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A COMPARATIVE CONCEPTO CLINICAL ANALYSIS ON "ARDITE NAVANAM MURDHNI TAILAMTARPANAMEVA CHA" W.R.T KARPASASTHYADI TAILA

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ABSTRACT:

Ardita is a Vataja Nanatmaja Vikara characterized by unilateral facial deviation, impaired eye closure, speech disturbance and other functional disabilities, closely resembling facial palsy, particularly Bell's palsy. The present study aimed to compare the efficacy of Navana Nasya and Shirobasti using Karpasasthyadi Taila in the management of Ardita. A comparative clinical study was conducted on 40 subjects, randomly allocated into two groups of 20 each. Group A received Navana Nasya and Group B received Shirobasti with Karpasasthyadi Taila for 7 days. Assessments were conducted before and after treatment and after one-month follow-up. Both groups showed statistically significant improvement in clinical parameters. Comparative analysis revealed greater improvement with Navana Nasya, particularly in Mukha Vakrata, Akshi Nimesha Asamarthya, Vak Sanga, Lalasrava and Lalata Vali Nasha. Marked improvement was observed in 40% of Group A compared to 15% of Group B. Thus, Navana Nasya with Karpasasthyadi Taila demonstrated comparatively superior efficacy in Ardita.

Keywords: Ardita, Facial Palsy, Bell's Palsy, Navana Nasya, Shirobasti, Murdhni Taila, Karpasasthyadi Taila, Vata Vyadhi.

INTRODUCTION:

Ayurveda, the ancient science of life, emphasizes the preservation of health and management of disease through the equilibrium of Dosha, Dhatu and Mala. In the present era, altered dietary habits, stress, sleep disturbances and excessive physical and psychological strain contribute to Vata Dosha vitiation and the manifestation of neurological disorders. Ardita is described as a Vataja Nanatmaja Vyadhi, characterized by unilateral facial distortion associated with Mukhavakrata, Vakstambha, Netravikruti, Griva-Chibuka Vedana and impaired facial movements, causing functional, cosmetic and psychological disability. Clinically, it closely resembles facial nerve palsy, particularly Bell's palsy. Ayurveda advocates "Ardite Navanam Murdhni Tailam Tarpanameva Cha", highlighting Navana Nasya, Murdhni Taila and Tarpana in its management. Navana Nasya acts through the nasal route on the Urdhvajatrugata region, while Shirobasti, a form of Murdhni Taila, provides sustained oleation and nourishment to the head region. Karpasasthyadi Taila, described in Sahasrayoga, possesses Vatashamaka, Balya and Brimhana properties and is indicated in neurological disorders. Despite their classical indications, comparative clinical evidence

between Navana Nasya and Shirobasti is limited. Hence, the present study was undertaken to compare their therapeutic efficacy with Karpasasthyadi Taila in Ardita and identify an effective and economical treatment modality.

Aim:
To evaluate and compare the therapeutic effect of Karpasasthyadi Taila administered through Navana Nasya and Shirobasti in the management of Ardita.

Objectives:

1. To study the concept of Ardita as described in the Ayurvedic classics.
2. To evaluate the efficacy of Karpasasthyadi Taila Navana Nasya in the management of Ardita.
3. To evaluate the efficacy of Karpasasthyadi Taila Shirobasti in the management of Ardita.
4. To compare the therapeutic efficacy of Karpasasthyadi Taila Navana Nasya and Karpasasthyadi Taila Shirobasti in the management of Ardita.

METHODOLOGY:

A comparative clinical study was conducted on 40 subjects diagnosed with Ardita, selected from the OPD and IPD of Ayurveda Mahavidyalaya and Hospital, Hubballi, and divided randomly into two groups of 20 each. Group A received Karpasasthyadi Taila Navana Nasya (6–8 drops in each nostril), while Group B received Karpasasthyadi Taila Shirobasti, both administered for 7 consecutive days. Subjects were assessed before and after treatment, with follow-up conducted once weekly for three weeks. The study included subjects aged 20–60 years presenting with classical features of Ardita and fit for Nasya and Shirobasti. Subjects with chronic Ardita of more than three years, bilateral facial paralysis, Pakshaghata, intracranial haemorrhage, neoplasms, multiple sclerosis, uncontrolled diabetes mellitus, pregnancy and other conditions interfering with treatment were excluded. The study drug, Karpasasthyadi Taila, was prepared according to the classical reference in Sahasrayoga. Therapeutic efficacy was assessed using subjective parameters—Mukha Parshwa Greeva Vedana, Vak Sanga and Karna Vedana—and objective parameters—Mukha Vakrata, Akshi Nimesha Asamarthya, Lalata Vali Nasha and Lalasrava. Statistical analysis was performed using the Mann–Whitney U test, with mean, percentage, SD, SE and p-values used to determine treatment efficacy; $p \leq 0.05$ was considered statistically significant.

OBSERVATION AND RESULTS:

A total of 40 subjects diagnosed with Ardita were enrolled and equally divided into Group A and Group B, with 20 subjects in each group. The majority of subjects (60%) belonged to the 50–60-year age group, followed by 25% in the 40–49-year group. Males constituted 65% and females 35% of the study population. Most subjects were graduates (45%), married (95%), and belonged to the middle socioeconomic class (47.5%). A majority were from urban areas (85%) and followed a mixed diet (60%). Regarding constitutional and physiological characteristics, Manda Agni (42.5%), Mridu Koshta (45%), Avara Aharashakti (42.5%), Avara Vyayama Shakti (47.5%), and Madhyama Satva (57.5%) were predominant. Avara and Madhyama Sara were equally represented (47.5% each), while Madhyama Samhanana was predominant (50%). Sound sleep was reported by 52.5% of subjects, whereas 47.5% had disturbed sleep. Regarding Vyasana, tea consumption (25%) and tobacco use (22.5%) were commonly observed. Overall, the study population predominantly comprised middle-aged and elderly males with urban residence and mixed dietary habits, with Manda Agni, Mridu Koshta, Avara Aharashakti and Avara Vyayama Shakti being the prominent clinical characteristics.

Discussion :

Ardita is predominantly a Vata Vyadhi affecting the Urdhwajatrugata Bhaga, with Prana, Vyana and Udana Vata involvement. Classical Nidanas cause Vata Prakopa through Dhatukshaya or Margavarodha. The manifestations—Mukha Vakrata, Lalasrava, Vaksanga and Akshi Nimesha Asamarthya—show appreciable correlation with facial nerve dysfunction in Bell's palsy. Sira Sankocha, Rakta Upashoshana and Dhatukshaya may be conceptually correlated with vascular ischemia and viral pathogenesis.

Classical management of Ardita predominantly emphasizes Vatahara and Brimhana therapies, particularly Nasya and Murdhni Taila. Navana Nasya, regarded as the first-line treatment for Urdhwajatrugata disorders, facilitates Vata pacification and nourishment. Shirobasti, the superior form of Murdhni Taila, provides prolonged Sneha, supporting Brimhana and Vatashamana. Hence, both were selected for comparative clinical evaluation.

In the present study, 40 eligible subjects with Ardita were randomly allocated into two groups of 20 each. Group A received Karpasasthyadi Taila Navana Nasya, while Group B underwent Karpasasthyadi Taila Shirobasti for 7 days, followed by one-month follow-up. Therapeutic efficacy was assessed using subjective and objective parameters.

Karpasasthyadi Taila, indicated for Ardita in Sahasrayoga, was selected for its Snigdha, Ushna, Vata-Kapha Shamaka, Balya and Brimhana properties. These properties make it suitable for alleviating Vata Prakopa, nourishing neuromuscular tissues, and improving facial functions.

In Nasya, the drug administered through the nasal route acts upon the Urdhwajatrugata Pradesh, with Nasa serving as the gateway to Shiras and facilitating Vata pacification and nourishment. Shirobasti, through prolonged retention of lukewarm Taila, provides combined Snehana and Swedana, promoting local circulation, sensory stimulation and neuromuscular nourishment. Thus, both procedures may restore facial function through Vatashamana, Brimhana and improved tissue nourishment.

Intergroup analysis showed that both Nasya and Shirobasti were effective in the management of Ardita. Nasya demonstrated better improvement in Karna Vedana, Mukha Parshwa Greeva Vedana, and Vaksanga, possibly due to its direct action on the Urdhwajatrugata Pradesh. Shirobasti showed superior results in Mukha Vakrata and Lalata Vali Nasha, which may be attributed to sustained Snehana, Brimhana, and neuromuscular nourishment. Other parameters showed comparable improvement, indicating the common Vatahara effect of Karpasasthyadi Taila. Both treatment modalities produced significant clinical improvement in Ardita. However, a greater proportion of subjects in the Nasya group (40%) achieved marked improvement compared to the Shirobasti group (15%), suggesting comparatively better overall efficacy of Nasya. The direct action of Nasya on the Shiras and effective Vatashamana may account for these findings.

CONCLUSION

Ardita is a Vata Pradhana Nanatmaja Vyadhi clinically resembling Bell's palsy. The present study demonstrated that Karpasasthyadi Taila administered through Navana Nasya and Shirobasti significantly improved the signs and symptoms of Ardita. Both modalities were safe and well tolerated. However, Navana Nasya showed comparatively superior therapeutic efficacy, with 40% of subjects achieving marked improvement compared to 15% with Shirobasti. The better response may be attributed to the direct action of Nasya on the Urdhwajatrugata Pradesh and its Vatahara, Snigdha and Brimhana effects. The findings clinically support Charaka's dictum, "Ardite Navanam Murdhni Tailam Tarpanameva Cha."s