

**A CLINICAL APPROACH TO THE AYURVEDIC MANAGEMENT OF
ARDITA W.S.R. BELL'S PALSY – A CASE STUDY****Dr. Abhishek^{1*}, Dr. Ramaling S. Hugar²**¹P. G. Scholar, Department of P. G. Studies in Kayachikitsa, TGAMC, Ballari.²Assistant Professor, Department of Kayachikitsa, TGAMC, Ballari.

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ABSTRACT

Introduction: Ardita is a vataja nanatmaja vikara, vitiation of Vata Dosha in the Urdhvajatrugata leading to impairment of the Dhamani's and Snayus of the facial region. Ardita simulates bell's palsy or acute idiopathic lower motor neuron palsy. This is characterised by sudden-onset paralysis or weakness of the muscles on one side of the face controlled by the facial nerve. Bell's palsy is an idiopathic, presumed immune-mediated phenomenon, possibly with an infection as the inciting event. The patient was hospitalised and managed with Nasya, Mukhabhyanga and ksheeradhooma. **Objective:** To assess the efficacy of Nasya, Mukha abhyanga and ksheeradhooma in Ardita W.S.R to Bell's palsy. **Methodology:** Study design: prospective, open-label, uncontrolled, incidental single-case study. A male patient aged 20-years has presented with chief complaints of facial deviation towards the left side, inability to

close the right eye, absence of forehead wrinkling and difficulty in chewing food, persisting for the past two days. Based on the clinical presentation and Ayurvedic principles, the condition was diagnosed as Ardita and treated with Nasya by Anu Taila and Ksheerabala 101 Avartita Taila 4 ml in each nostril, followed by Mukha abhyanga and ksheeradhooma for 9 days. Shamanoushadi like balarishta and ekangaveera rasa continued for 15 days. **Observation and results:** The patient got Significant improvement in facial symmetry, eye closure, and masticatory function and relief in all symptoms without any residual weakness or deformity. **Conclusion:** Nasya with Ksheerabala 101 avartita taila, Mukha Abhyanga and

Ksheera Dhooma, and shamana rasa rasayana showed promising results in Bell's palsy (mukha Ardita).

KEYWORDS: Ardita, Bell's palsy, Nasya.

INTRODUCTION

Ardita is a Vata-predominant neurological disorder described in the Ayurvedic classics, characterized predominantly by unilateral involvement of the facial musculature. It is one of the Nanatmaja Vata Vyadhis^[1], indicating the predominant role of Vata Dosha in its pathogenesis. The classical features of Ardita include *Vaktrardha Vakrata* (deviation of one half of the face), *Vaksanga* (impairment of speech), and *Netradinam Vaikrutam* (abnormality of the eyes).^[2]

In the Charaka Samhita, Ardita is described as a condition predominantly affecting one half of the face, with or without involvement of other parts of the body.^[3] Sushruta Samhita primarily describes Ardita as a disorder involving the facial region.^[4] These descriptions indicate the characteristic unilateral distribution and predominant involvement of facial motor functions.

Classical manifestations of Ardita resemble Bell's palsy, which is an acute unilateral lower motor neuron facial nerve palsy.^[5] Bell's palsy is characterized by sudden-onset unilateral facial weakness, facial asymmetry, deviation of the angle of the mouth, inability to completely close the eye, drooling, and difficulty in mastication. Altered taste sensation may also occur. Bell's phenomenon, characterized by upward rotation of the eyeball during attempted eye closure^[6], may be observed in patients with facial nerve palsy.

The management of Ardita is primarily based on Vata Shamana, Brimhana, Snehana and Swedana. Classical therapeutic measures include Nasya Karma, Murdha Taila, Tarpana, Nadi Sweda and Upanaha Sweda^[7], with the aim of alleviating Vata Dosha and supporting the functional recovery of the affected region.

The clinical similarity between Ardita and Bell's palsy provides a basis for evaluating Ardita from a contemporary neurological perspective. The present article therefore focuses on the Ayurvedic understanding of Ardita, its clinical correlation with Bell's palsy, and the rationale for its therapeutic management based on classical principles.

AIMS AND OBJECTIVES

To assess the efficacy of Nasya, Mukha abhyanga and ksheeradhooma in Ardita W.S.R. to Bell's palsy.

CASE REPORT

A 20-year-old male patient presented to the Kayachikitsa Outpatient Department (OPD) of Taranath Government Ayurveda Medical College and Hospital (TGAMCH), Ballari, with complaints of deviation of the angle of the mouth towards the left side, decreased sensation over the right side of the face, inability to close the right eye, absence of forehead wrinkling on the right side, and difficulty in chewing food for the past two days.

History of present illness

According to the patient, he was apparently healthy until two days before presentation, when he suddenly developed deviation of the angle of the mouth towards the left side while eating sugarcane. This was associated with decreased sensation over the right side of the face, inability to close the right eye, absence of forehead wrinkling on the right side, and difficulty in chewing food. In view of these complaints, he presented to TGAMCH, Ballari, for further evaluation and management.

Past history

- Medical history: No significant comorbidities
- Surgical history: No significant surgical history.

Personal history

- Bowel: Regular
- Appetite: Normal
- Micturition: Normal
- Sleep: Normal
- Habits: No h/o alcohol or tobacco consumption
- Occupation: Student

Ashtasthana pariksha

- Nadi – Vata - Pitta
- Mutra – 5-6 times a day
- Mala – Once in a day.

- Jhiva – Lipta
- Shabda – No badhirya, karnanada, karnasrava
- Sparsha – Prakruta
- Druk – Prakruta
- Akruti – Madhyama.

Dashavidha pariksha

- Prakruti – Vata - Pitta
- Vikruti – Vata, mamsa, snayu, kandara
- Saara – Mamsasaara (Madhyama)
- Samhanana – Madhyama
- Satva – Madhyama
- Satmya – Madhyama
- Ahara Shakti – Madhyama
- Vyayama Shakti – Madhyama
- Pramana – Madhyama
- Vaya – 20 years.

General examination

- Build – Moderate
- Height – 5 feet 5 inches
- Weight – 60kg
- BMI – 21.5 kg/m²
- Pallor – Absent
- Icterus – Absent
- Cyanosis- Absent
- Clubbing – Absent
- Nails- Normal
- Limbs- Normal
- Skin- Normal
- Lymphadenopathy & Oedema-Absent.

Systemic examination

- **Central Nervous System**

Higher Mental Functions – Intact

Consciousness – Conscious

Orientation – Oriented to time, place, person

Memory (Recent and remote) – Intact

Speech – Slurred speech.

- Cranial nerves examinations

Neurological examination of all cranial nerves was performed and found intact except the facial nerve (7th cranial nerve).

7th cranial nerve (facial nerve) examination

- Motor.

Forehead frowning	Not possible on right side
Eyeblink raising	Not possible on right side
Eye closure	Incomplete closure of right eye lid
Clenching of teeth	Mouth deviates to the left side
Blowing of cheeks	Air found to be escaped to through the right angle of mouth
Nasolabial fold	Loss on right side
Hyperacusis	Absent
Smile	Deviation of mouth towards left side
Bell's phenomenon	Absent
Drooping of the angle of mouth	Towards right angle of mouth

Muscle power and tone of all limbs are intact.

Deep tendon reflexes such as Biceps, triceps, supinator, knee jerk and ankle jerk reflexes were normal.

- **Respiratory system**- Symmetrical chest, no added sounds, bilateral normal air entry. B/L Normal vesicular sounds heard.

- **Cardiovascular System** – S1 and S2 heard; no murmur was heard.

Assessment criteria

House-Brackmann Grading Scale for Bell Palsy^[8]

GRADE	CHARACTERISTICS
I	Normal facial function in all areas.
II	Gross: Slight weakness noticeable on close inspection; may have very slight

	synkinesis. At rest: Normal symmetry and tone. Motion: Forehead, moderate to good function; eye, complete closure with minimum effort; mouth, slight asymmetry.
III	Gross: Obvious but not disfiguring difference between two sides; noticeable but not severe synkinesis, contracture, and/or hemifacial spasm. At rest: Normal symmetry and tone. Motion: Forehead, slight to moderate movement; eye, complete closure with effort; mouth, slightly weak with maximum effort.
IV	Gross: Obvious weakness and/or disfiguring asymmetry. At rest: Normal symmetry and tone. Motion: Forehead, none; eye, incomplete closure; mouth, asymmetric with maximum effort.
V	Gross: Only barely perceptible motion. At rest: Asymmetry. Motion: Forehead, none; eye, incomplete closure; mouth, slight movement.
VI	Total paralysis: No movement.

TREATMENT

Shodhana karma

DATE		TREATMENT	DURATION
30/05/24-08/06/24	Poorva karma	Sthanika abhyanga to jatru urdhwa region f/b Kheera dhooma	9 days
	Pradhana karma	Nasya with Anutaila ⁹ 4 ml in each nostril for 1 st 3 consecutive days.	3 days
		Nasya with Ksheerabala 101 avarti ¹⁰ 4 ml in each nostril for the next 6 consecutive days	6 days
	Paschat karma	Dhoomapana with haridra dhumavarti Kavala with ushna jala	

Shamanoushadi (09/06/24 – 22/06/24)

Ekangaveera rasa^[11]: 1 tab twice daily after food

Balarishta^[12]: 15 ml twice daily after food.

OBSERVATION AND RESULTS

Subjective parameters	Before treatment	After treatment
Forehead frowning	Not possible on right side	Possible on right side
Eyebrow raising	Not possible on right side	Possible on right side
Eye closure	Incomplete closure of right eye lid	Complete closure of rt eyelid
Clenching of teeth	Mouth deviates to the left side	Mouth shape normal
Blowing of cheeks	Air found to be escaped to through the right angle of mouth	Able to blow the cheeks
Nasolabial fold	Loss on right side	Normal on right side

Hyperacusis	Absent	Absent
Smile	Deviation of mouth towards left side	no deviation observed
Bell's phenomenon	Absent	Absent
Drooping of angle of mouth	Towards right angle of mouth	No drooping

House-Brackmann Grading Scale^[8]

	Before treatment	After treatment
Right side of face	Grade IV: Gross: Obvious weakness and/or disfiguring asymmetry. At rest: Normal symmetry and tone. Motion: Forehead, none; eye, incomplete closure; mouth, asymmetric with maximum effort.	Grade II: Gross: Slight weakness noticeable on close inspection; may have very slight synkinesis. At rest: Normal symmetry and tone. Motion: Forehead, moderate to good function; eye, complete closure with minimum effort; mouth, slight asymmetry.
Left side of face	Normal facial function in all areas.	Normal facial function in all areas.

Forehead Frowning and Eyebrow Raising

BEFORE INTERVENTION

AFTER NASYA

AFTER INTERVENTION



Clenching of Teeth and Nasolabial Fold

BEFORE INTERVENTION

AFTER NASYA

AFTER INTERVENTION

**Blowing of Cheeks**

BEFORE INTERVENTION

AFTER NASYA

AFTER INTERVENTION

**DISCUSSION**

Ardita is a Vataja Nanatmaja Vyadhi predominantly affecting the Urdhvajatru region. In the present case, management was planned based on the principles of Srotoshodhana, Vata

Shamana, Balya, and Brimhana. The patient was treated with Nasya, abhyanga and Ksheera Dhooma procedures, followed by Shamana Aushadhi possessing Vata-Shamaka, Balya, and Brimhana properties.

Sthanika Abhyanga: over the Jatru-urdhva region, with its Snigdha and mrudu properties, counters the Ruksha and Khara attributes associated with aggravated Vata. Local application also provides a therapeutic focus over the region predominantly affected in Ardita and prepares the tissues for subsequent Svedana and Nasya.

Ksheera Dhooma: It is a type of Snigdha Sweda in which medicated milk, commonly prepared with drugs such as *Bala* and *Dashamoola*, is used for therapeutic fomentation. It combines the therapeutic principles of Snehana and Swedana and is traditionally indicated for Vata-dominant disorders. The Ushna and Snigdha properties of the procedure are considered to facilitate Vata Shamana and Srotoshodhana. The use of nourishing drugs such as Ksheera and Bala is traditionally considered to impart Balya and Brimhana effects, thereby supporting the nourishment and functional recovery of the affected Mamsa and Snayu. The warmth generated during the procedure may facilitate local tissue relaxation, improve the pliability of the affected tissues, and promote comfort and functional mobility of the facial musculature.

Nasya: It is considered an important treatment for Urdhvajatrugata Rogas, as stated in the classical dictum “*Nasa hi Shiraso Dwaram*”, describing the nose as the gateway to the head. The drug administered through the nostrils reaches the Sringataka marma (sira) by nasa srotas and spreads in the murdha(brain), reaches at a junctional place of Netra, srotra, kantha, siramukhas, etc and removes the morbid doshas present above the supraclavicular region and expels them from the uttamanga. *Anu Taila* shodhana nasya was administered for 3 days, owing to its Katu and Tikta Rasa, Laghu, Tikshna, Sukshma and Vyavayi Guna, Ushna Veerya, and Katu Vipaka, which are traditionally considered to promote Srotoshodhana and alleviate Avarana in the affected Srotas. This was followed by *Ksheerabala 101 Avarthi* brahmana Nasya for 6 days. The properties of its principal ingredients, Ksheera, Bala, and Taila, are traditionally associated with Snigdha, Balya, Brimhana, and Vata-Shamana actions, thereby supporting nourishment and functional recovery of the affected tissues.

Ekangaveera Rasa: Classically, it is described as “*Sarvan Vatamayan Hanti*”. The formulation contains ingredients such as Parada, Gandhaka, Abhraka Bhasma, and Loha Bhasma, which are traditionally attributed with Srotoshodhana, Rasayana, and Balya

properties. These actions provide a classical rationale for its use in Vata-dominant disorders and may support the strength and functional recovery of the affected tissues.

Balarishta: It contains ingredients such as *Bala*, *Ashwagandha*, *Rasna*, and *Ela*, along with other ingredients, and is traditionally described with predominantly Madhura and Tikta Rasa, Guru and Snigdha Guna, and Vata-Shamaka properties. These attributes support its use in Vata-dominant conditions. Its Balya and Brimhana actions may contribute to the nourishment and functional support of the affected tissues, including Mamsa and Snayu.

Overall, the treatment protocol applies the classical principle of Vatasamana through Snehana, Svedana, Nasya, and systemic Shamana therapy. The sequential use of Anu Taila shodhana nasya followed by Ksheerabala 101 avarti, brhmana nasya represents a distinctive feature warranting further evaluation in controlled clinical studies.

CONCLUSION

The present case indicates that Ayurvedic management, comprising oral medication along with Nasya therapy, may have a beneficial role in the management of Ardita, particularly when treatment is initiated at an appropriate stage of the disease. Significant improvement was observed in the patient's clinical manifestations following the intervention. However, being a single case report, these findings cannot be generalized. Further well-designed clinical studies involving larger sample sizes and appropriate control groups are warranted to establish the efficacy and statistical significance of this therapeutic approach.

DECLARATIONS

Patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the subjects have given their consent for images and other clinical information to be reported in the journal. The subjects understand that names and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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