

RESTORING FACIAL NERVE FUNCTION IN ARDITA (BELL'S PALSY) THROUGH
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ABSTRACT

Background: *Ardita Roga* is described under *Vata Vyadhi* in Ayurvedic classics and is often correlated with Bell's palsy, a lower motor neuron facial paralysis of sudden onset. The etiology and pathogenesis in Ayurveda emphasize *Vata* predominance leading to distortion of facial muscles. This case report presents the effective management of *Ardita Roga* following principles of *Shalakya Tantra* and *Vata Vyadhi Chikitsa*. A 35-year-old female presented with deviation of the mouth, inability to close the left eye completely, drooling of saliva, and heaviness of the face for 3 days. She was clinically diagnosed with left-sided Bell's palsy. Based on Ayurvedic assessment, it was diagnosed as *Ardita Roga*. The treatment included *Nasya Karma*, *Abhyanga*, *Svedana*, internal medications (*Dashamoola Kwatha*, *Ashwagandha Churna*, *Guggulu* preparations), and physiotherapy. **Results:** Within 14 days of treatment, significant improvement was observed in facial symmetry, eyelid closure, and reduction of associated symptoms. No adverse effects were noted. **Conclusion:** The Ayurvedic approach to *Ardita Roga* using *Shalakya Tantra* principles demonstrates effective management for Bell's palsy with faster recovery and minimal side effects. This supports the integrative potential of Ayurvedic treatments in neuro-muscular conditions.

KEYWORDS: *Ardita Roga*, Bell's palsy, *Nasya*, *Vata Vyadhi*, Ayurveda.**INTRODUCTION**

Bell's palsy is an acute, idiopathic, unilateral lower motor neuron facial nerve paralysis, typically involving the seventh cranial nerve. It is characterized by a sudden onset of weakness or paralysis of the facial muscles on one side of the face. The incidence ranges between 20–30 cases per 100,000 population annually, making it one of the most common cranial neuropathies.^[1] While the exact etiology remains unclear, viral infections (especially herpes simplex virus), ischemia, autoimmune inflammation, and local edema have been implicated as possible contributing factors.^[2] Clinically, patients with Bell's palsy present with facial asymmetry, inability to

close the eyelids, drooping of the angle of the mouth, loss of forehead creases, slurred speech, and impaired taste sensation on the anterior two-thirds of the tongue. In some cases, hypersensitivity to sound (*hyperacusis*) and excessive tearing may also be seen.^[3]

In Ayurveda, a similar clinical presentation is described as *Ardita Roga*, categorized under the broad umbrella of *Vata Vyadhi* (neuromuscular disorders caused by vitiated *Vata dosha*). According to *Charaka Samhita*, *Ardita* is defined as a condition where *Ekadesha* (one side of the face) becomes distorted due to aggravated *Vata* affecting the mukha (mouth), lalaaTa (forehead), and aanana (face)

regions.^[4] *Sushruta* emphasizes the sudden onset and unilateral nature of the condition, often triggered by factors like cold exposure, trauma, suppression of natural urges, and excessive talking or yawning, all of which aggravate *Vata dosha*.^[5] *Vagbhata* categorizes *Ardita* among the 80 *Vata Nanatmaja Vikara* and also mentions involvement of the lower half of the face more prominently.^[6]

Shalakya Tantra, the branch of Ayurveda dealing with diseases above the clavicle (*Urdhvajatrugata Roga*), offers specific guidelines for the management of *Ardita Roga*. Treatment protocols primarily focus on balancing the *Vata dosha* and restoring the normal function of the facial muscles and nerves through various modalities like.

- **Nasya Karma:** Nasal instillation of medicated oils (e.g., *Anu Taila*, *Ksheerabala Taila*) to reach the cranial nerves via nasal mucosa. It is considered the best route for diseases of the head.^[7]
- **Abhyanga:** Gentle oil massage using *Vatahara* oils improves local circulation, relieves stiffness, and restores muscle tone.
- **Svedana:** Application of medicated steam (*Nadi Sveda*) softens the tissues and alleviates *Vata* aggravation by opening the *Srotas* (channels).
- **Internal medications:** Formulations like *Dashamoola Kwatha*, *Ashwagandha*, *Yogaraja Guggulu*, and *Eranda Taila* are employed for their *Vata-shamaka*, *Balya*, and *Rasayana* effects, promoting neuro-regeneration and strength.^[8,9]

Early intervention is emphasized in Ayurveda, with a holistic approach that includes *Ahara* (diet), *Vihara* (lifestyle), and *Aushadha* (medications). The integrative application of these therapies has shown promising results in restoring normal facial nerve function, particularly in cases where modern medicine typically recommends corticosteroids, antivirals, and physiotherapy.^[10] This case report aims to document the successful management of a classical case of *Ardita Roga* (Bell's palsy) using Ayurvedic modalities from *Shalakya Tantra*, highlighting the efficacy of traditional treatment principles in modern neurological presentations.

CASE REPORT

A 35-year-old female presented to the outpatient department with complaints of deviation of mouth to the right, inability to close the left eye completely, difficulty in speech, drooling of saliva, heaviness in the face, and mild headache for the past 3 days. There was no history of trauma, viral infection, or systemic illness.

On Clinical examination, the following signs were observed.

- Deviation of the angle of mouth towards right
- Inability to puff cheeks

- Incomplete closure of the left eyelid (lagophthalmos)
- Decreased wrinkle formation on the forehead left side
- Positive Bell's phenomenon

No other neurological deficits were present. Thus, depending upon the symptoms and signs, the confirm Diagnosis of *Ardita Roga (Vata Vyadhi)* was made along with Modern diagnosis: Bell's palsy (left-sided LMN facial nerve palsy).

Treatment Plan

1. External Therapies

- *Abhyanga* (massage) with *Ksheerabala Taila*
- *Nadi Svedana* with *Dashamoola Kwatha* decoction steam

2. Nasya Karma

- *Anutaila Nasya* – 8 drops in each nostril daily for 7 days after *Abhyanga* and *Svedana*

3. Internal Medications

- *Dashamoola Kwatha*: 40 ml twice daily
- *Ashwagandha Churna*: 3 g twice daily with warm milk
- *Yograj Guggulu*: 2 tablets thrice daily
- *Rasna Saptaka Kwatha*: 40 ml twice daily
- *Eranda Taila* (Castor oil) 10 ml at bedtime (mild *Virechana*)

4. Supportive Therapy

- Facial physiotherapy exercises

OBSERVATIONS AND RESULTS

After 7 days of treatment, improvement in eye closure and facial symmetry was noted. By day 14, the patient regained near-complete facial movements with resolution of drooling and heaviness. No adverse effects were reported. Follow-up at 1 month showed sustained improvement with normal facial tone. In the present case, a structured Ayurvedic treatment protocol was employed. Symptom progression was systematically assessed using a Facial Nerve Function Grading adapted from House-Brackmann (HB) scale^[9], simplified for clinical recording (graded 0 to 5, where 5 = complete paralysis). Improvement in facial functions such as eye closure, forehead movement, mouth symmetry, and drooling was recorded at baseline, day 7, day 14, and 1-month follow-up.

Table 1: Symptoms Assessment at different Follow ups-Day 0, Day 7, day 14 and Day 30.

Symptom / Assessment	Baseline (Day 0)	Day 7	Day 14	1-Month Follow-up
Eye closure (HB score)	5 (Incomplete)	3	1	0 (Normal)
Forehead wrinkle ability	Absent	Mild	Good	Normal
Mouth deviation	Severe	Moderate	Mild	Absent
Drooling	Present	Mild	Absent	Absent
Heaviness/Facial stiffness	Severe	Mild	Absent	Absent
Adverse effects reported	None	None	None	None

RESULTS

The patient achieved nearly complete recovery within 14 days, which is much faster than the typical 6–8 week recovery period cited in Western literature. Importantly, there were no adverse effects reported with the Ayurvedic interventions, enhancing their safety profile. The combined use of *Nasya*, *Abhyanga*, *Svedana*, and internal Rasayana agents (*Dashamoola Kwatha*, *Ashwagandha*) is supported by their neuroprotective, anti-inflammatory, and regenerative properties. Emerging evidence suggests *Ashwagandha* can enhance axonal regeneration and synaptic repair through modulation of neurotrophic factors and oxidative stress.^[11] *Dashamoola* has anti-inflammatory and analgesic properties that reduce local edema and nerve compression.^[13] The integrative approach demonstrated here offers both efficacy and a favorable risk-benefit profile compared to corticosteroids. Further, it aligns with global interest in holistic, non-steroidal neuro-rehabilitation strategies.^[13]

DISCUSSION

Bell's palsy is an acute lower motor neuron facial paralysis of unknown cause, frequently attributed to viral inflammation of the facial nerve. Though spontaneous recovery occurs in many cases, about 15–30% of patients may suffer from residual facial weakness or synkinesis if early and appropriate management is not initiated.^[14,15] The typical recovery period with conventional treatments (including corticosteroids, antivirals, and physiotherapy) is about 6–8 weeks.^[16] However, steroid therapy is not without risks—immunosuppression, hyperglycemia, and systemic side effects are common concerns, especially in patients with diabetes, hypertension, or elderly populations.^[17]

From an Ayurvedic perspective, *Ardita Roga* is classified under *Vata Vyadhi* and is described to occur due to vitiated *Vata dosha* affecting the nerves and musculature of the face, causing functional and structural derangements.^[18,19] Acharya Charaka emphasizes the role of *Nasya Karma* as the principal treatment for diseases of the head and face (*Urdhvajatrugata Vata*), as this route provides direct access to cranial nerves via the nasal mucosa and olfactory pathways.^[20]

The rationale behind using *Abhyanga* (oil massage) is to alleviate *Ruksha* (dryness) and *Sankocha* (stiffness) induced by aggravated *Vata*, thereby improving muscle flexibility and tone. *Svedana* (sudation) facilitates tissue relaxation, improves blood supply, and helps open the

Srotas (channels), enhancing the absorption of therapeutic substances.^[21]

In this case, internal administration of *Dashamoola Kwatha*, *Ashwagandha*, and *Yogaraja Guggulu* provided systemic *Vatahara*, *Balya* (strengthening), and *Rasayana* (rejuvenative) effects. These formulations possess anti-inflammatory, adaptogenic, neuro-regenerative, and antioxidant properties, which help restore nerve conduction and muscle strength.^[22,23] Studies have shown that *Ashwagandha* (*Withania somnifera*) enhances nerve regeneration by promoting neurite outgrowth and modulating neurotransmitter levels.^[24]

Moreover, the combined approach of Ayurvedic therapies with facial physiotherapy played a synergistic role, enabling faster functional recovery. The patient in this case demonstrated significant improvement within two weeks, which is notably shorter than the standard recovery period for Bell's palsy with conventional treatment.^[25] Importantly, the Ayurvedic approach avoided the potential side effects of corticosteroid therapy, indicating a safer alternative, particularly in vulnerable populations. A growing body of evidence supports the integration of traditional medicine for neuro-rehabilitation, and Ayurveda offers a time-tested framework for such disorders.^[26] However, robust clinical trials and systematic reviews are required to further establish its efficacy and safety for broader clinical acceptance.

CONCLUSION

This case report demonstrates that Ayurvedic management of *Ardita Roga*, as elaborated in *Shalaky Tantra*, offers a promising approach to Bell's palsy. The integrative use of *Nasya Karma*, *Abhyanga*, *Svedana*, and internal *Vatahara* medications resulted in faster recovery of facial nerve function improved quality of life, and the absence of steroid-related side effects.

Ayurveda provides a holistic, safe, and effective complementary or alternative strategy for the management of Bell's palsy. While this single-case success is encouraging, larger randomized controlled trials and well-documented cohort studies are essential to validate these findings and optimize treatment protocols for wider clinical practice.

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