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AYURVEDIC MANAGEMENT OF BELL'S PALSY: A CASE REPORT

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ABSTRACT

INTRODUCTION*: Bell's palsy is an acute, idiopathic lower motor neuron lesion of the facial nerve (Cranial Nerve VII), leading to sudden, temporary weakness or paralysis of the muscles on one side of the face. In Ayurveda, a comparable condition known as Ardita is described in the classical texts of Charaka, Sushruta, and Vagbhata, where it is classified as a Vata-vyadhi (neurological disorder caused by the vitiation of Vata dosha) primarily affecting the Uttamanga (head and facial region). It presents with deviation or distortion of one half of the face and impairment of facial movements, closely resembling the clinical features of Bell's palsy. The management of Ardita is primarily based on Vata-shamaka Ahara and Vihara and Urdhvajatru Chikitsa.*

METHODS*: This report is on a case study of a 43 years old male patient who approached to Kayachikitsa OPD, after relevant examinations and screening it was diagnosed as Bell's palsy.This disease though self-resolving some cases remain partially recovered and some may be left with major facial dysfunction. So, the patient was admitted in Hi-Tech Panchakarma Hospital Mysore for 10 days and this condition was managed through Panchakarama & palliative treatment. The patient was treated with Ksheera dhooma, Jihwa Pratisarana, Panasapatra Sweda, Mukhabhyanga ,Nasya. There was no side effect observed during and after the treatment.*

RESULT*: The patient got speedy recovery from all the symptoms of Ardita within two weeks which is much early than the self-resolving period of 6 months.*

DISCUSSION: *Classical Ardita Chikitsa mentioned in Ayurveda text is effective in the management of Bell's palsy.*

KEYWORDS: *Ardita, Ayurveda, Bell's Palsy , Vatananatmajavyadhi.*

INTRODUCTION

Bell's palsy, also known as facial nerve palsy, is characterized by the sudden onset of temporary weakness or paralysis of the facial muscles. The most widely accepted hypothesis attributes its occurrence to viral infection leading to inflammation and swelling of the facial nerve within the narrow bony canal of the petrous part of the temporal bone. It is one of the most common cranial neuropathies, typically presenting as an acute unilateral lower motor neuron facial paralysis. Although immune-mediated, infectious, and ischemic mechanisms have been proposed as possible triggers, the exact aetiology remains uncertain [1]. Reported incidence rates range from 11.5 to 53.3 per 100,000 individuals annually, and the condition can significantly affect patients and their families [2]. While spontaneous recovery is often observed within 3 weeks to 6 months [3], some individuals experience temporary oral dysfunction and incomplete eye closure, which may lead to permanent ocular complications. Approximately one-fourth of affected individuals continue to have moderate to severe facial asymmetry, adversely impacting their quality of life and resulting in persistent, distressing sequelae [4]. Early diagnosis and etiological evaluation are therefore essential for effective management. In conventional medicine, treatment is primarily supportive, as no definitive curative therapy exists. Recurrence is noted in about 4–7% of patients [5].

In Ayurveda, a comparable clinical entity known as *Ardita* is described. *Ardita* is listed among the eighty *Vataja Nanatmaja Vyadhis* detailed in classical Ayurvedic texts such as the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* [6][7][8]. Charaka, Sushruta and Vagbhata categorize *Ardita* under *Vata Vyadhi*. The clinical descriptions provided by these Acharyas show striking similarities to the features of Bell's palsy described in modern medicine. This case report presents the effectiveness of Ayurvedic management in Bell's palsy, highlighting its potential for faster recovery and prevention of long-term complications.

CASE REPORT

A 43-year-old male patient, not a known case of hypertension but a known case of type 2 diabetes mellitus, was apparently asymptomatic until 23rd July 2025, when he experienced a sudden onset of burning sensation in the left eye along with a headache around 6:00 a.m. while on duty. After completing his duty, he went home and, while brushing his teeth, noticed leakage of water from the left angle of the mouth while gargling and inability to close his left eye. Alarmed by these symptoms, he rushed to K.R. Hospital for emergency evaluation.The patient also reported a history of intermittent headaches predominantly on the left side for the past 15 days, which temporarily subsided with hot bag application, and numbness over the anterior one-third of the tongue noted 4 days prior to 23rd July. At K.R. Hospital, a CT Brain done on 23rd July

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revealed small vessel ischemic changes, and an MRI Brain done on 24th July showed no significant abnormality. Based on the elevated blood glucose levels(RBS- 231mg/dl , HbA1c-10%) , the patient was started on insulin therapy and given supportive medications, including prednisolone (a steroid) for 6 days (23rd to 29th July), followed by a 5-day course of oral medications. He was also advised eye padding and physiotherapy for the facial symptoms.

However, as there was no significant improvement in his symptoms, he was subsequently admitted to a Hi-Tech Panchakarma Hospital in Mysuru for further evaluation and management.

CLINICAL FINDINGS

General examination.
General condition: fair, Built – obese (BMI- 31.35Kg/m^2), Nourishment – well nourished.
Pulse rate-74/min, Heart rate-74 beats/min, Respiratory rate-18 breaths/min, Blood pressure-130/80 mm Hg, Temperature-98.6 F.
Pallor: Absent, Icterus: Absent, Lymphadenopathy: Absent, Cyanosis: Absent, Clubbing: absent, oedema: absent.
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- Dysarthria (Difficulty in pronouncing bilabial words like Pat ,Bat).

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

Table no.1: Facial nerve examination.

Forehead Frowning	Not Possible on Left Side
Eyebrow Raising	Not Possible on Left Side
Eye Closure	Incomplete Closure of Left Eyelid
Clenching of Teeth	Mouth Deviates to the Right Side
Blowing of Cheek	Air Found to Be Escaped Through the Left Angle of Mouth
Nasolabial Fold	Diminished on Left Side
Hyperacusis	Absent
Smile	Deviation of Mouth Towards Right Side
Bells Phenomenon	Present On Left Side
Drooping of Angle of Mouth	Towards Left Angle of Mouth

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.
Investigations:
RBS- 231mg/dl, HbA1c-10% (On25/07/25)

ASSESMENT CRITERIA

The assessment of the result was done by observing clinical signs and symptoms of Ardita are as follows:
1. Difficulty in wrinkling of forehead in left side.
2. Cannot raise the eyebrows of left side.
3. Difficulty in complete closure of left eye.
4. Decreased visibility of nasolabial fold in left side.
5. Weakness of muscles in left side of face.
6. Angle of mouth deviated to right side.
7. Dribbling of water while drinking through left side of mouth.

House Brackmann grading of facial nerve function score has been used for Grading Bell's Palsy.
Grade I: Normal
Grade II: Slight facial weakness or other mild dysfunction. Normal tone and symmetry at rest. Complete closure of the eye without effort. Slight asymmetry of the mouth when facial movements occur.
Grade III: Assigned to patients dealing with moderate dysfunction; these patients generally do not display any noticeable facial weakness with synkinesis, they maintain complete eye closure and good forehead movement with effort.
Grade IV: Assigned to patients dealing with severe dysfunction. Obvious facial weakness. Incomplete eye closure, no forehead movement, asymmetrical mouth movement, and synkinesis.
Grade V: Assigned to patients who have little to no ability to smile, frown or make other facial expressions. The closure of the eye is incomplete, and there is no forehead movement.
Grade VI: No facial motion.
Before the treatment – Grade IV.
Pre-treatment evaluation was conducted to assess the patient's eligibility and fitness for the proposed therapy.

MATERIALS AND METHODS

THERAPEUTIC INTERVENTION : 10 days treatment plan included internal medications and external procedures.

Table no.2 : External Procedures

Formulation	Drugs used	Duration
Ksheera dhooma	Balamoola ksheerapaka	5 days
Pratisarana to oral cavity	Madhu and Nimbu Swarasa	5 days
Panasapatra Sweda	Panasa Patra	10 days
Mukhabhyanga	Karpasasthyadi taila	10 days
Nasya	Ksheerabala 101	10 days

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Note: Ksheeradhooma and Pratisarana to oral cavity was done on alternate days. Since the patient was on insulin, a light gruel was advised early in the morning to prevent hypoglycaemia. Nasya was then performed after proper digestion of the gruel, ensuring both safety and adherence to Ayurvedic principles.

Table no.3: Internal Medications

Sl.no	Drugs	Dose	Duration	Anupana
1.	Brihatvatachintamani Rasa(Plain)	1 Tab Twice a day after food.	10 Days	Lukewarm water
3.	Danadanayanadi Kashaya	15ml Thrice a day after food	10 Days	Lukewarm water

Table no.4: Internal Medications given on discharge:

Sl.no	Drugs	Dose	Duration	Anupana
1.	Cap. Neurocare	1 cap Twice a day before food	7 Days	Ksheera
2.	Cap. Palsineuron	1 cap Twice a day after food	7 Days	Lukewarm water
3.	Ashwagandharishta	15ml Thrice a day after food	7 Days	Lukewarm water

RESULT

Assessment was done on the basis of scoring of cardinal associated signs and observed symptoms. A facial nerve function grading by House-Brookman grading measures was used to assess outcomes. House-Brookman grading Score was Grade 4 before starting the treatment and it was performed on day 11th of hospitalization and again at 7 days post discharge. In both evaluation , the condition remained classified as Grade 1.

Table no.5: House-Brookman grading Score

Parameter	Before Treatment	After Treatment
Deviation of mouth towards left side	Grade IV	Grade I
Incomplete closure of right eye	Grade IV	Grade I
Nasolabial fold	Grade IV	Grade I
Raising of eyebrows	Grade IV	Grade I
Dribbling of water while drinking	Present	Absent

DISCUSSION

Bell's palsy is an acute, idiopathic lower motor neuron disorder affecting the facial nerve (Cranial Nerve VII), which causes a sudden and temporary weakness or paralysis of the muscles on one side of the face. In Ayurveda, a similar condition is described as Ardita in the classical works of Charaka, Sushruta, and Vagbhata, where it is categorized under Vata-vyadhi (diseases caused by vitiation of Vata dosha). In the present case, cold exposure and uncontrolled diabetes producing microangiopathy ,neuropathy and impaired immunity acted as chief *Nidana*[9]. Bell's palsy results from inflammation, edema, or ischemia of the facial nerve (cranial nerve VII), usually within the narrow bony canal (fallopian canal) of the temporal bone. This leads to compression and demyelination of the nerve fibers, causing lower motor neuron facial paralysis on the affected side.[10] therefore, combined *Sthanik Chikitsa* such as *Mukha Abhyanga*, *Swedana*, and *Nasya*, along with internal *Vatavyadhi Shamana* drugs. These interventions, owing to their *Ushna* and *Teekshna* qualities, help in reducing inflammation, stimulating neural function, and promoting *Samprapti Vighatana*, thereby improving motor recovery and also strengthens the neuromuscular system, reducing the risk of long-term dysfunction.

Treatment principle and rationale of treatment adopted:

Pratiṣāraṇa with a mixture of Nimbu Swarasa (lemon juice) and Madhu (honey) is applied gently inside the oral cavity over the gums, palate, and buccal mucosa. This local application stimulates the nerves by removing *Kaphavarana.*

Kṣhīra Dhūma with Balamūla Kwātha (decoction of Bala root) and milk which is a type of *snigdha sweda* is highly beneficial. It combines the Vata-pacifying and nourishing qualities of milk with the strengthening and nerve-tonic properties of Bala, helping to relieve stiffness and numbness, improve circulation, and restore muscle tone and neuromuscular activity in the facial region.

Panasa Patra Swedana Karma before the Nasya, relieves Sheeta Guna of Vata Dosha and it as Balya, Brumhana, Mamsala and Santarpana properties gives strength to facial muscles. Panasa Patra has beta - sitosterol as an active principle. It is a steroid and precursor of an anabolic steroid boldenone. The probable topical absorption of beta sitosterol in lipid base can be substantiated by the pharmacokinetics of boldenone. It also enhances local microcirculation by dilation of blood vessels and increasing blood flow to the peripheral arterioles which accelerates the drug absorption and fast improvement[11].

Mukha Abhyanga with Karpasastyadi Taila was done. Karpasatyadi Taila contains drugs which are Teekshna, Ushna Veerya. It does Vedanahara, Shothahara, and Sarvanilapaha, and directly indicated in Ardita nourishes the Kapha And provide strength to the facial muscles.

Navana Nasya is adopted in this study which has shown highly significant result. In this study the drug used for Nasya is Sneha Dravya which is considered as best Vatashamaka. Here the Sneha Dravya used is Ksheerbala Taila 101. Ksheerabala Taila 101 contains drug which does Vata Pitta Hara and as properties

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like Shothahara, Balya, Brumhana, Shresta Indriya Prasadana and it also acts as Rasayana. It Suppresses nerve inflammation and promotes nerve regeneration and gives strength to muscles.[12]

Brihat Vata Chintamani Rasa was given which is having properties like *Balya, Rasayana, Medya, Kshayagna, Ojovardhaka & Yogavahi* which has targeted effect for the management of *Vataroga.* The formulation also helps in protein scavenging, anti-inflammatory and arrests neurodegenerative activity with the added benefit of crossing the bloodbrain barrier[13]

Dhanadanayanadi kashaya is a herbal decoction specifically recommended for the treatment of Ardita vata, as mentioned in the text Sahasrayoga.[14] Among its key components, Dhanadanayana (Guilandina major [Medik.] Small) stands out for its remarkable anti-inflammatory qualities. Complemented by ingredients such as Shunthi (Zingiber officinale Roscoe), Shigru (Moringa oleifera Lam), Rasna (Pluchea lanceolata Peter), Lasuna (Allium sativum L.), and Ugragandha (Acorus calamus L.), this formulation effectively functions as a muscle relaxant and exhibits analgesic properties. With its profound impact on Vata-related neurological conditions, Dhanadanayanadi kashaya serves as a valuable remedy in the management of such ailments. Ashwagandharishta is known to have therapeutic benefits on the nervous system, including synaptic rebuilding and neurotic renewal, making it a potential medication for managing conditions such as facial palsy.[15,16]

Capsule neurocare has potent vatahara drugs and Capsule Palsineuron each capsule contains: Mahavatawidhwasmsaka rasa(60 mg), Sameerpannaga rasa(60mg), Ekangveer Rasa(60 mg), Sootshekhararasa (60 mg), Khurasani Owa, (Hyoscyamus niger 60mg) and Lajjalu, (Mimosa pudica 60 mg) which Improves metabolic processes in CNS & PNS, activates neuro-muscular communication.Regulates blood supply in affected areas, overcomes anoxia, and stimulates cerebro-neural activity. Promotes healing of damaged nerves & blood vessels, Recanalises blood vessels. Provides nutrition support to nerves & blood vessels[17].

CONCLUSION

The present case report demonstrates that Ayurvedic management of Ardita, correlating with Bell's palsy, can lead to rapid and effective recovery of facial nerve function. The combination of Panchakarma therapies—such as Ksheera Dhuma, Mukhabhyanga, Panasapatra Sweda, Pratisarana, and Nasya—along with internal Vata-shamaka medications, provided significant improvement within two weeks, far earlier than the typical self-resolving period. This holistic approach not only alleviated motor deficits and facial asymmetry but also strengthened neuromuscular function, suggesting that Ayurveda offers a safe and efficacious alternative or adjunct to conventional treatment for facial nerve palsy.

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