



Research Article

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF PANASA PATRA SWEDA AS POORVA KARMA FOR NASYA IN ARDITA W.S.R TO FACIAL PALSY

Seetharamu M. S^{1*}, Kiran M Goud², Shreyas D M³

*¹PG Scholar, ²Professor and Principal, ³Assistant Professor, Department of Panchakarma, SKAMCH&RC, Bangalore, Karnataka, India.

ABSTRACT

Arditha is explained as one among the *Vatananathmaja vyadhi* by Acharya Charaka. Acharya Sushruta has considered as only *Mukha ardha* while Acharya Charaka has included *Sharira ardha* in *Arditha*. Facial nerve paralysis is the condition which presents with the deviation of half of the face and associated with the impairment of motor and sensory functions of the affected side of the face. Facial paralysis can be placed under the wide spectrum of *Arditha vyadhi*. In recent years, life time prevalence is about 6.4 to 20 per 1000, which increases with age, and predominantly seen in females. Contemporary science adopts the treatment wherein chances of reoccurrence are possible. Both Acharya Charaka and Sushruta, mentioned *Nasya* and *Swedana* as the prime line of treatment modalities in *Arditha*. Aims and objectives of the present study is to evaluate the efficacy of *Panasa patra sweda* followed by *Nasya karma* in *Arditha*. 10 patients fulfilling the inclusion and exclusion criteria were selected for *Panasa patra sweda* as *Poorva karma* and *Nasya* for 7 days with *Ksheera bala taila* 101. It was observed that maximum patient in the study given statistically significant relief in almost all parameters. The results of the present clinical study has given ($p < 0.001$) which shown statistically highly significant.

KEYWORDS: *Nasya karma*, *Arditha*, Facial paralysis, *Panasa patra sweda*.

INTRODUCTION

Facial nerve paralysis is a common problem that involves the paralysis of any structures innervated by the facial nerve. It is an acute, apparently isolated, lower motor neuron palsy for which no cause can be found. Symptoms includes loss of taste, hyperacusis, incomplete eye lid closure, watering of eyes, sweating less on affected side^[1]. Facial paralysis is due to the lesion of the pyramidal tract between the cortex and the middle of pons (UMN paralysis) and nucleus and the seventh cranial nerve (LMN paralysis). Causes include 1) upper motor neuron lesions - cerebro-vascular accidents, Trauma, Cerebral tumors 2) lower motor neuron lesions-Otitis media, herpes zoster, head injury, GB syndrome. The present line of treatment in the contemporary field of science involves the administration of cortico steroids, Anti viral medications, surgical and local treatment of muscles^[2], yet reoccurrence and synkinesis are reported, hence an effective, safe, treatment is required for the better management of facial paralysis. Signs and symptoms of facial paralysis relate to that of *Arditha*, which is caused by aggravation of *Vata*, it has been enlisted among *Vata nanatmaja vyadhi*.^[3] Acharya Charaka has included *Sharira ardha* in *Arditha*.^[4] While Sushruta has considered as only face is

affected in *Arditha*.^[5] In Ayurvedic classics treatment available for *Arditha* is *Upanaha*, *Nadi sweda*, *Navana Nasya*.^[6] Keeping this in view a study conducted on 10 cases of *Arditha* {facial paralysis} from OPD and IPD of SKAMCH&RC, Bengaluru and treated with *Panasa patra sweda* followed by *Nasya karma*.

Incidence

Annual incidence of this idiopathic disorder is 25 per 100,000 annually, or about 1 in 60 persons in a life time.^[7]

Objectives

- To evaluate the efficacy of *Panasa patra sweda* followed by *Nasya karma* in *Arditha*.

MATERIALS AND METHODS

The patients were selected from the OPD and IPD of SKAMCH&RC after considering the Inclusion and Exclusion criteria. Then they were selected on the basis of clinical examination, signs and symptoms in a single group and treatment was adopted. Totally 10 patients were registered for the study and Assessment of results was done by considering the subjective and objective parameters pre and post treatment. Then it was compared for assessments and results. All the results were analysed statistically for 'P' Value using paired t-test.

Inclusion Criteria

- Patient presenting with signs and symptoms of *Ardita* is selected.
- Patient between the age group of 20-60 years, irrespective of religion, sex, socioeconomic status, occupation are included for the study.

Exclusion Criteria

- Patient of age <20 years and > 60 years.
- Patient suffering from intra cranial tumour, intracranial haemorrhage, involvement of ipsilateral or contra lateral hand and leg.

Diagnostic criteria

- Signs and symptoms of *Arditha*
- Signs and symptoms of facial paralysis.

Study Design

- A clinical study of *Panasa patra sweda* as *Poorvakarma* for *Nasya* in the management of *Ardita* where in Pre-test and Post- test design was done.
- 10 patients of *Ardita* (facial paralysis) who fulfilled the inclusion criteria were selected.

ASSESSMENT PARAMETERS

Subjective parameters

1. *Mukhardha vakratha*
2. *Vaksanga*
3. *Ekakshi nimeelana*
4. *Netravikriti*

Intervention

- *Purva karma- Sthanika abhyanga* with *Moorchitha tila taila* followed by *Panasa patra sweda*.
- *Pradhana karma- Nasya karma* with *Ksheera bala 101* in the dosage of 8 drops in each nostril for a period of 7 consecutive days.
- *Paschat karma- Kavalagraha* with *Sukoshna jala* and *Dhoomapana* with *Haridra* was given.

Time of Administration- *Prakbhakta* (morning) before Breakfast.

Procedure

Poorva karma

Mukha abhyanga with *Moorchitha tila taila* followed by *Panasa patra sweda*.

Procedure for *Panasa Patra sweda*

Panasa patra sweda comes under *Snigdha ushma sweda*.

Materials required for one day

Panasa patra – 10-12

Moorchitha tila taila - 50ml.

After *Sthanika abhyanga* with *Moorchitha tila taila*, 4-5 leaves of *Panasa* is taken and heated in a pan which is smeared with *Moorcitha tila taila*, when the leaves becomes relatively hot it has to be tapped to the face. This has to be repeated for minimum of 20 mins.

Procedure for *Nasya*: Patient was asked to lie in supine position, proper *Mukha Abhyanga* was done with *Murchita Taila* to face followed by *Panasa patra sweda*. After that patient is asked for *Nasya* position (*Kinchita pralambita shirasa*) and *Ksheerabala taila 101*^[8] which was indirectly heated in warm water made luke warm and instilled with *Shukti* 8 drops to each nostrils. Asked to remain in same position for 10 mins, and instructed not to swallow the *Taila* and spit out if comes to throat region. Patients are asked to follow the regimens needful after *Nasya* such as keeping warm, not to take head bath, staying warmth, not having cold items.

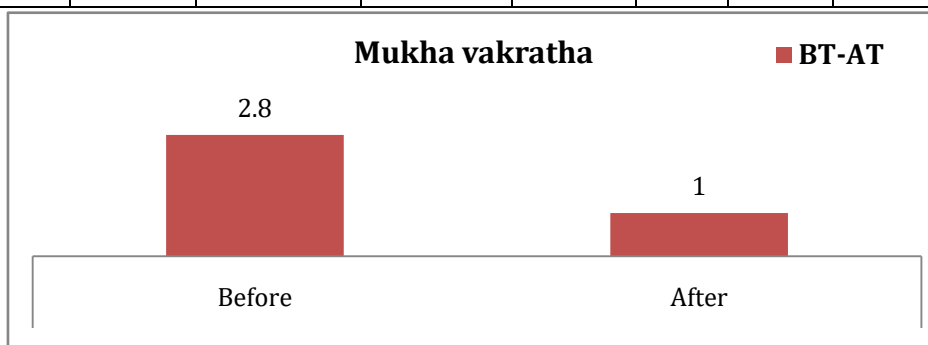
Paschat Karma- *Kavalagraha* with *Sukoshna jala* and *Dhoomapana* with *Haridra* will be done.

OBSERVATION AND RESULTS

In this study 10 patients fulfilling the inclusion criteria were registered. All the patients were examined before and after the treatment. Changes were recorded.

Table 1: Showing effect of the treatment on *Mukha vakratha*

<i>Mukha vakratha</i>	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	2.8	1	1.8	0.48	0.15	10.66	<0.005	HS

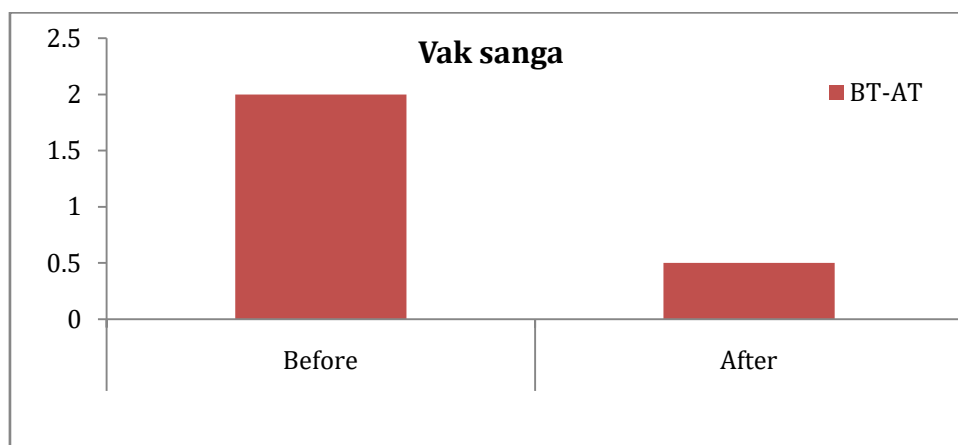


Out of 10 patients exhibiting the features of *Mukha vakratha*, 2 patients completely recovered and 8 patients showed mild *Mukhavakratha*. Which showed highly significant, due to the *Swedana* affect it acts upon *Sthamba*, and it showed highly significant result.

Table 2: Showing Effect of the treatment on *Vak sanga*

	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	2	0.5	1.5	0.72	0.37	6.25	<0.05	HS

Graph 2:

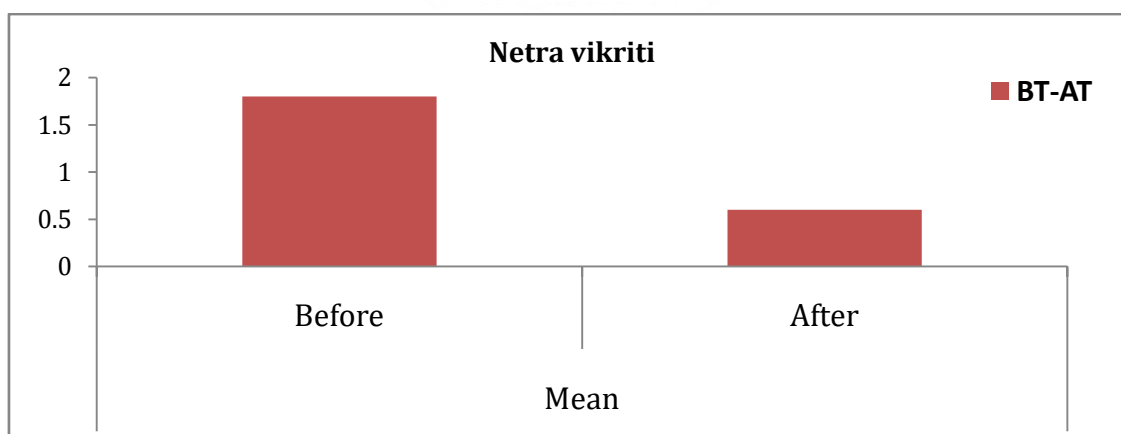


Out of 10 patients 6 patients completely recovered from *Vaksanga*, remaining 4 patients showed significant result. In *Nasya* therapy medicated oil is administered in nostrils, these medicines reaches to *Shringataka marma* and spreads into all *Srotas* (vessels, nerves) and eliminates the vitiated *Dosha*. *Nasya* nourishes nervous system by vascular pathway.

Table 3: Showing Effect of the treatment on *Netra vikriti*

	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.8	0.6	1.2	0.41	0.05	24	<0.05	HS

Graph: 3

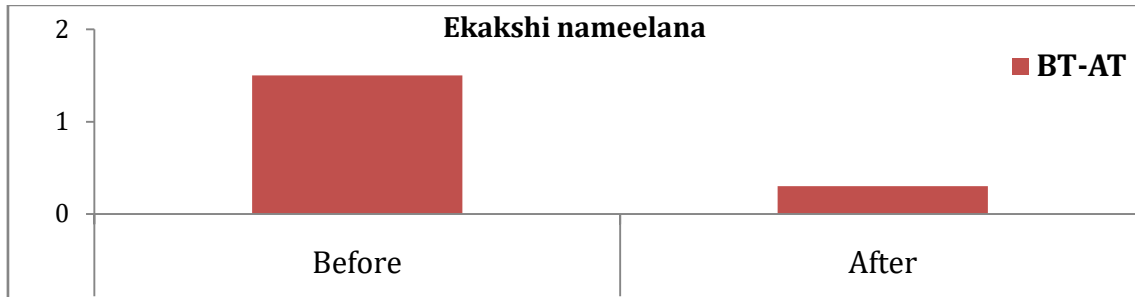


Out of 10 patients 4 patients completely recovered from *Netra vikriti*, remaining 6 patients showed highly significant result. *Nasya karma* which is treated for *Urdhwajatrugata vikara*, does the *Samprapti vighatana* of *Dosha* and *Doshya* thereby relieving *Netra vikriti*.

Table 4: Showing Effect of the treatment on *Ekakshi nameelana*

	Mean		Mean diff.	Paired test				
	Before	After		S.D	S.E	't'	p	Re
BT-AT	1.5	0.3	1.2	0.79	0.26	4.61	<0.05	HS

Graph: 4



Out of 10 patients 6 patients completely recovered from *Vaksanga*, remaining 4 patients showed highly significant result. *Panasa patra* which is *Snigdha*, *Madhura* and *Brihmana* alleviates *Vata* and removes the *Sthamba* and helps in the movement of eyes. *Navana nasya* due to its *Snehana* property alleviates *Vatadi disha* hence, bringing down in the symptoms of *Ekakshi nameelana*.

DISCUSSION

Arditha is one among the *Vata nanatmaja vyadhi* explained by Charaka acharya and the treatment should be employed by using *Brimahana* and *Balya* drugs which alleviates *Vata*. Acharya Charaka emphasized *Swedana* and *Nasya* in *Chikitsa sutra of Arditha*. Facial Palsy involves disturbances in almost all the sense organs, the *Nasya karma* with *Ksheerabala thaila* 101 suppresses nerve inflammation and promotes nerve regeneration and gives strength to muscles due to *Balya* and *Brimhana* properties of drugs present in it. The *Nasya dravya* medicine acts at *Sringataka marma* from where it spreads into various *Srotas* and brings out all vitiated *Doshas* from *Urdhvajugat vikara*. So *Shodhana* in the form of *Nasyakarma* i.e., *Navana nasya* is adopted in this study which has shown highly significant result.

CONCLUSION

Arditha involves the *Dhatu kshayaja samprapthi* in its manifestation. Acharyas have indicated *Snehana*, *Swedana* and *Navana nasya* in its management. Hence in this study *Sthanika abhyanaga* with *Moorchith tila taila*, *Sthanika panasa patra sweda*, *Navana nasya* with *Ksheera Bala* 101 was employed in the study shown highly significant results in all parameters. The treatment employed here acts as *Vata shamana*, alleviation of *Sthabdatha* due to *Ushna guna* of *Swedana*. *Navana nasya* which alleviates the *Vata dosha* due to *Madhura* and *Brihmana* effect and their by disintegrates the *Samprapthi* involved in *Arditha*.

Cite this article as:

Seetharamu M. S, Kiran M Goud, Shreyas D M. A Clinical Study to Evaluate the Efficacy of Panasa Patra Sweda as Poorva Karma for Nasya in Ardita w.s.r to Facial Palsy. International Journal of Ayurveda and Pharma Research. 2018;6(11):58-61.

Source of support: Nil, Conflict of interest: None Declared

REFERENCES

- 1) Golwalla Medicine for Students 24th edition, Aspi F. Golwalla ch-7, p- 381.
- 2) Golwalla Medicine for Students 24th edition, Aspi F. Golwalla ch-7, p- 382.
- 3) Agnivesha, Charaka Samhita, Ayurveda Deepika tika of Chakrapani, Chowkhamba Krishnadas Academy Varanasi, Edition 2010, Sutra Sthana, 20th Chapter, Verse-11, pg no-113.
- 4) Agnivesha, Charaka Samhita, Ayurveda Deepika tika of Chakrapani, Chowkhamba Krishnadas Academy Varanasi, Edition-2010, Chikitsa Sthana, 28th Chapter, Verse-38-42, pg no-618.
- 5) Shushruta; Sushruta Samhita; Nibandha samgraha Commentary of Sri Dalhanacharya and nyaya Chandrika tika of gayadas, Choukambha surabharati prakashan; Varanasi; Reprint-2011, Nidana sthana;1th Chapter;verse-68-72; pg.no:267.
- 6) Agnivesha, Charaka Samhita, Ayurveda Deepika tika of Chakrapani, Chowkhamba Krishnadas Academy Varanasi, Edition - 2010, Chikitsa Sthana, 28th Chapter, Verse-99, pg no-621.
- 7) Harrison's Principle of Internal Medicine 19th edition, Dennis L. Kasper/ Anthony S. Fauci Vol- 2, ch- 455, p- 2647.
- 8) Vagbhatta. Astanga Hridaya. Hari Sadashiva Shastri Paradakara, Shastri Navre KR, editors. 1st ed. Varanasi: Choukhamba Surabharati Prakashan; 2002. Chikitsasthana, 22nd chapter, Verse-42-46, pg no.732.

*Address for correspondence

Dr Seetharamu M. S

PG Scholar, Department of Panchakarma, SKAMCH&RC, Bangalore, Karnataka, India.

Email: dr.seetharamayu@gmail.com

Phone: 9886778081

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.