Vata.<sup>[8][9]</sup> The symptom of Vaksanga (Difficulty in speaking) indicates that the vitiated Vata affects the tongue also. Vagbhatta has indicated the affliction of the ear on the affected side.<sup>[10]</sup> The features of incurability of Ardita are Ksheena (debilitated), Animeshaksha (unable to close the eyes), Avyakta Bhashina (whose speech gets obstructed constantly), Trivarsha and Vepana (tremors). Trivarsha is suggestive of two things either the disease is 3 years old or discharge from mouth, eyes and nose.<sup>[11][12][13]</sup> According to signs and symptoms Ardita resembles Facial Paralysis. Facial nerve paralysis is a common problem that involves the paralysis of any structures innervated by the facial nerve.<sup>[14]</sup> Facial nerve paralysis is characterised by unilateral facial weakness, with other symptoms including loss of

taste, hyperacusis, and decreased salivation and tear secretion. Symptoms may develop over several hours.<sup>[15]</sup> Acute facial pain radiating from the ear may precede the onset of other symptoms.<sup>[16]</sup> The Epidemiology<sup>[17]</sup> of disease is –

- Lifetime prevalence: 6.4 to 20 per 1,000
- Incidence: Increases with age  
Age 20: 0.1 per year per 1,000  
Age 80: 0.6 per year per 1,000
- Male = Female, or slight Female predominance
- Recurrence: 7%
- Side: Right in 63%
- Increased incidence  
Diabetes  
Pregnant females: Especially in 3rd trimester.

Although the most common known cause of facial paralysis is idiopathic (Bell's palsy), there are actually many different causes also, the treatment and prognosis vary greatly depending on the cause. Some of the main causes of facial palsy are:

- Viral infections such as- Ramsay Hunt syndrome.
- Surgical causes: for example during removal of acoustic neuroma or facial nerve tumour, or when operating on the parotid gland.
- Bacterial causes such as Lyme disease or following a middle ear infection.
- Neurological conditions such as Neurofibromatosis or Guillain-Barre syndrome.
- Traumatic injury such as fractures to the brain, skull or face.
- Birth trauma: for example caused by forceps or facial presentation delivery.
- Congenital conditions such as an abnormal development of the facial nerve or muscle in the womb.

- Stroke: although a stroke can cause facial palsy, it is slightly different as the problems are not caused by direct damage to the facial nerve. The paralysis in this case is caused by brain damage and the messages not being transferred properly to the facial nerve.

Facial paralysis is seen in three clinical forms for the differential diagnosis.<sup>[18]</sup>

1. Upper motor neuron paralysis (U.M.N. lesion)
2. Lower motor neuron paralysis (L.M.N. lesion)
3. Myopathy.

Any lesion occurring within or affecting the Cortico-bulbar tract is known as an upper motor neuron lesion. Any lesion affecting the individual branches (Temporal, Zygomatic, Buccal, Mandibular and Cervical) is known as a lower motor neuron lesion. The main distinction between an UMN and LMN lesion is that in the former, there is hemiplegia of the contralateral mid- and lower-face, whereas in the latter, there is complete hemiplegia of the ipsilateral face. Myopathy may cause facial weakness. This occurs in the heredo-familial dystrophies and myotonic dystrophy, but in these conditions the affection is not limited to the face.

### Previous research work done

Few research works are carried out by scholars on the topic of Role of Nasya in Ardita. They are

A Comparative Study of Anu Taila and Mashadi Taila Nasya on Ardita (Facial Paralysis) by Krishna H Thanki, Nayan P Joshi, Nita B Shahin, The Dept. of Panchakarma, I.C.A.S., Shree Gulabkunverba Ayurveda College, Jamnagar, India.

Evaluation and efficacy of Dhanwantaram Taila in the management of Ardita a

comparative clinical study by Ratna Kumar K in Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore.

A Retrospective study of role of Ayurvedic oil based Nasal instillation (Nasya) in cases of Bell's palsy by Panda Rakhee, Asst. professor, Dept of Kayachikitsa, S.J.S.A.C. & H, Chennai, TN, India. The author's work is an effort to expand the existing knowledge about the current topic.

### MATERIAL AND METHODS

Nasya and Nadi Sweda have been described as the prime treatment modalities by both the Acharyas.<sup>[19][20]</sup> Nasya is described best for the expulsion of Doshas present in supra-clavicular region (Uttamanga) and Ardita is mainly the disease (Vyadhi) of supra-clavicular region (Uttamanga). Among Nasya, Navana is considered as the best type. Ardita is mainly a Vata disorder so; Brihana Nasya (Nourishment therapy) can provide better results. For this purpose Ksheerbala Taila Nasya is chosen. Ksheera-dhooma not only serves the purpose of Swedana enhancing better absorption of the Nasya drug but the drugs present in this help in alleviation of Vata and correction of the pathology.

### Ksheerbala taila<sup>[21]</sup>

Bala (*Sida cordifolia*) – It is kept among Balya (Strengthening) Mahakashaya by Acharya Charaka and Vata alleviating drugs by Acharya Sushruta. These properties not only help in alleviation of Vata but also provide nourishment to nerves. Due to its ephedrine content, it possesses psycho-stimulant properties, affecting the central nervous system.<sup>[22]</sup>

Tila Taila (Sesame Oil) – It provides lipophilic base to Nasya drug which helps in its better absorption- as lipid soluble substances have greater affinity through cell walls of nasal mucosa.<sup>[23]</sup> It also possesses anti-inflammatory

and anti-oxidant properties. Acharya Charaka has indicated it in Vataja disorders.<sup>[24]</sup>

### **Ksheera-dhooma**

A decoction prepared by Vatahara drugs with Cow's milk. The Drugs selected here not only serve the purpose of Vata alleviation but also help in the management of symptoms. The drugs selected here are-

### **Vacha (*Acorus calamus*)**

It is Katu Vipaka, Ushna Virya, Kapha-vata hara and is Medhya (nervine tonic) in nature. It shows neuro-protective effect against stroke and neuro-degeneration.<sup>[25]</sup> From the ancient times it has been used for the development of speech abilities in children. As slurred speech is a main symptom of Ardita, it can prove beneficial here by improving the speech functions and prevent nerve degeneration.

### **Bala (*Sida cordifolia*)**

It is kept among Balya (Strengthening) Mahakashaya and Madhura Skandha by Acharya Charaka<sup>[26]</sup> and Acharya Sushruta has kept it among Vatashamaka Gana, hence it is best for promoting strength and alleviating Vata.

### **Rasna (*Pluchea lanceolata*)**

Acharya Charaka has stated Rasna best among all Vata alleviating drugs- 'Rasna Vataharanam'. Due to its Katu Vipaka and Ushna Virya it alleviates Vata. It is helpful in suppressing the inflammation and is also a nervine tonic. So it helps to reduce the inflammation of the nerve involved here.<sup>[27]</sup> As the main pathological cause behind Facial Palsy is inflammation of Facial nerve and the modern system of medicine prescribe steroids for resolving this inflammation, the same purpose can be solved by using Rasna.

### **Ashwagandha (*Withania somnifera*)**

Ashwagandha is a well-known Ayurvedic Rasayana, and belongs to a sub-group of Rasayanas known as Medhya-rasayanas. It slows, stops, reverses or removes neuritic atrophy and synaptic loss so, can be used to treat various neurodegenerative diseases at any stage of the disease.<sup>[28]</sup>

### **Go-Dugdha**

Due to Madhura-rasa, Madhura-vipaka and Sheeta Virya it is Vata-Pitta Shamaka thus can help in suppressing the inflammation of facial nerve and reducing symptoms.

## **DISCUSSION**

Ardita primarily is a Vata disorder. So the treatment should mainly be emphasised on Balya, Brihana drugs which alleviate Vata. Navana Nasya is described to be the best remedy to pacify Vata present in Uttamanga (Supra-clavicular region). Nasya drugs via Srigataka Marma enter brain which is a main vital point corresponding to nerve centres responsible for speech, vision, smell, taste and hearing. Facial Palsy involves disturbances in almost all the sense organs, the Nasya with Ksheerabala oil suppresses nerve inflammation due to its Sheeta property and promotes nerve regeneration and gives strength to muscles due to Balya and Brihana properties of drugs present in it. It precludes wear and tear of nervous and muscular tissues. Nasya preceded by Abhyanga by the same oil also helps in strengthening the facial muscles. Nadi Sweda in the form of Ksheera-dhooma, a fomentation by vapours of the decoction is given to face. This is to stimulate nerve endings and open the micro channels below skin level due to which the Nasya dravya is better absorbed. To potentiate the effect of Swedana, decoction of various Vatashamaka (Vata alleviating) drugs with milk is taken. All the drugs chosen here

are nervine tonic; stimulate nerve endings and also suppress nerve inflammation.

## CONCLUSION

As described in ancient literature, Ardita is Vataja Roga and characterised by weakness and impairment of the half part of the facial muscles along with loss of sensory functions which very much resembles the Facial nerve palsy described in contemporary literature. Ardita is mainly caused by the vitiation of Vata and the management described in this review with Navana Nasya followed by Ksheera-dhooma has significant effect on the symptoms of Ardita by affecting various factors constituting the pathophysiology and alleviating Vata. Also the treatment acts as a nervine potion and stimulant. Hence, there is a vast scope for further research in this context.

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