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Ayurveda

A CLINICAL APPROACH TO ARDITA (BELL'S PALSY) THROUGH AYURVEDA : A SINGLE CASE STUDY

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ABSTRACT Aggravated vata affects face and leads to impaired function of facial muscles. The term Ardita denotes Bell's palsy. Ardita is one among the 80 Nanatmaja vata vyadhi. Bell's palsy is most common neurological disorder, in which Seventh cranial nerve (facial nerve) is affected. The facial nerve conveys both sensory and motor along with parasympathetic fibres. Damaged facial nerve results in loss of function of facial muscle leads to cosmetic impairment. A 50 year old female patient visited our hospital OPD in the dept of Panchakarma with complaints of deviation of face towards right side, associated with pain over posterior aspect of left ear radiating to left jaw and neck region, incomplete closure of left eyelid associated with watering and swelling over left half of the face since 3 days .The patient was hospitalized and managed with Sthanika ruksha pinda sweda to mukha with kolakulattadi churna, Sthanika abhyanga to mukha and greeva with Karpasastyadi taila and 10 drops of vishatinduka taila f \b panasa patra sweda, Nasya with karpasastyadi taila, Akshi tarpana with Triphala ghrita along with shamanoushadi. She got symptomatic relief in 10 days. The collected data emphasize the potential of ayurvedic interventions in bell's palsy (Ardita).

KEYWORDS :

INTRODUCTION

Vata is responsible for all the movements and physiological functions in the body. When Vata is affected, it results in impairment of various functions in the body. Vata has 80 Nanatmaja Vyadhis[1] and Ardita is one among them. It is one specific disease which affects Jatrurdhwa angas. It is caused due to nidhanas like Ucchairbhashya, Atiadhwa, Ratrijagarana, Diwaswapna, Ati Langhana.[1] It presents with symptoms of Mukhardha-vakrata, Vaksangha, Sthabda netrata and Teevraruja of Jatrurdhwa Pradesha.[2]

Bell's palsy, also termed idiopathic facial paralysis (IFP), is the most common cause of unilateral facial paralysis.[3] It accounts for approximately 60–75% of cases of acute unilateral facial paralysis.[4] It is caused due to paralysis of 7th cranial nerve (facial nerve). This nerve also controls salivary and lacrimal glands.

The motor function of the peripheral facial nerve controls the upper and lower facial muscles.[5] It has a rapid onset and unilateral.[5] The symptoms are weakness of the facial muscles, poor eyelid closure, earache, altered in taste.[3] Diagnosis is clinical, often made on physical examination and a close resemblance of Bell's palsy and Ardita are seen as the symptoms are similar and hence, an effort is made to treat Bell's palsy according to the treatment line of Ardita.

Patient Information

A 50-year-old female who is known case of HTN and Type II DM since 8 years, under medication. Developed deviation of face towards right side, associated with pain over posterior aspect of ear radiating to left jaw and neck region, incomplete closure of left eyelid associated with watering and swelling over left half of the face on 20/01/2026, she visited panchakarma opd of Taranath Govt Ayurvedic Hospital, Ballari and got admitted on 23/01/ 2026.

Chief Complaints: Deviation of face towards right side, associated with pain over posterior aspect of ear radiating to left jaw and neck region, incomplete closure of left eyelid associated with watering and swelling over left half of face since 3days\.

History of Presents illness:

A female patient who is k\c\o DM2 and HTN since 8 years, on 19\01\2026 patient travelled in a cruiser for 200 km by sitting nearby window seat and was exposed to cold wind. On the same day she took head bath by cold water in a river. In addition to this she was involved in excessive talking and laughing. Next day morning, patient again travelled 200 km and exposed to cold wind ,that day patient not had any complaints of pain\deviation of mouth .Next day morning around 7 AM, patient developed pain over posterior aspect of left ear, associated with watering of left eye and difficulty in chewing on left side and her husband noticed swelling of face and consulted nearby RMP doctor .There they checked the vitals , Blood Pressure was found to be high and doctor noticed deviation of mouth and swelling over left half of face with incomplete closure of left eyelid. So they referred her to neurologist at ballari. They examined and prescribed oral medications, patient took oral medication for 3 days and found mild reduction upto 20-30% in watering of eyes and rest all the symptoms still persists there relative doctor suggested them to visit our hospital for the management of same.

Past Medical History

- No significant history of same illness
- Patient is K\C\O hypertension and DM2 from 8 years
- Patient does not have significant family history.

Personal History

Appetite –Good (Ruksha, Sheeta ahara) Vegetarian
Bowel – 1-2 times \day
Micturation – 3-4 times \day,
1 at night
Sleep – Disturbed
Addiction – nothing specific.
Koshta – Madhyama

Menstrual history

Menarche – 13 years
Menses – Regular
Interval duration – 30 days \ 2 days
mild dysmennorhea
low back pain

Obstrectic history

P(1) L(1) A (1)
LSCS
Live child -1 female of 8 years

General Examination

- Built – Moderately built
- Height – 4.8ft
- Weight – 70 kg
- BP - -140\100 mm hg
- Pulse- 76 /min
- Temperature – Afebrile
- Icterus – Not present
- Clubbing –Not present
- Kylonachia –Not present
- Lymphadenopathy –Not present
- Edema –Not present
- Tongue – Mild Coated

Systemic Examination

Patient was conscious and well oriented to time, place and person. Higher mental functions like intelligence, behaviour, memory, emotions are normal. Speech was slurred, Superficial and Deep reflexes are normal. All the cranial nerves are intact except 7th nerve i.e. facial nerve.

Table 1 : Facial nerve examination

Forehead frowning	Affected on left side
Eyebrow raising	Affected on left side
Eye closure	Incomplete closure of left eye
Teeth showing	Not possible on left side
Blowing of cheek	Not possible on left side
Nasolabial fold	Loss on Left side
Taste perception	Not affected
Dribbling of saliva	Absent
Bells phenomenon	Present on left side
Deviation of mouth	Towards right side

All the deep reflexes such as biceps, triceps, brachioradialis, knee jerk, ankle jerk, plantar reflex are normal. Muscle tone and power are normal in all the limbs. Systemic examination of cardiovascular and Respiratory system was observed normal. Abdominal examination was also observed normal.

Investigations

Haematological reports, lipid profile, LFT, RFT were normal but blood pressure is raised (140/100mmhg) MRI Scan was not done.

Diagnosis

Considering the symptoms and Examinations, the condition was diagnosed as case of Ardita (Bell's palsy).

Plan of Treatment

Considering the diagnosis, patient was treated on the line of treatment of Ardita.

Panchakarma Therapy Details:

- Sthanika ruksha pinda sweda to mukha with kolakulattadi churna for × 3 days.
- **Nasya**

Purva karma: Sthanika Abhyanga to mukha and greeva with Karpasastyadi taila and 10 drops of vishatinduka taila f/b Panasa patra sweda.

Pradhana karma: Nasya with Karpasastyadi taila 4 ml in each nostril for × 7 days

Paschat karma: Kavala Dharana with luke warm water followed by Dhoomapana.

- **Akshitarpana** with Triphala ghrita for ×7 days

Shamanoushadi

- Ekangaveera rasa twice a day A/F
- Prabhakara vati twice a day A/F
- Ashwagandha churna ½ tsp twice a day with warm water B/F

Total duration of treatment is 10 days

Date of treatment	Treatment plan
24 -01-26 To 26-01-26	Sthanika ruksha pinda sweda to mukha with kolakulattadi churna
27 -01-26 To 02-02 -26	• Sthanika abhyanga to mukha and greeva with kapasastyadi taila + 10 drops of vishatinduka taila f/b panasa patra sweda • Nasya with karpasastyadi taila (4ml)in each nostrils. • Akshi tarpana with triphala ghrita

RESULTS.

After 10 days of Panchakarma treatment along with Shamanoushadi, she got significant relief in complaints like swelling in left side of face, lacrimation, correction of facial symmetry, no difficulty in speaking.

Clinical Assessment were made from the subjective symptoms and by House Brackman's . The result was seen after 10 days of treatment. There was no side effect observed during and after the treatment.

Table 2: Subjective parameter

Parameter	Before treatment	After treatment
Deviation of mouth towards right side	Present	Improved significantly
Swelling in left side of face	Slightly present	Absent
Nasolabial fold	Loss in left side of face	Normal
Slurred speech	Mild difficulty in pronouncing	Normal Speech
Lacrimation	Mild lacrimation of left eye	Absent
Dribbling of saliva	Absent	Absent
Taste sensation	Altered	Normal

Table 3: House Brackmann's grading

	Before treatment	After treatment
Left side of face	Grade IV (weakness with asymmetry of mouth, forehead frowning none, incomplete closure of left eyelid)	Grade II (Slight weakness noticeable on close observation, normal symmetry at rest, forehead moderate to good function, eye complete closure of left eyelid, mild asymmetry of mouth
Right side of face	Grade I (normal facial function in all area)	Grade I (Normal facial function In all area)

Before Treatment (23 /01/2026)

A

B

A. Inability in complete closure of Left eyelid
B. Inability in showing teeth in left side

AFTER TREATMENT (05 /02 / 2026)

Closure of left eyelid around 95%

Improved teeth showing

Consent has been taken from pt

AFTER ONE MONTH OF FOLLOWUP (06 / 03/2026)

Complete closure of left eyelid

Symmetry in teeth showing

DISCUSSION

Ardita is one among the eighty Nanatmaja Vata Vyadhis described in Ayurveda and clinically resembles Bell's palsy due to the involvement of facial muscles, resulting in facial asymmetry, impaired eye closure, difficulty in speech, and deviation of the mouth. In the present case, the patient developed symptoms following exposure to cold wind during prolonged travel, cold water head bath, excessive talking, and laughter. These factors can be considered as Vata-provoking nidanas, leading to vitiation of Vata Dosha and manifestation of Ardita.

The treatment protocol was planned according to the principles of Ardita Chikitsa, with emphasis on Vata shamana and restoration of facial muscle function. Initially, Sthanika Ruksha Pinda Sweda with Kolakulattadi Churna was administered to remove kapha avarana and reduce local stiffness and swelling, after this patient felt lightness over face.This was followed by Sthanika Abhyanga with Karpasasthyadi Taila and Vishatinduka Taila, along with Panasa Patra Sweda, which helped improve local circulation, relieve pain, and facilitate neuro-muscular recovery.

Nasya Karma was selected as the principal therapy because it is considered the most effective treatment for disorders occurring above the clavicular region. According to Ayurvedic classics, Nasya enables the medicated oil to reach Shringataka Marma, thereby alleviating vitiated Vata and improving the functions of structures located in the head and neck region. Karpasasthyadi Taila possesses Ushna and Tikshna properties, which help in pacifying Vata, reducing inflammation, relieving pain, and restoring normal neuromuscular activity. The administration of Kavala and Dhoomapana after Nasya further aids in expelling residual doshas and enhances the therapeutic efficacy of the procedure.

Akshi Tarpana with Triphala Ghrita was incorporated to protect and nourish the affected eye, particularly because incomplete eyelid closure and mild lacrimation were present. Triphala Ghrita provides lubrication and nourishment to ocular structures and helps prevent complications associated with exposure of the cornea**.**

The Shamana medicines, namely Ekangaveera Rasa,Prabhakara Vati, and Ashwagandha Churna, were administered to support Vata shamana, strengthen neuromuscular tissues, improve nerve function, and enhance overall recovery. Ashwagandha, being a well-known Rasayana and Balya drug, may have contributed to improved muscle strength and functional restoratio.Prabhakar vati is given to maintain blood pressure.

Clinically, the patient showed marked improvement after ten days of treatment. Significant reduction was observed in facial deviation, swelling, lacrimation, speech difficulty, and loss of nasolabial fold. House-Brackmann grading improved from Grade IV to Grade II, indicating substantial recovery of facial nerve function. During follow-up, complete closure of the eyelid and restoration of facial symmetry were observed, suggesting sustained therapeutic benefits.

The positive outcome obtained in this case may be attributed to the combined effect of Panchakarma procedures and Shamana Chikitsa, which collectively acted by pacifying aggravated Vata, improving local circulation, nourishing facial muscles, and promoting recovery of facial nerve function. Although the findings are encouraging, this is a single case study; therefore, larger clinical studies with adequate sample size and longer follow-up are necessary to validate the efficacy of this treatment protocol in the management of Ardita (Bell's palsy).

CONCLUSION

This single case study demonstrates that Ayurvedic management of Ardita (Bell's palsy) can provide significant clinical improvement within a short duration. The patient showed marked recovery in facial symmetry, eyelid closure, speech, taste sensation, lacrimation, and facial muscle functions following a combination of Panchakarma procedures such as Ruksha Pinda Sweda, Nasya with Karpasasthyadi Taila, Akshi Tarpana, and appropriate Shamana Aushadhis. Assessment using the House–Brackmann grading scale revealed improvement from Grade IV to Grade II within 10 days, followed by near-complete recovery during follow-up. No adverse effects or recurrence were observed during the treatment period. These findings suggest that Ayurvedic interventions may be an effective and safe therapeutic approach for the management of Ardita (Bell's palsy). However, since this report is based on a single case, further clinical studies with larger sample sizes are required to validate the efficacy and establish the therapeutic potential of this treatment protocol.

REFERENCES

1. Drdhabala C. Caraka Samhita by Agnivesha with Ayurveda Dipika commentary of Cakrapanidatta. Vaidya Jadavji Trikamji Acharya,editor. Varanasi: Chowkhamba Krishnadas Academy, 2015; 738. (66).
2. Dr Brahmananda Tripathi, editor. Astanga Hrdayam of Srimadvagbhata Delhi: Chaukhamba Sanskrit Pratishthan, 2014; (27,1): 386.
3. Bell Palsy: Practice Essentials, Background, Anatomy. 2023 Jun 13 [cited 2023 Dec 20]; Available
4. from:https://emedicine.medscape.com/article/1146903-overview#a15.Bell's palsy: the spontaneous course of 2,500 peripheral facial nerve palsies of different etiologies. [Internet]. Read by QxMD. [cited 2023 Dec 2 https://read.qxmd.com/read 12482166/bell-s-palsythe-spontaneous-course-of-2-500-peripheral-facialnerve-palsies-of-different-etiologies