

A Comparative Study of Anu Taila and Mashadi Taila Nasya on Ardita (Facial Paralysis)

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ABSTRACT : In present time, due to modern life style, anxiety, stress etc. reasons, incidence of Vatavyadhi like Pakshaghata, Ardita etc is increasing. Aggravation of Vata is responsible to cause Ardita. On the basis of its origin and symptoms mentioned in Sushruta Samhita, Ardita can be correlated with facial paralysis or Bell's palsy caused by involvement of VII cranial nerve. According to Acharya Charaka Nasya Karma (Navana Nasya) is the specific treatment of Ardita Roga. Bearing this idea in mind Nasya karma was selected in present study. The present study, patients, were divided into two groups. In one group, Nasya administered with Anu Taila, was taken as control drug and Mashadi Taila (Sha.S.Utt. 8/35-36) was taken as trial drug in second group. Nasya was administered, in a dose of 6 drops in each nostril for 15 days. Cardinal, Associated signs symptoms and also Doshanubandhita Lakshanas were observed before and after the treatment. To assess the voluntary movement present before and after the treatment as per House classification system of facial paralysis was adopted. If necessary and possible, hematological and biochemical investigations were carried out before and after the treatment. In the result; both the drugs were found equally affective but Anu Taila was little more effective. In both groups, 50% patients were completely cured.

Key words : Anu Taila, Mashadi Taila, Nasya, Ardita.

INTRODUCTION

Ardita is one of the Vata Vyadhies which is caused by aggravation of Vata.¹ It has been enlisted amongst the eighty types of Nanatmaja Vata Vyadhies. The vitiation of Vata especially aggravation of Vata causes 'Ardita' as mentioned in almost all Ayurvedic classics. Acharya Charaka has included Sharirardha in Arditas while Sushruta has considered as only face is affected in Ardita.²

Ardita can be co-related with facial paralysis on the basis of its signs and symptoms mentioned in texts. Here, temporary suspension or permanent loss of function, especially loss of sensation or voluntary motion of unilateral side of face is considered. It occurs due to any injury or inflammation to facial -VIIth cranial nerve, this leads to partial or total loss of movement of unilateral face. Actually facial paralysis leads to a disability of interaction by loss of facial expression, which is a major part of human communication. It may recur or leave *synkinesis*. Modern science found drugs like Steroids and Anti virals etc. for it, also surgical and other treatments are available for facial paralysis.³ Yet, its recurrence and *synkinesis* are also reported.⁴

Due to recurrence of Ardita and multitherapeutic indications for it in Ayurvedic classics, the disease was selected to find a measure that could help in restoring quality in life of facial paralysis patients.

Navana, Moordhnitaila, Tarpana etc. Snehana procedures are advised for Ardita according to various Ayurvedic classics. Here the word 'Navana' is used for Nasyakarma. Nasyakarma is one of the five Karmas of Panchakarma therapies. In which nasal route of drug administration is used for the treatment of certain types of disorders. Nose is said the gateway of cranial cavity. And it is also said that all diseases of supraclavicular part can be managed by Nasyakarma.⁵

Only two previous research works regarding this topic have been carried out in this institute. Hence an effort has been made to provide, the easily available and low cost drugs for the treatment. Keeping in view all the particular reasons, the present study had been planned with following aims and objectives.

Aims and Objectives :

1. To study the aetiopathogenesis, symptomatology and progress of Ardita with special reference to facial paralysis as per diagnostic parameters of Ayurveda and modern medical science.
2. To assess the effect of Mashadi tail Nasya in management of Ardita with comparison to Anu Taila Nasya as control group.

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MATERIALS AND METHODS

Selection of Cases : For conducting the clinical study, 20 patients of Ardita were randomly selected from OPD and IPD of Govt. Akhandanand Ayurveda College and Hospital and Govt. Maniben Ayurveda Hospital, Ahmedabad.

Criteria for Selection of Drug : Anu Taila (Cha.Su.5/62-65) has been taken as control group and it has been mentioned in Ardita and in all Urdhvajatrugata Rogas. It has also Tridoshashamaka, Indriyabalakara properties, while Mashadi Taila (Sha.S.Utt. 8/35-36)⁶ has been taken as trial group. It has Vata-Kapha Shamaka, Balya, Brimhaniya properties. Also, the drugs of Mashadi Taila are easily available and low cost compared to Anu Taila, Hence both drugs were selected in this study.

Exclusion criteria : The chief exclusion criteria were intracranial tumour, intracranial hemorrhage, bilateral facial palsy and involvement of ipsilateral or contra lateral hand, leg.

Grouping and Posology :

	Group-A Anu Tail	Group-B Mashadi Tail
Dose	6 drops	6 drops
Route	Nasal	Nasal
Duration	15 Days	15 Days
Follow up	1 month	1 month

Diagnostic Criteria :

An elaborate proforma incorporating all the points of history taking and physical examination mentioned in Ayurved as well as in modern medicine was prepared. The proforma mainly emphasized on Karmatmak and Ayayavatmak changes as well as Gyanendriya, Karmendriya and Manas Pariksha along with CNS examination.⁷

♦ Cardinal symptom :

Vaktrardhavakra : The patient must be invariably having complete or partial loss of voluntary functions of one side of the face to diagnose a case of Ardita.

♦ Associated symptoms :

Vaksanga, Netravikriti, Grivachibukadantanam Parshve Vedana, Grivaapavartanam, Chala Shira, Lalasrava, Kampa, Sphurana, Hanugraha, Osthashotha, Shoola, Asyapitata, Jvara, Trishna, Murchha, Dhupanam, Ganda-Shiro-Manyas Shophas, Stambha.

Criteria For Assessment :

Assessment was done on the basis of scoring of cardinal sign, Associated and observed symptoms and Doshanubandhita Lakshanas. Scoring pattern was developed according to severity of symptoms and improvement was assessed accordingly.

1. Vaktrardhavakra :

Complete Mukhavakrata	3
Half Mukhavakrata	2
Mild Mukhavakrata	1
Normal	0

2. Vaksanga :

Complete Vaksanga	3
Pronouncing with great efforts	2
Pronouncing with less efforts	1
Normal speech (whistling)	0

3. Netravikriti :

Complete upward rolling of eye	3
Half of the upward rolling of eye	2
Partial upward rolling of eye	1
Normal	0

4. Lalasrava :

Constant (profuse) Lalasrava	3
Intermittent (moderate) Lalasrava	2
Partial (mild) Lalasrava	1
No Lalasrava	0

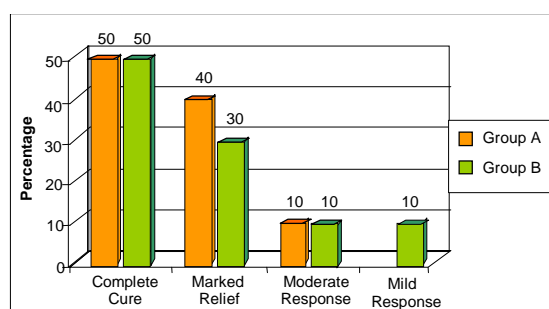
Also to assess the degree of voluntary movement present in order to document the grade of facial paralysis as described in the House classification system.

Assessment of Total Effect :

Assessment	Score
Complete Cure	100%
Marked Relief	> 50%
Moderate response	> 25 to 50%
Mild improvement	< 25%
No response	0%

RESULTS

GRAPH NO. 1 : OVERALL EFFECT OF THERAPY :



In Assessing overall effect of therapy, it was seen that in group A out of 10 patients 50% patients had complete cure, 40% patients had marked relief, and 10% had moderate response. In group B, out of 10 patients 50% patients had complete cure, 30% had marked relief, 10% patients had moderate response and 10% patients had mild response.

So it is well observed that both the groups are equally effective, but Anu Taila is little more effective than Mashadi Taila.

DISCUSSION

Almost all the patients in both groups appeared with signs and symptoms of Arditā. Both the drugs were found significant in relieving the symptoms.

Effect on Vaksang : The result obtained in Vaksanga after statistical analysis shows that 70% improvement in both Groups. Statistically significant result was obtained in both groups on Vaksanga. The Nasya karma is indicated in Vakgraha, Gadgadātva etc. Anu Taila have Indriyabalakara and Tridosahara properties and Mashadi Taila also have Vata Shamaka, Kapha Shamaka, Swarya etc. properties.

Effect on Netravikriti : Patients of Gr. A showed 68.75% improvements, whereas in Gr.B 86.66% relief was recorded on Netravikriti. In Netravikriti, the result was highly significant in both groups. Nasya by Mashadi Taila possess mainly Vata Shamaka properties, which relieves Vata Sanga specially the Gati of Vyana Vayu. Nimesha-Unmesha is function of eyes, is the hampered due to Chala Guna of aggravated Vata, and is relieved by Sthira Guna of Taila.

Effect on Vaktrardhavakrata : The relief observed in Gr.A was 62.5% whereas in Gr.B relief

obtained was 56.25%. Statistically highly significant result was obtained in Gr.B, while significant result was seen in Gr.A. According to Ayurveda point of view, Vaktrardhavakra is occurring due to aggravation of Chala Guna of Vata, which is responsible for 'Anavasthitatva'. Nasya due to its therapeutic effect as well as pharmacological effect of Anu Taila helps to combat it by its Shodhana as well as Snehana properties. Anu Taila has also Anti inflammatory, Anti viral properties. The relief in the Mukhardha Vakrata may be due to the decreased inflammatory response by relieving compression and ischaemia of the nerve in the narrowest part of the fallopian canal, which is the collective effect of Nasya.

Effect on Lalasrava : In both Groups effect was obtained same 77.77% relief on Lalasrava. Statistically significant result was found in both groups. Here, dribbling of saliva is though due to dropping of corner of mouth. It may be improved as affected side of mouth restores its normal position. This Asthiratva may be normalized as the effect of aggravated vata, especially, 'Chala' Guna alleviated by Anu Taila and Mashadi Taila Nasya karma.

Mode of action : The drugs Masha, Atmagupta, etc. have Guru, Snigdha Guna; Ushna Veerya; Balya, Brimhaniya, Vata-Kapha Shamaka properties. So it provides very good effect on aggravated Vata in the form of Nasya Karma.

CONCLUSION

Mashadi Taila Nasya is equally effective to Anu Taila, if it is administered with internal use of Shamana medicine, will give better results in short duration.

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हिन्दी सारांश

अणुतैल और माषादितैल नस्य का अर्दित पर तुलनात्मक अध्ययन

कृष्णा एच. थानकी, नयन पी. जोशी एवं नीता बी. शाह

वर्तमान समय में आधुनिक जीवनशैली, चिन्ता एवं तनाव इत्यादि के कारण वातव्याधि जैसे कि पक्षाघात, अर्दित आदि में वृद्धि हो रही है। वात वृद्धि अर्दित का एक कारण है। सुश्रुत संहिता में इस रोग की मूल उत्पत्ति एवं चिह्नों की जानकारी दी है। उसके आधार पर अर्दित का संबंध फेसीयल पैरेलिसिस या बेल्सपाल्सी से हो सकता है। जो कि सातवीं कपालीय चेतना वाहिनी में अंतर्निहित है। आचार्य चरक के अनुसार नस्यकर्म (नावन नस्य) अर्दित रोग की खास चिकित्सा है। इसी विचार को ध्यान में रखकर नस्यकर्म का इस अध्ययन में चयन किया गया। इस अभ्यास में रूग्णों को दो समूहों में बांटा गया। एक समूह (नियंत्रण समूह) में अणुतैल द्वारा नस्य का प्रयोग किया गया जबकि दूसरे समूह (परीक्षण समूह) में माषादि तैल (शा. सं. उ. ८/३६-३८) का प्रयोग किया गया। नस्य के लिए प्रत्येक नथुने में ६ बूंदों की मात्रा १५ दिन के लिए दी गई। इस चिकित्सा के पहले एवं बाद में इस बीमारी से संबंधित मूलभूत लक्षण के साथ ही दोषानुबंधित लक्षणों का अवलोकन किया गया। मुख की ऐच्छिक मांसपेशियों की चेष्टाओं का फेसीयल पैरेलिसिस की हाऊस क्लासिफिकेशन सिस्टम के आधार पर चिकित्सा से पहले और बाद में अवलोकन किया गया। आवश्यकता होने पर चिकित्सा के पूर्व एवं बाद में रक्त एवं जैवरासायनिक जाँच की गई। परिणाम स्वरूप दोनों ही औषधियाँ समान रूप से परिणामकारक सिद्ध हुईं। दोनों ही ग्रुप में ५०-५० प्रतिशत रोगियों को पूर्ण रूप से लाभ हुआ।

