

## Case Report

# Ayurvedic intervention in Bell's palsy: case report on therapeutic efficacy

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## ABSTRACT

Bell palsy is idiopathic, unilateral facial nerve palsy of acute onset leading to facial muscle weakness. Facial palsy is inflammation around the facial nerve and this pressure causes facial paralysis on the affected side. This is a case of A 46 year old male patient admitted in Kayachikitsa Department of Vaidyaratnam Ayurveda college, Ollur on 6<sup>th</sup> December 2023 with pain on the right side of face, posterior of neck radiating to right shoulder associated with swelling since one month. He had a history of Bell's palsy before one month. Patient felt difficulty in speaking, closing of the right eyelid and loss of taste. He underwent a treatment protocol of *Arditha* followed by *Vatavyadhi Chikitsa*. Ayurvedic preparations like *Dhanadanayanadi kashayam*, *Pathyashadankam kashayam*, *Vaiswanara choornam*, *Gandavahastha eranda thailam*, *Dhanwantaram tablet* were given internally. *Choorana pinda swedam*, *Thalam* with *Rasnadi choornam* and *Karuthavattu*, *Rasathailam* application, *Sahacharadi tailam* for whole body. *Sirovasthi* with *Mahamasha tailam* and *Rasa tailam* in the ratio 3:1 ratio, *Ksheera dhoomam*, *Nasya* with *Anutailam* were done externally. House Brackmann Grade scales for pain, facial movements, were used to evaluate the effectiveness of treatment. Patient-reported outcome measures such as Facial Disability Index were used to assess the quality of life. Significant improvement noted in management of symptoms and work ability also showed improvement. Although this particular case was *krichrasadhya*, it was effectively managed through ayurvedic therapies, showing its relevance in current scenario that emphasises the invasive approaches.

**Keywords:** Arditha, Facial palsy, Vatavyadhi Chikitsa

## INTRODUCTION

Bell's palsy is an idiopathic, unilateral facial nerve palsy of acute onset that leads to facial muscle weakness. Most people start recovery in two or three weeks, however in few people recovery is very slow and left with some weakness or paralysis. There will be temporary or permanent damage to the nerves. *Arditha* is a *Vatika* disorder mentioned in Ayurvedic classics which is included amongst the eighty *Nanatmaja Vata* disorders by Acharya Charaka. Acharya Vagbhata describes it as '*Ekayam*', Acharya Sushruta mentions the involvement of face whereas Acharya Charaka the whole of *Sharirardha* (half of the body). These symptoms merely relates to Bell's palsy. Bell's palsy is acute onset of unilateral lower

motor facial nerve paralysis. Most population studies generally shows an annual incidence of 15-30 cases per 100,000 population which accounts for approximately 60-75% of cases of acute unilateral facial paralysis. If not treated it properly leads to long term complications like corneal ulcer, infections of the eyes, synkinesis where particular group of muscles voluntarily moves, another group moves along involuntarily. The chikitsa adopted for *Arditha* is *Vatahara*.

Bell's palsy is a sudden, unilateral paralysis or weakness of the facial muscles caused by inflammation or compression of the facial nerve (cranial nerve VII), often linked to viral infections such as herpes simplex virus. It is the most common cause of acute facial nerve palsy, with an annual

incidence of approximately 15 to 30 cases per 100,000 people, affecting men and women equally across all age groups. The condition typically presents with rapid onset of facial drooping, inability to close the eye, drooling, altered taste, and sometimes pain around the ear or increased sensitivity to sound on the affected side. Although the exact cause remains idiopathic in many cases, it is believed to be due to viral-induced nerve inflammation. Most patients show signs of improvement within three weeks, and about 70–85% recover completely within six months, although some may experience persistent weakness or synkinesis. Complications may include corneal damage due to incomplete eye closure, chronic facial asymmetry, or psychosocial distress. Management includes corticosteroids as the first-line treatment, eye care to prevent corneal injury, and sometimes antiviral medications or physical therapy to support nerve recovery and muscle function.<sup>1</sup>

In Ayurveda, the symptoms of OA are correlated with *Arditha* is a condition characterized by the sudden onset of facial paralysis, typically affecting one side of the face, and is comparable to Bell's palsy in modern medicine. It is classified under *Vata Vyadhi*, with *Vata dosha* being the primary dosha involved. *Vatavyadhies are a group of disorders due to vitiated Vata. It can be caused either by Avarana or Dhatukshaya* The main *srotas* affected are the *manovaha* and *rasavaha* *srotas*. *Nidana* includes exposure to cold wind, suppression of natural urges, trauma, excessive physical exertion, and improper food habits that aggravate *Vata*. The *dhatu*s primarily involved are *rasa*, *mamsa*, and *majja*. The signs and symptoms of *Ardita* as follows *Mukhavakrata*, *Greeva Chapya*, *sirachalati*, *vaksanga*, *Vaikrta netradi*. The condition manifests with asymmetry of the face, difficulty in speaking, closing the eye, and deviation of the mouth, and requires a treatment approach focused on pacifying *Vata* through *snehana*, *swedana*, *nasya*, and internal medications.<sup>2</sup> The line of treatment for *Ardita* includes *Nasya*, *Moordha Taila*, *Srotra Akshi Tarpana*, and *Naadisweda*.<sup>3</sup>

A 46-year-old male patient with the following presenting complaints was admitted to our hospital for 20 days and discharged on 26<sup>th</sup> June 2023.

Primary concerns and symptoms of the patient was difficulty in speaking since one month; pain in the right side of the face, posterior aspect of neck radiating to right shoulder, associated with mild swelling since one month; loss of taste; difficulty in closing of right eyelid.

## CASE REPORT

A 46-year-old male patient with a history of type 2 diabetes mellitus for the past eight years, managed irregularly with allopathic medication and without routine blood glucose monitoring, presented with sudden onset of right-sided facial palsy one month ago. At the time of onset, he had significantly elevated fasting and postprandial blood sugar levels and was also found to have

hypertension, for which he was started on insulin therapy twice daily. His symptoms included difficulty in closing the right eyelid, excessive watering of the eyes, headache, loss of taste, and pain on the right side of the face, extending to the back of the neck and right shoulder, along with mild swelling. Initial management included a one-week course of corticosteroids and two weeks of physiotherapy, but he reported no considerable improvement. Seeking better relief, he was admitted to the Kayachikitsa inpatient Department of Vaidyaratnam College Hospital on 6<sup>th</sup> December 2023. Based on his clinical presentation, a treatment plan was designed and executed in accordance with Ayurvedic principles, which led to notable improvement in his symptoms at the time of discharge.

## Personal history

Patient follows a mixed diet with a history of delayed intake for breakfast and lunch. Bowel was irregular, once in two days, unsatisfied, and constipated. Appetite was reduced with early satiety, sour belching, chest burn, abdominal bloating, and increased salivation were present. Micturition was found to be within normal limits. Sleep was interrupted for one and half months, and day sleep was present, had no positive history suggestive of allergy, and addictions were present in this case.

## Medical, family, and psychosocial history

He was on medication for type 2 diabetes mellitus for years and for c.Renerve plus, t.Omnacortil 10mg since one month. Took two weeks of ayurvedic internal medication.

## Relevant past interventions with outcome

Took 1 months of allopathic treatment with, internal medications of c.Renerve plus, t.Omnacortil 10mg, multivitamin capsules, Insulin injection 10 units twice daily, Topical application (diclofenac sodium gel), Physiotherapy with exercises was done. There was temporary relief of pain and complaints but no improvement in restricted activities after these treatments.

## Systemic examination

**General examination:** The patient was of moderate build, nourished moderately with a height of 159 cm and a weight of 70 kg, BMI of 27.7 kg/m<sup>2</sup>. The patient is conscious and right-handed, with normal posture and motor behaviour. Appearance is neat and tidy, with a pleasant facial expression and appropriate attachment to people and surroundings. Mood is apathetic, though no abnormalities are noted in consciousness or basic behaviour.

**Facies:** Facial palsy with angle of mouth deviated to left side.

**Physical examination:** Facial weakness over right side with deviated angle of mouth.

### Examination of the central nervous system

The patient exhibits no delusions or hallucinations and is fully oriented to time, person, and place. Attention is focused and sustained, with intact calculating ability and new learning capacity. Judgment and insight are normal, reflecting preserved intellectual and cognitive functions. The patient has intact short-term and long-term memory, indicating preserved memory function. Speech and language abilities are normal, with intact comprehension, repetition, naming, and fluency, suggesting no deficits in language processing or expression. Intact except mood and fluency in speech.

### Motor functions

#### Bulk of muscle

Bulk of muscles shows a little difference on both sides.

**Table 1: Bulk and tone of muscle.**

Bulk and tone of muscle		
Mid arm size (10 cm above olecranon process)	28 cm	29 cm
Mid fore arm size (10 cm below olecranon process)	25 cm	26 cm
Mid thigh size (18 cm above patella)	52 cm	52 cm
Mid leg size (10 cm below tibial tuberosity)	32 cm	32 cm

#### Tone of muscle

Upper limb spasticity present on left side and normal on right side; lower limb normal on both side.

#### Muscle power

All movements were possible without pain for the cervical spine.

#### Reflexes

Reflexes- superficial reflex – corneal was intact bilaterally, and plantar reflex was intact b/l (+). Jaw jerk was also normal.

Deep tendon reflexes, including biceps, knee, and ankle jerks, were intact (+) bilaterally.

#### Sensory system

Superficial sensations, including pain, touch, temperature; deep sensations, including vibration, proprioception; cortical sensations, including two-point discrimination, stereognosis, graphaesthesia, were found to be intact bilaterally.

*Olfactory nerve:* Anosmia and parosmia is present on right side.

Optic, 3,4,6 Occulomotor, Trochlear & Abducent nerves are normal.

**Table 2: Ayurvedic diagnostic assessment.**

Prakriti	Kapha Pitta
Doshas vitiated	Pranavayu, Udanavayu, Vyanavayu Sadhaka Pitta Upadhathu –
Dhatu	Raktha, Majja
Upadhatu	Sira, Snayu
Sara	Madhyama
Samhananan	Madhyama
Satvam	Madhyama
Satmyam	Madhyama
Srotas affected	Pranavaha, Rasavaha, ppRakthavaha Mamsavaha
Pramanam	Madhyama
Aharasakthi	Jaranasakthi –Madhyama Abhyavaharana sakathi– Madhyama
Vyayama Sakthi	Madhyama
Vaya	Madhyamam
Kalam	Kshanadi - Greeshma Vyadhyavastha - puranam
Desham	Sandhi
Bhumi	Sadharanam
Rogamargam	Madhyama

Trigeminal nerve-sensory functions like pain, temperature and touch in forehead, cheek and chin is intact. Motor functions like deviation of jaw, side to side movement of jaw is intact. Jaw jerk reflex is normal. Palpate temporalis and masseter muscle-Right side weakness was present and left side was intact. Side to side movement of jaw was intact. Wasting of muscles of mastication was absent.

*Facial nerve:* Sensory functions was intact. Motor functions on the right side were as follows that clenching frowning was intact. Whistling and blowing was possible with difficulty.

*Angle of mouth:* Drooping on right side, deviated to left. Nasolabial fold was obliterated on right side. Vestibulo-cochlear, glossopharyngeal, vagus nerve was intact.

*Accessory nerve:* Shrugging of shoulder was slight difficult. Rotation of head was Intact.

*Hypoglossal nerve:* Protrusion of tongue is possible with difficulty. Atrophy and fasciculations was absent.

*Coordination tests:* Both upper and lower limbs are normal.

**Table 3: Ama assessment score.**

Symptoms	Score
Constipation	1
Heaviness of the body	0
Loss of taste	1
Loss of appetite	1
Loss of thirst	0
Bad belching	0
Pain (Joint pain)	1
Lack of enthusiasm (Utsah)	0
Lethargy (Tantra)	0
Total	3

**Nidana**

*Aharajam:* He has a history of untimely food intake, particularly during breakfast and dinner. The diet mainly consists of *Lavana* and *Katu* dominant foods, and the intake of *Seetha Pradhana Ahara* is also noted.

**Seetha Pradhana Ahara**

*Viharajam:* The lifestyle factors include irregular eating habits, staying awake at night, and suppression of natural urges. He is also suffering from uncontrolled diabetes.

**Uncontrolled diabetes**

*Manasika:* There is a history of excessive thinking and mental stress.

*Poorvaroopa:* The prodromal symptoms were *Avyaktham*.

*Roopa* - The manifested symptoms include *Ardhanga Sadam* (weakness or paralysis of one side of the body), *Vakreekarana* of *Vakthardham* (deviation of one side of the face), *Avyaktha Vak* (slurred speech), and *Nistheevanam* (drooling of saliva).

*Samprapthi:* Due to the above nidanas, *Nidana-kapha prakopa* and *raktha dushti-avarana* causing *Sthanasamsraya* in *Dakshina mukhardha baaga*, *Sirasnayu sankocha* at *siras-Mukhardha vikriti*, *Vyakthavastha* and then causes *Arditha*.

**Diagnostic assessment**

This case was diagnosed as a case of bells palsy based on the clinical presentation, physical examination, and laboratory tests. It remains a clinical diagnosis and an exclusion diagnosis, as implied by the idiopathic label.<sup>4</sup> The history and physical examination are generally sufficient to diagnose Bell's palsy.<sup>5</sup> The House-Brackmann Scale is a commonly used grading system to diagnose Bell's palsy, which analyzes the degree of facial nerve dysfunction.<sup>6</sup> Difficulty in speaking since one month. Clinical presentation and Physical examination results showed pain in the right side of the face, posterior aspect of neck radiating to right shoulder, associated with

mild swelling and loss of taste since one month. Difficulty in closing of right eyelid. Electroneurography was not done which is done for the interpretation of electrical signals derived from muscle. FDI score shows substantial subjective improvement in both function and social well-being of the patients with facial palsy.

CT brain report (10<sup>th</sup> November 2023).

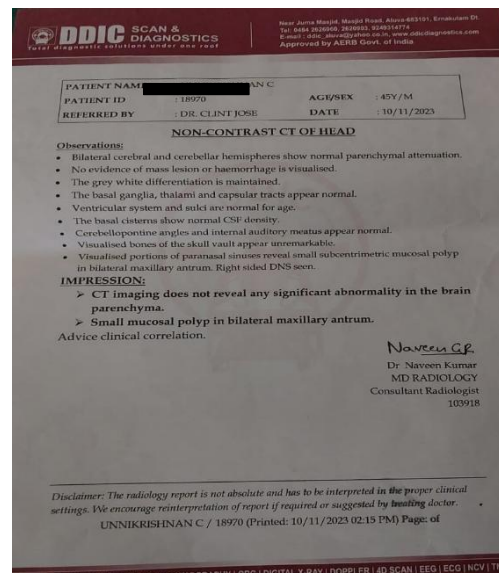
Observations was bilateral cerebral and cerebral hemisphere show normal parenchymal attenuation and no haemorrhage visualized. Visualised portions of paranasal sinuses reveal small subcentric mucosal polyp in bilateral maxillary antrum. Right side DNS was seen. And the impressions of small mucosal polyp in bilateral maxillary antrum were also suggestive of the diagnosis.

**Investigations**

Blood test (10<sup>th</sup> November 2023).

HbA1C – 9.6%, FBS 112 mg/dl, PPBS 209 mg/dl.

ESR 10 mm/hr, Hb – 14.2 g/dl.

**Figure 1: CT of the head report.****Figure 2: Physical examination of head.**



### Therapeutic interventions

The treatment aimed to reduce the current symptoms of the patient and improve the quality of life of the patient. Since the patient had the symptoms Arditha its specific treatment

principle was adopted, followed by the principles of vatavyadhi chikitsa. Internal medicines started from the date of admission (Table 4), and external therapies started the next day after admission (Table 5).

**Table 4: Internal medicines.**

Date	Medicine	Dosage	Time
6 <sup>th</sup> December 2023 onwards	1. <i>Dhanadhanayanadi kashayam</i> 2. <i>Vaiswanara churna</i>	60 ml bd bf 1 tsp, along with Kashaya 1-0-1 bd af	6 am, 6 pm
6 <sup>th</sup> December 2023 onwards	<i>Dhanwantharam Gulika</i>	1-0-1 bd bf	Morning and night
	<i>Pathyashadangam kashaya tab</i>	1-0-1bd af	Morning and night
13 <sup>th</sup> December 2023 onwards	<i>Gandarvahastha eranda tailam</i>	1 tsp <i>tailam</i> , after food	Night
26 <sup>th</sup> December 2023	Discharged		
27 <sup>th</sup> December 2023 onwards	<i>Ashtavargam kashayam</i> <i>Dhanwantharam Gulika</i> <i>Sahacharadi 21 avarthi capsule (2-0-2)</i>	60ml bd bf 1-0-1 bd with <i>Kashayam</i>	6 am, 6 pm 6 am, 6 pm Morning and evening Morning and evening
14 days	Externally <i>Face oil Mahamashatailam and Rasatailam (3:1)</i>	2-0-2 bd af	Once/day

**Table 5: External therapies.**

Date	Procedure	Medicine	Remarks
6 <sup>th</sup> December 2023 onwards	<i>Aviikizhi</i> - 3 days <i>Thalam</i>	<i>Dhanyakizhi</i> dipped in <i>Dhanyamla Rasnadi choornam</i> , <i>Karuthavattu</i>	Whole body With lemon juice
9 <sup>th</sup> December 2023 onwards	<i>Sataila danyakizhi</i> – 3 days <i>Abyangam</i>	<i>Sahacharadi thailam</i> <i>Rasathailam</i>	Whole body for the face
12 <sup>th</sup> December 2023 onwards	<i>Abyanga</i> 7 days	<i>Sahacharadi thailam</i>	4 days, whole body
12 <sup>th</sup> December 2023 onwards	<i>Sirovasthi</i> <i>Lepana</i>	<i>Mahamashataila</i> And <i>Rasathaila</i> in the Ratio 3:1 <i>Karuthavattu</i> And <i>Nimbamruthadi Erandatailam</i>	Whole body 4 days On the affected part
19 <sup>th</sup> December 2023 onwards	<i>Ksheeradhoomam Nasya</i> -3 days <i>Face Abyanga Nasya</i>	with <i>Anutaila</i> -7 Drops <i>Nimbamruthadi Erandam</i> <i>Ksheerabala 101 Avarti 7 Drops</i>	On the affected part

**Table 6: Before and after treatment changes.**

Before treatment	After treatment
Deviation of mouth towards left side Bells phenomenon present	Deviation reduced to 90%
Dribbling of saliva on right side of mouth	Dribbling stopped
Watering of right eye	Watering stopped
Not able to close right eye	Able to close
Nasolabial fold not present on right side	Visible on right side

### DISCUSSION

In this case of Bell's palsy, the patient presented with the symptoms of *arditha* associated with the ama symptoms. *Vata* vitiation was more pronounced in the form of pain

and restricted facial muscle functions. The treatment started by assessing the *Ama*, *Agni*, and *Bala* of the patient. A combination of *Abhyanga* and *Swedana* together are highly effective in treating neurological disorders muscle weakness, stiffness and spasm. The protocol commenced

with choorna pinda Sweda as the *Vatadosha* is here associated with *kapha.Rooksha* and *Ushna gunas* of *Churna* and *Swedana* procedures are utilised to pacify both. *Avikizhi*, being a *Rooksha Snigdha sweda*, helps in relieving the stiffness around the muscles. *Dhanyakizhi* in *Dhanyamla (Avikizhi)* along with *Lepana* with *karutha vattu* in *nimbamruthadi eranda* was applied over the right side of the face. The *amla theekshna*, *rooksha guna* of *Jambeera* will help in reducing the *kapha dosha*, and the incorporated *Sneha Dravya* will maintain the *vata dosha* without being aggravated. *Abyangam* helps in the stimulation of nerves, improved circulation. *Rujasophahara* property of *Karuthavattu* made it suitable for *lepana* with *Jambeeraswarasam* for relieving the stiffness and pain in the initial stage. *Sathailadhanyakizhi* was selected in the next stage, followed by *Abyanga* and *sahacharadi thailam* was used for body and *rasathailam* for the face. Both *taila* are *vatavikarasamaka* and *bruhamana* in action, causing vasodilation, results in increased blood circulation to the confined area, here in the muscles, and reduces the pain and inflammation. *Sahacharadi tailam* have *VataKapha Hara* properties.<sup>10</sup> It is mentioned in *Vatavyadhi Chikitsa* with indications like irregular muscle activity like *Kampa* and *Sthamba*.<sup>7</sup> *Thalam* with *Rasnadi choornam* and *karuthavattu* helps in the inflammatory condition of the head, and in decreasing *vata*. It is a unique method of drug delivery in Ayurveda, which was developed and widely practiced by ancient vaidyas of Kerala. It is a modified form of *Murdha thaila* told by Brihatrayi. It involves the external application of medicine to a specific part of *Shiras*. It has multidimensional therapeutic actions.<sup>8</sup> *Sirovasthi* nourishes the head, alleviates pain, marma points are stimulated. *Ksheeradhoomam* is very beneficial in neurodiseases of the face. It helps in removing the muscle spasm and improving the movements, and reducing the pain. *Ksheera Dhooma* has multi-fold benefits like facilitating proper blood circulation of the body and relief from pain, spasms and stiffness of the muscles and joints.<sup>9</sup> *Arditha* is a disorder caused by the *avarana* of *vata* by *kapha*, *srothoshadanam* has significance in the treatment. *Nasya* acts in *urdwajatru rogas* as it is said by Acharya Vagbhata '*Nasa hi Shirasodwaram*'.<sup>11</sup> With the help of *Nasya* nourishment to nervous system was provided through diffusion and also by neural and vascular pathway, hence improve the motor functions of nerves. *Anutailam* was administered as *Pratimarsha nasyam* which helps in *srodhoshodana*. It helped in *VataPitta Shamanam* in the *Shiras* and also is *Indriya prabodhanam*. *Ksheera Dhooma* is a unique traditional practice which is widely used in the treatment of *Jatrurdhwagata Vata Vyadhi*. *Ksheerdhooma* in the form of *Nadi-sweda* (A decoction of cow milk and *Vatahara* drugs) not only serves the purpose of *Swedana* helping in better absorption of the drug administered through *Nasya*, but also helps to reduce the symptoms. Thus, this whole treatment can prove to be a promising management of *Arditha* by reducing the symptoms and correcting the pathophysiology. *Ksheera-dhooma* not only serves the purpose of *Swedana* enhancing better absorption of the *Nasya* and correction of the pathology.<sup>12</sup>

Internally *Shamana oushadhis* include *Dhanadanayanadi kashayam* and it helped in removing the *Kapha avarana*., *Dhanadanayanadi Kashayam* Is told in *Arditha* and *Akshepa* conditions. It acts as *vatanulomana*. It was given in the initial stage, added with *vaiswanara choorna*. *Dhanwantharam gulika* also got *Vatanulomana* property, which helped with the abdominal bloating in the patient. *Pathyashadangam kashayam* is told in *jatrurdwa* conditions and specially told as *ardha sirorujaharam*.<sup>16</sup> In the next stage, it was changed to *Gandarovahastha Eranda Tailama*.<sup>13</sup> After addressing the *amavastha*, treatment was focused on alleviating the *vata dosha* and thus improving the functions of the affected joints. *Ashtavargam Kashaya*, which is *Vatavyadhihara*, was given with *Dhanwantharam Gulika*, which is of *Vatahara* and *Bruhamana* property.<sup>14</sup> *Masha* (*Phaseolus mungo*) in *Mahamashatailam* is beneficial in strengthening the body and increasing muscle bulk which makes it balancing the *Vata Dosha* and *Kapha Dosha* is beneficial for all the neurological pathologies. Thus the combination of these internal medicines helps to decrease the inflammation, pain and to repair, restore the functional mobility of facial muscles.

*Gandarovahastha eranda tailam* is the preferred drug to treat *Vatadosha* because the *Gunas* of *Eranda* are opposite to that of *vata*.<sup>15</sup> *Eranda* does *vatashamana* by its *Ushna*, *Snigdha*, *guru* and *Anulomana guna*. *Eranda* and other ingredients also possess *Ushnaveerya*, *Madhurarasa* and *Madhurvapaka*, with which it becomes more potent for pacifying *Vatadosha*. Most of the drugs in this *Taila* are *Vata Kaphahara* and *Vatanulomana*, *Deepana*, *Sookshma Srotogami*, *Shoolaprashamana* and *Ruchyam*.

## CONCLUSION

The present case of Bells palsy in a 46/m was successfully managed with Ayurvedic IPD treatment. Now a days the incidence of Bells palsy is seen more irrespective of age, gender, or profession. It is the need of the present scenario to address the situation properly. Ayurvedic management can play a vital role in the effective management of *arditha*. Improvement was noted in the QOL<sup>17</sup> of the patient, including him doing her self-care chores. The present case of facial palsy in the middleaged patient was successfully rehabilitated and got improvement in the pain, inflammation and associated complications by conservative ayurvedic treatment protocol of *arditha* and *vatavyadhi*. The treatment adopted here are the classic treatment modalities having the properties of *Vatahara*, *Srothoshodana Santarpaneeya chikitsa*. *Murdhatailam* and *Navana* had a great significance in the treatment outcomes. Traditional ayurveda treatments like *thalam* and *ksheeradoomam* was also beneficial. Diagnosing disease through *samprapti ghataka* and *samprapti vighatana* chikitsa gives complete relief from the disease. Patient is advised to follow a proper meal pattern, also, so that his *agni* could be properly managed. By adopting the methodologies of *Vatavyadhi Chikitsa*, owing to *Bruhamana* and *Rasayana* therapy, these conditions, though

*Krichrasadhya*, can be managed effectively with Ayurveda. The case was assessed with the 'House and Breckmann' assessment scale. The result showed remarkable improvement in motor functions and asymmetry of the face. The patient showed marked improvement in both physical function and social well-being after 20 days of Ayurvedic intervention Grade 3 to Grade 1 indicates significant clinical improvement from moderate to normal function. A 120% improvement in FDI<sup>18</sup> score shows substantial subjective improvement in both function and social well-being. This case report shows that classical Ardita treatment is effective in Bell's palsy.

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## REFERENCES

1. Kasper F. Harisson's Principles Of Internal Medicine. 19th ed. Vol 1. USA: McGraw-Hill medical publishing Divison; 2005:2226.
2. Harsh D. Ayurvedic Treatment of Agantuja Sandivata (Post traumatic osteo arthritis of Knee) - a case study. *Ayushdhara*. 2018;2:1796-9.
3. Giri PV, Nitin MKT. Developing ama grading tool for Ayurvedic research - a conceptual framework. *Contemporary research in India*. 2018.
4. Pillai KVKV. Chikitsasasarvasvam/Sahasrayogam. 35th ed. Mullakkal (Alappuzha): Vaidyarambam Publishers; 2017;79:278.
5. Pillai KVKV. Chikitsasasarvasvam/ Sahasrayogam. 35th ed. Mullakkal, Alappuzha: Vaidyarambam Publishers; 2017:97.
6. Sreekumar T. Astanga Hridaya Vagbhata, Chikitsasthana. 4th ed. Vol. 2. Thrissur: Publication Department, Harisree Hospital, Mannuthy, Thrissur; 2013:21/48-61.
7. van Veen MM, Bruins TE, Artan M, Mooibroek-Leeuwerke T, Beurskens CHG, Werker PMN, et al. Health-related quality of life in facial palsy: translation and validation of the Dutch version Facial Disability Index. *Health Qual Life Outcomes*. 2020;18:256.
8. Anjalikrishna, Krishnan S. A clinical study to evaluate the effectiveness of Thalam with Panchagandha Choornam in Nidranasha. *Int Ayurvedic Med J*. 2023;10:2462-7.
9. Bhat S, Desai AS. Ksheera Dhooma: a traditional practice with multifold application. *Int Ayurvedic Med J*. 2020;12(12):5291-8.
10. Jinsa I, Miharjan K, Chitra P. Effectiveness of Sahacharadi Tailam fourteen times avarthi with pre-medication in quality of life of Parkinson's disease as an add-on to modern medicine. *Int Ayurvedic Med J*. 2021;6(1):3171-8.
11. Athira C, Bhat UA. A comparative clinical study on the effectiveness of Rasona Taila and Gandharvahastadi Eranda Taila in Gridhrasi (Sciatica). *Int J Ayurveda Pharma Res*. 2020;8(10):15-22.
12. Dutta TR, Astangasangraha, reprint 2005, Varanasi, Chaukhambha Sanskrita Pratisthana, sutra sthana chap 31/3. 2005:528.
13. Bohra M, Sharma KK. Role of Ksheerbala Taila Nasya and Ksheerdhooma in the management of Ardita: a review. *Ayurpharm Int J Ayur Alli Sci*. 2015;4(3):54-9.
14. Ashtāṅgasamgraha with Sasilekha Sanskrit commentary. 3rd ed. Varanasi: Chaukhambha Sanskrit Series; 2012:521.
15. Patil SS. Ayurvedic management of Ardita with special reference to Bell's palsy: A case study. *World J Adv Res Rev*. 2022;10(1):123-30.
16. Abraham A, Mathew L, Samuel S. Antioxidant activity of Pathyashadangam Kashayam: a classical Ayurvedic formulation and its ingredients. *Plant Arch*. 2020;20(Suppl 2):4236-41.
17. Györi E, Przestrzelski C, Pona I, Hagmann M, Rath T, Radtke C, Tzou CHJ. Quality of life and functional assessment of facial palsy patients: A questionnaire study. *Int J Surg*. 2018;55:92-7.
18. van Veen MM, Bruins TE, Artan M, Mooibroek-Leeuwerke T, Beurskens CHG, Werker PMN, Dijkstra PU. Health-related quality of life in facial palsy: translation and validation of the Dutch version Facial Disability Index. *Health Qual Life Outcomes*. 2020;18(1):256.

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