



Case Study

IMPORTANCE OF KAPHANUPURVI CHIKITSA IN THE MANAGEMENT OF BELL'S PALSY

Haripriya Vijayan^{1*}, Bindu PR²

¹PG Scholar, Department of Kayachikitsa, Government Ayurveda College Tripunithura, Kochi, Kerala.

²Associate Professor, Department of Kayachikitsa, Government Ayurveda College, Kannur, Kerala, India.

Article info

Article History:

Received: 29-10-2025

Accepted: 26-11-2025

Published: 15-12-2025

KEYWORDS:

Bell's palsy,
Ardhita, Ayurvedic
management,
Kaphanupurvachikitsa, House-
Brackmann scale.

ABSTRACT

Bell's palsy is due to the involvement of the lower motor neuron characterized by motor and sensory weakness of one half of the face. The facial nerve is a mixed cranial nerve containing both motor and sensory components. *Ardhita* is a *Vatavyadhi*, where the vitiated *Vata* affects *Ardha mukha*. The signs and symptoms of *Ardhita* are similar to Bell's palsy. The objective of this study is to evaluate the role of Ayurvedic management in Bell's palsy. This is a case study of a 56-year-old male patient who came to Kayachikitsa OPD having complaints of deviation of the mouth towards the left side and difficulty in closing the right eye for 10 days. Based on the history and clinical findings, the case was diagnosed as *Ardhita* (Bell's palsy). The case was admitted in IPD for further management, including *Sthanika Nadisweda*, *Sadyo vamana*, *Upanaha*, *Lepa*, *Kseeradhuma*, *Nasya*, and *Talam*, along with internal medications. The outcome was evaluated using the House and Brackmann grading system, and significant improvement was seen within a relatively short duration. This case report suggests that *Kaphanupurvi vatahara chikitsa*, following the classical *Ardhita* line of management, along with general *Vatavyadhi* treatment principles, is effective in cases of Bell's palsy.

INTRODUCTION

Bell's palsy, or idiopathic facial paralysis, is a neuropathy involving the seventh cranial (facial) nerve. It typically manifests as unilateral facial weakness, diminished forehead creases, flattening of the nasolabial fold, drooping of the angle of the mouth, and excessive salivation or drooling.^[1] The annual incidence of Bell's palsy is estimated at 15–30 cases per 100,000 individuals, affecting men and women in equal proportion.^[2] Bell's palsy can be correlated with *Ardhita*, one among the *Aseethi Vatavyadhi* mentioned in Ayurveda classics^[3]. Some authorities describe *Ardhita* as restricted to one side of the face, while others consider it to extend along one half of the body^[4]. According to *Bhava Prakasha*, there are three subtypes based on *Dosha*: *Vata*, *Pitta*, and *Kapha*. *Vata*-predominant: characterized by excessive salivation, swelling, tremors, and pain in the lips and limbs. *Pitta*- predominant: associated with fever, fainting, and excessive thirst.

Kapha-predominant: marked by oedema and stiffness of the cheeks, neck, and head.^[5]

The management protocol of *Ardhita* includes *Navanam*, *Murdhni taila*, and *Srotrakshi tarpanam*. *Vamana* is the primary management indicated when associated with *Sopha*, and in *Daha* and *Raga*, *Siravedha* is mentioned^[6]. Acharya Charaka has also mentioned *Upanaha* with *Anoopa mamsa* and *Nadee sweda* in the management of *Ardhita*^[7]. *Ksheera dhooma* is a popular *Upakrama* practiced by traditional physicians of Kerala.

Case Report

Patient information

Age- 56 years, Gender- Male, Marital status- Divorced, Socioeconomic status- Middle class

A 56-year-old male patient who was apparently normal until 10 days ago complains of deviation of the mouth towards the left side, along with the inability to close the right eye. On the day of onset, at around 6:30 am, the patient experienced an itching-like sensation over the right side of his head while attending a funeral function at a relative's residence. Approximately one hour later, while having breakfast at a nearby teashop, he noticed dribbling of tea from the right corner of his mouth and spillage of food while chewing. On looking into a mirror, he

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v13i11.3899>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike
International (CC BY-NC-SA 4.0)

observed that his mouth was deviated towards the left side. He also noted mild slurring of speech and difficulty in closing his right eye completely. He has been a Nadaswara artist by profession for the last 3 years. Continuous nighttime performances contributed to the exertion of the facial muscles. There was no history of seizures, headache, loss of consciousness, weakness of limbs, or sensitivity to sound. There was no history of trauma to the head or ear, previous ear surgery, exposure to cold air, or recent upper respiratory tract infection. Concerned about the acute onset of symptoms, the patient sought medical attention at a nearby allopathic hospital immediately. After clinical evaluation and preliminary management, he was discharged with medical advice and prescribed a one-week course of medications. The weakness has remained persistent without significant improvement over the past 10 days.

History Of Past Illness

K/H/O RTA (hitting head)—in 1980 K/H/O TIA - 3 years back

K/H/O HTN-3 years back

C.N Examination

Table 1: Facial Nerve Examination Motor

Wrinkle forehead	Not possible on the right side
Close eye tightly as possible	Not possible on the right side
Show the teeth	Possible
Nasolabial fold	Absent on right side
Clenching of teeth	Mouth deviates to left side
Blowing of cheeks	Leaking of air present
Whistle	Not possible

Table 2: Sensory

Taste sensation on anterior 2/3 rd of tongue	Affected
Glabellar tap	Negative
Corneal reflex	Diminished closure of right eyelid
Conjunctival reflex	Diminished closure of right eyelid

Timeline

Date	Intervention / Phase	Clinical Outcome
20/08/2025	Onset of symptoms: deviation of mouth (left side), inability to close right eye, speech difficulty. Initial allopathic treatment.	
20/08/2025	Did allopathic consultation and took internal medication for 5 days.	Symptoms persisted.
30/08/2025	Patient presented to OPD, Dept. of Kayachikitsa, Govt. Ayurveda College, Tripunithura. Diagnosed as <i>Ardhita</i> .	Ayurvedic management initiated.

Investigations

T. Cholesterol-210 mg/dl, S. triglycerides-165 mg/dl FBS-117 mg/dl PPBS-280 mg/dl
CBC, LFT, RFT, URE—within normal limits

Comorbidities

K/C/O DMT2 -diagnosed at the time of admission

Drug History

The patient had been taking medications for the presenting symptoms for one week, which were discontinued three days before consultation. He is on Deplatt AV 20 - (0-0-1) A/F

Family History

No history of similar complaints running in the family.

Personal History

Bowel- Regular, Micturition- 4-5 times/day, 0-1 times/night, Appetite- good, Sleep- Sound, previously reduced. Addiction: Alcohol- Stopped 3 years ago.

Socioeconomic status- Middle class, Occupational History- Nadaswara artist Height- 168 cm, Weight -85 kg, BMI – 30.1kg/m²

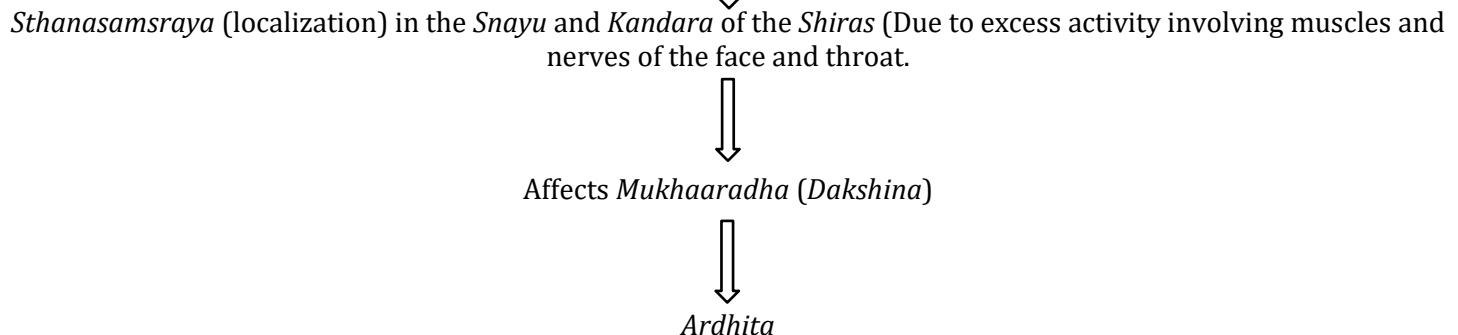
Clinical Findings

Higher Mental Function

- Speech – Fluency-Affected, mild slurring of speech.

Samprapti**Nidana and Samprapti**

Due to *Nidana* such as *Vishama Ahara* (untimely intake of food), *Ratri Jagarana* (night vigil), *Ati Ayasa* of *Vaktra* (excessive exertion as a part of his job), *Kadina Ahara Charvana* (chewing hard food), and *Ati Chinta* (mental stress) resulted in *Vata kopa*, especially *Prana*, *Udana*, and *Vyana Vata*. Simultaneously, indulgence in *Guru* (heavy), *Snigdha Ahara* (unctuous diet), and *Diva Svakarana* (day sleep) lead to *Kapha dushti*, predominantly affecting *Tarpaka* and *Bodhaka Kapha*. Comorbidities like *prameha* and *Sthoulya* also contributed to the aggravation of *Kapha dushti*.

**Diagnosis**

Clinical diagnosis of lower motor neuron (LMN) right-sided Bell's palsy was established based on the patient's history and clinical examination. The diagnosis of *Ardhita* was made based on its classical manifestations, which included deviation of one half of the face (*Vakrata* of *Vaktraardham*), slurring of speech (*Uktam*), deviation of the mouth towards the left side of the face on smiling (*Hasitam*), inability to close the right eye (*Stabdaneetrata*), dribbling of saliva from one side (*Nishtivanam Parswayo yayat*), and incomplete closure of one eye (*Ekasya Akshno Nimeelanam*)^[8] associated with mild swelling of the right side of the face (*Sopha*) and heaviness (*Gourava*). Based on the symptoms and etiological factors the involvement of *kapha dosha* was confirmed.

MATERIALS AND METHODS**Treatment Given**

Ardhita is classified as a *Vatavyadhi*; the *Anubandha dosha*, in this case, is *Kapha*, which must be addressed first. According to Acharya Charaka, when *Kapha* is associated with *Vata*, therapeutic intervention should be initially directed towards *Kapha Dosha*, followed by the administration of *Vatahara Chikitsa*^[9]. Internal medications (Table 03) and therapeutic interventions (Table 04) were administered, beginning with *Ruksha Chikitsa*, followed by *Vatahara Chikitsa*. The case was assessed before and after treatment using the House-Brackmann scale.^[10]

Table 3

Date	No.	Name of Medicine	Dose and Time of Administration	Remarks
30/08/2025	1.	<i>Amrtottaram Kashayam</i>	90 ml BD B/F – 6 am, 6 pm	
	2.	<i>Pathyadishadangam kashayam</i>	90 ml BD B/F -11 am, 8 pm	The deviation of the mouth was reduced.
	3.	<i>Nisakathakadi Panam</i>		No spilling of food
	4.	<i>Chandraprabha gulika</i>	<i>Muhurmuhu</i>	Speech improved.
	5.	<i>Kaishora guggulu</i>	(Intermittently) 2-0-2 A/F 2-0-2 with <i>pathyashadangam kashaya</i>	Eye closure-slightly improved.
8/09/2025	1.	<i>Danadanayanadi kashayam</i>	90 ml BD B/F – 6 am, 6 pm	
	2.	<i>Kaishora guggulu</i>	2-0-2 A/F	Eye closure-Improved.
	3.	<i>Nisakathakadi Panam</i>	2-0-2 A/F	
	4.	<i>Chandraprabha gulika</i>	2-0-2 with <i>Pathyashadangam kashaya</i>	

12/09/2025	1. 2. 3. 4.	<i>Danadanayanadi kashayam</i> <i>Dasamulakatutrayam</i> <i>Kashaya</i> (Due to neck pain) <i>Nisakathakadi Panam</i> <i>Kaishora guggulu</i>	90 ml BD B/F – 6 am, 6 pm 90 ml BD B/F -11am,8 pm <i>Panam-Muhurmuhu</i> (Intermittently) 2-0-2 A/F	Restoration of facial muscle strength. Able to close the eye completely. Can whistle.
------------	----------------------	---	---	---

Table 4

Date	No.	Procedure	Duration	Remarks
31/8/2025- 13/8/2025	1	<i>Lepa-Jadamayadi Churna + Dhanyamla</i> - Right side of face	14 days	Swelling over the face slightly reduced.
31/8/2025 -18/8/2025	2	<i>Tapa sweda</i> – <i>Murivenna</i> in <i>Panasapatra</i>	14 days	Improvement in speech and eye closure.
1/9/2025- 7/9/2025	3	<i>Nadisveda</i> - with <i>Dhanyamla</i> -Rt side of face	7 days	Drooling of liquids has reduced.
1/9/2025- 14/9/2025	4	<i>Ruksha Upanaha</i> - <i>Kottamchukkadi churna + Dhanyamla + Saindhava</i>	14 days	The deviation of the mouth reduced.
8/9/2025	5	<i>Sadyovamana -Yashti phanta</i> -6 Litre		Heaviness of the head and swelling over the Right side of the face were completely relieved.
9/9/2025- 15/9/2025	6	<i>Kseeradhumma- Balamoola ksheera Kashaya Talam- Kachooradi churna + Kseerabala taila</i> <i>Nasya- Anutaila- 2ml (4 days)</i> <i>Karpasasthyadi taila- 2ml (3 days)</i>	7 days	Improvement in speech, enhanced eye closure, and reduction in facial deviation.
16/9/2025- 18/9/2025	7	<i>Brmhana upanaha</i> with <i>Kakolyadi gana churna + Ajamamsa + Dhanyamla + Muruvenna + Saindhava</i>	3 days	Near complete functional recovery Whistle -possible. Able to close the eye completely.

Adverse and Unanticipated Events

Throughout the treatment course, no adverse events were observed. Patient adherence, treatment tolerability, and both anticipated and unanticipated events were systematically evaluated through patient inquiry.

RESULTS AND DISCUSSION

Table 5: Facial Nerve Examination

Parameter	Before treatment	After treatment
Deviation of the mouth towards the left side.	Grade 5	Grade 2
Unable to chew from the right side and trapping of food between gum and cheeks.	Grade 5	Grade 1
Improper blinking of the right eye.	Grade 5	Grade 1
Slurred speech	Grade 3	Grade 1
Dribbling of liquids	Grade 5	Grade 1
Widening of palpebral aperture	Grade 5	Grade 1
Nasolabial fold	Grade 5	Grade 2
Forehead creasing	Grade 5	Grade 2
Smiling sign	Grade 4	Grade 1

Table 6: Before Treatment

	Before treatment	After treatment
Wrinkle forehead	Not possible on the right side	Possible
Close your eye as tightly as possible	Not possible on the right side	Possible
Clenching of teeth	Deviation of the mouth towards the left	Possible, deviation reduced of the mouth
Blowing of the cheek	Leaking of air present	Possible without the leakage of air
Whistle	Not possible	Possible
Taste sensation on the anterior 2/3 rd of the tongue	Affected	Intact
Corneal reflex	Diminished on the right eyelid	Intact

After Treatment

The patient was a Nadaswara artist by profession for the past three years, predominantly engaged in nighttime performances. This occupational pattern, along with exertion of the orofacial structures (*Vaktra ayasa*), contributed to *Vata prakopa*. In addition, the patient reported several *Nidanas* predisposing to *Vata dusti*, such as *Vishamabhojana* (irregular dietary habits), *Ratrijagarana* (night awakening), and *Chinta* (excessive worry). A greater likeness towards the guru and a *Snigdha ahara* (heavy and unctuous diet) aggravated kapha. The diagnosis of *Prameha* at the time of admission, *Kapha vata prakrut*, *Sthoulya*, also contributed to *Kapha vrudhi*.

Clinically, the patient presented with inability to blow the Nadaswara, *Vakrata* of *Vaktra ardha* (deviation of the mouth towards the left side), *Vaksanga* (difficulty in speech), *Stabda netrata* (incomplete closure of the right eye), and *Ekasya akshno nimeelanam* (inability to close one eye). Association of *Sopha* (facial swelling) and *Gourava* (heaviness of head) indicated *Kapha anubandha*. Based on the history and examination, the condition was diagnosed as *Kapha-anubandhi ardhita*.

According to Acharya Vaghbata, when *Vata* is associated with *kapha*, treatment should initially be directed towards alleviating *Kapha* before addressing *Vata*. Guided by this principle, the treatment protocol incorporated both internal medications and therapeutic procedures.

In the initial phase, *Ruksha chikitsa* was administered, including *Ruksha upanaha*, *Ruksha nadisweda*, and *Lepa*. *Upanaha*, having *Rukṣa*, *Usna guna* pacified *Kapha dosha*, and the procedure of *Swedana* itself is *Stambhahara* and *Gauravahara*.

Initially, *Pathyashadangam Kashaya* was administered, as the *Dosha* was localized in *Siras*, and it possesses *Kaphavatahara* properties. To promote *Amapachana*, *Deepana*, and *Vatanulomana*, *Amrtottaram Kashaya* was concurrently given. In view of the coexisting *Prameha* (diabetes mellitus) diagnosed at admission, *Nisakathakadi pana* and

Chandraprabha gulika were additionally administered. *Sadyovamana* was performed using *Yashtimadhu phanta*, aiming for *Sophaharatra* and *kaphaharatra*. Acharya Vaghbata has specifically indicated *Vamana* in *Sopha yukta ardhita*, which further justified this intervention.

Notably, a significant reduction in symptoms was observed following the initial *Kaphahara kriya*, demonstrating the clinical relevance of *Rukshopashaya* (benefit from dry/light measures) in such cases.

After achieving *Kaphaharatra*, *Vatahara Chikitsa* was initiated. *Danadanayanadi Kashaya*, specifically indicated in *Ardhita*, was given along with *Karpasasthyadi Taila* for 21 *Avarti*. *Nasya*, a principal treatment for *Ardhita* described by Acharya Charaka and Vaghbata, was performed. Before *Nasya*, *Ksheeradhuma* with *Balamoola Ksheera Paka* was administered. *Nasya* with *Anuthaila* was done for three days. This was followed by *Karpasasthyadi thaila* in the next four days. *Nasya Karma* is known to promote *Sarvendriyanam Vaimalyam* and is beneficial for all *Urdhwajatrugata Vikara*. *Talam* with *Ksheerabala Taila* and *Kachooradi Churna* was applied, which also has *Snigdha* and *Vatahara* effects. Later, *Brimhana Upanaha*, using *Kakolyadi Gana Churna* and *Ajamamsa*, was administered. *Brimhana* and *Balya* properties of *Upanaha* helped to strengthen facial muscles.

CONCLUSION

A targeted treatment protocol, guided by the classical principle of *Kaphanupurvi Vatahara Chikitsa*, following the line of management for *Ardhita* and general *Vata Vyadhi*, was selected in this case. The chosen protocol was found to be effective in Bell's palsy. The patient experienced significant relief within a relatively short treatment duration of 18 days. This therapeutic approach can be considered a viable option for managing Bell's palsy.

Primary Takeaway Lessons from this Case Report

This case highlights the significant clinical value of personalized, dosha-specific interventions in the management of Bell's palsy. The integration of internal medications, therapeutic procedures, and supportive measures facilitated not only symptomatic relief but also functional recovery of facial musculature within a relatively short duration. This demonstrates that classical Ayurvedic management, when applied systematically and individually, can effectively restore function even in complex presentations of Bell's palsy, underscoring the importance of dosha-based, patient-specific therapeutic strategies.

Patient Perspective

As a professional Nadaswara artist, I was greatly concerned about my inability to play and the weakness on one side of my face. The treatment provided noticeable improvement within a few weeks, reducing facial swelling and heaviness and gradually restoring my ability to close my eye and control my mouth. I appreciated the combination of medications, therapies, and supportive measures. Overall, the treatment not only improved my facial function but also enhanced my confidence and quality of life, allowing me to resume my professional activities with minimal discomfort.

Informed Consent

The patient provided informed consent for the publication of de-identified clinical details.

REFERENCES

1. Gardner S, Garber L, Grossi J. Bell's Palsy: Description, Diagnosis, and Current Management. Cureus. 17(1): e77656.

2. Tiemstra JD, Khatkhate N. Bell's Palsy: Diagnosis and Management. 2007; 76(7).
3. Yadavji Trikamji Acharya, Charaka Samhita, Sutrasthana, 17/12, Choukumbha Surabharati Prakashan, Varanasi.
4. Sarvanga sundara vyakhya of arunadutta. Ashtangahrdayam. In Nidana vatavyadhi: choukhambha sanskrit sansthan, Varanasi; p. sloka 34. (kashi sanskrit series)
5. Srikantha Murthy KR. Bhavaprakasha of Bhavamishra. 2nd ed. Varanasi: Chaukhamba Krishnadas Academy; 2005. Madhyama Khanda, ch. 24, v. 64-66.
6. Sarvanga sundara vyakhya of Arunadutta. Ashtangahrdayam. In Chikitsa vatavyadhi: choukhambha sanskrit sansthan, Varanasi; p. sloka 43. (kashi sanskrit series).
7. Sharma RK, Dash B. Charaka Samhita. Varanasi: Chowkhamba Sanskrit Series Office; 2010
8. Sarvanga sundara vyakhya of arunadutta. Ashtangahrdayam. In Nidana vatavyadhi: choukhambha sanskrit sansthan, Varanasi; p. sloka 34. (Kashi sanskrit series).
9. Sarvanga sundara vyakhya of Arunadutta. Ashtangahrdayam. In Chikitsa kasa: choukhambha sanskrit sansthan, Varanasi; p. sloka 71. (Kashi sanskrit series).
10. Scribd [Internet]. [cited 2025 Sep 25]. House-Brackman Scale (Facial Nerve Palsy): Grade I | PDF. Available from: <https://www.scribd.com/doc/155049977/House-Brackman-Scale-Facial-Nerve-Palsy-Grade-I-PDF>

Cite this article as:

Haripriya Vijayan, Bindu PR. Importance of Kaphanupurvi Chikitsa in the Management of Bell's Palsy. International Journal of Ayurveda and Pharma Research. 2025;13(11):27-32.

<https://doi.org/10.47070/ijapr.v13i11.3899>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Haripriya Vijayan
PG Scholar,
Department of Kayachikitsa,
Government Ayurveda College
Tripunithura, Kochi, Kerala.
Email:
haripriavijayan1998@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.