

The Ayurvedic Management For Ardhitha In 5 Years Old Child

Om sai Srujana^a, N Gouthami^b, Hiremath Sangamesh^c

a. Internee Shree Jagadguru Gavisiddheshwara *Ayurveda* medical college, koppal,
Karnataka.India 583231

b. Internee Shree Jagadguru Gavisiddheshwara *Ayurveda* medical college, koppal,
Karnataka.India 583231

c. Associate professor Dept shalya tantra Shree Jagadguru Gavisiddheshwara *Ayurveda*
medical college, koppal, Karnataka.India 583231

ABSTRACT:

Bell's palsy is most common form of facial paralysis which is commonly resulting in mouth deviation and improper closure of eyelid⁽¹⁾. In *Ayurveda* bell's palsy can be correlated with *Ardhitha* which can be treated by the *Nasya karma*, *Mukha abhyanga* and *oral medications*⁽²⁾. By this we can say *ayurvedic* treatment modalities are utilized according to presentation of disease.

KEY WORDS: Bell's palsy, *Ardhitha*, *Rasarajaras*, *Mukha abhyanga*, Facial exercise

INTRODUCTION: Bell's palsy⁽³⁾ is commonly associated with presence of herpes simplex virus. The onset of bell's palsy is fairly abrupt maximal weakness being attained by 48hrs and pain behind the ear may preside the paralysis within two days, MRI reveal swelling & uniform enhancement of geniculate ganglion & facial nerve⁽⁴⁾. We can find particular reference in *Ayurveda* regarding bell's palsy which can be correlated to *arditha* but *Acharya charaka* has explained this under *vatavyadhi chikistha*, as he say it occur mainly because of vitiation of *vatadosha*⁽⁵⁾

CASE REPORT: A 5 year old female patient came OPD no:112408 at SJGAMC hospital, koppal, Karnataka. Patient complains deviation of mouth towards right side and improper closure of eyelid in left side and patient complain history from 4 days, so for further treatment, she approached to our hospital. We examined thoroughly before planning the treatment and on examination we observed the presence of bell's phenomenon. By considering the features as *arditha*, we had planned treatment as oral medication and *mukha abhyanga* and facial exercise.

By considering the clinical features as *arditha* we planned for *oral medication* followed by *mukha abhyanga* and facial exercise

DURATION	DRUG USED	ACTION
1 st day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
2 nd day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
3 rd day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
4 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
5 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
6 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
7 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
8 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
9 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy
10 th day	<i>Rasa raja ras(BD)</i> <i>Mukha abhyanga with KBT</i> Facial exercise	Anti inflammatory action Strength the muscles Bring back to normalcy

After the treatment procedure we advised the patient to follow up after 10 days and asked patient to apply *Mukha abhyanga* as *Shamana Oushadi* for 15days and advised follow up after 1month.

RESULT: After treatment and regular follow up we observed complete cure in symptoms.

DISCUSSION: The whole treatment procedure was planned according signs and symptoms & pathological changes. We started treatment for 10 days with *Rasa rajaras* (6), and *mukha abhyanga* with *ksheerabala taila* and facial exercises like blowing air in ballone, chewing baboolgum and regular movement of facial muscles.

CONCLUSION: The *ayurvedic* management by internal medication and external facial massage and exercises for about 20 days, which gave good results and patient, is asked for follow up regularly for about 6 months and there was no any existence of reoccurrence again. The conservative treatment, diet restriction and lifestyle modification made patient satisfied.



Before treatment

During treatment

After treatment

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