

Comprehensive Ayurvedic Management of *Ardita* (Bell's palsy): A Case Study

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ABSTRACT

Bell's palsy is an acute idiopathic lower motor neuron paralysis of the facial nerve, characterized by unilateral facial weakness and facial asymmetry. In Ayurveda, this condition correlates with *Ardita*, a disease described under *Vata Vyadhi*. The present case study was carried out to evaluate the effectiveness of a comprehensive Ayurveda treatment protocol of *Shirsha-Mukha Abhyanga* with *Mahanarayana Taila*, *Pottali Swedana*, *Upanaha Swedana* and *Nasya* with *Anu Taila* along with selected internal Ayurvedic medications, in the management of *Ardita*. A 45-year-old female patient presented at the Indoor Patient Department (IPD) of Ayurveda Hospital, Rathnapura, Sri Lanka, with left-side facial weakness of four days duration. She was diagnosed as *Ardita* presented with facial asymmetry, incomplete closure of the left eye, absence of forehead wrinkling, drooping of the angle of the mouth, slurred speech, dribbling of saliva, and difficulty in mastication. Following written informed consent, the patient received a 28-day treatment regimen combined with selected internal Ayurvedic medications. A two-week follow-up period was maintained. Clinical outcomes were assessed using the House-Brackmann Facial Nerve Grading System before and after treatment. Significant improvement was observed in all assessed clinical parameters, including the nasolabial fold, slurring of speech, dribbling of saliva, and trapping of food between the gums and cheeks. The smiling sign showed marked improvement, and the facial nerve grading improved from grade V to grade I. Based on the results, the study concluded that comprehensive management with *Shirsha-Mukha Abhyanga*, *Pottali Swedana*, *Upanaha Swedana*, and *Nasya Karma* is effective in the management of *Ardita Roga* (Bell's Palsy).

Keywords: *Abhyanga, Ardita, Ayurveda, Bell's palsy, Nasya, Swedana.*

Recommended Citation: Rathnayake, R.L.Y.U., Kumari, S.M.M.W. (2026). Comprehensive Ayurvedic Management of *Ardita*. *Journal of Postgraduate Institute of Indigenous Medicine*, 1(2), 40-52. Postgraduate Institute of Indigenous Medicine.

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Introduction

Bell's palsy is the most common cause of acute unilateral facial paralysis resulting from dysfunction of the seventh cranial nerve (facial nerve). The condition is characterized by sudden onset of unilateral facial weakness or paralysis, inability to close the eye on the affected side, drooping of the corner of the mouth, loss of nasolabial fold, impaired facial expression, altered taste sensation, and speech difficulties (Holland & Weiner, 2004). Although the exact etiology remains uncertain, viral infections, inflammation, ischemia, and autoimmune mechanisms have been proposed as contributing factors (Eviston et al., 2015). The annual incidence of Bell's palsy ranges from 15 to 30 cases per 100,000 individuals, affecting both sexes equally and occurring across all age groups. (Baugh et al., 2013). While spontaneous recovery occurs in approximately 70% of patients without treatment, a significant proportion experience incomplete recovery, with persistent residual facial weakness, synkinesis, or functional impairment that adversely affects quality of life (Peitersen, 2002).

Ardita is one of the major neurological disorders described in

Ayurveda under the category of *Vatavyadhi*. The term *Ardita* is derived from the Sanskrit root "*ard*" meaning to afflict or to damage, indicating a condition in which one side of the face becomes distorted due to the vitiation of *Vata Dosha*. *Acharya Charaka* has included *Ardita* among the eighty *Nanatmaja Vata Vikaras*, emphasizing the predominant role of aggravated *Vata* in its pathogenesis (Sharma & Dash, 2014).

According to the *Charaka Samhita*, when aggravated *Vata* localizes in the regions above the clavicle (*Urdhvajatru Pradesh*), particularly affecting the structures of the face, head, neck, and sensory organs, it leads to *Ardita*. The condition manifests with deviation of the mouth, impairment of facial movements, difficulty in speech, inability to close the eye properly, and facial asymmetry (Sharma, 2013).

Charaka Samhita and *Susruta Samhita* recommend comprehensive therapeutic protocols including such as *Snehana* (oleation), *Swedana* (sudation), *Nasya* (nasal administration of medicine), and appropriate internal medications for the management (Sharma, 2013). The present case study was carried out to evaluate the clinical effectiveness of a

combined *Ayurvedic* treatment protocol in a patient diagnosed with *Ardita* (Bell's palsy). Among the classical *Ayurvedic* formulations of *Taila* is well recognized for its *Vatahara* properties and its efficacy in neuromuscular conditions, *Nasya* is indicated specifically for diseases of the head, face, and neck. *Pottali Swedana* and *Upanaha Swedana* provide targeted local fomentation that promotes circulation, reduces stiffness, and facilitates nerve function. Despite the classical documentation of these therapies, high-quality clinical evidence evaluating their combined use in Bell's palsy remains limited. The present case study was undertaken to evaluate the clinical effectiveness of a comprehensive *Ayurvedic* treatment protocol comprising *Shirsha-Mukha Abhyanga*, *Pottali Swedana*, *Upanaha Swedana*, and *Nasya Karma*, combined with selected internal *Ayurvedic* medications, in a patient diagnosed with *Ardita* (Bell's palsy).

Objective

The present study aims to evaluate the efficacy of a comprehensive *Ayurvedic* treatment comprising *Shirsha-Mukha Abhyanga* with *Mahanarayana Taila*, *Pottali Swedana*, *Upanaha Swedana*, and *Nasya Karma* with *Anu Taila* along with selected *Ayurvedic*

medications in the management of *Ardita* (Bell's palsy).

Materials and methods

Case report

A 45-year-old female patient was admitted to the IPD Department of the *Ayurveda Teaching Hospital*, Rathnapura, Sri Lanka, with a four-day history of left-sided facial weakness. Written informed consent was obtained prior to enrollment, and a comprehensive clinical and neurological evaluation was performed at baseline.

The patient presented with acute onset left facial weakness characterized by incomplete eye closure, excessive lacrimation, inability to elevate the left eyebrow, and flattening of the nasolabial fold of the affected side. Additional complaints included facial asymmetry, dribbling of saliva, mild dysarthria, and difficulty in mastication due to food accumulation between the gums and cheek. Prior to admission, the patient had received conventional medical management. The condition did not subside and subsequently sought *Ayurvedic* treatment.

General physical examination findings, including body

temperature, pulse rate, respiratory rate, blood pressure, and hearing function, were within normal limits. Neurological assessment revealed the following on the left side: flattening of the nasolabial fold, absence of forehead wrinkling, incomplete eye closure, facial asymmetry, mild speech impairment, and accumulation of food accumulated in the oral vestibule. No other cranial nerve deficits were identified. Based on the characteristic clinical presentation, Bell's palsy was diagnosed and correlated with Ardita per Ayurvedic diagnostic principles.

The patient underwent a 28-day treatment protocol comprising *Shirsha-Mukha Abhyanga* with *Mahanarayana Taila*, *Pottali Swedana*, *Upanaha Swedana*, *Nasya* with *Anu Taila*, and selected internal Ayurvedic medications. Clinical evaluations were performed at baseline and at the end of the treatment period. Treatment outcomes were assessed using the House–Brackmann Facial Nerve Grading System and a Clinical Features Grading Scale. Follow-up assessments were conducted throughout the intervention period to monitor clinical progress and treatment safety.

Data were collected using a structured clinical assessment proforma designed to record demographic details, presenting complaints, clinical history, and neurological examination findings at baseline and during follow-up. Objective evaluation of disease severity and treatment response was performed using standardized scoring systems.

Assessment Criteria

Facial nerve function was assessed using the House–Brackmann Facial Nerve Grading System, a validated six-grade scale ranging from Grade 6 (normal facial function) to Grade 1 (complete paralysis). In addition, a Clinical Features Grading Scale was developed to quantify the severity of key symptoms, including eye closure ability, forehead wrinkling, nasolabial fold symmetry, oral competence, speech clarity, salivation control, and mastication difficulty. Each parameter was scored for severity (1 = absent/normal function, with higher scores indicating increasing dysfunction), and the total score was used to determine overall clinical status.

Table 01. The House-Brackmann Facial Nerve Grading System (HBFNGS)

Grade	Severity	Clinical Characteristics
I	Normal	Normal facial function in all areas; symmetrical appearance at rest and during movement.
II	Mild Dysfunction	Slight weakness noticeable only on close inspection; complete eye closure with minimal effort; slight asymmetry during movement.
III	Moderate Dysfunction	Obvious but not disfiguring weakness; complete eye closure with effort; noticeable asymmetry during facial movements.
IV	Moderately Severe Dysfunction	Obvious weakness and/or disfiguring asymmetry; incomplete eye closure; asymmetry at rest may be present.
V	Severe Dysfunction	Barely perceptible facial movement; incomplete eye closure; marked asymmetry at rest and during movement.
VI	Total Paralysis	No facial movement; loss of facial tone; complete paralysis of the affected side.

Assessments were performed at baseline (Day 0) and after completion of the 28-day intervention period. Interim clinical monitoring was carried out at regular intervals throughout the

treatment period to evaluate symptom progression, therapeutic response, and safety outcomes.

Table 02. Internal therapeutic procedures

Name	Dose	Route of administration	Anupana	Duration
<i>Danadanayanashunti Kashaya</i>	120ml BD Before diet	Oral	<i>Sahinda lunu</i> 5 ml	01 - 14 Day
<i>Chandra Kalka</i>	2.5g BD After diet	Oral	<i>Mahadalu Anupana</i> 60 ml	01 - 14 Day
<i>Hinguvastaka Choorna</i>	5g BD After diet	Oral	Hot water 60 ml	01 - 14 Day

<i>Vata Gajendrasinghe Rasa</i>	2 BD After diet	Oral	Hot water 60 ml	01 - 28 Day
<i>Vata Roga Kalka</i>	2.5g BD After diet	Oral	Hot water 60 ml	01- 28 Day

Selected internal Ayurvedic medications were administered concurrently throughout the 28-day treatment period.

Table 03. External therapeutic procedure

Recommend edexternal treatments	Used medicines	Site	Dosage	Time	Duration
<i>Shirsha and Mukha Abhyanga</i>	<i>Mahanarayana taila</i>	Head and left side of the face	50 ml	20 min	01 - 28 Day
<i>Pottali Sveda</i>	<i>Ata Ata pottaniya</i>	left side of the face	-	10 min	01 - 28 Day
<i>Upanaha Sveda</i>	<i>Aba plaster</i>	left side of the face	Mustard seeds powder - 10g Wheat flour-20g Water - 60 ml	05 min	14 -21 Day
<i>Nasya</i>	<i>Anu taila</i>	Nostrils	3 Drops to each nostril	-	22- 28 Day

Results

The patient was monitored throughout the treatment period and during a two-week follow-up period after discharge.

Table 04. Final comparison of clinical examinations according to the House-Brackmann Facial Nerve Grading Scale

Clinical features	Grade - Before the treatments	Grade - After the treatments
Finding at rest	5	1
Forehead innervation	5	1
Lid closure	5	1
Mouth innervation	5	1

Table 04 presents the comparison of clinical examination findings according to the House-Brackmann Facial Nerve Grading Scale before and after treatment. Before treatment, the patient demonstrated severe facial nerve dysfunction, with a Grade 5 score recorded for all assessed parameters, including facial appearance at rest, forehead innervation, lid closure, and mouth innervation. Following the *Ayurvedic* treatment protocol, all parameters improved to Grade I, indicating normal facial nerve function. The findings reveal a

substantial recovery of facial muscle strength, restoration of facial symmetry, improved forehead movement, complete eye closure, and normalization of mouth movements. Overall, the House-Brackmann grade improved from Grade 5 (severe dysfunction) to Grade 1 (normal function), demonstrating a significant clinical improvement in facial nerve function after treatment.

Table 05 - Grading for Clinical Features (Effect of clinical sign and symptoms of treatment regime)

Clinical feature	Grading			Relief %
		BT	AT	
Absence of Nasolabial fold	Nasolabial fold present normally	0	2	100 %
	Nasolabial fold seen while trying to speak	1		
	Nasolabial fold seen while attempting to smile	2		

	Nasolabial fold never seen	3			
Smiling sign	Absent smiling sign	0	2	1	90%
	Smiling sign present without upward movement of left angle of mouth	1			
	Smiling sign present with upward movement of left angle of mouth	2			
	Smiling sign present all the time	3			
Slurring of speech	Normal speech	0	2	0	100%
	Pronouncing with less efforts	1			
	Pronouncing with great efforts	2			
	Complete slurring	3			
Dribbling of saliva from right corner of mouth	Dribbling Absent	0	2	0	100%
	Intermittent Dribbling	1			
	Constant but mild dribbling	2			
	Constant and profuse dribbling	3			
Trapping of food between gum and cheeks	No trapping	0	3	0	100%
	Mild trapping (not noticeable)	1			
	Trapped but easily removable by tongue	2			
	Trapped and need manual removal	3			
	Intermittent earache	1			
	Persistent earache, do not disturb routine work	2			
	Persistent earache, disturb routine work	3			

Table 05 illustrates the changes in clinical feature scores before and after treatment. Significant improvement was observed in all assessed clinical parameters following the *Ayurvedic* intervention. The absence of the nasolabial fold improved from a baseline score of 2 to 0 after

treatment, indicating complete restoration of facial symmetry with 100% relief. Slurring of speech improved from a score of 2 to 0, demonstrating complete recovery of speech articulation (100% relief). Similarly, dribbling of saliva from the right corner of the mouth decreased from a score of 2 to 0, and

trapping of food between the gum and cheek improved from a score of 3 to 0, both showing complete resolution of symptoms (100% relief). The smiling sign showed marked improvement, with the score reducing from 2 before treatment to 1 after treatment, corresponding to approximately 90% relief and indicating

substantial recovery of facial muscle function. Overall, the findings demonstrate significant improvement in both functional and clinical manifestations of Bell's palsy following the treatment protocol, with complete resolution of most symptoms and near-complete restoration of facial movements.



Figure 01. Before the treatments



Figure 02. During the treatment



Figure 03. After treatment

Discussion

Following completion of the 28-day treatment protocol, marked clinical improvement was observed. According to the House Brackmann Facial Nerve Grading System, the patient's facial nerve function improved from Grade 5 before treatment to Grade 1 after treatment. Clinical symptoms showed substantial improvement, and complete resolution was observed in Watering of the left eye, Slurring of speech, dribbling of saliva, trapping of food between the gums and cheek, and Flattening of the nasolabial fold. Improvement in smiling ability was also noted. The patient regained near-normal facial symmetry and function by the end of treatment. Bell's palsy is characterized by inflammation and edema of the facial nerve, leading to impaired nerve conduction and facial muscle weakness (Evison et al., 2015). In *Ayurvedic* literature, these manifestations closely resemble *Ardita*, which occurs due to aggravated *Vata Dosh*a affecting the facial region (Sharma, 2013a).

In Bell's palsy, facial nerve dysfunction results in paralysis of the facial muscles, leading to impairment of both motor and sensory functions. According to *Ayurveda*, *Ardita* is predominantly associated with the vitiation of *Vata*

Dosha, which governs all sensory and motor activities of the body. Therefore, restoration of the normal state of *Vata Dosh*a may contribute to the recovery of impaired sensory and motor functions.

The therapeutic approach adopted in this case was based on classical principles of *Ardita Chikitsa*. *Abhyanga* with *Mahanarayana Taila* may nourish muscles and nerves while improving local circulation. *Swedana* promotes vasodilation and enhances tissue metabolism, facilitating recovery of neuromuscular function. *Nasya* is considered one of the principal treatments for disorders above the clavicle and is believed to deliver therapeutic substances to cranial structures through the nasal route (Sharma, 2013). The observed improvement in facial nerve function may be attributed to the combined effects of these therapies together with internal medications aimed at pacifying aggravated *Vata Dosh*a. Similar findings have been reported in previous *Ayurvedic* case studies involving facial paralysis (Patil & Kulkarni, 2020). However, spontaneous recovery is common in Bell's palsy, and therefore, the contribution of individual therapeutic interventions cannot be conclusively determined.

Conclusion

Based on the clinical outcomes observed in this case, the treatment protocol comprising *Abhyanga*, *Swedana*, *Nasya*, and internal medications demonstrated therapeutic effectiveness in the management of *Ardita*. The marked improvement in clinical signs and symptoms suggests the potential utility of this treatment approach in restoring facial nerve function. However, as the present findings are based on a single case, further well-designed clinical studies with larger sample sizes are necessary to establish the efficacy, safety, and generalizability of this treatment regimen.

Recommendations

Based on the findings of this case study, the combined *Ayurvedic* treatment protocol comprising *Shirsha-Mukha Abhyanga*, *Swedana*, *Nasya*, and internal medications may be considered as a supportive therapeutic approach in the management of *Ardita* (Bell's palsy). Early intervention using *Ayurvedic* therapies may contribute to improved facial nerve function and reduction of associated symptoms. Healthcare practitioners should consider individualized treatment planning according to the patient's clinical condition and *Dosha*

predominance. Furthermore, regular clinical assessment and follow-up are recommended to monitor recovery and prevent potential complications.

Suggestions

Although this case study demonstrated favorable clinical outcomes, the findings are limited by the single-patient design and lack of a control group. Therefore, further research involving larger sample sizes and well-designed randomized controlled trials is required to establish the efficacy and safety of *Ayurvedic* interventions in the management of Bell's palsy. Future studies should incorporate standardized diagnostic criteria, validated outcome measures, longer follow-up periods, and comparative analyses with conventional treatment modalities. Additionally, investigations into the mechanisms of action of *Ayurvedic* therapies on facial nerve regeneration and functional recovery would contribute to strengthening the scientific evidence base for *Ayurvedic* management of *Ardita*.

References

Baugh, R. F., Basura, G. J., Ishii, L. E., Schwartz, S. R., Drumheller, C. M., Burkholder, R., Deckard, N. A.,

Dawson, C., Driscoll, C., Gillespie, M. B., Hicks, D. M., McCoy, S. J., Osguthorpe, J. D., Rosenfeld, R. M., Schuring, L. T., Steiner, R. W., & Stucken, E. Z. (2013).

Clinical practice guideline: Bell's palsy. *Otolaryngology-Head and Neck Surgery*, 149(3 Suppl.), S1-S27.

<https://doi.org/10.1177/0194599813505967>

Cleveland Clinic. (2024). *Bell's palsy*. Retrieved June 10, 2024, from <https://my.clevelandclinic.org/health/diseases/5457>

Eviston, T. J., Croxson, G. R., Kennedy, P. G. E., Hadlock, T., & Krishnan, A. V. (2015). Bell's palsy: Aetiology, clinical features and multidisciplinary care. *Journal of Neurology, Neurosurgery & Psychiatry*, 86(12), 1356-1361. <https://doi.org/10.1136/jnnp-2014-309563>

Finsterer, J. (2008). Management of peripheral facial nerve palsy. *European Archives of Oto-Rhino-Laryngology*, 265(7), 743-752. <https://doi.org/10.1007/s00405-008-0646-4>

Gilden, D. H. (2004). Clinical practice: Bell's palsy. *The New England Journal of Medicine*, 351(13), 1323-1331.

<https://doi.org/10.1056/NEJMcp041120>

Healthline. (2024). *Bell's palsy*. Retrieved June 11, 2024, from <https://www.healthline.com/health/bells-palsy>

Holland, N. J., & Weiner, G. M. (2004). Recent developments in Bell's palsy. *BMJ*, 329(7465), 553-557.

<https://doi.org/10.1136/bmj.329.7465.553>

Kumarasinghe, A. (1996a). *Madhava Nidana* (Sinhala trans.). Department of Official Languages.

Kumarasinghe, A. (1996b). *Charaka Samhita* (Vol. III, Sinhala trans.). Department of Official Languages.

Murthy, K. R. S. (2012). *Bhavaprakasha of Bhavamishra* (Vol. 1). Chaukhambha Krishnadas Academy.

Patil, S., & Kulkarni, P. (2020). Ayurvedic management of Ardita (Bell's palsy): A case study. *International Journal of Ayurvedic Medicine*, 11(2), 321-325.

Peitersen, E. (2002). Bell's palsy: The spontaneous course of 2,500 peripheral facial nerve palsies. *Acta Oto-Laryngologica Supplementum*, 549, 4-30.

Sharma, P. V. (2013a). *Sushruta Samhita* (Vol. 2, Nidana Sthana). Chaukhambha Vishvabharati.

Ayurveda Dipika commentary (Reprint ed.). Chaukhambha Surbharati Prakashan.

Sharma, P. V. (2013b). *Charaka Samhita* (Chikitsa Sthana). Chaukhambha Orientalia.

Sharma, P. V. (2013c). *Dravyaguna Vijnana* (Vol. 2). Chaukhambha Bharati Academy.

Sharma, R. K., & Dash, B. (2014). *Charaka Samhita: Text with English translation and critical exposition* (Vol. 5, Chikitsa Sthana, Chapter 28). Varanasi: Chowkhamba Sanskrit Series Office.

Tiemstra, J. D., & Khatkhate, N. (2007). Bell's palsy: Diagnosis and management. *American Family Physician*, 76(7), 997–1002.

Walker, D., Hallam, M. J., & Ni Mhurchadha, S. (2021). Bell's palsy: Current concepts in diagnosis and management. *British Journal of Hospital Medicine*, 82(4), 1–8. <https://doi.org/10.12968/hmed.2020.0607>

World Health Organization. (2019). *WHO benchmark for the practice of Ayurveda*. World Health Organization.

Yadavji Trikamji Acharya. (2014). *Charaka Samhita of Agnivesha with*