

ARDITA ROGA: AN AYURVEDIC AND MODERN PERSPECTIVE WITH RELATION TO UPPER MOTOR NEURON AND LOWER MOTOR NEURON LESIONS

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INTRODUCTION

Ayurveda describes **Ardita** as a disease predominantly caused by aggravated **Vata Dosh**, affecting one half of the face and producing deviation of the mouth, difficulty in speech, impaired eye movements, and facial asymmetry. In modern medicine, these manifestations resemble facial nerve palsy, especially lesions involving the **Upper Motor Neuron (UMN)** and **Lower Motor Neuron (LMN)** pathways of the facial nerve.

Ardita has been explained in classical Ayurvedic texts such as the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya.

Definition of Ardita in Ayurveda

According to Ayurveda, Ardita is one among the **Nanatmaja Vata Vyadhi**.

Charaka Samhita

“अर्धितं नाम वायुनाऽर्धमुखस्य विकृतिः”

Meaning: Due to aggravated Vata, one half of the face becomes distorted.

Sushruta Samhita Sloka

वक्रे भवति वक्त्रे तु नेत्रनासाभ्रुवस्तथा ।

वाक्संगोऽर्धितमित्याहुर्वातनानात्मजं विकारम् ॥

Meaning: Deviation of face, eye, nose, eyebrow, and impairment of speech due to Vata is termed Ardita.

Nidana (Etiological Factors)

Ayurveda describes several causative factors leading to vitiation of Vata:

- Excessive laughing or loud speaking
- Exposure to cold wind
- Suppression of natural urges
- Sleeping in awkward posture
- Trauma
- Excessive chewing of hard food
- Mental stress
- Sudden exposure to cold

Relevant Sloka

उच्चैर्भाष्यं हसनं भारवाहनमत्ययम् ।

शीतवातातपस्पर्शादर्थितं जायते नरम् ॥

Meaning: Excessive speaking, laughing, carrying heavy loads, and exposure to cold wind can cause Ardita.

Samprapti (Pathogenesis)

Vitiated Vata localizes in the regions of:

- Face (Mukha)
- Nose (Nasa)
- Eye (Netra)
- Forehead (Lalata)

This results in:

- Facial deviation
- Difficulty in eye closure
- Slurring of speech
- Drooling of saliva

The pathology mainly involves:

- **Prana Vayu**
- **Vyana Vayu**
- **Udana Vayu**

with involvement of:

- Snayu (ligaments/nerves)
- Sira (vessels)
- Kandara (tendons)

Clinical Features of Ardita

Ayurvedic Symptoms

मुखवक्रता नेत्रस्तम्भो वाक्संगो ललाटरुक् ।
अक्ष्णोर्निमीलनासामर्थ्यमर्धितस्य लक्षणम् ॥

Features

- Deviation of mouth
- Inability to close eye
- Drooling of saliva
- Impaired speech
- Difficulty in chewing
- Forehead pain
- Facial stiffness

Modern Correlation of Ardita

Ardita closely resembles **Facial Nerve Palsy** involving the Facial nerve.

The facial nerve controls:

- Muscles of facial expression
- Taste sensation from anterior tongue
- Lacrimal and salivary glands

Facial palsy is broadly classified into

1. Upper Motor Neuron (UMN) lesion
2. Lower Motor Neuron (LMN) lesion

Upper Motor Neuron Lesion and Arditia

Definition

UMN lesion occurs due to damage above the facial nucleus in the corticobulbar tract.

Common causes:

- Stroke
- Brain tumors
- Multiple sclerosis
- Head injury

Clinical Features

- Contralateral lower facial weakness
- Forehead muscles spared
- Patient can wrinkle forehead
- Mouth deviates to opposite side
- Associated hemiplegia may occur

Reason for Forehead Sparing

The upper facial muscles receive bilateral cortical innervation; therefore, they remain functional even if one corticobulbar tract is damaged.

Relation with Arditia

UMN facial palsy partially resembles Arditia because:

- Facial deviation is present
- Speech difficulty may occur

However, classical Arditia more closely resembles LMN facial palsy because forehead involvement is usually described.

Lower Motor Neuron Lesion and Arditia

Definition

LMN lesion occurs due to damage to the facial nucleus or facial nerve after it exits the brainstem.

Common causes:

- Bell's palsy
- Infection

- Trauma
- Diabetes mellitus
- Otitis media

Clinical Features

- Ipsilateral paralysis of entire face
- Inability to close eye
- Loss of forehead wrinkling
- Drooling of saliva
- Flattened nasolabial fold
- Difficulty in blowing or whistling

Bell's Palsy

Bell's palsy is the most common LMN facial paralysis and is considered the closest modern correlation to Ardita.

Comparative Table: UMN vs LMN Lesions

Feature	UMN Lesion	LMN Lesion
Side affected	Contralateral lower face	Ipsilateral whole face
Forehead wrinkling	Present	Absent
Eye closure	Usually preserved	Lost
Site of lesion	Corticobulbar tract	Facial nerve/nucleus
Common cause	Stroke	Bell's palsy
Relation to Ardita	Partial resemblance	Strong resemblance

Ayurvedic Interpretation of UMN and LMN Lesions

UMN Lesions

Can be understood as:

- Central Vata disorders
- Involvement of Mastishka (brain)
- Pakshaghata-associated facial deviation

The pathology is deeper and often associated with:

- Hemiplegia
- Speech disorders
- Cognitive symptoms

LMN Lesions

Closer to classical Ardita due to:

- Localized Vata aggravation
- Direct involvement of facial muscles and nerves
- Sudden onset facial deviation

Diagnosis

Ayurvedic Diagnosis

Based on:

- Dosha predominance
- Facial asymmetry
- Vata Lakshana
- Nadi examination

Modern Diagnosis

- Neurological examination
- Cranial nerve assessment
- MRI/CT brain
- Nerve conduction studies

Treatment in Ayurveda

Principles

- Vata Shamana
- Brimhana
- Srotoshodhana
- Snayu poshana

External Therapies

1. Abhyanga

Medicated oil massage using:

- Mahanarayana Taila
- Ksheerbala Taila

2. Swedana

Mild fomentation for relieving stiffness.

3. Nasya

Highly important therapy in Ardita.

Relevant Sloka

नासा हि शिरसो द्वारम्

Meaning: Nose is the gateway of the head.

Commonly used oils:

- Anu Taila
- Ksheerbala Taila

4. Shirobasti / Shirodhara

Useful in chronic cases.

Internal Medicines

Common Ayurvedic formulations include:

- Ekangaveera Rasa
- Yogaraja Guggulu
- Maharasnadi Kwatha
- Ashwagandha
- Balarishta

Modern Treatment

For Bell's Palsy

- Corticosteroids
- Antiviral drugs
- Eye care and lubrication
- Physiotherapy
- Facial exercises

For UMN Lesions

Treatment depends on underlying cause:

- Stroke management
- Neurorehabilitation
- Antiplatelet therapy

- Speech therapy

Prognosis

Ayurveda

Recent onset cases with pure Vata involvement have better prognosis.

Chronic cases with muscle wasting and complete paralysis are difficult to treat.

Modern Perspective

- Bell's palsy generally shows good recovery
- UMN lesions depend on severity of brain injury

CONCLUSION

Ardita is a significant Vata Vyadhi described in Ayurveda with remarkable similarity to facial nerve paralysis in modern medicine. Classical descriptions strongly correlate with Lower Motor Neuron facial palsy, particularly Bell's palsy, while some features may overlap with Upper Motor Neuron lesions.

Ayurveda offers a holistic understanding involving Dosha imbalance, especially Vata vitiation, and provides comprehensive management through Panchakarma, internal medications, and rehabilitative therapies. Integrating Ayurvedic principles with modern neurological understanding may improve clinical interpretation and patient care in facial paralysis disorders.

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