ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 9| September 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

MANAGEMENT OF ARDITHA WITH SPECIAL REFERENCE TO BELL'S PALSY-A CASE STUDY

Dr. Soorya. P. R, Dr. Vasantha.B, Dr. Totad Muttappa, Dr. Preethikanth C S
Department of Kayachikitsa Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, India

ABSTRACT

Arditha is explained in Ayurvedic classics as a disease caused by aggravated vata dosha. It is one among the 80 nanathmaja vyadhis. Clinically it exhibits symptoms like paralysis of either side of face, eyes, deviation of angle of mouth. Arditha can be correlated with Bell's Palsy in contemporary science. Bell's palsy has been defined as a clinically isolated facial neuropathy.

A 12-year-old female patient visited OPD of SDM hospital, complaints of deviation of the mouth towards the right side and difficulty in completely closing the left eye, on and off head ache and drooling of water from left side of mouth for 20 days. She was clinically diagnosed with Bell's palsy and took contemporary medication for same for 9 days.

The case was diagnosed as Arditha (left side). The patient is treated with Arditha chikitsa according Charaka Acharya., such as Navanam, Shiropichu, Shanika abhyanaga, Sthanika lepa, Shastika shali pinda sweda, Basti and Oral medications. Treatment duration was 29 days. The case was assessed with the 'House and Breckmann' assessment scale (changed from grade V to grade I). The result showed remarkable improvement in motor functions and asymmetry of the face. This case report shows that classical Ardita treatment is effective in Bell's palsy.

KEY WORDS : *Ardita,Bell's Palsy,Ayurveda*

INTRODUCTION

Ardita, a neurological disorder described in the Ayurvedic classics, is primarily caused by an imbalance of *Vata dosha* and is characterized by facial asymmetry, difficulty in eye closure, and impaired speech and expression. It is classified under the *Vata Nanatmaja Vyadhis* and manifests with symptoms such as deviation of the mouth, facial paralysis, and stiffness, predominantly affecting one side of the face.

Ardita bears strong clinical resemblance to Bell's palsy, a condition recognized in contemporary medicine as an idiopathic, acute lower motor neuron facial paralysis. Bell's palsy is often attributed to viral infections, inflammation, or immune-mediated mechanisms, and though corticosteroids and antiviral agents are commonly used in allopathic practice, their effectiveness may be limited, especially when treatment is delayed or incomplete.

In recent years, increasing attention has been given to integrative approaches that combine traditional wisdom with modern therapeutic strategies. Ayurveda, with its holistic and personalized treatment methodologies, offers promising outcomes in neuro-muscular disorders such as Bell's palsy. The current case study involves a 13-year-old female patient diagnosed with Bell's palsy, who presented with classic signs of Ardita such as unilateral (left) facial paralysis, incomplete eyelid closure (left), and deviation of the mouth towards right. Despite initial treatment with corticosteroids and physiotherapy, the persistence of symptoms led her to seek Ayurvedic care.

The case was diagnosed Arditha (left side). A comprehensive treatment protocol according to *Charaka Samhita*, involving therapies such as *Navana Nasya*, *Shiropichu*, *Mukha Abhyanga* with *Ksheerabala Taila*, *Shashtika Shali Pinda Sweda*, and *Basti* therapies were administered.

Patient Information

A 13 year old female patient approached the OPD with complaints of

- Deviated face towards right side
- Difficulty in closing left eye
- Feeling of heaviness on left half of face
- Difficulty in raising left eyebrow
- Drooling of saliva from left angle of mouth
- Difficulty in opening of mouth
- Stiffness of left half of the face

History of Present Illness

She noticed slight deviation of angle of mouth to right side while getting ready to go to school on 24/12/2024. On the first day she ignored the same and proceeded towards her school which lead to exposure to cold air. Next day she noticed difficulty in closing her left eye and spillage of water while drinking from left mouth angle along with heaviness and difficulty in raising left eyebrow. She was immediately taken to Military Hospital and was advised for HRCT of temporal bone. There she was diagnosed with Bell's palsy and were advised with oral medications (tapering doses of prednisolone, antiviral) and physiotherapy for 9 days.

Since the symptoms persisted for twenty days, she came to OPD at Shree Dharmasthala Ayurveda College and Hospital, Hassan for consultation. It was diagnosed as Arditha left side (Bell's palsy). She was advised to get admitted at Shree Dharmasthala Ayurveda College and Hospital, Hassan. Before ongoing the examination and procedure the informed written consent was obtained from the patient's mother.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 9| September 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

CLINICAL FINDINGS

General Examination

1. Pulse rate -78/min
2. Heart rate 70 beats/min
3. Respiratory rate 18 breaths/min
4. Blood pressure 120/80 mm Hg
5. Temperature 98.6 degree F.

Central nervous System Examination

1. Higher Motor Functions - Intact
2. Consciousness- Conscious
3. Orientation to- time, place, person- Intact
4. Memory (Recent and Remote)- Intact
5. Intelligence- Intact
6. Hallucination and Delusion - Absent
7. Speech – Slow

Cranial Nerve Examinations

Neurological examination of all cranial nerves were performed and found intact except facial nerve. Cerebellar examinations were also within normal limits.

On Facial Nerve Examination

1. Forehead frowning - not possible on left side
2. Eyebrow raising - not possible on left side
3. Eye closure -incomplete closure of left eyelid
4. Clenching of teeth - mouth deviates to the right side
5. Blowing of cheek - leaking of air from left side
6. Nasolabial fold - loss on left side.
7. Taste perception - not affected
8. Dribbling of saliva and spilling of water from left angle of the Mouth
9. Deviation of mouth - towards right side

Deep Reflexes such as Biceps, Triceps, Supinator, Knee jerk, Ankle jerk and plantar reflex were normal.
Muscle power and Muscle tone in all limbs were also normal.
Corneal reflex was absent on left side.

Timeline

23/12/24: Patient consumes an ice cream at 6pm, Rajasthan-Bikaner (cold area,)
24/12/24: Slight Deviation of mouth towards right side at 11 am
25/12/24: Incomplete closure of left eyelid
25/12/24: Spillage of water from left angle of mouth along with difficulty raising left eyebrow and heaviness in left half of the face
25/12/24:Difficulty in opening mouth associated with stiffness of left half of face
25/12/24: Consulted at Military Hospital, underwent HRCT of temporal bone, diagnosed as Bell's palsy, Advised with Steroid Therapy for 9 days and Physiotherapy
17/01/25: First visit to OPD SDM hospital, Hassan
17/01/25: Admitted in SDM Hospital as in patient

Diagnosis and Differential Diagnosis

Hanugraha, Pakshaghata and *Arditha* are considered as Differential diagnosis. Although difficulty in opening mouth and stiffness was observed, *Hanugraha* was ruled out due to presence of difficulty in eye closure and symptoms were only present in the left side of the face.Pakshaghata was excluded because of the absence of involvement of ardha kaya except for the face.
Ardita was diagnosed based on the classical symptoms like *vakratha of vakra ardham (deviation of angle of mouth), Uktham (talk), Hasitham (Smile), Ikshitha (gaze) Sthabda netratha, Nishteeva parswatho, Ekasya akshi nimeelanam* [1]

Treatment Protocol

It includes *Navana, shiropichu, mukha abhyanga, Mukha lepa* and *Erandamooladi Niruha basti.*

Table 01
Treatment timeline

Date	No	Treatment given	Dose and Time of Administation	Observations
17/01/25	1 2	T. Shanka vati Sarvanga Udwartana F/B bashpa sweda	1TID, B/F	1.Lightness of the body was observed by the patient
18/01/25	1	Sadhyo virechana	Gandharva hasthadi thaila - 50 ml at 8 am in empty stomach	1.12 Vegas were attained 2.Patient felt lightness of the body
19/01/25 & 20/01/25	1 2 3 4 5	T.Shanka vati Nadi Kashaya Mukha abyanga with Ksheerabala thaila f/b Sthnika Sashtika Sali pinda sweda Pratimarsha nasya with Karpasathyadi thaila 6drops in B/L nostrils B/F	1 TID B/F 50 ml TID A/F	1.Eye closure improved by 10% 2.Head ache reduced

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 9| September 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

	6	Mukha lepa with Ashwaganda churna		
21/01/25 - 22/01/05	1 2 3 4 5 6	T.Shanka vati Dhanadanayanadi Kashaya Mukha abyanga with Ksheerabala thaila f/b Sthnika Sashtika Sali pinda sweda Pratimarsha nasya with Karpasathyadi thaila Mukha lepa with Ashwaganda churna	1 TID B/F 15 ml TID A/F 6drops in B/L nostrils B/F	1.Eye closure improved by 40% 2.Deviation of angle of mouth towards right reduced by 10 %
23/01/25 - 30/01/25	1 2 3 4 5 6 7	T.Shanka vati Dhanadanayanadi Kashaya Mukha abyanga with Ksheerabala thaila f/b Sthnika Sashtika Sali pinda sweda Pratimarsha nasya with Karpasathyadi thaila Mukha lepa with Ashwaganda churna Erandamooladi niruha basti – Modified Kala basti schedule Anuvasana basti with – manjishtadi thaila 60ml	 8 drops in B/L nostrils B/F	1.Eye closure improved by 40% 2.Deviation of angle of mouth towards right reduced by 30 %

Discharge medicines
1. T.Shanka Vati 1 TID B/F
2. Dhanadanayanadi Kashaya 15ml TID A/F
3. Pratimarsha nasya with karpasasthaydi thaila 8 drops TID B/F
For 15 days.

Follow up and results
A follow-up was done after 15 days of being discharged and significant improvement in the clinical findings **as well as marked reduction was noted in the assessment scales.**
House and Breckmann scale[2]

Table 02

Grade	Clinical features	Before treatment	After treatment
Grade I	Normal symmetrical functions possible	Not possible	Possible
Grade II	a) Gross: slight weakness noticeable on close inspection; may have very slight synkinesis b) At rest: normal symmetry and tone c) Motion: forehead-moderate to good function; eye-complete closure with minimum effort; mouth - slight asymmetry.	--	--
Grade III	a) Gross: obvious but not disfiguring difference between two sides; noticeable but not severe synkinesis, contracture, and/or hemifacial spasm. b)At rest: normal symmetry and tone c)Motion: forehead-slight to moderate movement; eye complete closure with effort; mouth-slightly weak with maximum effort	--	--
Grade IV	a) Gross: obvious but not disfiguring difference between two sides; noticeable but not severe synkinesis, contracture, and/or hemifacial spasm. b)At rest: normal symmetry and tone	--	--

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 9| September 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

	c)Motion: forehead-slight to moderate movement; eye complete closure with effort; mouth-slightly weak with maximum effort		
Grade V	a)Gross: only barely perceptible motion b) At rest: asymmetry c) Motion: forehead-none; eye incomplete closure; mouth slight movement	Yes	--
Grade VI	No movement	Absent	Absent

DISCUSSION

Udwartana (~Powder massage/Rubbing):
Udwartana is vatahara and does kapha vilayanam (liquification)[3] It was done with Kolakulathadi Choorna, this helped in Shrotomukha Vishodhana, removing the Gurutwa, Tandra and brings Laghuta to the body.

Bashpa sweda[4]
Bashpa sweda relieves the stiffness and heaviness in body by reducing the Sama and vitiated Kaphadosha

Sadhyovirechana
It was givn for the purpose of Koshta Shuddhi. SadyoVirechana was given Gandharva hasthadi thaila -50 ml at 8 am in empty. Vegas-12

Shanka vati
It was given for initial langhana and agni deepana

Mukha abhyanga with Ksheerabala thaila [5]
Ksheerabala Taila, made from *Sida cordifolia*, milk, and sesame oil, is a classical Ayurvedic formulation processed for enhanced potency and used to pacify *Vata dosha*, the primary cause of facial palsy. Its nourishing and rejuvenating properties help restore muscle tone and nerve vitality, improving facial movements and sensory function. Applied through Abhyanga (massage),it stimulates nerve endings and strengthens facial muscles. Modern studies support its anti-inflammatory and neuroprotective effects, aligning with its traditional use in promoting nerve repair and functional recovery.

Sthanika Shastika Shali Pinda Sweda[6]
Shashtika Shali is *snigdha, Sthira, Balavardhana Dehadardhyakrita Bala Godugdha* and *Shashtika Shali* and to heat the bolus is snigda,balya,rasayana and vatahara.Further swedana cleans and opens up the srothas thus facilitates more nourishment and free movement of vata dosha. This result in the relief of spasticity and facilitates more nourishment and free movement of the joints and preventing deformities and contractures

Pratimarsha nasya
Nasya is considered as best treatment in *urdhwa jatru vikaras*,here *pratimarsha nasya* is given with *Karpasasthyadi thaila* which contains *karpasasthi,bala,masha ,kulatha* and *thila thaila* as main ingredient which is directly indicated in *ardhita*, These herbs are known for their *Snigdha* ,*Ushna,*and *Balya* properties, making the formulation especially beneficial in neuromuscular and degenerative conditions

Dhanadanayanadi Kashaya[7]
Dhanadanayanadi kashayam is indicated in *Ardita* . It is beneficial in the initial stage of *Ardita vata* as most ingredients are *ushna* and *kapha vatahara.*

Niruha basti
Erandamooladi niruha basti was given as modified *kala basti* with *bala,rasna* and *shathapushpa* as *kalka* and *manjishtadi thaia* as *sneha*
Basti is considered as *ardha chikitsa* [8]as it pacify *vata dosha*.
Basti acts through its *Virya* [9]. *Nipata* (contact) and *Adhivasa (*inherent residing) are the two chief mode by which *Basti Virya* can affect the body.*Erandamoola* is *madhura,ushna,*and it is effective in *kapha-vata hara.,*it also has *soolahara* and *shotha hara* properties
Manjishtadi thaila was administered for *anuvasaa basti* has drugs like *manjishta,rasna* etc which helped in nerve strengthening

ADR:
Not reported in this case.

CONCLUSION

Therapies such as Navana Nasya, Shiropichu, Mukha Abhyanga with Ksheerabala Taila, Shashtika Shali Pinda Sweda, Pratimarsha Nasya, Sadhyovirechana, and Basti therapies (Niruha with Erandamooladi decoction and Anuvasana with Manjishtadi Taila) were employed systematically, addressing both the root cause and symptoms of the disease.

Significant clinical improvements were noted, with the patient recovering from Grade V to Grade I on the House-Brackmann grading scale within 29 days.

Further controlled clinical studies with larger sample sizes are recommended to establish and validate the efficacy of Ayurvedic treatment in such neuro-muscular conditions.

REFERENCES

1. *Acharya Vagbhatta . Vata Vyadhi Nidana Adhyaya, Chapter 16, Verse 32. Ashtanga Hridaya. 4th ed. Varanasi: Chaukhamba Sanskrit Series Office; 2016.*
2. *House Brackmann Facial Paralysis Scale |Facial Paralysis Institute [internet [cited from Mar 13]Available from : https://facialparalysisinstitute.com/conditions/house-brackmann-grading-system/*
3. *Vaidya Yadavji Trikamji Acharya, Sushruta Samhita of Sushruta with the Nibandna Commentary by Dalhanacharya,Chikitsasthana,Anagathabadaprathisheda Adhyaya 24/51 Chaukhambha Surbharati Prakashan, Varanasi, 1994.*

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 9| September 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

4. *Shiwaji DS, Sadashiv AJ. Pharmacodynamics of Bashpa Sweda. Int Ayurvedic Med J. 2014;2(4):4.*
5. *Acharya Vagbhata, Ashtanga Hridaya, Chikitsa Sthana. Vatashonita Chikitsa Adhyaya, 22/45-46. In: Gupta A, Upadhyaya Y, editors. reprint ed. Varanasi: Chaukambha Sanksrit Prathishtan; 2005.*
6. *Ghuse, Rahul; Vhora, Maleka; Patel, K.S.; Kori, V.K.; Rajagopala, S. Shashtika Shali Pinda Sweda in the Management of Child Cerebral Palsy Spasticity. Journal of Indian System of Medicine 3(1):p 23-29, Jan–Mar 2015.*
7. *Krishnan V, Gopala Pillai S Sahasrayoga, Shiroroga Chikitsa. 200626th Kerala Vidyarambham Publishers:434)*
8. *Acharya Y T, editor. Charaka Samhita of Agnivesha, Siddhi Sthana;Kalpana Siddhi: Chapter 1,Shloka1/38-40. Varanasi: Chaukhamba Surbharati Prakashan, 2014*
9. *Pharmacodynamics of basti chikitsa, ayurved and modern point of view dr. Asmita uttam shinde*