

“Clinical Management of Ardita (Bell’s Palsy) through Gandha Taila & Shudha Bala Taila Nasya”

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ABSTRACT

Backgroundandobjectives:

In this new millennium, as a result of highly progressive and fast lifestyle, people are not paying attention to their physical and mental health. Irregular food habits, suppression of natural urges, lack of proper sleep, stressful life has become part of our life, due to which people are more vulnerable for various neurological conditions. Among which, Ardita is a common presentation, leading to high incidence of morbidity. According to statistical data, Facial paralysis affects around 1 in 500 to 1 in 1000. Worldwide statistics indicate a frequency of about 0.02%. It is more common in young adults. Diabetic patients and pregnant women are more prone to this disorder up to 3 to 4 times than general population.

The objective of the study was to study Ardita according to Ayurvedic texts and Facial palsy in Modern medicine in detail. To assess the efficacy of Nasya Karma with Gandha taila and Suddha Bala taila in the management of Ardita.

KEY WORDS : ARDITA NAVANA NASYA SUDHA BALA THAILAM GANDHA THAILAM

Methods:

The present clinical study contains sample size of 60 subjects, divided into two groups A and B,

each having 30 subjects. All the 60 subjects were given Amapachana with Vaishwanara churna and Group A & Group B subjects were treated by Nasya for 7 days.

Both the groups showed significant improvement in the sign & symptoms of Ardita, thereby making better quality of life of the patients.

Navana Nasya provided highly significant results in two parameters

assessment i.e. Vaksanga and Akshi nimesha asamarthya and significant results is observed in Mukhparshwagreevavedana, Karnavedana, Mukhavakrata, Lalasrava and Lalata valinasha.

It was observed that Gandhataila Navana Nasya provided highly significant results in Lalata valinasha and significant result is observed in Mukhparshwagreevavedana, Lalasrava, Mukhavakrata, Lalasrava and Akshi nimesha asamarthya whereas insignificant result is observed in Karnavedana.

Interpretation and Conclusion:

So it can be concluded that comparatively better results can be obtained by Navana Nasya with Gandhataila than Suddhataila in maximum parameters of study

1.0 Introduction

'Anayasenamaranamvinaadainyenajeevanam', this arshokti is the desire of all the people who attained jaravastha, but ardita is one such crippling disorder where in if the treatment is not proper or else if the morbidity is so severe person will be either chair bound or bed ridden.

Bell's palsy is a condition that affects the seventh cranial nerve (CN-VII) and causes the facial muscles to weaken or become paralysed. Only one side of the face is affected. Named after Sir Charles Bell, a Scottish surgeon who studied the nerve and its innervation of facial muscles 200 years ago, Bell's palsy is a condition that is not as uncommon as is generally believed.

Statistics set its worldwide frequency at just over 0.02 percent of the population, with geographical variations - that is, one for every 5,000 people over the course of a lifetime. The affliction affects about 40,000 Americans every year. The possibility of recurrence is believed to be as high as 10 to 20 per cent, but a lot more is to be learnt about this aspect of the condition.

By 2015, India will report 1.6 million cases of stroke annually, at least one-third of whom will be disabled. Stroke is a major cause for loss of life, limbs and speech in India, with the Indian Council of Medical Research estimating that in 2004, there were 9.3 lakh cases of stroke and 6.4 lakh deaths due to stroke in India, most of the people being less than 45 years old.

The predisposing factors for Bell's palsy are not known. Stress and extremes of temperature are two factors cited most often, but the predominance of the former in everyday life means that just about anyone can be struck by this condition.

2.0 MATERIALS AND METHODS

2.0 . A. StudyDesign: Clinical Trial

The present study was a clinical trial to assess efficacy of NavanaNasya **GANDHA TAILA** in Group A and **SUDDHABALA TAILA** in Group B.

2.0. B. Source of Data

In the present study, the research scholar proposes to take the patients attending the Outpatient Wing of Post Graduate Department of PANCHAKARMA, PT. SHIVSHAKTILAL SHARMA AYURVED MEDICAL COLLEGE RATLAM [M.P.]

2.0 . C. Methods of collection of Data

A. A clinical survey of patients attending the OPD and IPD of Post Graduate Department of Panchakarma, PT. SHIVSHAKTILAL SHARMA AYURVED MEDICAL COLLEGE RATLAM [M.P.], will be made and patients fulfilling the criteria of diagnosis as per the proforma will be selected for the study.

B. A clinical evaluation of patients will be done by collection of data through information obtained by history, physical examination, and laboratory tests including radiography.

C. Review of literature will be collected from Post Graduate Library, PT. SHIVSHAKTILAL SHARMA AYURVED MEDICAL COLLEGE RATLAM [M.P.], and from Authentic Research Journals, Websites, Digital Publications etc

D. The data which are obtained by the clinical trial will be statistically analysed by applying Student 't' test.

2.0. D. StudyDesign: Randomized prospective open level parallel clinical trial

Study Population: Patients from PT. SHIVSHAKTILAL SHARMA AYURVED MEDICAL COLLEGE RATLAM [M.P.]

Sample Size: 60

Study setting: PT. SHIVSHAKTILAL SHARMA AYURVED MEDICAL COLLEGE RATLAM [M.P.] 2012 to 2014

The present study was a clinical trial to assess efficacy of NavanaNasya **GANDHA TAILA** in Group A and **SUDDHABALA TAILA** in Group B.

GROUP A

1. Ama Pachana with Vaishwanara Churna 5 gm twice daily twice a day before Meals for 3 to 5 days till Nirama Lakshana are attained.
2. Navana Nasya with GANDHA TAILA for a period of 7 days.

GROUP B

1. Ama Pachana with Vaishwanara Churna 5 gm twice twice daily before meals for 3 to 5 days till Nirama Lakshana are attained.

2. Navana Nasya with SUDDHABALATAILA for a period 7 days.

FOLLOWUP-1 Month

Materials:

The following materials were used in the Clinical trial.

1. Vaishwanara Churna¹⁵¹
2. Gandha taila¹⁵²
3. Suddha Balataila¹⁵³

Inclusion Criteria:

Patients aged between 20 to 70 years, reporting Subjects with classical features of Ardita roga explained in classical texts. Not on any other medicines for *ardita* were included in the study. And Subjects with classical features of Ardita roga explained in classical texts. Subjects with classical features of Ardita roga explained in classical texts.

Exclusion Criteria:

Patients not fulfilling the inclusion criteria and reporting severe Hypertension, Diabetes mellitus, Hypothyroidism or renal, hepatic and cardiac involvement were not included in the study. Patients with long term Steroid treatment and pregnant women were also excluded.

Diagnostic Criteria:

It was mainly based on the specially prepared proforma, including all clinical signs and symptoms of the disease in which detailed history was taken and physical examination

Parameters 1. Mukha parshwa 2. Griva vedana , 3. Vaksanga, 4. Karna vedana

Objective Parameters: 1. Mukha Vakrata , 2. Akshi nimesha asamarthya , 3. Lalata vali nasha. , Lalasrava

Investigations: Routine hematological, urine, stool examination were done to know the present status of patients as well as to exclude other pathological condition. Relevant biochemical tests like S. Cholesterol, S. Triglyceride, HDL, LDL, VLDL etc. were carried out before and after treatment.

Plan of Study: 40 patients irrespective of age, sex, religion, caste etc., were randomly selected & distributed into following 2 therapeutics groups. 33 have completed the course and out of those 30 patients (for making equilibrium in clinical and statistical analysis), total 60 patients 30 from each group has been assessed for the efficacy of the therapy.

Group A – Navana Nasya with GANDHA TAILA for 7 days was administered after doing proper Amapachana with vaishwanara choornam. With Ushnodaka for 3 to 5 days, given before meals.

Group – B Navana Nasya with SUDDHABALA TAILA for 7 days. Amapachana with Vaishwanara Churna 5 gm twice daily, With Ushnodaka for 3 to 5 days, given before meals.

Group A	Group B	
	Gandha thaila	Suddha BalaThaila
	6 drops	6 drops
Dose Route	Nasal	Nasal

Duration	15Days	15Days
Followup	1month	1month

Assessment criteria:

Symptoms

- Vaktrardhavakra:*

CompleteMukhavakrata	3
HalfMukhavakrata	2
MildMukhavakrata	1
Normal	0
- Vaksanga:*

CompleteVaksanga	3
Pronouncingwithgreatefforts	2

Pronouncing with less efforts 1

Normal speech (whistling) 0

Netravikriti

Complete upward rolling of eye 3

Half of the upward rolling of eye 2

Partial upward rolling of eye 1

Normal 0

4. *Lalasarava*:

Constant (profuse) Lalasarava 3

Intermittent (moderate) Lalasarava 2

Partial (mild) Lalasarava 1

No Lalasarava 0

Also to assess the degree of voluntary movement present in order to document the grade of facial paralysis as described in the House classification system

Change in Subjective and objective features of Ardita before and after the treatment. The result will be recorded as;

Marked relief - Above 75% improvement

Moderate relief - 50%-75% improvement

Mild relief - 25%-50% Improvement

No relief - Below 25% improvement

Chart 1.

Showing Age wise distribution

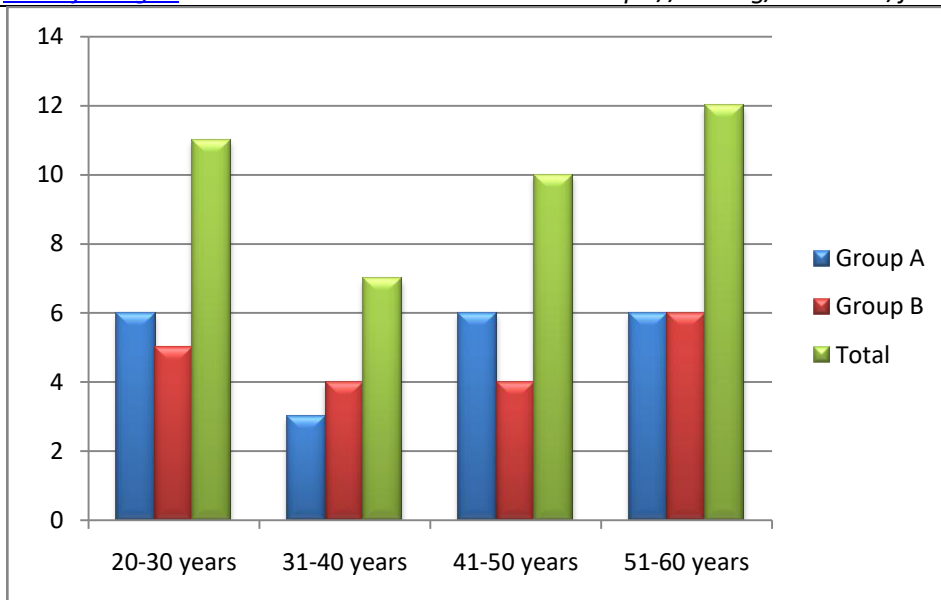


Table No. 1. Showing Mukha vakrata distribution

.Mukha vakrata	Group A	Group B	Total
left side	12	16	28
right side	18	14	32

A Maximum number of study subjects *i.e.* 28 subjects (46.66%) were left side deviation 32 subjects (53.33%) were Right side deviation.

Table No 2 Showing Akshi Nimesha Samarthya distribution

Akshi nimesha samarthya	Group A	Group B	Total
Present	16	20	36
Absent	12	12	24

A Maximum number of study subjects *i.e.* 36 subjects (60%) were Akshi nimesha samarthya present 24 subjects (40%) were Akshi nimesha samarthya Absent

Table No 3. Showing Vaksanga distribution

Vaksanga (Dysarthia)	Group A	Group B	Total
Severe	8	12	20

Moderate	14	12	26
Mild	6	4	10
Normal	2	2	4

A Maximum number of study subjects *i.e.* 26 subjects (65%) were mil moderate **Vaksanga (Dysarthia)** . 10 subjects (25%) were mild **Vaksanga (Dysarthia)** . 20 subjects (33.33%) were severe **Vaksanga (Dysarthia)**. 4 subjects were normal. (6.66%)

Table No 3. Showing Lalata vali nasha distribution

Lalata vali Nasha	Group A	Group B	Total
present	22	22	44
absent	8	8	16

A Maximum number of study subjects *i.e.* 44 subjects (73.33%) were **Lalata vali Nasha present** 16 subjects (26.66%) were **Lalata vali Nasha absent**.

Table No 4. Showing Lalasrava distribution

Lalasrava	Group A	Group B	Total
Present	10	10	20
absent	20	20	40

A Maximum number of study subjects *i.e.* 40 subjects (66.66%) were **Lalasravava absent** 20 subjects (33.33%) were **Lalasrava .present**

Table No.5 - Showing Effect of therapies on Mukha parshwa greevavedana:

	Group A		Group B	
	BT	AT	BT	AT
Mean	1.47	.87	2.27	.40
Difference Mean	.600		1.867	
SD	.990	.743	.458	.507

Difference SD	.632		.516	
SE	.256	.192	.118	.131
Difference SE	.163		.133	
t-value	3.674		14	
p-value	P<0.01		P<0.001	
Remarks	significant		Highly Significant	

Table No 6. Showing the Comparative efficacy of the therapies in Group A and Group B by using unpaired ‘t’ test:

Sl. No.	Parameters of assessment	No. of Pts	Group A			Group B			‘t’	p	Remarks
			Mean (±)	S.D.	S.E.	Mean (±)	S.D.	S.E.			
1	parshwa Mukha a greevavedan a	30	0.20	.41	.10	.40	.50	.131	1.38	>0.1	Not Significant
2	Vaksang a	30	0.47	1.06	0.27	0.20	0.41	0.10	0.845	>0.10	Not significant
3	Karna vedana	30	0.53	0.52	0.13	0.07	0.35	0.09	2.8	>0.01	significant
4	MukhaVakra ta	30	0.53	0.52	0.13	0.07	0.35	0.09	2.1	>0.01	significant
5	nimesh Akshi a asamarthya	30	0.67	0.724	0.187	0.2	0.41	0.232	3.56	>0.01	significant
6	Lalata vali nasha	30	1.147	0.640	0.165	0.67	0.488	0.126	5.059	>0.01	Significant
7	Lalasarav a	30	0.87	0.74	0.19	0.33	0.48	0.12	1.83	>0.01	Significant

Table No 7. Overall Effect of Therapy on different parameter in Group A

General Symptoms	%	Over all Relief
Mukhaparshwa greevedana	81.8	Marked improvement
Vaksanga	82	Marked improvement
Karna vedana	15	No change
MukhaVakrata	75	Marked improvement
Akshinimesha asamarthya	60	Mild improvement
Lalata vali nasha	15	No change
Lalasarva	72.4	Marked improvement

Overall Effect of therapy on different parameters in Group A:

Marked improvement was observed in symptoms like Mukhaparshwa greevedana, Vaksanga, lalasarva and Mukhavakrata. Moderate improvement was observed in symptoms like Akshinimesha asamarthya, and No change was observed in and Lalata vali nasha, karna vedana.

Table No. 8 – Over all Effect of Therapy on different parameters in Group B

General Symptoms	%	Over all Relief
parshwa greevedana		improvement
ga		improvement
vedana		te improvement
Vakrata		improvement
imesha asamarthya		improvement
vali nasha		te improvement
va		improvement

Overall Effect of therapy on different parameters in Group B:

Marked improvement relief was observed in symptoms like Mukha parshwa greevavedana, Vaksanga, mukha vakrata , Akshinimesh asmarthya and, Lalasrava and Mild relief was observed in symptoms like lalata valli nasha and karna vedana

Parameter for assessment

1. Complete improvement more < 75%
2. Partial improvement < 50%
3. Mild improvement < 25%
4. No marked improvement < 10 %

The Discussion part is divided into the following parts-

1. Discussion on Materials and Methods
2. Discussion on Observations.
3. Discussion on Results

3.0 DISCUSSION ON MATERIALS AND METHODS

The subjects suffering from Ardita (Facial Palsy) fulfilling the criteria of selection of present study were selected for the trial. The present clinical study contains sample size of 30 subjects. They were divided into two groups as Group A and Group B, each having 15 subjects, all the 30 subjects were given Vaishwanara Churna with, and Group A subjects were treated by Nasya with Suddha Taila for 7 days and Group B subjects were subjected to Nasya with Gandha Taila for 7 days. Follow-up period was 1 month.

3.1 Discussion on Materials used in the Study:

Vaishwanara Churna: Vaiswanara churna is used for diseases of digestive track. Vaishvanara means fire in Sanskrit. Hence this product is useful to correct digestive fire (system). This choorna was used for Amapachana in this clinical study. All the ingredients of this choorna have predominantly Laghu, Teekshna, Rooksha guna, Katu rasa and Katu vipaka. They resulted in Amapachana and vatanuloma and is also indicated in Chakradatta Amavata chikitsa 15-18, Sahasrayog

Suddha Bala Taila: Suddha Bala Taila was used for Nasya karma in Group A in this clinical trial and it is mentioned in Sahasrayog as a good remedy for Ardita. This Taila can be used for Pana, Basti, Abhyanga and Nasya. Bala, the main content of Suddha Bala taila has Madhura rasa, laghu, Snigdha pichilla guna, Seetha veerya and Madhura vipaka It is Vatahara, balya brimhaniya. Other main ingredient, Tila Taila has Madhura rasa, Guru, Snigdha guna, Ushna veerya and Madhura vipaka and is best Vatahara in nature. All other ingredients by virtue of their guna are Vatahara in nature.

Gandha Taila: Gandha Taila was used for Nasya Karma in Group B in this clinical trial and its reference is taken from Susrutha chikitsa. It is well indicated in Vata Vyadhi, as the properties of Gandha taila are suggestive of Vatahara, Rasayana, Jivaniya, Balya and Brimhana. This taila is used for Pana (oral intake), Basti, Abhyanga and Nasya karma. Its use in both internal and external purposes is found abundant in Ayurvedic texts and is well appreciated by the experts of the field for Vatika disorders Gandha Taila indicated in akshepaka pakshagata talu sosha and arditā. Here seeing the multiple effects and samprapti of arditā and its multidimensional action

The term “Gandha” denotes Fragrance and unique method of preparation the process preparation is totally different which is described as Sesame seeds are tied into a bundle in a cloth, allowed to stay in flowing water for seven days. Then it is soaked in milk and decoction of madhuka (Licorice – Glycyrrhiza glabra) daily and dried in shade. This is continued for seven days. Once again it is soaked in milk, removed from its husk and powdered and it is then mixed with fine powder of herbs – from (Nalada to Eladi Gana herbs are macerated with milk. Then herbal oil is cooked with above drugs, added with paste of group of herbs like Shaileya to Durva, milk and oil. This makes Gandha taila.

In this preparation the taila is soaked in milk thus properties of ksheera enhances the potency Ksheera (cow’s milk) - possesses qualities like Madhura rasa, Sheeta, Mrudu, Snigdha, Sandra, Slakshna guna and Madhura vipaka. Milk subsides Vata and Pitta dosha by the above said properties and acts as Rasayana, Jivaniya and Buddhi prabodhaka.

Here Balatraya -Bala – Sida cordifolia Atibala – Abutilon indicum Mahabala - Grewia populifolia all three are used - as the name itself suggests, a drug providing energy or strength. It is abundantly mentioned in Ayurveda and has been largely used in neurological diseases as it possesses Madhura rasa, Laghu, Snigdha guna, Ushna veerya and Katu vipaka.

Taila (tila taila) - Tila taila means oil extracted from the seeds of Sesamum indicum, a herb. It is the best for alleviating Vata and Kapha dosha. It promotes health and strengthen the skin. It is also used as soothing agent or to subside inflammation and pain as it possess the qualities like Teekshna, Vyavayi, Sukshma guna, Ushna veerya and Madhura vipaka with Vata kaphahara prabhava.

3.2 Discussion on probable mode of action of Nasya:

Charaka considered Nasya as the gateway of Shiras. The drug administered through nose in the form of Nasya reaches the brain & pacifies Dosha which is responsible for producing the disease.¹³⁶ The drug reaches Shringhataka (Sira Marma). Indu in his commentary on Ashtanga Sangraha has opined Shringhataka as the inner side of middle part of the head i.e. Shiraso Antarmadhyam. In this context, Sushruta has clarified that Shringhataka marma is a Siramarma formed by the union of Siras (blood vessels) supplying to nose, ear, eye and tongue.¹³⁷ Thus we can say that drug administered through Nasya may enter the above sira and pacifies the morbid

Dosha in urdhwajatrugata pradesha clearing Uttamanga.¹³⁸ that Nasya acts locally as well as on many systems by direct contact with nerve terminals or

absorption of the drugs by nasal mucosa. Whenever there is irritation, the circulation to local area increases. The Nasya with Suddha Bala taila and Gandha Taila irritates the nasal mucosa leading to an edematous response with local hyperemia which enhances drug absorption. Since the drug administered itself being fat in nature hence there is no functional Blood-Brain barrier for both the Tailas. On the basis of fractional stages of Nasya karma procedure, we can draw certain rational issues that are as follows:

3.3 Effect on Neuro – Vascular Junction:

During Nasya procedure, the lowering of the head and fomentation to face seem to have an impact on blood circulation to the head. The efferent vasodilator nerves which are located in the superficial surface of the face get stimulated by Snehana and Swedana leads to momentary hyperemia in the head region.¹³⁹ It is also possible that the fall of arterial pressure due to vasodilatation may encounter with Cushing's reaction; in which, when the ratio between the C.S.F pressure & cerebral arterial pressure has reduced, the increased C.S.F pressure tends to compress the arteries in the brain causing a transient ischemia in the brain. Due to this, the aroused 'ischemic response' will subsequently raise the arterial pressure (Cushing). This act convinces more of 'Slush' created in intracranial space, probably forcing more transfusion of fluids into the brain tissue.¹⁴⁰

On this ground, it can be stated that the mode of action of Nasya Karma has a definite impact on central neurovascular system & likely lower the blood brain barrier to enhance certain drug absorption in the brain tissues.

3.4 Effect on drug Absorption :

By keeping the head in lower position & retention of medicine in naso pharynx, help in providing sufficient time for local drug absorption. Any Fat soluble substance has greater chance for passive absorption directly through lining membrane of the cell. On the other hand, massage & local fomentation also enhances the drug absorption.

3.5 Importance of Post Nasya Massage:

The texts have recommended Abhyanga over Mukha and Greeva pradesha which may help to subside the irritation of somatic constriction due to heat stimulation. It may also help in removing the slush created in these regions. However, Manya which is a Marma existing in neck on either side of the trachea¹⁴¹ likely correspond to the carotid sinuses of the neck. Pressure applied on the baroreceptors may bring the deranged cerebral arterial pressure to normalcy. Because these receptors lie on bed of bifurcation of common carotid artery have a buffering action on the cerebral arterial pressure.

On the basis of the foregoing observations we can state that the procedures, postures & conducts explained for Nasya Karma are of vital importance in drug absorption &

transportation. The facts discussed here are convincing us about the definite effect of Nasya Karma in the disorders of Central Nervous System

3.5 DISCUSSION ON OBSERVATION

Discussion on Effect of therapies on Mukha parshwa greevavedana:

Significant effect was seen in Group A and Group B subjects with regard to the Mukha parshwa greevavedana. This shows that Nasya B had excellent effect on Mukha parshwa greevavedana. This is achieved due to the multiple Vata Shamaka Balya properties of Gandha Taila along with neuro and musculo stimulatory effect

Discussion on Effect of therapies on Vaksanga:

Highly significant effect was seen in Group B and significant result in Group A subjects with regard to the Vaksanga. This shows that Nasya group B had better effect on Vaksanga than group A. Vaksanga occur due to vitiation of Udana Vayu. Nasa is one of the site of Udana Vayu. The Nasya Karma is indicated in Vakgraha, Gadgadatva etc. So Nasya administered with Gandha taila which have Indriyabalakara , Vatashamaka, Swarya, etc properties respectively along with neuro and musculo stimulatory effect. Gandha Taila indicated in akshepaka pakshagata talu sosha and ardita. Here seeing the multiple effects and samprapti of ardita and its multidimensional action

3.6 Discussion on Effect of therapies on Karna vedana:

The result in Group B subjects was significant and insignificant result was seen in Group A subjects with regard to Karna vedana. This effect may be due to Vedana Shamaka properties of Gandha taila which is mentioned in bhagna adhyaya of susruta is equally effective in reducing vedana as it controls vata and kapha .

3.7 A. Discussion on Effect of therapies on Mukha vakrata:

Significant results were seen in both Group A and Group B. According to Ayurveda , Mukha vakrata occur due to aggravation of Chala Guna of Vata, which is responsible for movement of facial muscles. Nasya due to its therapeutic effect as well as pharmacological effect of Suddha bala taila and Gandha taila helps to combat it by its Balya, Brimhaneeya and Snehana properties. Both taila possessing Vatahara, Rasayana, Jivaniya, Balya and Brimhana properties also does the same.

B. Discussion on Effect of therapies on Akshi nimesha asamarthya:

Highly significant result was seen in Group B and significant result was seen in Group A with regard to Akshi nimesha asamarthya. Nimesha-Unmesha is the karma of prakruta Vyana vata

which get hampered in this disease. Nasya by Gandha taila possess mainly Vata Shamaka properties, which pacifies Vata specially the Gati of Vyana vata.

C. Discussion on Effect of therapies on Lalata vali nasha:

The result in Group B subjects was significant and not significant result was seen in Group A subjects with regard to Lalata vali nasha. The significant results in Group B was achieved due to Nasya karma done with Gandha. Vata by retention of higher quality of Sneha having drugs of jeevaniya gana effective for dhatu kshaya, vatahara properties shows better effect. The properties of Gandha taila like Brimhaneeya, Balya, Snigdha, Guru etc. are also helpful in strengthening of weak muscles. Moreover neuro and musculo stimulatory effect of Gandha taila also play an major role.

D. Discussion on Effect of therapies on Lalasrava:

Significant result were seen in Group B and insignificant results Group A subjects with regard to Lalasrava. Dribbling of saliva occurs due to the dropping of corner of mouth. The Chala guna kshaya of Vata may be normalized by snehana properties of Gandha taila administered in the form of Nasya and Post Nasya massage. Desired effect were not seen in group B nasya karma.

E. Discussion on Comparative Effect of both Therapies With House-Brackmann Classification of Facial Function

On observing the comparative efficacy of Group A (Navana nasya with Suddha Bala Taila) and Group B (Navana nasya with Gandha Taila), it is found that Navana nasya with Gandha Taila is much effective on parameters like Mukha parshwa greevavedana, Vaksanga, Karna vedana, Mukhavakrata, Akshi nimesha asamarthya, Lalasrava where as Nasya with Suddhabala taila is effective on parameter Mukha parshwa greevavedana, Mukhavakrata others showing moderate effect.

Though Navana Nasya with Suddha Bala Taila and with Gandha taila provided significant results in subjects of Ardita, the relief provided by Nasya with Gandha Taila was comparatively better than the Suddha Bala group. It is evident from the present study that along with Vata prakopa, the role of Dhatukshaya and Margavarodha cannot be neglected in the Samprapti of Ardita. Gandha taila was more effective in Dhatu kshaya and was brimhana properties

Charaka considered Nasa as the gateway of Shiras. The drug administered through nose in the form of Nasya reaches the Mastishka & pacifies Dosha which is responsible for producing the disease.

Abhyanga and Swedana during Nasya karma on the mukha and greeva pradesha helps in opening of Srotomukha thereby reducing Margavarodha. Moreover Navana Nasya also gives the following benefits like Vatahara, Sleshma vardhaka, Bala vardhaka, Sthairyakara and Mardavakara. Both SuddhaBala taila and Gandha Taila used for Navana nasya has Madhura rasa, Guru Snigdha guna, Ushna veerya and Madhura vipaka. In total Gandha taila with this combination of Bala traya and with other drugs Tila Taila and with unique method of preparation mentioned for Gandha taila becomes one of the best Vatahara yoga by virtue of the

guna of its contents. Taila by its sneha guna counter acts the Rookshadi guna present in Srotas which are opposite to Vata guna and facilitates easy movement inside the Srotas. Thus plays vital role in Samprapti vighatana.

Nasya is one of the Shodhana therapy and the active principles of the Nasya drugs reach the level of Shringataka marma and hence pacifies Mastishkagata vikara. These properties are better possessed by Gandha Taila, By this penetration of drugs is deep .the process preparation is totally different which is described as Sesame seeds are tied into a bundle in a cloth, allowed to stay in flowing water for seven days. Then it is soaked in milk and decoction of madhuka (Licorice – Glycyrrhiza glabra) daily and dried in shade. This is continued for seven days. Once again it is soaked in milk, removed from its husk and powdered, it is then mixed with fine power of herbs – from (Nalada to Eladi Gana herbs listed above), and macerated with milk. Then herbal oil is cooed with above drugs, added with paste of group of herbs (from Shaileya to Durva listed above), milk and oil. This makes Gandha taila more potentiated compared to Suddha Bala Taila This may be the reason that Nasya karma with Gandha Taila proved to be effective on maximum parameters when compared with Suddha Bala Taila..

4.0 CONCLUSION

After studying 30 subjects in clinical trials, during which every subject was under treatment for a period of 1 month with follow up of 1 month.

The following conclusions were drawn taking into consideration this study as a whole-

This disease is prevalent since the ancient times as the references regarding it are available in almost all the Samhita.

Peak incidence of the disease is found in young age and old age.

Some of observations obtained during the study of etiological factors i.e. **Ucchairbhasana, Sheeta Jala Snana, Sheeta Vayu Sevana, Ati bhashna, Kathina Padartha chravan, Vishama Upadhana, Ati Bharavahana**, were found in almost all subjects, which are already mentioned in classics elaborately. They may lead to vitiation of Vata situated at Moordha either directly or indirectly.

Vatapitta prakruti persons are more prone to Ardita which is also supported by Ayurvedic classics.

Prana, Vyana and Udana types of Vata are predominant with definite association of Pitta and Kapha in Samprapti of Ardita.

The Dushya which are involved in manifestation of Ardita are Rakta, Mamsa, Sira, Snayu and Kandara

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