ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AN AYURVEDIC PATH TO FACIAL RECOVERY: MANAGEMENT OF *ARDITA* (BELL'S PALSY)

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Article info

Article History:
Received: 26-08-2026
Accepted: 16-09-2026
Published: 04-10-2026

KEYWORDS:
Ayurveda, Ardita, Bell's palsy, *Dashamula Ksheera Dhuma, Marsha Nasya.*

ABSTRACT

Bell's palsy is a lower motor neuron disease of the facial nerve (cranial nerve VII) characterized by acute unilateral peripheral facial weakness involving muscles innervated by the facial nerve. Stress, lack of sleep, and physical or mental trauma which in turn leads to less immunity can also trigger Bell's palsy. Conventional treatment protocols include the administration of steroids, antivirals and analgesics even after which a complete recovery can't be guaranteed. Thus, a systematic Ayurvedic line of care is necessary and can be executed to prevent these problems and to achieve total remission. The patient in this report suffered from sudden attack of right-side facial paralysis with numbness and deviated angle of mouth to the right, difficulty in blinking of the right side of eye 2 days ago undergoing allopathic treatments without sustained relief. Suffering with persistent symptoms, the decision was made to explore Ayurvedic intervention. He was managed with *Vata Shamana* (correction of function of *Vata*), *Sothahara* (anti-inflammatory), *Marsha Nasya* (nasal instillation) with *Ksheerabala Taila* along with *Mukha Abhyanga* with *Bala Taila* and *Swedana* with *Dashamula Ksheera Dhuma* and oral medication. Following this regimen, the patient experienced significant improvement. This single case signifies the effect of Ayurveda treatment modalities with *Panchakarma* procedures in the management of Bell's palsy.

INTRODUCTION

Bell's palsy is a lower motor neuron disease of the facial nerve (cranial nerve VII) characterized by acute unilateral peripheral facial weakness involving muscles innervated by the facial nerve.[1] The annual incidence of Bell palsy is about 20 per 100,000, and the incidence increases with age. It is seen equally in both gender men as well as in women.[2]

Bell's palsy can also result from stress, sleep deprivation, and physical or mental trauma, which lowers immunity. It has been proposed that an infection with the herpes simplex virus or any other underlying illness may be the cause of the nerve enlargement and inflammation.[3] Rapid onset of one-sided facial weakness, insufficient eyelid closure, ear pain, cheek numbness, shift in the mouth's angle to the unaffected side, loss of taste on the front two-third of the tongue, excessive salivation, intolerance to noise, trouble eating or drinking etc. are some of the symptoms.[4]

The bell's palsy is comparable to the *Ardita* described in *Samhitas*, or Ayurvedic literature. According to Ayurvedic texts, *Ardita Vata* is a disorder that mostly affect the half of the face, sometime involving the other half of the body.[5] The *Chikitsa Vidhi* or the treatment protocol of *Ardita* according to Acharyas includes *Nasya Karma* (nasal instillation), *Murdhni Taila* (medicated head oil therapy), *Akshi Tarpana* (eye nourishment therapy), *Nadi Sweda* (sudation), *Upanaha* (poultice), *Vamana* (emesis) and *Raktamokshana* (blood-letting therapy).[6] Numerous condition, including Ramsay Hunt Syndrome, Lyme disease, trauma, cerebrovascular accidents, Guillain-Barre syndrome, tumors, Myasthenia gravis and others can induce facial paralysis according to current medicines.[7] Prior to a correct diagnosis, these disorders should be ruled out and a treatment plan should be created appropriately.

Access this article online
Quick Response Code
https://doi.org/10.47070/ijapr.v14i9.4374

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Usually, *Ardita* affects *Mukha Ardha or Shareera Ardha*. Chronic facial spasms, face pain, corneal infections, and synkinesis are some of the major side effects of facial paralysis.[8] Even after taking steroids, antivirals and analgesics as part of allopathic therapy regimens, a full recovery cannot be assured. Therefore, to avoid these issues and attain complete remission, a methodical Ayurvedic treatment plan is required and can be implemented.

MATERIAL AND METHODS

Case History: A 42-year-old Male patient, previously in good health, came to Kayachikitsa OPD of Ayurveda College and Hospital, RK University, Rajkot, Gujarat, on dated 19th August, 2026 began experiencing symptoms two days ago, characterized by right-sided facial paresis with a deviated angle of mouth to the right, numbness over the right side of the face, difficulty in blinking of the right eye, mild watery discharge from right eye and mild difficulty in speaking. Then he was clinically diagnosed with Bell's palsy and took medication for that. Despite prior treatment with allopathic medications, the patient experienced no significant relief. Then he came to the *Kayachikitsa* outpatient department of Ayurveda College and Hospital, RK University, Rajkot. Then he was managed with *Nasya* therapy (nasal instillation) and other oral medications in *Kayachikitsa* outdoor patient department of Ayurveda college and hospital, RK University, Rajkot.

Past History: Not any associated history

Family History: Not any associated history

Comorbidities: Not any

Clinical Examination: On physical examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy was absent. BMI was 27.39kg/m^2. His BP was– 130/90mm/Hg, pulse– 78/min. The patient had no addiction.

Astavidha Pariksha (eight-fold examination) was done which reveals *Nadi Vata Pradhana Kaphaja*, *Mootra Pravruti* was 5-6 times/day, 1 time /night. *Mala Pravruti* 1time/day, which was sometime unsatisfactory. *Jihva* (tongue)was *Saama* (whitish-coated). Patient *Aakriti* (general body built) was *Madhyam.*

Dashvidha Pariksha (tenfold examination) of the patient was done which illustrate that the patient was *Vata-Kaphaja Prakriti* (physical built), *Vikriti– Vata-Kapha Pradhana*, *Sara* and *Samhanana* were *Madhyama*, *Satva-Madhyama.* The patient had *Katu* and *Lavana rasa Priyata* with *Madhyama Abhayvarana Shakti, Jaran Shakti,* and *Vyayama Shakti* was *Avara,* which reveals that *Roga* and *Rogi Bala* was *Madhyama.*

On Systemic Examination

Higher motor functions and sensory functions were intact. The patient was well nourished and her muscle tone, muscle power, co-ordination tests and reflexes were normal. All the cranial nerves intact except corneal reflex was absent in left eye and motor function of facial nerve was affected. [Table no. 1]

House-Brackmann's Facial Nerve Grading Scale[9]

Right side of face: Grade IV (weakness with asymmetry of mouth, forehead frowning loss, incomplete closure of eyes with efforts).

Nidana: The patient presented with a faulty dietary habit consisting of consuming fermented food items, packed food items, stress and approx. 9-10 hours of continuous labour work.

Samprapti Ghataka

Dosha	*Vata pradhana kapha*
Dushya	*Rasa, Rakta, Mamsa, Meda, Majja, Sira, Snayu*
Agni	*Mandagni*
Udhbhavsthan	*Ama-Pakvashaya*
Vyaktasthan	*Dakshina Mukha, Dakshina Netra*
Srotasa	*Rasavaha, Raktavaha, Mamsavaha, Medavaha, Majjavaha*
Srotasa prakara	*Sanga* and *Vimargaman*
Sadhya /Asadhya/ Yapya	*Kasta Sadhya*

- ***Upashaya*** – *Abhyanga* and *Swedana*
- ***Anupashaya*** – Cold atmosphere

Differential Diagnosis: *Ardita* or *Pakshaghata*

Final Diagnosis: *Ardita*

Management: The patient underwent a therapeutic regimen in Ayurveda, commencing with *Sothahara* and *Vatashamana* by oral administration of *Dashmula Kashaya* 40ml twice on empty stomach and *Punarnavadi Guggulu* 500mg 2 tablets twice per day with lukewarm water. Along with *Ksheerabala* 101 capsule 500mg one capsule twice per day *Marsha Nasya* (nasal instillation) with *Ksheerabala Taila* along with *Mukha Abhyanga* with *Bala Taila* and *Swedana* with *Dashamula Ksheera Dhuma.* The patient was also instructed to take his other oral Ayurvedic medications like a combination of *Aswagandha Churna, Bala Churna, Pippalimula Churna* and *Sunthi Churna.*

Timeline as indicated in table no. 02 & table no. 03. The result is indicated in Figure 01.

Pathya Apathya- The patient was advised to adhere to *Pathya Ahara*, comprising a diet predominated by *Laghu Supachya Ahara,* consumption of lukewarm water (*Ushnodaka Pana*), and following prescribed lifestyle practices (*Pathya Vihara*), including engaging in brief walks, practicing *Anuloma–Viloma,* and *Vajrasana.* It was recommended to abstain from *Apathya Ahara* such as *Dadhi* (curd), *Viruddha Ahara* (incompatible foods), *Vidahi Katu Ahara* (spicy and irritant foods), and *Apathya Vihara* like *Ratrijagrana* (night awakening), *Diwaswapa* (daytime sleep), *Vegadharana* (suppression of natural urges).

Result and Follow Up

During the treatment course, it was noted that there was moderate relief in all the chief complaints i.e. numbness over the right side of the face, deviation of angle of the mouth at the right side, sleep disturbance, and slowness in routine work. There was a moderate improvement in motor and sensory function of facial nerve examination after 15 days of treatment. The House-Brackmann (HB) scale was improved from grade 4 to grade 3 after treatment. Follow-up was maintained up to two weeks and he was advised to continue all the oral medications regularly and then the scale was improved from grade -3 to grade -2. It was noted that there were no any complications or reoccurrence found after treatment and also during follow up period.

Follow-Up Medications*:* The patient was advised to continue the all the ongoing oral medications along with addition of *Rasayana Vati* 500mg two tablets twice after meal and *Pratimarsha Nasya* (2-2 drops) with *Ksheerbala Taila 101 Avarti* during the follow-up period.

Assessment Criteria

Assessment of patients was done by following scales:

1. The House-Brackmann (HB) scale: For assessment of facial motor function and severity of disease. (Appendix 1)
2. Assessment of patients was also done by facial nerve examination: (Appendix II)

Table 1: 7th Facial Nerve Examination (Before Treatment)

Eyebrows raising	Wrinkling of right side of forehead is lost
Forehead frowning	Affected on right side
Eye closure	Incomplete closure of right eyelid
Teeth showing	Not possible on right side
Taste perception	Not affected
Dribbling of saliva	Not present
Blowing of cheeks	Not able to do on right side
Bell's phenomenon	Presented on right side
Deviation of mouth	Towards right side
Whistling	Not possible

Table 2*: Vyadhipratyanika Chikitsa* Protocol

Purpose	**Duration [19/8/2026 to 2/9/2026]**	**Medicine**	**Outcome**
Vata-Kapha Shamaka and *Sothahara*	15 days	*Dashmula Kashaya* 40ml twice on empty stomach and *Punarnavadi Guggulu* 500mg 2 tablets twice per day with lukewarm water.	Marked improvement in numbness, swelling and discomfort over right side of facial region.
Balya, Rasayana, Vatashamaka, Indriyaprasadana	15 days	*Aswagandha churna*- 2gm *Bala churna* - 2gm *Pippalimula churna* - 500mg *Sunthi churna* - 500mg [BD/after meal with lukewarm cow's milk]	Numbness on left side of face decreased.
Brihmana and *Balya*	15 days	*Ksheerabala* 101 capsule one capsule twice per day after meal with lukewarm water.	Numbness on left side of face decreased.

Balya, Vata-Kapha hara	16 days (total two sittings)	*Marsha Nasya* with *Ksheerabala taila 101 avarti, Swedana* with *Dashmula Kwatha Sidhha Ksheera dhuma*	Marked improvement in all over complaints.

Table 3: *Marsha Nasya* Chart [1st sitting]

Day & date	*Nasya Dravya*	*Matra*	*Pradana kala*	*Lakshana* / any complication
Day- 1 [19/08/26]	*Ksheerabala taila [101 Avarti]*	6-6 drops	9: 45 am	Not any
Day- 2 [20/08/26]	*Ksheerabala taila [101 Avarti]*	8-8 drops	10:16 am	Not any
Day - 3 [21/08/26]	*Ksheerabala taila [101 Avarti]*	10-10 drops	9:10 am	Not any
Day - 4 [22/08/26]	*Ksheerabala taila [101 Avarti]*	12-12 drops	10:15 am	Not any
Day– 5 [23/08/26]	*Ksheerabala taila [101 Avarti]*	12-12 drops	10: 00 am	Not any
Day -6 [24/08/26]	*Ksheerabala taila [101 Avarti]*	10-10 drops	9:40 am	Not any
Day- 7 [25/08/26]	*Ksheerabala taila [101 Avarti]*	8-8 drops	9:55 am	Not any
Day- 8 [26/08/26]	*Ksheerabala taila [101 Avarti]*	6-6 drops	10: 05 am	Not any

Figure 1



Before treatment (Bell's phenomenon present) | **After 15 days of treatment (Bell's phenomenon absent)** | **After two weeks of follow up**

Appendix I

House-Brackmann Facial Nerve Grading Scale

Grade	Clinical features	Before treatment	After treatment	After follow-up
Grade I	Normal symmetrical function	-	-	-
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 weakness and/or disfiguring asymmetry b. At rest: normal symmetry and tone c. Motion: forehead- none; eye - incomplete closure; mouth- asymmetric 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	-	-	-
Grade VI	No movement	-	-	-

Appendix II

Assessment of Facial Nerve After Treatment

Facial nerve examination	**After treatment**
Raise the eyebrows	Mild wrinkling present at right side of forehead
Forehead frowning	Present
Eye closure	Moderately improved
Teeth showing	Showing with minimal efforts
Taste perception	Intact
Dribbling of saliva	Not present
Whistling	Possible with minimal efforts
Asymmetry of face	Moderate improvement
Blowing of cheeks	Present on both side
Bell's phenomenon	Not present on right side
Deviation of mouth	Moderate Improvement

DISCUSSION

In Bell's palsy, inflammation and oedema of facial nerve may lead to compression of the facial nerve within the narrow facial canal, resulting in impaired nerve conduction and subsequent Facial muscle dysfunction causes unilateral facial muscle paralysis and impairs both motor and sensory abilities. Essentially, *Ardita* is a *Vata Pradhana Vyadhi*. However, the presence of *Sotha* in some cases require consideration of an associated inflammatory or oedematous component. In the present context, *Vata-Doṣha Dushti* with *Srotovaiguṇya* and localized *Sotha* may be considered a possible Ayurvedic interpretation of the pathological process affecting the facial nerve. Therefore, the primary focus of treatment should be on medications that reduce *Vata and Sotha*, such as *Sothahara* (anti-inflammatory), *Balya* (strength promoting) and *Brimahana* (nourishing therapy).

Punarnava Guggulu, a polyherbal formulation contains various herbal drugs that is *Punarnava* (*Boerhavie diffusa* Linn), *Eranda Mula* (Ricinus communis Linn), *Shunthi* (*Zingiber officinale* Roxb) *Guggulu* (*Commiphora myrrha* (Ness)Engl.), *Trivruta* (*Operculina turpenthum* N(L) Salve Manse), *Danti* (*Baliospermum montanum* Muell), *Guduchi* (*Tinospora cordifolia* Willd.Miers. ExHook.), *Haritaki* (*Terminalia* chebula Retz.), *Bibhitaki* (*Terminalia bellirica* Roxb.), *Amalaki* (*Emblica officinalis* Gaertn.), *Maricha* (*Piper nigrum* Linn), *Pippali* (*Piper longum* Linn.), *Chitraka* (*Piper retrofractum* Vahl), *Saindhava Lavana, Bhallataka* (*Semecarpus anacardium* Linn), *Vidanga* (*Embelia ribes* Durm.f.) and *Suvrna Makshika Bhasma*.

Punarnava Guggulu is mainly indicated for the treatment of *Amavata* and *Vatarakta* in a classical text of Ayurveda like *Bhaishjya Ratnavali*.[10] Ingredients of *Punarnava Guggulu* are having *Katu, Tikta, Kashaya, Rasa, Laghu, Ushna* and *Ruksha Guna, Ushna Virya* and *Katu Vipaka*. It possesses *Vata-Kapha hara, Anulomaka, Rasayana* and *Shoolahara* property as well as anti-inflammatory, analgesic, muscle relaxant properties and even regenerative properties which give relief from the disease.

The best way to calm the *Vata* in the *Uttamanga* (supraclavicular region) is to take *Navana Nasya* (nasal instillation). The medicine enters the brain through *Sringataka marma* (vital points of the head), which is the main important point that corresponds to the nerve centres that control the sensory organs. Concentrated extracts of Bala combined with milk, known as *Ksheerabala taila 101 Avarti*, are very nutritious to nervine tissue and aid in nerve regeneration. Because of the *Balya* and *Brimahana* qualities of *Ksheera* and *Bala*, it gives muscle strength. It restores the natural functionality of affected nerves and improves blood circulation to particularly that concerned areas of the brain.[11] *Ksheerbala 101 Avarti Taila* is having *Rasayana, Jeevaneeya* and *Indriyaprasadana* and these properties are *Vyadhi* and *Doshapratyanika. Ksheerbala Taila* was used to overcome the aggravated *Vata Dosha* and to nourish the muscles, improve the blood circulation and stimulate the sensory nerve endings of face, and provide strength to the facial muscles. It improved motor function by stimulating and strengthening the facial nerves and muscles.

Ksheerabala taila regulates the vitiated *Vata* since it possesses *Snigdha* (unctuous), *Guru* (heaviness), *Ushna veerya* (hot potency) and *Vata shamaka* qualities. Both medication's *Balya* and *Brimhaniya* qualities can strengthen and nourish the muslces of the face. The primary alkaloid found in *Bala* (*Sida cordifolia*) is ephedrine, a CNS stimulant. It improves functionality and boosts neurotransmitter activity. It has also properties like analgesic, anti-inflammatory and hypoglycemic activities.[12] By reducing Vata and improving blood flow to the peripheral arterioles, *Swedana* with *Dashmula ksheeradhooma* (a decoction made by *Dashmula kwatha* with cow's milk) facilitates the rapid absorption of medicines.

Ardita is predominantly a *Vata* disorder, and Rasayana therapy supports *Bala*, *Dhatu Poshana* and restoration of physiological function. *Guduchi* and *Amalaki* are well recognized for their *Rasayana* and antioxidant properties, while *Gokshura* provides a supportive *Balya* effect. The combined formulation may therefore support neuromuscular recovery and tissue nourishment in *Ardita.*

CONCLUSION

Early diagnosis and prompt treatment are crucial for achieving optimal recovery in Bell's palsy. This single case signifies the effect of Ayurveda treatment modalities with *Panchakarma* procedures in the improvement in the quality of life and management of Bell's palsy. However, a clinical trial with sufficient participants is required to establish role of *Nasya karma* and other *Panchakarma* procedures like *Shiropichu, Shirobasti, Shirothalama, Kavala* (gargling) and *Gandusha* along with conservative treatment protocol for better management in condition like *Ardita*.

Patient Consent Details

Authors declare that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity.

Site of Study: Kayachikitsa outdoor patient department, Ayurvedic College and Hospital, RK University, Kasturbadham, Tramba, Rajkot, Gujarat.

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Cite this article as:
Seema Kushwaha. An Ayurvedic Path to Facial Recovery: Management of Ardita (Bell's Palsy). International Journal of Ayurveda and Pharma Research. 2026;14(9):333-339.
https://doi.org/10.47070/ijapr.v14i9.4374
Source of support: Nil, Conflict of interest: None Declared

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