

MANAGEMENT OF *ARDITA* (FACIAL PARALYSIS) THROUGH AYURVEDIC INTERVENTION - A CLINICAL CASE REPORT

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ABSTRACT

Introduction- *Ardita*, described under *Vata Vyadhis* in Ayurvedic classics, is a neurological disorder characterized by unilateral facial paralysis due to aggravated *Vata Dosha* affecting the facial musculature and nerves. It clinically correlates with Bell's palsy in contemporary medicine which is an acute, idiopathic facial nerve paralysis. Patients typically present with deviation of the mouth, inability to close the eyelids, slurred speech and impaired facial expressions. Etiological factors such as exposure to cold, excessive stress, and improper dietary habits contribute to *Vata* vitiation. *Ayurveda* emphasizes a holistic approach in managing such conditions by addressing the root cause and restoring *Dosha* balance. **Methods-** A clinically diagnosed case of *Ardita* was selected for Ayurvedic management. Diagnosis was based on classical Ayurvedic signs and symptoms, supported by clinical neurological examination. The treatment protocol focused on *Vata Shamana* (pacification of *Vata*) and included both internal medications and *Panchakarma* therapies. Internal medications comprised *Ekanga Veer Ras*, Cap. Cervilon, and *Vacha* with *Yasthimadhu churna* as external application on tongue followed by *Dashamula Kwatha* and formulations with neuroprotective and rejuvenative properties. *Panchakarma* procedures included *Nasya* (nasal instillation of medicated oils), *Abhyanga with Dhanwantari Taila*, *Swedana with Dhashamula* and *Basti* (medicated enema), administered in a sequential manner. The patient was monitored regularly, and clinical assessment was carried out using the House- Brackmann grading system. **Results-** The patient showed progressive and significant improvement during the treatment period. There was marked reduction in facial asymmetry, improved muscle tone, and restoration of voluntary facial movements. Functional recovery, including improved eye closure and speech clarity, was observed. The House-Brackmann grading demonstrated a shift from a higher grade of dysfunction to near normal facial nerve function, indicating substantial recovery. **Discussion-** The observed clinical improvement can be attributed to the combined effect of internal medications and *Panchakarma* therapies in balancing aggravated *Vata* and enhancing neuromuscular function. Therapies like *Nasya* directly influence the cranial region, while *Abhyanga* and *Swedana with Kukkutanda Pinda Sweda* improve circulation and muscle relaxation. *Basti*, considered the prime therapy for *Vata* disorders, plays a crucial role in systemic correction. This case highlights that Ayurvedic management not only provides symptomatic relief but also promotes holistic recovery. The findings suggest that *Ayurveda* can be an effective alternative or complementary approach in managing facial paralysis, warranting further clinical studies for validation.

KEYWORDS: *Ardita*, Facial Paralysis, Bell's palsy, *Vata Vyadhi*, *Panchakarma*, *Nasya*, *Ayurveda*.

INTRODUCTION

Ardita^[1] is a well described neurological disorder in *Ayurveda*, classified under *Vata Vyadhi*, where the aggravated *Vata Dosha* predominantly affects the *Urdhva Jatrugata* (supra clavicular) region, especially the face. The etiological factors include exposure to cold wind, excessive speaking, improper sleeping posture, trauma, and *Vata* provoking diet and lifestyle habits. These factors lead to the vitiation of *Vata*, which in turn affects the *Snayu* (ligaments and nerves), *Mamsa* (muscles), and *Sira* (vascular channels). As a result, there is impairment in motor function and coordination of facial muscles, leading to deviation of the mouth, drooping of eyelids, slurred speech, and inability to perform actions like smiling, chewing, or closing the eyes properly. Classical Ayurvedic texts describe *Ardita* as either *Ekanga* (unilateral) or *Sarvanga* (generalized involvement), though facial involvement is most prominent. The pathology involves obstruction (*Avarana*) or depletion (*Dhatu Kshaya*) leading to improper functioning of *Vata*, which governs all neuromuscular activities. In contemporary medicine, *Ardita* closely resembles Bell's palsy,^[2] a condition characterized by sudden onset of unilateral lower motor neuron facial paralysis. It is commonly associated with inflammation of the facial nerve, often linked to viral infections such as herpes simplex virus. Patients present with facial asymmetry, inability to close the eye, drooling, altered taste sensation, and sometimes pain around the ear. While modern management primarily focuses on corticosteroids, antiviral therapy, and physiotherapy, *Ayurveda* adopts a holistic and individualized treatment approach. The management aims to pacify aggravated *Vata* and restore normal neuromuscular function through *Snehana* (oleation), *Swedana* with *Kukkutanda Pinda Sweda*^[3] (sudation), *Nasya*^[4] with *Kshirabala Taila* (nasal medication). Internal medications with neuroprotective and rejuvenative (*Rasayana*) properties further aid recovery. Thus, *Ayurveda* not only addresses symptomatic relief but also targets the root cause by correcting *Dosha* imbalance, enhancing tissue nourishment, and promoting functional restoration.

CASE PRESENTATION

Patient Information

A 61 year old male patient presented with sudden onset deviation of the mouth toward the left side, inability to close the right eye, slurred speech, and drooling of saliva, pain in left shoulder joint, difficulty to lift up since 3 months. There is history of hypertension and diabetes, neurological disorders.

Clinical Findings

On examination, the following features were observed;

- Marked facial asymmetry
- Loss of nasolabial fold on the left side
- Incomplete closure of the left eyelid (lagophthalmos)
- Deviation of angle of mouth towards left side
- Slurred speech and mild difficulty in mastication

Sensory examination absent on left side of face, indicating involvement primarily of motor function.

Diagnostic Assessment

Ayurvedic Perspective

- *Dosha*- Predominantly *Vata*
- *Dushya*- *Mamsa* and *Snayu*
- *Srotas*- *Mamsavaha Srotas*

- *Diagnosis- Ardita*

Modern Assessment

House-Brackmann Grading System^[5]

- **Grade I (Normal)**- Normal facial function in all areas.
- **Grade II (Mild Dysfunction)** - Slight weakness noticeable only on close inspection; complete eye closure with minimal effort; slight asymmetry of smile.
- **Grade III (Moderate Dysfunction)** - Obvious but not disfiguring asymmetry; noticeable weakness; complete eye closure possible with effort.
- **Grade IV (Moderately Severe Dysfunction)** - Obvious disfigurement; incomplete eye closure; asymmetry at rest.
- **Grade V (Severe Dysfunction)**- Barely perceptible movement; incomplete eye closure; asymmetry even at rest.
- **Grade VI (Total Paralysis)**- No movement; complete loss of facial nerve function.

Clinical Importance

This grading system helps in;

- Assessing initial severity
- Monitoring progression or recovery
- Guiding treatment decisions
- Comparing outcomes in clinical studies

The severity of facial paralysis was assessed using the House- Brackmann grading system;

Before treatment- Grade- V (severe dysfunction)

Therapeutic Intervention

Internal Medications

- *Dashamoola Kwatha*- administered twice daily for *Vata* pacification
- Tab. *Ekanagaveera Ras* -----2-0-2
- Cap. *Cervilon* -----1-0-1
- *Vacha* + *Yasthimadhu Choorna* -----Applied on tongue

Panchakarma Procedures

The patient underwent the following therapies for;

- **Abhyanga (oil massage)**- Application of *Dhanwantari Taila* over the face to improve circulation and muscle tone for 15 day
- **Swedana with Kukkutanda Pinda** - Localized sudation to relieve stiffness and enhance tissue flexibility for 15 days
- **Nasya Karma**- Nasal administration of *Kshirabala Taila* to stimulate cranial nerve function for 7 days
- **Facial exercises (Mukha Vyayama)**- To improve muscular coordination and strength.

Outcome Measures

Clinical Outcome

Progress was evaluated based on symptomatic improvement and functional recovery-

Table 1.

SL NO	PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
1.	Facial symmetry	Severely affected	Mild deviation
2.	Eye closure	Incomplete	Nearly complete
3.	Speech	Slurred	Clear
4.	Drooling	Present	Absent

Grading Improvement

- **After treatment- Grade II (Mild Dysfunction)** - Slight weakness noticeable only on close inspection; complete eye closure with minimal effort; slight asymmetry of smile.
- **Approximate recovery- 80% improvement**

DISCUSSION

Ardita (facial paralysis), described in classical Ayurvedic texts such as the *Charaka Samhita* and *Sushruta Samhita*, is primarily considered a *Vata Nanatmaja Vyadhi* (disease caused predominantly by aggravated *Vata Dosha*). The clinical features facial deviation, impaired speech, difficulty in eye closure, and stiffness are clear manifestations of *Vata* vitiation affecting the *Snayu* (ligaments), *Sira* (nerves), and *Mamsa* (muscle tissues). Hence, the therapeutic approach focuses on *Vata shamana* (pacification) and *Brimhana* (nourishment) of neuromuscular structures.

Oleation Therapy (*Abhyanga with Dhanwantari Taila*)

- *Abhyanga* using *Dhanwantari Taila* is a cornerstone in managing *Vata* disorders. This medicated oil contains multiple *Vata* pacifying herbs processed in a lipid medium, which facilitates deeper tissue penetration.

Mechanism of Action

- Provides *Snigdha* (unctuousness) and *Ushna* (warmth) qualities that counteract the dry and cold nature of *Vata*.
- Enhances local blood circulation, thereby improving oxygen and nutrient delivery to affected facial muscles and nerves.
- Nourishes deeper tissues (*Dhatus*), especially *Mamsa* and *Majja Dhatu*, supporting neuromuscular repair.
- Relieves muscle stiffness and spasm, restoring tone and elasticity.

Sudation Therapy (*Swedana with Kukkutanda Pinda Sweda*)

- *Swedana*, particularly *Kukkutanda Pinda Sweda*, is a specialized fomentation therapy where boluses prepared with egg (rich in proteins and lipids) are applied.

Mechanism of Action

- Induces sweating, which helps in removing *Srotorodha* (channel obstruction).
- Reduces *Stambha* (stiffness) and *Gourava* (heaviness) in facial muscles.
- The protein rich content aids in tissue strengthening and regeneration.
- Improves neuromuscular coordination and flexibility.

Nasya Karma (Kshirabala Taila)

- *Nasya* is considered the prime therapy for *Urdhvajatrugata Vikara* (diseases above the clavicle). Administration of *Kshirabala Taila* through the nasal route is highly effective in *Ardita*.

Mechanism of Action

- The nasal route acts as a gateway to the *Shiras* (cranial region), influencing cranial nerves and higher neurological centers.
- *Kshirabala Taila*, containing *Bala* (*Sida cordifolia*) processed in milk and oil, has potent *Vata* pacifying and neuroprotective properties.
- Enhances nerve conduction and synaptic activity, improving facial muscle control.
- Reduces inflammation and dryness in neural tissues, promoting functional recovery.

Internal Medication (Tab. *Ekangaveer Ras*)

- *Ekangaveer Ras* is a classical herbo mineral formulation indicated in neurological disorders, particularly those involving *Vata* imbalance.

Mechanism of Action

- Acts as a *Rasayana* (rejuvenator) for the nervous system.
- Improves *Agni* (metabolic activity) at the cellular level, facilitating better tissue nourishment.
- Reduces neuromuscular stiffness and debility.
- Supports regeneration of nerve tissues and enhances motor function.

Supportive Therapy (Cap. *Cervilon*)

- Although a proprietary formulation, *Cervilon* appears to complement Ayurvedic management with a supportive role.

Probable Actions

- Enhances microcirculation, ensuring adequate perfusion to affected nerves.
- Exhibits anti inflammatory effects, reducing nerve edema.
- Supports neuromuscular recovery and functional restoration.

Integrated Therapeutic Outcome

- The combination of external therapies (*Abhyanga*, *Swedana*, *Nasya*) and internal medications works synergistically through; Pacification of aggravated *Vata Dosha*, Removal of channel obstruction (*Srotoshodhana*), Improved blood supply and nerve conduction, Strengthening and nourishment of neuromuscular tissues, Acceleration of functional recovery

CONCLUSION

The observed clinical improvement can be attributed to the combined effect of internal medications and *Panchakarma* therapies in balancing aggravated *Vata* and enhancing neuromuscular function. Therapies like *Nasya* with *Kshirabala Taila* directly influence the cranial region, while *Abhyanga* with *Dhanwantari Taila* followed by *Swedana* with *Kukkutanda Pinda Sweda* improve circulation and muscle relaxation. This case highlights that Ayurvedic management not only provides symptomatic relief but also promotes holistic recovery. The findings suggest that *Ayurveda* can be an effective alternative or complementary approach in managing facial paralysis, warranting further clinical studies for validation. This approach provides a safe, non invasive and holistic alternative for managing facial nerve paralysis. Further studies with larger sample sizes are recommended to validate these findings.

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