



Department :- Ayurved Samhita &
Siddhant

Topic :- Ardita Vata & It's Management

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Parichaya

अर्धे तस्मिन् मुखार्धे वा केवले स्यात्तद्विदितम्। {C. Ch. S- 28/42}

- ✓ **Ardita** is a disease in which there is a deviation or crookedness leading to deformity of one side of the face alone or along with one side of the body.
- ✓ **Acharya Charaka** has explained the involvement of both the face and one side of the body under the description of Ardita roga.
- ✓ But the reference and explanation given by **Acharya Sushruta** points out only the involvement of face which can be co-related with **facial**

Paribhasha

- ✓ ***Charaka***:- It is localized in half of the face with or without the involvement of the body.
- ✓ ***Sushruta***:- The *Vata* vitiated gets localised in the half of the face (mouth and other regions of the head).
- ✓ ***Vagbhata***:- Half of the face is getting distorted along with or without the involvement of half of the body.
- ✓ ***Arunadatta***:- It is the disease of the body mostly affecting half of the face

Bheda

Ardita vata

Vataja

Pittaja

Kaphaja

Nidana

गर्भिणी सूतिका बाल वृद्ध क्षीणेष्वसृक्क्षये ।

उच्चैर्व्याहरतोऽत्यर्थं खादतः कठिनानि वा ॥

हसतो जृम्भतो भाराद्विषमाच्छयनादपि ॥ (Su.Ni-1/68)

✓ Pregnant Women

✓ Post delivery period

✓ Children

✓ Aged Persons

✓ Weak and Emaciated persons

✓ Excessive yawning, laughing

✓ Eating hard foods stuff

✓ Excessive Laughing

✓ Carrying heavy loads on head

✓ Sleeping in uncomfortable postures

Physical Factors	Physiological Factors	Pathological Factors	Psychological Factors	Dietic Factors
<ol style="list-style-type: none"> 1. Lifting heavy loads on the head 2. Excessive eating of Hard food stuff 3. Sleeping and sitting in uneven postures. 4. Over exercise 5. Seetapa sevana 6. Ratri jagarana 7. Cold bath 8. Injuries 	<ol style="list-style-type: none"> 1. Dhatu Kshaya 2. Vyavayi 3. Excessive and continues laugh 4. Talking or speaking loudly 5. Yawning 6. Sneezing 	<ol style="list-style-type: none"> 1. Asamyak prasooti 2. Sutika dosa 3. Pakshaghata 4. Rohini 5. Viral Infections 6. Middle-ear diseases 7. Visarpi (Herpes zoster) 	<ol style="list-style-type: none"> 1. Fear 2. Grief 3. Non-Fulfilment of desires. 	<ol style="list-style-type: none"> 1. Excessive intake of Laghu, Ruksha, Sheetala Ahara 2. Tikta,Katu, Kasaya rasa dravya. 3. Anashana 4. Vishamasana 5. Adhyasana 6. Shuska Mamsa 7. Vatakaraka dravya sevana

Samprapti

शिरोनासीष्ठचिबुकललाटेक्षणसन्धिगः।

अर्दयत्यनिलो वक्त्रमर्दितं जनयत्यतः। {सुश्रुत निदानम् १}

Nidana Sevana

Vaata prakopa

Sthana samshraya in Ardha mukha bhaaga

Mukhardha vikriti

Vyaktavastha

Samprapti Ghataka

- ✓ **Dosa:** Vata dominate tridosa
- ✓ **Dushya:** Rasa, rakta, mamsa, sira
- ✓ **Srotas:** Rasa, rakta, vata baha srota
- ✓ **Srotadusti :** Sanga, vimargagamana
- ✓ **Adhithana :** Mukhardha
- ✓ **Agni Sthiti :-** Visamagni

Purvaroopa

- ✓ Appearance of Horripilations.
 - ✓ Tremors localised or generalised.
 - ✓ Excessive lacrimation and turbidity of Eyes.
 - ✓ Numbness
 - ✓ Pricking pain
 - ✓ Stiffness in the sides of the neck
 - ✓ Stiffness in the lower jaw
- (S. Nig. 1/72)

Lakshyana (Roopa)

- ✓ Mukha vakrata
- ✓ Greeva vakrata
- ✓ Sira kampa
- ✓ Vak sanga
- ✓ Netra and BrooStabdata
- ✓ Greeva, chibuka and
- ✓ Mukha parshwa pida
- ✓ Nasa Vakrata (while eating)
- ✓ Inability of chewing through the affected side
- ✓ Danta chalana
- ✓ Karna shula

Roopa According to Dosas

Vataja

- Lala srava
- Byatha
- Kampa
- Hanugraha
- Vakgraha
- Sotha and shula in otha

Pittaja

- Jwara
- Trishna
- Moorcha
- Daha

Kaphaja

- Sotha in shira, manya, ganda(neck)
- Sthambha

Sadhyasadhyata

According to **Acharya Sushruta** : Asadhya Lakshyana

- 1) Ksheena- weak person
- 2) Inability to close eyes
- 3) Disturbed speech
- 4) Excessive nasal secretions
- 5) Excessive tear drops

Chikitsa Sidhanta

According to **Charaka & Sushrutha**.

- ✓ Nasya
- ✓ Nadi swedana
- ✓ Upanaha
- ✓ Sirovasti

According to **Vagabhata**

- ✓ Nasya
- ✓ Karna poorana
- ✓ Akshi tarpana
- ✓ Vaman
- ✓ Sirabedana

Chikitsa

A formula of kshira taila is also given and indicated for

- ✓ Pana,
- ✓ Abhyanga, etc.
- ✓ Akshitarpanam by kshirsarpi is also suggested

(Su. Chi. 5/22)(28)

As per **Charaka**:

Tailas:-For Nasya

- ✓ Anu taila
- ✓ Shad bindu taila
- ✓ Ksheera bala tailam
- ✓ Bhunaga tailam
- ✓ Maharaja prasarini tailam

Murdha taila over head

- ✓ Abhyanga
- ✓ Seka
- ✓ Pichu
- ✓ Siro-vasthi

are also suggested .

Some Medications

Raso/Pisti

- ✓ Rasosindura
- ✓ Rasorajarasa
- ✓ Samirapannaga rasa
- ✓ Pravala pisti
- ✓ Ekangavira rasa

Kwatha/ Kasay

- ✓ Rasnadasamula kwatha
- ✓ Masabaladi kwatha

Guggulu

- ✓ Yogaraj guggulu
- ✓ Vatari guggulu
- ✓ Mahayogaraj guggulu
- ✓ Tryodasanga guggulu

Taila

- ✓ Anu taila
- ✓ Shadvindu taila
- ✓ Masha taila

Some single drugs

✓ Lasuna

✓ Nirgundi

✓ Eranda

✓ Labanga

✓ Sarshpa

✓ Rashna

✓ Aswagandha

✓ Vacha

✓ Guggul

✓ Brahmi

✓ Hingu

Pathya

Ahara

- ✓ Milk boiled with Pancamula,
- ✓ Juice of sour fruits
- ✓ Soups of meat & corn.
- ✓ Fatty & salty foods.

Vihara

- ✓ Pouring liquids on the body containing leaves of Kumkuma, Agarū, Kusta, Ela, Tagara body covered with Silk, wool, cotton.
- ✓ Residing in places with mild breeze and sunlight.

Apathya

Ahara

- ✓ Gram, Peas, Nirvaara, Kuruvinda
- ✓ varieties of Paddy
- ✓ Flour obtained from kodruva and Syama grains.
- ✓ Cold water
- ✓ All vata karaka ahara

Vihara

- ✓ Worrying
- ✓ Remaining waked up to late night
- ✓ Vomiting
- ✓ Fasting
- ✓ Bathing

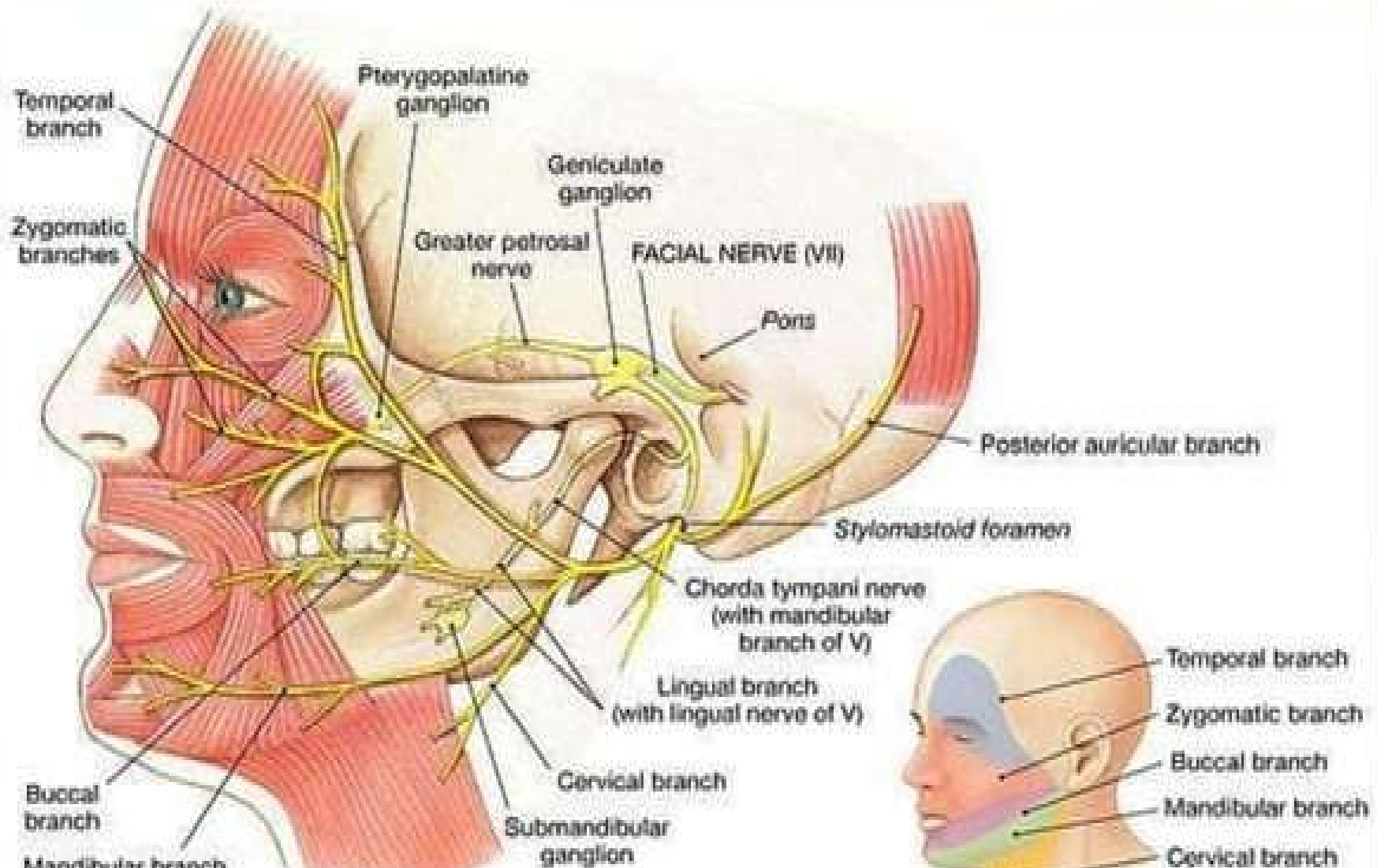


Facial Paralysis

Introduction

- ✓ Face is the mirror of the mind, which conveys the emotions like happiness, sadness, anger, fear and so on..
- ✓ Facial function plays an integral part in our everyday lives
 - Smile, communication, etc.
- ✓ The disability of the communication and facial expressions are hampered in *Facial Paralysis* which is more common in the present day scenario.
- ✓ Facial paralysis is disturbing on many levels
 - Functional

Structure of facial nerve



Function of Facial nerve

Each nerve controls:

- ✓ Eye blinking and closing

- ✓ Facial expressions

 - Smiling and frowning

- ✓ Tear glands

- ✓ Saliva glands

- ✓ Muscle of small bone in middle of ear called the stapes

- ✓ Taste sensations

Definition

- ✓ Paralysis of any structures innervated by facial nerve is known as facial palsy.
- ✓ Bell's palsy is most common form of Facial palsy.

Muscle weakness
on one side
of face



Bell's palsy

- ✓ First described by *Sir Charles Bell*
- ✓ Well known for his studies on the nervous system and the brain.
- ✓ In the 19th century discovered that lesions of the 7th cranial nerve causes facial paralysis.



Incidence and Prevalence

- ✓ Incidence of Bell's palsy is 20 to 30 patients per 100,000 population.
- ✓ The incidence is greater in patients older than 65 year and lower in children younger than age 13 year.
- ✓ The male-to-female ratio for Bell's palsy is approximately equal.

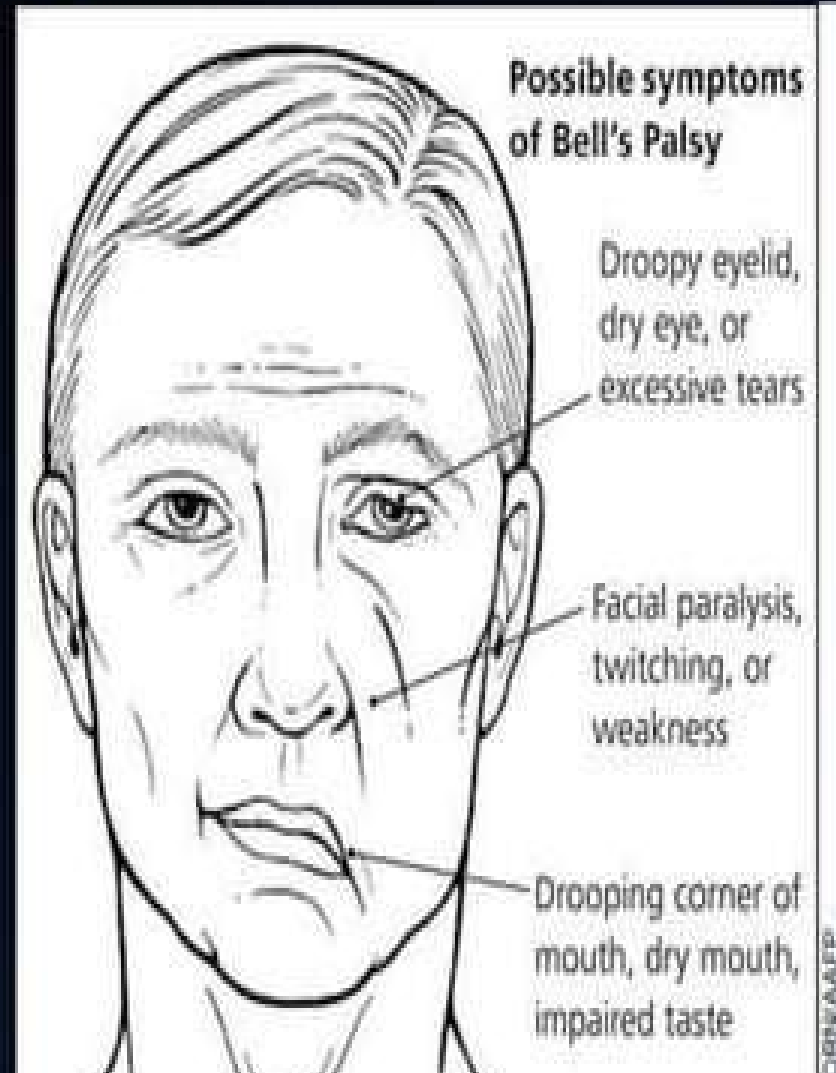
Cause

- ✓ Mostly unknown
- ✓ May be caused by a viral infection
 - Viral meningitis
 - Herpes simplex
- ✓ Influenza
- ✓ Headaches
- ✓ Chronic ear infections
- ✓ High blood pressure
- ✓ Diabetes
- ✓ Sarcoidosis
- ✓ Tumors

Sign & Symptoms

Varies from person to person

- ✓ Comes on suddenly
- ✓ Mild to total paralysis
- ✓ Weakness
- ✓ Muscles twitching
- ✓ Facial and eyelid droop
- ✓ Drooling
- ✓ Dryness of eye or mouth
- ✓ Impairment of taste
- ✓ Excessive tearing of eye



Other Sign & Symptoms

- ✓ Pain or discomfort in jaw and behind the ear
- ✓ Ringing in one or both ears
- ✓ Loss of taste
- ✓ Headache
- ✓ Hypersensitivity to sound
- ✓ Impaired speech
- ✓ Dizziness
- ✓ Difficulty eating and drinking

Classification

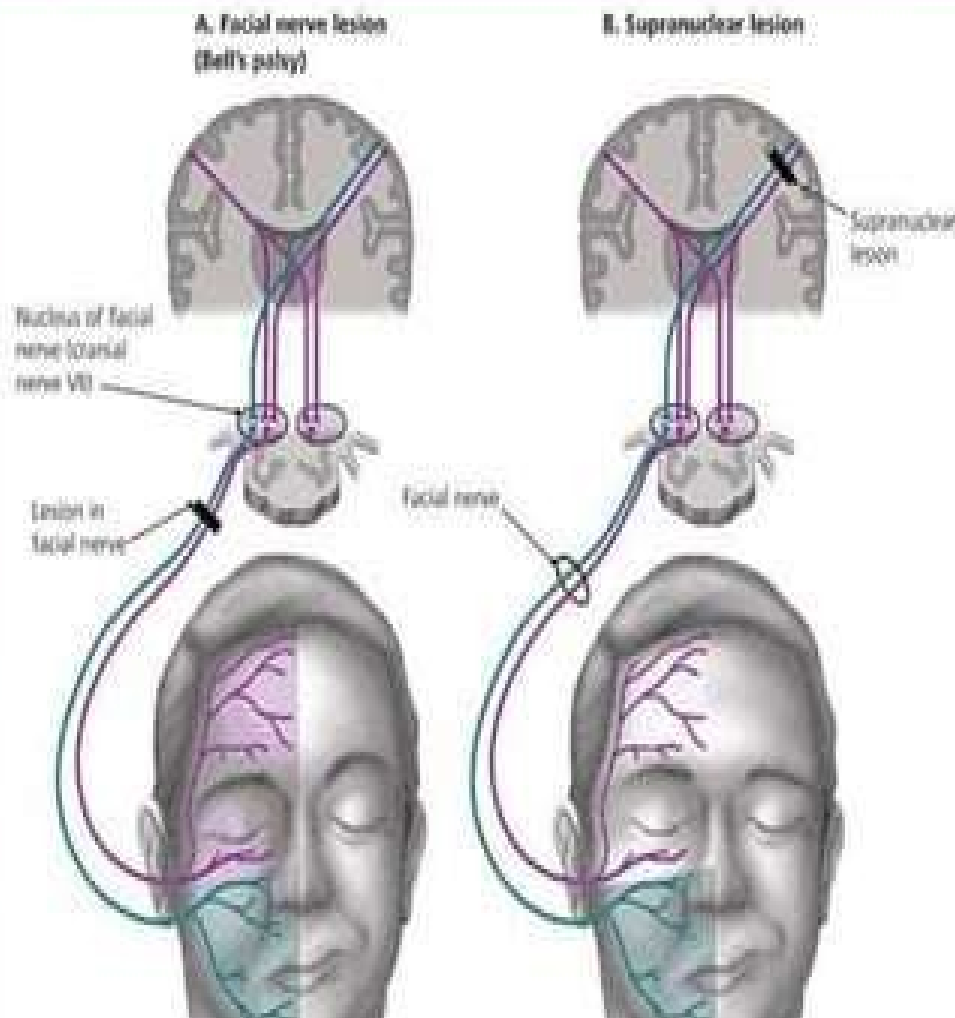
Facial palsy

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graph TD; A[Facial palsy] --> B[Supra nuclear lesions]; A --> C[Infra nuclear lesions];
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Supra nuclear lesions

Infra nuclear lesions

Supra nuclear & Infra nuclear Lesions



✓ The facial motor nucleus have two divisions.

1) Dorsal region

2) Ventral region

✓ Dorsal region contains UMN'S which receives bilateral input from brain.

✓ Ventral region contains LMN'S which receives only contra lateral input.

Difference between UMN&LMN Lesions

UMN Lesions	LMN Lesions
<ul style="list-style-type: none">✓ Only lower 2/3 rd of the facial muscles are affected.✓ lower 2/3 rd. of the face is paralysed.✓ Eye brow's can move normally.	<ul style="list-style-type: none">✓ One side of the face is affected.✓ One side of the face is only paralysed.✓ Eye brow's can't move normally.

Supra nuclear & Infra nuclear Lesions

Supra Nuclear

- ✓ Forehead intact bilaterally
- ✓ Facial nerve decompression
- ✓ Hemiplegia on side of facial palsy
- ✓ Reflexes intact
- ✓ Tone maintained
- ✓ Drooping corner of mouth
- ✓ Slight flattening of nasolabial fold.

Infra Nuclear Lesions

- ✓ Total facial palsy
- ✓ No Facial nerve decompression
- ✓ No hemiplegia
- ✓ No reflexes
- ✓ Flaccid
- ✓ Not an isolated finding
- ✓ Not an isolated finding
- ✓ Muscle atrophy / fasciculations

Types acc. to location of Lesions

Different types of facial palsy according to the point at which the nerve is affected.

- ✓ Lesion in **cortico bulbar tract**
- ✓ Lesion in **pons**
- ✓ Lesion in **cerebello-pontine angle**
- ✓ Lesion in **geniculate ganglion**
- ✓ Lesion in **stapedius**
- ✓ Lesion in **chorda tympani**

Pathophysiology

- ✓ Main cause of *Bell's palsy* is *latent herpes viruses* (herpes simplex virus type 1 and herpes zoster virus), which are *reactivated* from cranial nerve ganglia
- ✓ Edema of nerve within inelastic fallopian canal
- ✓ Recovery begins by 3 weeks, full recovery by 6months
- ✓ Most important prognostic factor is whether the paralysis is incomplete or complete.

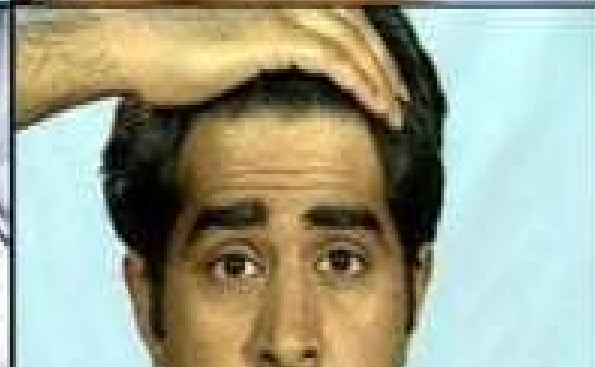
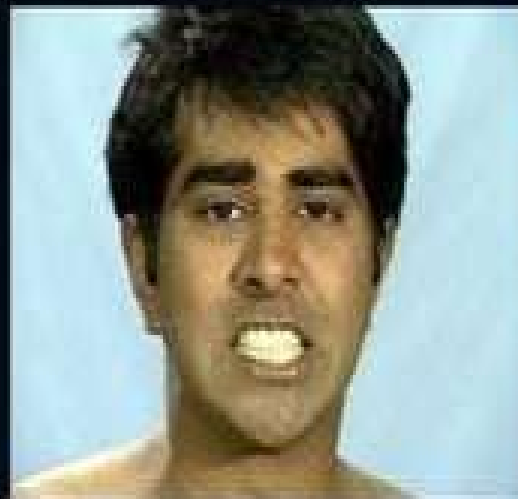
Difference

FACIAL PALSY	BELL'S PALSY
<ul style="list-style-type: none">✓ Cause can be known (infection, trauma, tumour).✓ Permanent(lasts for years to life).✓ Need surgical treatment.✓ Site of affection depends upon UMN & LMN Lesions.	<ul style="list-style-type: none">✓ It is idiopathic(may develop suddenly).✓ Temporary(permanent cure with in 3 months in 90% of cases).✓ Without treatment or surgery regains facial function.✓ It is mainly due to LMN Lesions.

Diagnosis

Physical Test

- ✓ Ask the patient to show his teeth.
- ✓ Ask the patient to puff his cheeks.
- ✓ Ask the patient to close his eyes against resistance.
- ✓ Ask the patient to lift his eyebrows.



Diagnosis

Investigation

There are no specific lab tests to confirm diagnosis

- ✓ ESR for inflammation
- ✓ Blood sugar levels for diabetes
- ✓ Electromyography for nerve damage & determine severity

✓ MRI & CT scan to determine extent

Treatment

- ✓ Treatment oriented towards the cause.
- ✓ Steroid and antiviral drugs are quite effective in Bell's palsy.
- ✓ Physical therapy may also strengthen the muscles and prevent permanent damage.
- ✓ Eye care: Patients should use artificial tears throughout the day and apply a lubricant at night.
- ✓ In late stage- Cosmetic surgery can be very helpful in improving



Thank you