

SYNERGISTIC EFFECT OF THE NASYA KARMA ALONG WITH NASAPANA IN ARDITA W.S.R. TO FACIAL PALSY- A CASE REPORT

Rathore Sneh*¹, Bhardwaj Anil², Thakur Monika³

¹PG Scholar Dept. of Panchkaram, Rajiv Gandhi Govt.PG Ayurvedic College &Hospital, Paprola -176115.

²Professor, Head of Department, Dept. of Panchkaram, Rajiv Gandhi Govt. PG Ayurvedic College &Hospital, Paprola -
176115.

³PG Scholar Dept. of Panchkaram, Rajiv Gandhi Govt.PG Ayurvedic College &Hospital, Paprola -176115.

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***Corresponding Author: Rathore Sneh**

PG Scholar Dept. of Panchkaram, Rajiv Gandhi Govt.PG Ayurvedic College &Hospital, Paprola -176115.

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ABSTRACT

Ardita (~facial palsy) refers to a *Vata Dosha* disorder causing one –sided facial deformity and paralysis, closely matching symptoms with Facial palsy. Facial palsy is one of the most common problem leading to facial deformation .It is defined as a lower motor neuron palsy of acute onset and idiopathic cause. A 48-year-old female patient came to the *Panchkarm* OPD with complaints of deviation of the mouth towards left, involuntary twitching of right eye, tingling around right ear from past 2 and half years. Based on clinical examination she has been diagnosed with *Ardita* (~facial palsy), which can be correlated with sign and symptoms of Facial palsy. The treatment mentioned for *Ardita* (~facial palsy) includes *Navanam Nasya* (~ nasal administration of unctuous drug), *Murdha Taila* (~oil application overhead), *Akshi Tarpan*, (~retaining of medicine over the eyes), *Nadi Sweda* (~sudation therapy), *Upnaha* (~poultice application). In present case report the patient was hospitalized and managed with *Nasya Karma* (~nasal administration of drug) with *Indukant Ghrita* and *Nasapana* (~nasal intake of medicine) with *Mashbaladi Kwath*. She got marked improvement, symptoms reduced from Grade 3 to Grade 1[House-Brackman grading system].The present case report emphasize the potential role of *Panchkarm* therapy in *Ardita* (~facial palsy).

KEYWORDS: *Ardita*, Facial Palsy, *Nasya Karma*, *Indukant Ghrita*, *Nasapana*, *Mashbaladi Kwath*, House-Brackman grading system.

INTRODUCTION

The Sanskrit word “*Ardita*” (~facial palsy) literally implies someone who is afflicted, troubled, or tormented. It is derived from the root idea of *Ardana* (~distressing) — meaning pain, discomfort, or suffering.^[1] *Ardita* (~facial palsy) considered in 80 types of *Vataj Nanatmaja Vyadhis* (~disease caused by vitiation of *Vata Dosha*).^[2] In Ayurvedic classics, *Ardita* (~facial palsy) is described as a condition involving deviation or distortion of one side of the face, and possibly associated with the involvement of one side of the body.

According to *Acharya Charaka* the disease is localized in half of the face with or without involvement of that half of body.^[3] *Acharya Sushruta* mentioned that vitiated *Vata* gets localized in the half of the face. According to *Acharya Vagbhatta* half of the face get distorted along with or without the involvement of half of the body.^[4] *Acharya Sharangadhara* mentioned that condition affecting half of the face. *Arunadatta* has clarified that *Ardita* (~facial palsy) is the disease of the body mostly affecting half of the face.^[5] *Ardita* (~facial palsy) is considered as *Vata Dosha* imbalance — particularly involving *Prana Vata*, which governs nerve impulses and movement. Because *Ardita* (~facial palsy) is considered a *Vatavyadhi*, treatment focuses on pacifying aggravated *Vata* and supporting nerve function.

It can be correlated with facial palsy. In modern medicine facial palsy defines as sudden weakness or paralysis of the muscles on one side of the face, caused by inflammation or dysfunction of the facial nerve (cranial nerve VII) first described by Sir Charles Bell. It can be characterized by weakness, muscle twitching, or total loss of ability to move on affected side along with drooping of eyelid.^[6] Most commonly, the cause for facial nerve palsy remains unknown.' Bell's palsy has an incidence of 10 to 40 per 100000.^[7] The mechanism of paralysis of the facial nerve is dependent on the cause. Due to the facial nerve running through a narrow bony canal within the intra temporal course, any cause of inflammation or growth of the nerve will result in ischaemic changes through compression. The nerve is narrowest at the labyrinthine segment; therefore, compression is most likely to occur at this point. Additionally, any cause of skeletal abnormality or trauma may result in disruption of the relationship between the facial nerve and its bony canal, causing paralysis.^[8] The most widely accepted treatment for facial palsy is corticosteroid therapy. Facial palsy treatment focuses on early medication (steroids, sometimes antivirals), essential eye care (drops, patches), physical/speech therapy, and potentially surgery for persistent cases, with goals to reduce inflammation, regain muscle function, improve symmetry, and protect the eye.

PATIENT INFORMATION

A 49 years old female visited OPD of Panchkaram Department of Rajiv Gandhi Govt. PG Ayurvedic College & Hospital Paprola on 7/7/25. The patient was apparently healthy two and a half years ago then she first noticed intermittent involuntary twitching of the right eye .Deviation of mouth towards the left side, particularly noticeable during facial movements and speech. Patient also complaint of tingling sensation around the right ear which is not associated with pain. The involuntary twitching of right eye was exacerbated by emotional stress, prolonged communication and exposure to crowded environments .There was no identifiable relieving factors. There was no history of ringing of ears, hearing impairment, dizziness, no history of trauma. She had no history of Hypertension, Type 2 Diabetes Mellitus or any other chronic illness.

CLINICAL FINDINGS

Patient was presented with noticeable deviation of the mouth towards left, involuntary twitching of right eye. On examination her body Temperature 98 degree F, Pulse Rate was 80/min (regular), Blood Pressure was 116/76 mm of Hg and Respiratory Rate was 16/min.

ASHTHAVIDHA PARIKSHA: (~eight fold examination)

Her *Nadi*(~pulse) was *Niyamita*(~regular), *Mutra*(~urine) was *Peeta*(~yellowish), *Mala*(~Stool) was *Abadha* (~unconstipated), *Jihva* (~tongue) was *Anavrit* (~uncoated), *Shabda*(~speech) was *Spashta*(~clear), *Saparsha* (~temperature) was *Ushna* (~hot), *Drik*(~eyes) was *Nirmala*(~clear), *Akriti* (~Shape) was *madhyama*(~normal)

SYSTEMIC EXAMINATION

On Examination, the Central nervous system revealed intact higher mental function with intact memory. She was fully conscious and well oriented to person, place, time and mild difficulty in speech.

Cranial nerve examination revealed absent forehead frowning on right side, unable to uplift right eyebrow, complete eye closure of right eye with effort, lost nasolabial fold of right side, deviation of mouth towards left. Muscle power, Tone, Reflexes showed no abnormality.

DIAGNOSTIC ASSESSMENT

The degree of facial nerve paralysis is evaluated using the House-Brackman grading system.^[9]

TIMELINE AND THERAPEUTIC INTERVENTION

Nasya Karma (~nasal administration of drug) is performed after proper pre procedure which includes gentle *Abhyang* (~massage) with badam rogan and *Mridu Swedana* (~mild steam) over the scalp, face ,forehead and neck .Eyes are protected by placing wet cotton over the eyes. During *Pradhan karma*(~procedure) ,the patient is made to lie in supine position with the head slightly tilted back and lukewarm *Indukant Ghrita* is instilled 6 drops P/N into both the nostrils and increased 2 drops daily up to 32 drops . Post procedure *Dhoompana* (~medicated fume inhalation) was inhaled through nose and mouth. Warm saline water *Gandusha* (~gargling) done after the *Dhoompana* (~medicated fume inhalation).

Mashbaladi Kwath was prepared using 1 part of the coarse powder of the *Kwath* drugs and 16 part of water was added and boiled on medium flame till it gets reduced to ¼ parts. The *Kwath* was filtered using folded cloth and lukewarm *Kwath* is instilled in both the nostril in the dose of 20 ml daily after *Nasya Karma* (~nasal administration of drug). After procedure cold, wind, dust and direct sunlight was avoided.

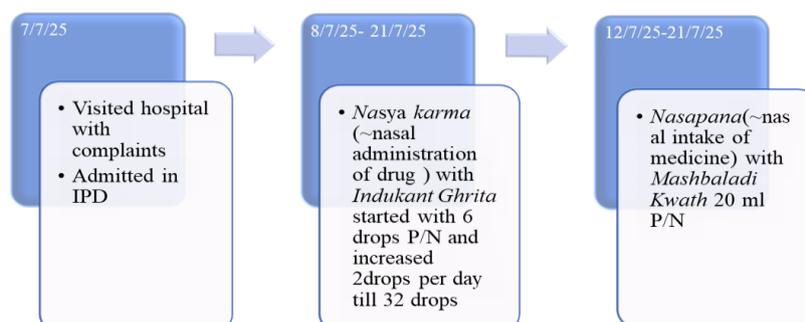


Figure 1- Timeline and therapeutic intervention.

FOLLOW UP AND OUTCOMES

After 14 days of *Panchkarm* treatment there was marked improvement in clinical presentation of the patient. After treatment symptoms reduced from Grade 3 to Grade 1.

Table 1: House-Brackman grading system.

| Parameter | Before treatment | After treatment |
|------------------------|-------------------------------|-------------------|
| Eye closure | Complete, with effort | Complete |
| Forehead Movement | Unable to frown | Frown present |
| Uplifting of eyebrows | Absent | Present |
| Nasolabial fold | Loss from right side of mouth | Normal |
| Mouth Movement | Asymmetrical | Symmetrical |
| Twitching of right eye | Present | Frequency reduced |

DISCUSSION

Because *Ardita* (~facial palsy) is considered a *Vatavyadhi*, treatment focuses on pacifying aggravated *Vata* and supporting nerve function that are *Nasya* (~nasal administration of medicine), *Abhyanga* (~therapeutic oil massage), *Nadi Sweda* (~sudation therapy), *Akshi Tarpana* (~retaining of medicine over eyes), *Murdhni Taila* (~oil application overhead), *Upanaha Sweda* (~poultice application)). According to *Acharya Vagbhata Nasya* (~nasal administration of medicine), *Shiropichu* or *Shirobasti* or *Murdha taila* (~retaining of medicine over the head, *Karna Puran* (~retaining of medicine over the ears, *Akshi Tarpana* (~retaining of medicine over the eyes). These aim to nourish, relax muscles, and alleviate vitiated *Vata*.

Nasya (~nasal administration of drug) - Nose as Gateway (*Nasa Dvara*): Ayurveda considers the nose the entry point to the *Shira* (~head) and brain, by passing the digestive system. Drugs absorbed through the highly vascular olfactory mucosa enter the brain directly, nourishes the nervous system through vascular, lymphatic, and neural pathways, strengthening affected nerves *Indukant Ghrita* includes *Dasmoola*, *Devdaru* (*Polyalthia longifolia*) *Putikaranj* (*Caesalpinia crista*). Due to *Snigdha guna* (~unctuous property) and *Ushna Veerya* (~hot potency) of *Dasmoola* it pacifies *Ruksha* (~dry) and *Sheeta Guna* (~frigid property) of *Vata Dosha*. *Dasmoola* also has potent anti-inflammatory, analgesic and antioxidant properties. *Devdaru* (*Polyalthia longifolia*), *Putikaranj* (*Caesalpinia crista*) have *Ushna Veerya* (~hot potency) and also has immunomodulatory property and antimicrobial property.

Nasapana (~nasal intake of medicine) -The word *Nasapana* (~nasal intake of medicine) is composed of two words *Nasa* (~nasal) and *Pana* (~intake), which means the drinking of medicated drugs through nose. *Acharya Chakradatta* has mentioned this in *Vata Vyadhi Chikitsa*. *Nasapana* has been specially indicated in *Apabhahuka* (~Frozen shoulder), *Viswachi* (~Cervical radiculopathy), *Pakshaghatha* (~Hemiplegia), *Ardita* (~facial palsy) and *Manyasthambha* (~Cervical Spondylosis)^[10] *Mashbaladi Kwath* includes *Masha* (*Vigna mungo*) which is potent *Dhatu Vardak* (~tissue growth promoting), *vatahar* (~pacifying vata), *Bala* (*Sida cordifolia*) which is *Balya* (~strength promoting), act as nervine stimulant, *Erandmoola* (*Ricinus communis*) act a *Vatahar* (~pacifying vata), *Kronch beeja* (*Mucuna pruriens*) is *Brumhana* (~nourishing) and act as nervine tonic, *Ashwagandha* (*Withania somnifera*) act as *Vatahar* (~pacifying vata) and *Balya* (~strength promoting). *Hingu* (*Asafoetida*), *Saindhav lavan* (mineral salt) have the potent action of facilitating easy absorption of drug. Probable action of *Mashbaladi Kwath* on *doshas* is mainly *Tridosha Shamaka*, mainly *Vatakapha Shamaka*. In *Nasapana* (~nasal intake of medicine), a large quantity of medicine is administered in the nose. Moreover in *Nasapana* (~nasal intake of medicine) the medicine is ingested by mouth rather than expelling it, so there will be two site for action of drug, one is nasal mucosa and the another is intestinal villi. When medicine is

ingested, it goes into the gut. In the gut it is absorbed by enterocytes and the end product is absorbed by villi in the intestine which is connected to the lymphatic and circulatory systems. After absorption of drug by villi, it enters into the circulatory system and fat soluble drug goes into lymphatic system.^[11]

CONCLUSION

This case report shows the clinical outcome of a patient with *Ardita* (~Facial palsy) managed with *Nasya Karma* (~nasal administration of drug) using *Indukant Ghrita* in combination with *Nasapana* (~nasal intake of medicine) with *Mashbaladi Kwath* by improving facial nerve function and associated symptoms. The therapeutic approach utilized both nasal and oral routes, allowing localized action through the nasal mucosa and systemic absorption via Gastro - intestinal tract.

DECLARATION OF PATIENT CONSENT

Authors certify that they have obtained patient consent form where the patient has given her consent for reporting the case.

CONFLICT OF INTEREST: NIL

SOURCE OF SUPPORT: NIL

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