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Case Series

Title of Article: Action Modality of *Kukkutanda Pinda Sweda* on *Ardita Vyadhi*: Case Series

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ABSTRACT

Ardita is one of the *VataNanatmajVyadhis* described in *Ayurveda*. The *Vatavyadhis* such as *Pakshaghata*, *Gridhrasi*, *Ardita* are increasingly prevalent nowadays. *Ardita* can be correlated with Bell's Palsy, a disease described in Modern medicine, affecting one side of the human face. *Ardita* is a disease-causing *vakrata* of *mukhardha*. *Vagbhat* describes this as '*Ekaayam*'. *Sushruta* mentions the involvement of face only, whereas *Charak* mentions the involvement of *Shirardha*. The present study was done to find the effective *Ayurvedic* management of *Kukkutanda Pinda Sweda (KPS)* on *Ardita Vyadhi*. *Swedana* is a procedure most commonly used as *Purvakarma* before *Panchakarma*. *Swedana* relieves stiffness, heaviness & coldness of the body. *Snigdhapindaswedana* is usually done in *Ardita*, *Greevastambha*, *Hanugraha*, *Avabhahuk*, etc. *Pindaswedana* is based on the principle of *Sankar swedan*. *KPS* was mentioned by *Bhavaprakashin* *VatavyadhiAdhyay*. The present study aims to find the role of *KPS* in *Arditavyadhi* with its mode of action.

Keywords: *Ardita*, Bell's Palsy, *Kukkutand Pind Sweda (KPS)* *Panchakarma*, *Sankara sweda*,

INTRODUCTION

Ardita is one of the *VatananatmajVyadhis* described by *Charak*. *Vata* is responsible for the stimulation of all sense organs in the normal state of the body. But *Vata* in an abnormal state can cause morbidity and mortality. *Ardita* is also considered a "*ShiroRoga*."^[1] *Shiras* (Head) is the *Adhithana* (Base) in this disease. In the opinion of *Charaka*, the disease is localized in one side of the face along with or without the involvement of the rest of the body. While *Sushruta* has considered that only the face is affected. This disease can be correlated with "Bell's palsy". In this condition paralysis of the facial nerve affects the movement of facial muscles and shows similar

symptoms due to inflammation of the facial nerve within its canal above the stylomastoid foramen. *Ardita* is a medical condition that disfigures or distorts the facial appearance causing facial asymmetry and malfunction. *Charak*^[2] elaborated the *Chikitsa* *sutra* of *Ardita* with *Nasyakarma*, *Murdhnitaila*, *Pindswedan*, *Upanaha*, etc.

Pindaswedana is highly effective in a painful condition caused due to *Vatakapadosha*. *Bhavaprakasha*^[3] in *Vatavyadhi* has mentioned *KPS*, a form of *Snigdhaswedana*. *Swedana* is a therapy primarily used for *Agni Mahabhuta*.

In this study, KPS has been adopted in *Ardita* as *Bruhanartha*.

CASE SERIES: This case series included patients who visited *Panchakarma* OPD of ArogyashalaRugnalaya, Nashik, with primary history of weakness of one-half of the face. Cases were evaluated by taking history and physical examination.

Case 1: A 7-year-old female child presented with the complaints of incomplete closure of the right eyelid and left deviation of lips while talking; started in a brief period with unknown cause. Symptoms appeared 15 days before she visited *ArogyashalaRugnalaya*.

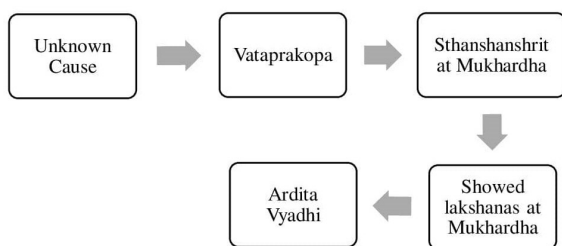


Fig.1-Samprapti of Ardita Vyadhi in Case 1

Case 2: A 8-year-old female child reported right-sided facial weakness, incomplete closure of the right eye; visited *ArogyashalaRugnalaya* 10 days after the first symptom appeared. Symptoms started appearing 2 years after Cochlear implant surgery.

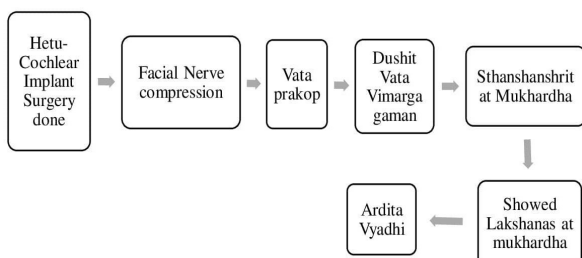


Fig.2-Samprapti of Ardita Vyadhi in Case 2

Case 3: A 10-year-old female child reported left-sided facial weakness. She visited *ArogyashalaRugnalaya* 7 days after the onset of symptoms. The first symptom appeared when she woke up from the bed with a sudden inability to close her left eye. The patient had the habit of wetting her hair while taking bath & immediately heading to school without drying the hair even in the winter season thus exposing her head to extreme cold. *Sheet Vayusevan* became the cause.

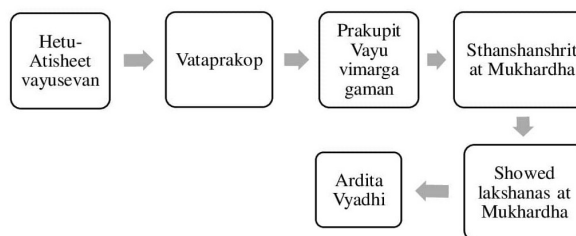


Fig.3- Samprapti of Ardita Vyadhi in Case 3

ArditaVyadhi:

It is the deviation or crookedness of one side of the face leading to deformity of the face alone or along with the one side of the body.

Ardita is among eighty types of *nanatmajavyadhis* described by *Charak*^[5]. It can be correlated with 'Bell's Palsy', leading to partial or total loss of movement of the unilateral face.

Bell's Palsy^[6]

Bell's palsy - defined as the facial paralysis of acute onset presumed to be due to inflammation of the facial nerve within its canal above the stylomastoid foramen. Bell's palsy - most common cause of one-sided facial nerve paralysis (70%). The cause of Bell's palsy is unknown. Risk factors include - Diabetes, recent URTI, Pregnancy. It is also known as acute peripheral facial palsy of unknown cause, can occur at any age. Essentially, Bell's palsy is a diagnosis of exclusion for peripheral facial palsy.

Bell's palsy features:

Usually unilateral, rarely bilateral, pain within the ear or mastoid region or chin, onset issudden or abruptly happens, paralysis of muscles of facial expression, eyelid droops, epiphora, absence of nasolabial fold, taste lost over the ant. 2/3rd of the tongue on the same side, hyperacusis, deafness, and tinnitus.

Degrees of Bell's Paralysis

There is sometimes affected-Only the lower half of the face; One whole side of the face; Both sides of the face.

OBSERVATIONS AND RESULT:

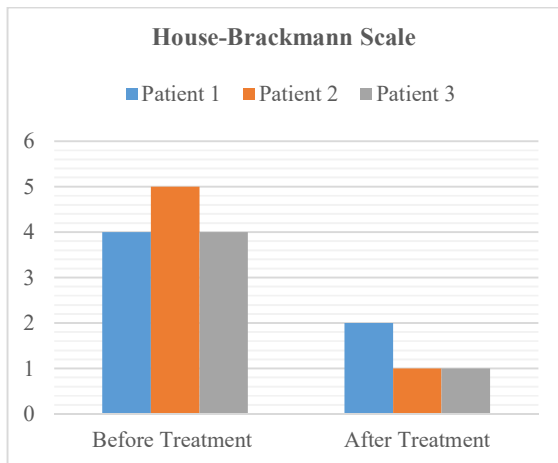
In this case series, for examination of facial nerve deformity, House-Brackmann Scale^[7] has been used with 6 gradings. Treatment of KPS (Table 2) was given for 7 consecutive days and further observation is given in graph1.

Table1: Showing Kukkutand Pind Sweda (KPS) contents 1^[8]

Content	Rasa	Virya	Vipak	Guna	Karma/ Roghaghna
Kukkutanda	Madhura	Ushana	Madhura	Snigdha	Sadyobalakarini, Vataghna
Saindhav	Lavan	Anushana	Madhura	Laghu, Snigdha	Tridoshaghna, Balya, Avidahi
Aajya^[9] / Ghrita	Madhura	Sheeta	Madhura	Sheeta	Vata-Pittahara, Shosha, Kshata-ksheena, Vataroga

Table2: Kukkutand Pind Sweda (KPS) contents 2

Content	Rasa	Virya	Vipak	Guna	Karma/ Roghaghna
Kukkutanda	Madhura	Ushan	Madhura	Snigdha	Sadyobalakarini, Vataghna
TilaTaila	Madhura, Tikta	Ushna	Madhura	Guru, Snigdha	Vatahara, Balya, Vedanasthapak
Haridra	Madhura	Ushna	Katu	Laghu, Ruksha	Shopha, Ruja, Daha, Krumighna
Saindhav	Lavan	Anushana	Madhura	Laghu, Snigdha	Tridoshaghna, Balya, Avidahi
Jambira	Amla	Ushna	Amla	Laghu, Tikshna	Kapha-Vatahara, Krimighna, Vatahara, Pushtiprada, Bruhan


Graph 1: House-Brackmann Scale for Facial Nerve Deformity

From this, it is observed that 1st patient had Grade 4 symptoms before treatment; after treatment, the patient got relieved up to Grade 2 in Fig.4.


Fig. 4 Before Treatment After Treatment

2nd patient had grade5 symptoms before treatment and after treatment, the patient got relieved up to Grade1 in Fig.5.


Fig. 5 Before Treatment After Treatment

The patient had grade 4 symptoms before treatment and after treatment, the patient got relieved upto Grade1 in Fig.6.


Fig. 6 Before Treatment After Treatment

From the above observations, the patient got relief after consecutive 7 days of treatment and the same can be continued for further relief.

DISCUSSION:

Action modality of KPS^[10]: The contents of the *pottali* are shallow fried in oil (taila being the best vatashamak) (Table2), and the *pottali* is slightly dipped in hot oil during the procedure. *Snehana* is achieved by this action of local *abhyanga*. The *pottali* massage helps to improve local circulation.

The *kukkutanda* itself has *brimhana* and *snigdha* guna thus aiding in the *snehanakriya*. These gunas are diametrically opposite to vitiated *Vatadosha*, and thus boost the strength of fibrous tissue and increase joint movement and flexibility by alleviating pain and stiffness caused primarily by *Vatadosha*. *Snehana* strengthens the nerves and provides *snigdha* to alleviate nerve compression (lubrication). *Abhyanga* helps toxins to pass out freely through the skin, softens the skin, decreases spasticity and stiffness in joints and muscles, & has a relaxing effect. Muscle wasting can be avoided over time if done slowly.

The *ushna*, *teekshnaguna* of drugs present in KPS trigger a local increase in temperature by 2–3°C during the

procedure and helps vaso-dilation of the local blood vessels. This vasodilation stimulates the *bhrajak-pitta* in the skin, absorbs nutrients from the *kukkutanda*, and undergoes *paka* as it comes into contact with the skin due to the action of *bhrajakagni* and *rasa dhatwagni*. Other medications encourage the removal of metabolic waste through sweating and circulation. Due to the action of *vyanavayu*, it also contributes to *rasa tarpana* (nourishment of *rasadidhatu*). The method reduces *Shula*, *stambha*, and inflammation of localized tissues by combating the *sheeta*, *laghu*, and *ruksha* properties of *Vatadosha*. ANS, involved in sweat production, provides systemic relief by calming nerve endings through the *snehana* and *swedana*.

KPS's properties can be listed as follows:

Kukkutanda's nourishing include *madhura rasa*, which performs *dhatu-poshana*. *Taila* acts as *balya* & causes *Vatashaman*. It also provides lipid media, aids bioavailability, and ensures the drugs enter the cellular level, eliminating metabolic waste. *Kapha-vilayana* and *chedhana* are performed by *saindhava-lavana*. Its *sukshma-guna* allows drugs to penetrate deeper *srotas* while also calming the *tridosha*.

The egg yolk contains a high amount of vitamin A, D, E, B₁, B₂, B₅, B₆, B₉, and B₁₂. Egg is a major source of choline, has important and varied functions in both cellular maintenance and growth across all phases of life. The skin's dermis has a dense network of blood vessels. The water-soluble drug only penetrates the skin in very small quantities, while other lipid-soluble substances do. Fat-soluble vitamins (A, D, E, and K) are among them. KPS topical application is lipid-soluble, so it easily penetrates the dermis' papillary area. The drug works hereby inhibiting the development of histamine, resulting in an anti-inflammatory effect. The drug will pass up to the dermis' blood vessels through this transdermal route. The medication is continuously released at a regulated rate for the duration of the procedure. For substances that are easily removed from the body, this approach is useful. It also helps with neurotransmission, brain growth, and bone health, preventing *Vata-Vyadhi* and muscle wasting disorders^[11].

In Table1, KPS is mentioned by *Bhavprakash* in *manyastambha*. By the addition of certain drugs in KPS in Table2, it is found that it gives relief in *arditavyadhi* by relieving *shula&stambha* and by improving muscle wasting, atrophy.

CONCLUSION:

KPS does *snehan* with *swedana* which results in *Vata shaman & bruhan*. KPS^[12] helps in *ardita* as *vatakaphaghna* and *shulahara* drugs. *Snehan* along with *swedana* results in *uttarotardhatuposhan* and *dhatuvruddhi* through deep penetration. It pacifies *Vatadosha* and helps to strengthen the *mamsadhatu*, *snayu*, nerves and relieves nerve compression. The raised

temperature of local tissue through KPS causes vasodilatation and deep tissue stimulation. It helps in increasing blood flow, perfusion of tissue and helps in metabolism, absorbing essential nutritive materials and toxins are removed. It acts as a muscle relaxant, *shulahara*, and *stambhahara*.

CONFLICT OF INTEREST:

There is no conflict of interest.

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