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Ayurveda

AN AYURVEDIC MANAGEMENT OF ARDITA WITH SPECIAL REFERENCE TO BELL'S PALSY – A CASE STUDY

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ABSTRACT Bell's palsy, also known as acute idiopathic lower motor neuron facial palsy, bears close resemblance to Ardita when it presents as unilateral facial paralysis. The condition is characterized by the sudden onset of weakness or paralysis of muscles supplied by the facial nerve on one side of the face. In contemporary medicine, corticosteroids are considered the standard therapeutic approach for complete facial palsy. In contrast, Ayurvedic management employs interventions such as Panchendriya Vardhan Taila administered through Nasya along with oral formulations. This case is evidence to demonstrate the effectiveness of Ayurveda treatment in case of Ardita (Bell's palsy) involving a 24-year-old male diagnosed with Ardita Vata demonstrated significant improvement although the treatment protocol extended over seven days, remarkable recovery was observed by the fourth day itself, with near-complete resolution of symptoms achieved without concurrent use of allopathic medication.

KEYWORDS : Ardita, Bell's Palsy, Panchendriya Vardhan Taila, Nasya, Triphala Grutha, Gandush.

INTRODUCTION

Bell's palsy, commonly described as acute idiopathic lower motor neuron facial paralysis, presents with sudden weakness or paralysis of the muscles innervated by the facial nerve on one side of the face. The condition is considered idiopathic in origin, though current understanding suggests an immune-mediated mechanism, often precipitated by a preceding infection[1]. An early clinical feature of Bell's palsy is the inability to fully close the eye or mouth on the affected side, which may result in difficulties with speech and eating, as well as ocular complications such as dryness and corneal damage. As the condition progresses, additional manifestations can arise, including altered taste sensation, synkinesis, involuntary facial spasms, contractures, abnormal tear secretion, hyperacusis, and pain localized around the ear that may radiate toward the occipital region or neck[2]. Bell's palsy often results in considerable psychological distress, as the associated loss of oral competence, impaired speech, and reduced ability to engage socially can significantly affect quality of life[3]. About 71% of patients with Bell's palsy have motor function recovery completely within six months without treatment[4-5]. Nearly one-third of individuals with Bell's palsy experience residual deficits and fail to achieve complete recovery. Persistent complications may include post-paralytic hemifacial spasm, abnormal muscle co-contractions, synkinesis, and sweating during exertion or eating. Two of the most common aberrant patterns of nerve regeneration are lacrimation of the affected eye while chewing (often termed "crocodile tears") and involuntary closure of the ipsilateral eyelid during mouth opening (jaw-winking). Symptomatically, these manifestations show parallels with the Ayurvedic condition Ardita Vata. Literature indicates that, when untreated, this episodic disorder may take up to six months for spontaneous resolution[6]. Here is a case where almost complete recovery observed by administering Panchendriya Vardhan Tailam for seven days, along with other internal Ayurvedic medicines.

Case Report

A 24-year-old male, visited to Kayachikitsa OPD with the complaints of deviation of mouth towards right side (Vakreekaroti nasa bhru lalata akshi hanustatha), watering from both eyes (Netramaavilam), unable to blink (Stabdha netram, Ekasya aksho nemeelanam), difficulty in chewing food on the left jaw (Bhojanamiti na samam mukhena khadati) and pricking pain in left eye for 4-5 days[7-9].He was diagnosed with the condition as Bell's palsy. He had a history of excessive exposure to wind before the manifestation. Started with watering of eyes with mild swelling in the lower lid of the left eye. Next day, he had sudden onset of deviation of mouth and weakness on the right side (Samutkshipteti atitwaritah).[10] The left eye's inactive eyelid movement and speech difficulties (Vaak sanga) come next [11] According to the patient's report, steroids were administered for the first five days of treatment and were recommended to be continued for an additional five days. Before 7 days of consultation for Ayurvedic treatment, the patient ceased using steroids against medical advice because satisfying results were not seen.

Comparison of Bell's palsy with Ardita vata:

1. Deviation of Mouth towards right – Vakreebhavati Vaktrardham Vakreekaroti nasa bhru lalata akshi hanustatha
2. Watering of eyes – Netramaavilam
3. Unable to blink the eye of affected side – Stabdham netram Ekasya aksho nemeelanam
4. Sudden onset of deviation of mouth and weakness – Samutkshiptetiatitwaritah
5. Slurred speech - Vaak sangha

Physical Examination

Although the motor function of the facial nerve was affected, higher cognitive functions were preserved. On clenching the teeth, deviation of the mouth was observed toward the right side. When the cheeks were puffed with air, the mouth again deviated to the right, with air escaping from the left corner. The patient was unable to completely close the left eye, and the left side of the forehead lacked normal wrinkling, indicating motor impairment of the facial nerve. However, sensory function remained intact.

Pathogenesis

The condition arises due to aggravated Vata along with Kapha, often triggered by prolonged exposure to cold winds. The vitiated Doshas localize in the Sandhi (joints) associated with the Shira (head), Nasa (nose), Hanu (jaw), Lalata (forehead), and Netra (eyes). These disturbed Doshas affect the Snayu (ligaments) and Kandara (muscles), leading to clinical features predominantly on the left side of the face, characteristic of Ardita Vata. In contemporary medicine, this presentation closely corresponds to Bell's palsy, a disorder involving facial nerve paralysis with similar manifestations.

Treatment

1. Tab Ekangaveera Rasa 125mg thrice a day [12]
2. Tab Vaatvidhvansa Rasa 125mg thrice a day. [13]
3. Mukha abhyanga with Ksheerabala taila followed by swedan with Ksheerbala Kwath

4. Nasya with Panchendriya Vardhan Tailam – 8 Drops in each Nostrils
5. Kaval/ Gandush with Tila Tailam for 5-10 minutes thrice a day [14]
6. Netra Tarpana with Triphala Ghruta twice a day to prevent dryness and redness of the affected eye [15]
7. Physiotherapy – proprioceptive neuro muscular facilitation techniques
8. Oral Cavity Massage (oral cavity muscles including cheeks, tongue and gums) with Vacha, Madhu, Nimbu swaras followed by Ksheera Dhooma

During the treatment and follow up of 20 days, the patient was advised to avoid exposure to wind, sunlight, dust etc. Vataprakopaka nidanas (that exacerbate Vata) and advised to take rest.

Treatment Principle and Rationale of Treatment Adopted

As there is association of Vata with Kapha, the Vata Kaphahara chikitsa is to be adopted. Navana nasya (putting medicated oil drops in the nostrils), Moordhni taila (different modalities of treatment of putting medicated oil over the head), Tarpana chikitsa (putting medicated oil over the eyes), Upanaha (application of paste prepared of medicines to head) and Anoopa mamsa sevana (consumption of meat of animals residing in Marshy area) is the line of treatment mentioned for Ardita.[16] Based on this, the Panchendriya Vardhan Tailam navana nasya and Sthanika swedan have been adopted to remove Urdhwajatrugata doshas. To subside the remaining Doshas, oral medications combating Vata and Kapha dosha have been selected. Ekangveer Rasa acts in Ardita primarily through Vata-shamana, Srotoshodhana, and Rasayana properties, thereby restoring neuromuscular function and facilitating recovery of facial nerve activity. Vaat Vidhvansa Rasa plays a significant role in the management of Ardita by pacifying aggravated Vata Dosha, promoting neuromuscular strength, and facilitating nerve regeneration through its Vatahara, Srotoshodhaka, and Rasayana properties. Triphala Ghrita Netra tarpana plays a supportive role in Ardita by providing local Snehana, pacifying Vata Dosha, and protecting ocular structures through its Chakshushya and Rasayana properties. Tila Taila Gandusha plays a significant role in Ardita by providing local Snehana, pacifying aggravated Vata Dosha, enhancing neuromuscular function, and promoting recovery of facial muscle activity, hence such combination of all these formulations helped in breaking the pathology at different levels.

OBSERVATIONS AND RESULTS

Clinical Parameters

After 3rd. day of the treatment, improvement was seen in reduction of deviation of mouth, watering of eyes, pricking pain in eye. After seven days, remission was observed in all the symptoms. For Shamana of Doshas, the same medications were continued for next 20 days.

DISCUSSION

Bell's palsy resembles Ardita, which is described in Ayurvedic classics under Vata Vyadhi. From an Ayurvedic perspective, the pathogenesis of Ardita involves Vata prakopa, often associated with Kapha leading to Srotorodha, thereby impairing neuromuscular function. The present case showed marked improvement following Ayurvedic management, which primarily aimed at Vata shamana. Among the therapeutic modalities, Nasya with medicated oil such as Panchendriya Vardhan Taila played a pivotal role. Nasya is considered the treatment of choice for Urdhvajatrugata Vikara, as it facilitates direct therapeutic action on cranial structures. Additionally, oral Ayurvedic formulations contribute by reducing inflammation, improving circulation, and promoting nerve regeneration, which may correlate with their known pharmacological properties such as anti-inflammatory and neuroprotective effects. The rapid clinical response in this case can be attributed to early diagnosis, appropriate selection of Vata-pacifying therapies, and the combined effect of local and systemic treatment. Furthermore, the absence of adverse effects indicates that Ayurvedic management is safe and well tolerated.

CONCLUSION

Navana nasya with Panchendriya Vardhan Tailam, Gandusha with Til Tailam, Localised Snehan and Swedana followed by the oral medicines in the treatment of Bell's palsy (Ardita vata) has provided significant improvement in this case. No conventional drugs were used during the course of treatment.

Compliance with Ethical Standards

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Disclosure of Conflict of Interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of Informed Consent

Informed consent was taken from the patient.

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