

**MANAGEMENT OF ARDITA (BELL'S PALSY) THROUGH
AYURVEDA: A CASE STUDY****Rashmi G.^{1*} and Archana C. P.²**

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ABSTRACT

Ardita, known as Bell's palsy in modern medicine, is a neurological condition marked by unilateral facial paralysis due to inflammation or compression of the facial nerve. In Ayurveda, it is classified as a Vata Nanatmaja Vyadhi caused by an aggravated Vata dosha. This case study documents the management of a 40-year-old male presenting with facial asymmetry, inability to chew, incomplete blinking, slurred speech, and drooling. The patient underwent a 14-day comprehensive treatment regimen comprising Panchakarma therapies—such as Nasya (Errhine therapy), Kukuntanda Sweda (Egg sudation), Ksheerdhooma (Medicated milk steam therapy), and Abhyanga (Massage)—along with internal medications, including Maharasnadi Kashaya, Cap. Palsineuron, Cap. Ksheerbala and Gandharvahrithaki powder. The results showed significant improvement in facial symmetry, muscle strength, and nerve functionality, with 100% relief from slurred speech

and dribbling of saliva, 75% improvement in chewing ability and mouth deviation, and 50% improvement in eye blinking. The House-Brackmann grading improved from Grade 4 to Grade 2. No adverse effects were reported during the treatment. This case highlights the effectiveness of Ayurveda in managing Bell's palsy by addressing the root cause and restoring normal nerve function. Further studies on larger cohorts are needed to establish statistical validity.

KEYWORDS: Ardita, Bell's palsy, Panchakarma, Nasya, Ksheerdhooma, Ayurvedic treatment, Vata dosha.

INTRODUCTION

Ardita, a disorder mentioned in Ayurveda, aligns closely with the clinical presentation of Bell's palsy. Bell's palsy affects approximately 23 per 100,000 individuals annually, leading to facial paralysis caused by facial nerve inflammation and compression.^[1,2] The condition is often linked to aggravated Vata dosha in Ayurveda, which disrupts nerve function and causes facial asymmetry and muscle weakness.^[3]

Ayurvedic texts, such as *Charaka Samhita* and *Sushruta Samhita*, describe treatment strategies involving Panchakarma therapies like Nasya (Errhine therapy), Abhyanga (Massage) and Swedana (Sudation). These therapies, combined with specific herbal medications, are known to pacify Vata dosha and restore normal nerve function.^[4-6]

This case study explores the application of these therapies in the effective management of Bell's palsy, offering insights into Ayurveda's potential to treat neurological disorders.

Methods

Case history

A 40-year-old male presented with a 20-day history of:

- Deviated mouth (Left side).
- Inability to chew on the right side.
- Slurred speech.
- Incomplete blinking of the right eye.

The patient also reported mild dribbling of saliva and associated symptoms, including constipation and general debility.

The patient's history revealed hypertension (On antihypertensive medications for 5 years) but no diabetes, trauma, or surgical interventions. MRI confirmed compression of the facial nerve.

Examinations

- **General examination:** Blood pressure (130/70 mmHg), pulse (74/min), afebrile, fair general condition.

- **Neurological examination:** Symptoms such as right-sided facial paralysis, inability to frown or close the right eye, and dribbling of saliva. House-Brackmann grading was determined to be Grade 4 at the onset.^[7]

Treatment protocol

The patient underwent a 14-day Panchakarma treatment regimen alongside palliative internal medications:

External treatments

1. **Whole-body and facial massage** (*Abhyanga*) using Masha oil to pacify aggravated Vata dosha and stimulate blood circulation.^[8]
2. **Kukuntanda sweda:** Egg-based sudation therapy, enhancing muscle strength and reducing nerve inflammation.^[9]
3. **Ksheerdhooma:** Medicated milk steam therapy, promoting relaxation and detoxification.^[10]
4. **Nasya therapy:** Panchedriya Vardhana oil applied to the nasal passages, addressing nerve inflammation and improving facial muscle tone.^[11]

Internal medications

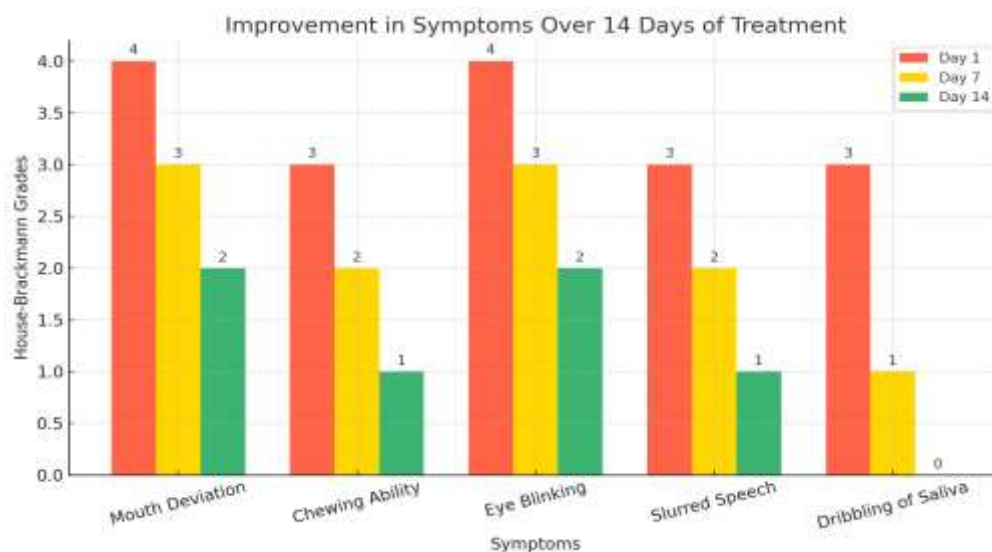
- **Maharasnadi kashaya** (15 mL twice daily): A decoction for balancing Vata dosha.
- **Cap. palsineuron** (1 capsule twice daily): Enhances nerve recovery and reduces inflammation.
- **Cap. ksheerbala 101** (1 capsule twice daily): Nourishes nerve tissues and improves microcirculation.
- **Gandharvaharitaki powder** (10 g at bedtime): A mild purgative to relieve associated constipation and regulate Vata.^[12-15]

RESULTS

Assessment was done using the House-Brackmann grading scale. The results indicated significant improvements:

Symptom	Day 1 (Grade)	Day 7 (Grade)	Day 14 (Grade)	Improvement (%)
Mouth deviation	4	3	2	75%
Inability to chew	3	2	1	75%
Eye blinking	4	3	2	50%
Slurred speech	3	2	1	100%
Dribbling of saliva	3	1	0	100%

The patient's facial symmetry, muscle tone, and nerve functionality improved dramatically, with no side effects reported.



DISCUSSION

The management of Bell's palsy in Ayurveda is rooted in pacifying aggravated Vata dosha and restoring normal nerve function. This case study highlights the efficacy of combining external Panchakarma therapies with internal medications.

Key Therapies and Their impact

- Nasya therapy effectively reduced nerve compression and inflammation through improved circulation and lubrication of the nasal passages.^[16]
- Ksheerdhooma and Kukuntanda Sweda enhanced local blood flow, facilitating faster nerve recovery and muscle relaxation.^[17]
- Internal medications, such as Cap. Ksheerbala and Maharasnadi Kashaya, addressed systemic Vata aggravation, supporting nerve repair and preventing recurrence.^[18]

These therapies align with classical Ayurvedic texts emphasizing the need for nourishing treatments to balance Vata and strengthen nerves.^[19]

Comparison with modern medicine

While modern medicine typically involves corticosteroids and physiotherapy, the Ayurvedic approach offers a holistic alternative with minimal side effects.

CONCLUSION

This case study demonstrates the potential of Ayurvedic therapies in managing Bell's palsy. Panchakarma treatments, combined with herbal medications, provided substantial relief, highlighting their role in nerve recovery and symptom resolution. Further research involving larger sample sizes is recommended to establish statistical significance and validate the efficacy of this treatment protocol.

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