RESEARCH PAPER

Early Ayurvedic Intervention for Ardita with special reference to Bell's Palsy: A Case Report

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ABSTRACT

Background: *Ardita* is described as a disorder in which there is deviation or distortion of half of the face, either alone or along with involvement of half of the body. The clinical presentation of *Ardita*, especially when confined to one side of the face, can be correlated with lower motor neuron type facial palsy, commonly known as Bell's palsy. Bell's palsy presents with sudden onset unilateral facial weakness, inability to close the eye, deviation of mouth, drooling of saliva, lacrimation, and impaired facial expression.

Case Presentation: A 22-year-old unmarried female student presented to the Panchakarma OPD on 05/12/2025 with mild numbness on the left side of the face for one day, deviation of the mouth towards the right side since morning, drooling of saliva from the left angle of the mouth, inability to close the left eye, and watering from the left eye. On examination, there was loss of left nasolabial fold, incomplete closure of the left eyelid with Bell's phenomenon, lacrimation from the left eye, and weakness of left-sided facial movements. Higher mental functions, motor system, sensory system, and other cranial nerves were intact. The case was diagnosed as Ardita and correlated with Bell's palsy of lower motor neuron type.

Intervention: The patient was managed with *Shamana* medicines from 05/12/2025, followed by *Nasya Karma* with *Karpasthyadi Taila*, 20 drops in each nostril, from 08/12/2025 to 14/12/2025. This was followed by *Tailadhara* with *Murchita Tila Taila* from 15/12/2025 to 21/12/2025. Oral medicines including *Dhanadhanyadi Kashaya*, *Ekangaveera Rasa*, *Gorochanadi Vati*, and *Brihat Vata Chintamani Rasa* with gold were continued during the treatment period.

Outcome: After *Nasya Karma*, deviation of the mouth reduced by approximately 70%, drooling of saliva reduced by approximately 90%, watering from the left eye reduced by approximately 70%, and partial closure of the left eye became possible. After *Tailadhara*, deviation of the mouth, drooling of saliva, watering from the eye, inability to close the eye, and loss of nasolabial fold were completely relieved.

Conclusion: This case suggests that early Ayurvedic intervention with *Shamana* medicines, *Nasya Karma,* and *Tailadhara* may help in the management of *Ardita*/Bell's palsy by pacifying *Vata-Kapha* involvement, improving facial muscle function, and supporting faster clinical recovery. However, as Bell's palsy may be self-limiting, further well-designed clinical studies with objective grading scales and longer follow-up are required

Keywords: Ardita, Bell's palsy, Facial palsy, Nasya Karma, Karpasthyadi Taila, Tailadhara, Panchakarma

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INTRODUCTION

Ardita is one among the important *Vatavyadhi* described in Ayurvedic classics. It is characterized by deviation or distortion of half of the face and impairment of functions related to facial expression, eye closure, speech, salivation, and oral activities. Acharya Charaka has explained Ardita as a condition affecting half of the face, with or without involvement of half of the body. Acharya Sushruta has described the condition mainly with involvement of the face, which closely resembles facial paralysis in modern medicine.[1,2]

Bell's palsy is an acute lower motor neuron facial nerve palsy. It commonly presents with sudden onset unilateral facial weakness, deviation of the mouth to the opposite side, inability to close the affected eye, drooling of saliva, flattening of the nasolabial fold, altered speech, excessive tearing, and difficulty in eating or drinking. Modern treatment mainly includes corticosteroids, antiviral therapy in selected cases, physiotherapy, and eye protection.[4,5]

In Ayurveda, *Nidana* such as exposure to cold wind, cold water contact, *Ratri Jagarana*, *Diwaswapna*, *Chinta*, improper food habits, and *Vata*-provoking factors are considered important in the manifestation of *Vata* disorders.

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In this case, the patient had a habit of washing the face with cold water daily in the morning, followed by travelling on a bike for around 30 minutes, and she also used to study late at night up to 12–1 am. These factors may have contributed to *Vata Prakopa* along with *Kapha Avarana*, resulting in *Sthanasamshraya* in the left half of the face.

The present case report describes the clinical presentation and Ayurvedic management of a young female patient diagnosed with *Ardita*, correlated with Bell's palsy of lower motor neuron type, managed with *Shamana* medicines, *Nasya Karma*, and *Tailadhara*.

CASE PRESENTATION

A 22-year-old female student visited the OPD on 05/12/2025 with complaints of mild numbness on the left side of the face for one day. After waking up in the morning, she noticed deviation of the mouth towards the right side, drooling of saliva from the left side of the mouth, inability to close the left eye completely, and watering from the left eye. She also complained of dribbling of food contents from the left angle of the mouth while eating.

There was no significant past history. She was not a known case of hypertension or diabetes mellitus. There was no history of previous surgery and no significant family history. She had no previous treatment history for the present condition. Her menstrual history was normal, with menarche at 14 years, regular menstrual cycles of 29–30 days, and last menstrual period on 22/11/2025. Bowel and micturition habits were normal. Appetite was reduced and sleep was sound.

CLINICAL FINDINGS

On general examination, pulse was 68/min. *Ashtavidha Pareeksha* showed *Nadi* as *Mandookavata*, *Mutra* 4–5 times/day and *Prakrita, Mala* as *Nirama* and *Niragandha*, *Jihva* as *Nirlipta*, *Shabda* as *Aspashta*, *Sparsha* as *Samashitoshna*, *Drik* as *Prakrita*, and *Akruti* as *Madhyama*. *Dashavidha Pa*reeksha showed Vata-Pittaja *Prakriti, Kapha-Vata Vikriti*, *Madhyama Sara*, *Madhyama Samhanana*, *Madhyama Pramana*, *Madhyama Satmya*, *Madhyama Satva*, *Madhyama Ahara Shakti*, *Madhyama Vyayama Shakti*, and *Yuva Vaya*.

Inspection revealed deviation of mouth towards the right side, loss of nasolabial fold on the left side, lacrimation from the left eye, dribbling of saliva from the left angle of the mouth, and incomplete closure of the left eyelid. Bell's phenomenon was present on the left side.

Higher mental functions were intact. The patient was conscious and oriented to time, place, and person. Recent and remote memory were not affected. Intelligence was intact and hallucinations or delusions were absent. Speech was slow and words were mumbled.

Cranial nerve examination showed isolated involvement of the left facial nerve. Forehead frowning and eyebrow raising were not possible on the left side. Eye closure was not possible on the left side. Showing teeth and blowing the cheek were impaired on the left side. Nasolabial fold was decreased on the left side. Dribbling of saliva was present from the left corner of the mouth. Taste perception was not affected. Other cranial nerves were intact.

Motor examination of upper and lower limbs showed normal muscle bulk, tone, and power of 5/5 bilaterally. Deep tendon reflexes were normal. Coordination tests were within normal limits. No signs of hemiplegia or central nervous system involvement were observed.

DIAGNOSTIC ASSESSMENT

Based on the clinical presentation, the case was diagnosed as *Ardita* and correlated with Bell's palsy of lower motor neuron type. The main diagnostic points were sudden onset unilateral facial weakness, inability to close the left eye, deviation of mouth to the right side, drooling of saliva from the left side, loss of nasolabial fold on the left side, and Bell's phenomenon.

Differential diagnosis included *Pakshavadha*, *Pakshaghata*, cerebrovascular accident, upper motor neuron facial palsy, and lower motor neuron facial palsy. *Pakshavadha* and *Pakshaghata* were excluded because there was no involvement of half of the body and no weakness of upper or lower limbs. Cerebrovascular accident was unlikely because higher mental functions, motor power, reflexes, and coordination were normal. Upper motor neuron facial palsy was excluded because both upper and lower parts of the left side of the face were affected. Therefore, the final diagnosis was Ardita, correlated with Bell's palsy of lower motor neuron type.[4]

AYURVEDIC DIAGNOSIS AND SAMPRAPTI

The *Nidana* observed in this patient were *Sheetala Vayu Sevana*, *Sheetala Jala Mukha Prakshalana*, *Diwaswapna, Ratri Jagarana,* and *Chinta*. These *Nidana* may cause *Kapha* and *Vata Vriddhi*. *Kapha* may produce *Avarana* to *Vata*, resulting in *Vata Prakopa*. The vitiated *Vata* then undergoes *Sthanasamshraya* in the left half of the face, producing *Mukhardha Vikriti* and features of *Ardita*.

The *Samprapti Ghataka* were as follows:

Dosha: *Vata Pradhana Kapha*
Dushya: *Rasa, Rakta*
Srotas: *Rasavaha* and *Raktavaha Srotas*
Srotodushti: *Sanga* and *Vimargagamana*
Agni: *Jatharagni and Dhatvagni Mandya*
Udbhavasthana: *Amashaya* and *Pakvashaya*
Vyaktasthana: *Mukhardha*
Adhishthana: *Shiras* and *Indriya*
Rogamarga: *Madhyama Rogamarga*
Sadhyasadhyata: *Kricchra Sadhya*

The *Roopa* observed in this case were *Dakshina Mukhardha Vakrata, Vaama Akshi Nimesha Hrasa, Ashru Shrava from Vaama Netra,* and *Lalasrava* from the left angle of the mouth.

THERAPEUTIC INTERVENTION

The treatment was planned according to the principles of *Vatavyadhi Chikitsa* and *Ardita Chikitsa*. The treatment included *Shamana* medicines initially to bring the condition to *nirupstambha* then followed by *Nasya Karma* with

Karpasthyadi Taila, and *Tailadhara* with *Murchita Tila Taila*.

Table 1. Treatment schedule

Date	Procedure	*Shamana* Medicines
05/12/2025 to 07/12/2025	No procedure	*Dhanadhanyadi Kashaya* 15 ml TID; *Ekangaveera Rasa* 2 tablets TID; *Gorochanadi Vati* 1 tablet TID; *Brihat Vata Chintamani Rasa* with gold 1 tablet OD
08/12/2025 to 14/12/2025	*Nasya Karma* with *Karpasthyadi Taila*, 20 drops in each nostril	Same medicines continued
15/12/2025 to 21/12/2025	*Tailadhara* with *Murchita Tila Taila*	Same medicines continued

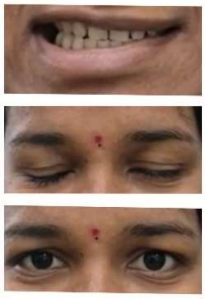
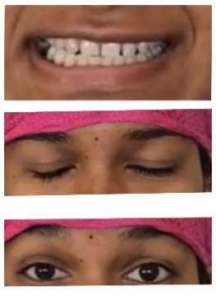
Nasya Karma was selected because it is one of the main treatments described for *Ardita*.[3] The route of administration through the nostrils is considered effective in disorders of *Shiras* and *Indriya*. *Karpasthyadi Taila* was selected for its *Vata-Kaphahara, Brimhana, Balya*, and *Shothahara* properties. *Tailadhara* with *Murchita Tila Taila* was used for *Sthanika Snehana* and *Vata Shamana*.

The oral medicines were selected to support *Vata-Kapha Shamana*, *Brimhana, Rasayana*, *Srotoshodhana*, and strengthening of the nervous system. *Dhanadhanyadi Kashaya* is indicated in *Ardita* and *Vata* disorders. *Ekangaveera Rasa* and *Brihat Vata Chintamani Rasa* were used for their *Brimhana* and *Rasayana* actions. *Gorochanadi Vati* was used for *Kapha-Vatahara* and *Srotoshodhana* action.

OUTCOME AND FOLLOW-UP

The patient showed gradual improvement after the treatment. After *Nasya Karma*, deviation of mouth reduced by approximately 70%, drooling of saliva reduced by approximately 90%, watering from the left eye reduced by approximately 70%, and partial closure of the left eye became possible. After completion of *Tailadhara*, the patient was able to close the left eye completely. Deviation of mouth, drooling of saliva, watering from the eye, and loss of nasolabial fold were completely relieved.

Table 2. Clinical outcome before and after treatment

Clinical Feature	Before Treatment	After *Nasya Karma*	After *Tailadhara*
Deviation of mouth	Deviation of mouth towards right side; Bell's phenomenon present	Deviation reduced up to 70%	Deviation reduced completely
Drooling of saliva	Drooling from left side of mouth	Reduced up to 90%	Reduced completely
Watering from left eye	Present	Reduced up to 70%	Reduced completely
Closure of left eye	Not able to close left eye	Partial closure possible	Complete closure possible
Nasolabial fold	Not present on left side	Mildly present on left side	Present
Images			

DISCUSSION

Ardita is mainly a *Vata Vyadhi*, but in this case *Kapha* association was also evident. The *Nidana* such as exposure to cold wind, cold water use, late-night study, disturbed routine, and mental stress may have caused *Vata Prakopa*. *Kapha* involvement may have produced *Avarana*, resulting in obstruction of the normal movement of *Vata*. This process may explain the sudden onset of facial deviation, impaired eyelid closure, drooling of saliva, and altered facial expression.

The clinical presentation closely resembled Bell's palsy of lower motor neuron type. In Bell's palsy, facial nerve dysfunction leads to weakness of the muscles of facial expression. In lower motor neuron facial palsy, both the upper and lower parts of the face are affected. This was clearly seen in the present case, as the patient could not wrinkle the forehead, raise the eyebrow, close the eye, show teeth, or blow the cheek on the affected side. The absence of limb weakness, preserved consciousness, normal motor power, normal coordination, and intact other cranial nerves helped in excluding central nervous system causes.

According to modern medicine, Bell's palsy may be associated with inflammation and edema of the facial nerve within the narrow facial canal. Viral reactivation has also been considered one of the probable mechanisms. Corticosteroids are considered first-line treatment in acute Bell's palsy, and eye protection is important when eyelid closure is incomplete.[6,7] However, in the present case, the documented management was based on Ayurvedic principles and included *Shamana* medicines, *Nasya Karma*, and *Tailadhara*.

Nasya Karma is specifically indicated in disorders of the head and sense organs. In Ayurveda, the nose is considered the route to the head. The *Nasya Dravya* is believed to reach *Shringataka Marma* and spread through related *Srotas*, thereby pacifying vitiated *Doshas* and nourishing the structures of the head and face.[1,3] *Karpasthyadi Taila* may have helped through its *Vata-Kaphahara, Brimhana, Balya*, and *Shothahara* actions. These properties are suitable in *Ardita* where *Vata* disturbance, *Kapha Avarana*, weakness of facial muscles, and impaired nerve function are present.

Tailadhara with *Murchita Tila Taila* was administered after *Nasya Karma*. *Ta*iladhara provides continuous *Snehana* and *Shamana* effect over the head region. *Tila Taila* is considered useful in *Vata* disorders due to its *Snigdha, Guru*, and *Vatahara* qualities. In this patient, *Tailadhara* may have supported further relaxation of local tissues, *Vata Shamana*, nourishment, and improvement in facial movements.

The oral medications also contributed to the therapeutic effect. *Dhanadhanyadi Kashaya* is described as useful in *Ardita* and *Vata* disorders. *Ekangaveera Rasa* and *Brihat Vata Chintamani Rasa* may help through *Brimhana, Rasayana*, and *Vatahara* actions. *Gorochanadi Vati* may help in *Kapha-Vatahara* action and *Srotoshodhana*, which is relevant in the *Samprapti* of *Kapha Avarana* to *Vata*.

The patient showed marked improvement after *Nasya Karma* and complete clinical recovery after *Tailadhara*. The improvement in eye closure, drooling, facial deviation, lacrimation, and nasolabial fold suggests restoration of facial muscle function. Early intervention may have played an important role in recovery. However, Bell's palsy is also known to be self-limiting , recovery usually begins within 3 weeks and most patient recover within 3-6 months[5,7] ;therefore, the improvement in this single case cannot be attributed only to the intervention without controlled evidence.

STRENGTHS OF THE CASE REPORT

This case is clinically important because the patient presented at an early stage of *Ardita*/Bell's palsy and was managed with a clearly documented Ayurvedic protocol. The case includes detailed history, *Nidana*, Ayurvedic examination, cranial nerve examination, differential diagnosis, treatment schedule, and clinical outcome. The improvement was documented at different stages of treatment, namely after *Nasya Karma* and after *Tailadhara*.

LIMITATIONS

This is a single case report and does not establish general efficacy. Electrophysiological assessment, imaging, laboratory evaluation, and viral markers were not available.

CONCLUSION

The present case suggests that *Ardita* correlated with Bell's palsy may be effectively managed with early Ayurvedic intervention using *Shamana* medicines, *Nasya Karma* with *Karpasthyadi Taila*, and *Tailadhara* with *Murchita Tila Taila*. The treatment showed marked improvement after *Nasya* and complete relief after *Tailadhara* in facial deviation, drooling of saliva, lacrimation, eye closure, and nasolabial fold appearance. The probable mode of action may be *Vata-Kapha Shamana*, removal of *Avarana*, *Brimhana, Srotoshodhana*, and nourishment of facial nerve and facial muscles. Further clinical studies with objective assessment scales and longer follow-up are required to validate these findings.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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