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Ayurvedic Management in Recurrent Bell's Palsy (Ardita) with Associated Mastoiditis: A Clinical Case Study

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Abstract

Ardita is a disease that is included in the Vataja Nanatmaja Vyadhi group, caused due to the involvement of a vitiated Vata due to Ucchairbhashya, Atiadhwa, Ratrijagarana, Diwaswapna, and Langhana. The disease is characterized by Mukha Vakrata (deviation of the face on one side). In medical terms, it refers to unilateral facial paralysis. About 60-75% is accounted for by Bell's palsy having a frequency of 15-20 per 100,000 population. This case report pertains to a 60-year-old female patient suffering from right-side facial paralysis who presented with Grade IV Bell's palsy and sought treatment at Khemdas Ayurveda Hospital with Ayurveda medicine. The application of Mukhabhyanga and Ksheeradhuma was the main management employed in the patient suffering from Ardita along with other measures like internal medicine and Pathya-Apathya. The administration included Vata Shamana, Sira-Snayu Balya, and Dhatu Poshana. This patient showed rapid improvement in terms of recovery of the facial function after only 2 weeks.

Key words : Ardita, Bell's Palsy, Mukha Abhyanga, Ksheera Dhooma.

Vata Dosha regulates all movement and physiological functions in the body; its vitiation or disturbance causes functional impairment of all systems of the body. The Ardita is a separate disorder among the Vata Nanatmaja Vyadhi caused by Vayu and affects Jatrurdhwa Pradesha most. Factors causing this include Ucchair bhasya, atiadwa, raitrija-garana, divaswapna, langhana, and others, such as excessive laughing and plying weight on head, and sleeping on a high seat. Clinically, Ardita shows Mukhardha Vakrata (deviation of one side of face), Vaksanga (slurring of speech), Sthabdanetrata (eye closure not easy), and

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Teevra Ruja(severe pain) in Jatrurdhwa (supraclavicular region). Currently, the most common cause of unilateral facial paralysis is Bell's palsy, which accounts for 60-75% of cases. The seventh cranial nerve dysfunction yields the answer, as it interferes with facial muscle function, as well as salivary and lacrimal gland function. This condition appears with a unilateral partial facial weakness that progresses rapidly over a couple of hours or days The classical ayurvedic texts have described Ardita analogous to Bell's palsy. The unilateral manifestation has been described by Acharya Charaka, Acharya Sushruta, and Acharya Vagbhata. Therefore, this case study assesses the Ayurvedic management of Ardita that utilizes Vata Shamana along with restoring the neuromuscular function.

Patient Information :

A 60-year-old female patient with a history of hypertension (on treatment for the past 5 years), presented with deviation of angle of mouth to left side, inability to close right eye completely, and pain behind right ear with pus discharge from right ear; she got admitted on 20/09/2025 at Khemdas Hospital.

Chief complaints :

A 60-year-old female patient presented to the OPD of Shalakya Tantra with a complaint of deviation of angle of mouth to left side and inability to close right eye completely since 2 days and pain behind right ear and pus discharge from right ear since 7 days.

Case history :

A 60-year-old lady with a previous history of facial palsy 3 years back, who recovered with treatment, presented with the same complaint for the last 2 days. A left-sided deviation of the angle of mouth was noted, along with an inability to completely close the right eye and mild discomfort in the facial region. The patient also had a history of right mastoiditis for 2 months. She approached Khemdas Ayurveda Hospital for management of her recurring condition and presented herself at Shalakya Tantra departmental outpatient for further management.

Past History : known case of hypertension for three years and under medication for hypertension.

Family history : The patient's family history does not show any major factors that could have caused the current health problem.

Personal history : Mixed diet with a healthy appetite, regular bowel movements, and urination. Sleep is enough and good.

Clinical findings :

The subject displays a pulse of 78 per minute, their blood pressure is 130/90 mm Hg, temperature is normal and respiratory rate of 18 bpm. The general examination does not show any sign of pallor, icterus, cyanosis, clubbing, or lymphedema. The tongue doesn't seem to be coated and the patient built is good. All other parameters were within normal limits. With sufficient food. The sparsa of the patient was anushnasita *i.e* he was neither cold to touch nor hot to touch. Other criteria of Astavidha Pariksha were as follows. The examination of the ten factors showed that the prakrti of the patient was vatakapha while the vikrti of

the patient was vatapitta. As for sara, samhanana, satmya, pramana, ahara shakti, vyayama sakti all were madhyama. Finally, the patient is of vriddha avastha. Systematic examination shows CVS with S1 and S2 sounds without any added sounds. The System for Respiration is normal abdominal examination and investigations ruled out soft, non-tender, and organomegaly indicated pathology. The conscious state and orientation to time, place, and person is confirmed on CNS examination. Cranial nerves I to VI and VIII to XII are intact. Notably, cranial nerve VII (facial nerve) examination shows sign on the right side. The nasolabial fold is gone, the angle of the mouth is dropping, air is leaking on the right side when the patient blows their cheek and there is a positive bell's phenomenon on the right side. There is no hyperacusis, the taste sensation is intact and there is no waxing of the lacrimal pathways. MRI of the brain conducted on 24/09/2025 indicated moderate cerebral atrophy along with chronic small vessel ischemic lesion in right side mastoid.

Diagnosis :

The patient came to OPD with complaints of deviation of the face towards left side and inability to close her right eye for 2 months. There was a similar episode 3 years ago. The condition developed suddenly and caused progressively worsening difficulty with facial movement and discomfort. This patient also has 2 months history of right mastoiditis. Marked asymmetry of the face, inability to close the right eye, and weakness of facial muscles on the affected side were observed on clinical examination. Taking in account of clinical features and history along with Ayurvedic assessment as Vata predominance affecting Jatrurdhwa Pradesha, it was diagnosed as Ardita which is Bell's palsy in modern medicine.

Therapeutic Intervention :

Timeline of intervention :

Date Range	Procedures Done
21/09/2025 – 27/09/2025	1. Pratimarsha nasya with shadbindu taila 2 drops in both nostrils 2. Shiropichu with dhanvantaram tailam 3. Karna pramarjana f/b Karna dhoopana with Haridradi varti twice a day
28/09/2025 – 04/10/2025	1. Sarvanga abhyanga with Mahanarayana tailam and Bashpa sweda 2. Mukha abhyanga with Ksheerabala Tailam and Ksheeradhooma followed by marsha nasya with Ksheerabala 101 drops in both nostrils, 6 drops in each nostril 3. Karnadhoopana once a day with Haridradi varti

Oral Medication	
20/09/2025 – 27/09/2025	1. Pathyadi kashayam 15ml BD BF 2. Sudharshana ghana vati 2 BD AF 3. Gandhaka Rasayana 1 BD AF
28/09/2025 – 04/10/2025	1. Gandharva hastadi Kashaya 15ml BD BF 2. Cap. Palsineuron 2 BD AF 3. Cap. Dhanwantaram 1 BD AF
Pathya	Snigdha, Ushna Ahara such as Ksheera, Ghrita, Yusha, and warm soups; regular Mukhabhyanga, mild Swedana, adequate rest, and protection from cold exposure to pacify Vata.
Apathya	Avoid Ruksha, Sheeta Ahara, cold and refrigerated foods, exposure to cold wind, Ratrijagarana, Diwaswapna, excessive speaking, and Atiadhwa, as they aggravate Vata and delay recovery.

Treatment Duration – 14 days(21/09/2025 – 04/10/2025)

Assessment Criteria: House Brackman grading scale

Grade	Description	Closure of eyes	Movement of Forehead	Movement of Mouth	Synkinesis
I	Normal functioning of the face in all regions	Complete	Normal	Symmetrical	Nil
II	Mild dysfunction; no weakness but normal tone and symmetry at rest	Complete, requires some effort	Normal	Some asymmetry	Mild
III	Moderate dysfunction; no weakness but asymmetry evident at rest	Complete, requires effort	Slightly reduced	Asymmetry evident	Obvious
IV	Severe dysfunction; evident facial weakness	Incomplete	Movement absent	Asymmetry requires effort	Present
V	Severe dysfunction; minimal facial motion	Incomplete	Movement absent	Extremely asymmetrical	Present
VI	Total facial paralysis; no motion	None	Movement absent	Movement absent	Nil

Fig. 1. Improper closure of right eye and the angle of the mouth is dropping

Fig. 2. Air is leaking on the right side when the patient blows the cheek

Fig. 3. Proper closure of right eye

Fig. 4. No air is leaking on the right side while blowing of cheek

Outcome :

During the entire treatment process, the monitoring of the patient was done. A gradual improvement was noticed, which included the reduction in the facial deviation, closure of the right eye was done properly and strength in the facial muscles was restored. Notable improvement was witnessed within 2 weeks after intervention. Facial symmetry and movements were improved significantly. There was a decrease in ear ache and ear discharge. Both subjective and clinical assessments showed remarkable recovery overall. The outcome of the treatment was satisfactory and the patient had no side effects.

A disease marked by facial drooping, with origin in aggravated vata along with kapha, vyadhi is caused due to chronic consumption of faulty food which causes malformed part and cripples nerve. In the existing situation, the presence of recurrent mastoiditis along with past facial palsy is suggestive of a chronic state of Vata vitiation with a local inflammatory pathology. The nidanas are still present and the dosha is not balanced completely. The clinical symptoms are similar to those of Bell's palsy, where facial nerve impairment results in unilateral weakness. Ear pain and discharge together indicate involvement of other structures contributing to nerve irritation.

The objective of management was Vata Shamana, Sira-Snayu Balya, and Dhatu Poshana. A sarvanga abhyanga with mahanarayana tail will give a systemic snigdha and vatahara effect. This can help to relieve widespread aggravation of vata due to best circulation. Mukhabhyanga with Ksheerabala Taila local neuromuscular function enhanced followed by Ksheeradhuma as Mridu Swedana relieved Stambha for better drug absorption. Nasya Therapy helps clear out the Srotas and stimulate the cranial nerves. Karna Dhoopana and local ear treatment helped in reducing mastoid inflammation and discharge.

The internal medicines like Kashaya and Rasayana preparations helped to promote Vata, stimulate Agni and nourish Dhatu which helps in nerve repair and reduces underlying inflammation. The synergistic use of Shodhana and Shamana treatments produced significant clinical benefits within a 2-week period. Ayurvedic treatment of Ardita in this instance has resulted in speedy and adequate recovery even with recurrences and complications.

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