

ARDITA AND ITS AYURVEDIC MANAGEMENT: A CASE REPORT**Mridu Jasrotia**

Medical Officer in Department of Panchakarma, Government Ayurvedic Medical College and Hospital Akhnoor, Jammu and Kashmir.

Corresponding Author: vaishnavi.jasrotia9@gmail.com

<https://doi.org/10.46607/iamj4913022025>

(Published Online: February 2025)

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Article Received: 06/01/2025 - Peer Reviewed: 30/01/2025 - Accepted for Publication: 09/02/2025.

**ABSTRACT**

Ardita is scrutinized as one in the eighty *Vataja nanatmaja vyadhis* group in *Ayurveda*. It is a disease that leads to *vakratha* (deviation) of *mukha ardha* (half of the face). It is due to the constant suppression of natural urges like sneezing and pandiculation. *Ardita* can correspond to Bell's Palsy. It is also called idiopathic facial paralysis. It usually only affects the muscles on one side of the face. It happens when there is inflammation and swelling of the 7th cranial nerve (the nerve that controls facial muscles). The present case study was overseen with the intent of appraising the efficacious *Ayurvedic* management in *Ardita*. Specific *Panchakarma* procedures and internal Ayurvedic medicines have been proven to be advantageous in the management of *Ardita*. The current report deals with a case of a 48-year-old male patient diagnosed as *Ardita* who was treated with copious *Panchakarma* procedures like *Snehana*, *Swedana*, *Nasya*, *Shiropichu*, *karnapoorana* and some *shamana chikitsa*. The evaluation criteria were derived from the House-Brackmann Facial nerve grading scale scoring. Following the accomplishment of Ayurveda treatment, the patient can be seen in nearly complete recovery in the absence of any unfavourable effects. It reflects that it is a good cure for *Ardita* (Bell's Palsy).

Keywords: *Ardita*, Bell's Palsy, *Snehana*, *Swedana*, *Nasya*, *Karnapoorana*.

INTRODUCTION

“*Ardita*” is derived from ‘*ardana*,’ which means pain, trouble, or discomfort. It is scrutinized as one among the *Vataj nanatmaja vyadhi* by *Acharya Charaka* ⁽¹⁾ *Acharya Charaka* states that it is confined to half of the face with or without the body's involvement ⁽²⁾. *Acharya Sushruta* scrutinises it as the face is solely affected in *Ardita*. *Nidanas* like *Ati Adhwa*, *Ratri-jagarana*, *Ucchairbhashya*, *Divaswapna*, and *Langhana* cause it⁽³⁾ The symptoms included in this disease are *Teevra ruja* of *Jatrurdhwa Pradesha*, *Mukhardha vakrata*, *Vaksanga*, and *Sthabdanetrata* ⁽⁴⁾. It can correspond with ‘Bell’s palsy in modern characteristics. In this disease, paralysis of the facial nerve occurs. On the other hand, it affects the movement of facial muscles due to inflammation of the facial nerve within its canal above the stylomastoid foramen ⁽⁵⁾. The treatment mentioned in *Charaka Samhita* includes *Brimhana* therapy, *Nadi swedana*, *Nasya Karma*, and *Moordha Taila* in the *Chikitsa Sutra* of *Ardita*. ⁽⁶⁾

CASE REPORT

A 48-year-old Male patient has had a history of difficulty in proper closing of the right eye, watering from the right eye, difficulty in chewing food due to trapping of food particles between gums and teeth, and heaviness in the right ear for 1 month. According to the patient, he was asymptomatic 1 month ago. Then, one day, he instantly noticed that his face was deviant towards the left side, and he could not close his right eye completely. There was dribbling of saliva from the right angle of the mouth, along with the presence of slurred speech. He also complains of difficulty in eating from the right side. He took treatment from various

hospitals for the last 1 month but did not get satisfactory relief. Then, he came to our hospital for *Ayurvedic* treatment. The patient had no previous or family history of Hypertension or Diabetes mellitus.

EXAMINATION

General examination

General condition : Fair.
 Built : Moderately
 Pulse : 86 beats/ min
 Respiratory Rate: 18 / min
 Blood Pressure : 130/ 70 mm/hg
 Pallor : Absent
 Edema : Absent
 Cyanosis : Absent
 Clubbing : Absent
 Temperature : afebrile
 P/A : Soft , non-tender
 Nourishment : Moderate

Personal History:

Diet : Mixed
 Sleep : Irregular
 Occupation : Private Job in a company
 Bowel : Regular

A systemic examination revealed CVS with S1 and S2 sounds and no added sounds. The patient was conscious and well-oriented to time, person, and place. Higher motor Functions are intact, and Memory didn’t get affected. In addition to this, hallucinations and delusion are also absent. In relation to speech, words are murmur. A systemic examination of the respiratory system observed no significant abnormality.

Cranial Nerve Examination (Table no 1)

Superficial and deep reflexes were normal. All the cranial nerves are intact except the 7th cranial nerve, i.e facial nerve.

Forehead frowning	Not possible on the right side
Eye closure	The right eyeball moves upwards and inward while closing the eye, causing incomplete eyelid closure.
Raising of eyebrow	Not possible on the right side
Blowing of cheek	Not possible on the right side
Teeth showing	Not possible on the right side

Dribbling of saliva	From the right angle of the mouth along with spilling of food content while eating from the right side
Deviation of mouth	Towards left side
Bells Phenomenon	Present on the right side.
Nasolabial fold	Loss on the right side

Investigation

A complete blood count, Liver function test, Renal function test, Lipid profile, and Serum electrolyte were advised, and the reports' findings were normal. A CT scan of the brain was also normal.

TREATMENT PLAN (Table no 2)

Therapeutic Intervention

Deepana Pachana with *Chitrakadi vati* (2 BD) Before Meal and *Arogyavardhini vati* (2BD) After Meal was done 3 days before the procedure.

Sl.No	PROCEDURE	MEDICATION	DOSE	DURATION
1.	<i>Sthanika Snehana(Mukha abhyanga)</i>	<i>Ksheerbala Taila</i>	40 ml	1 to 14 th day
2.	<i>Swedana</i>	<i>Dashmoola Kwatha</i>	_____	1 to 14 th day
3.	<i>Nasya</i>	<i>Panchendriya Vardhana taila</i>	8 drops in each nostril	1 to 14 th day
4.	<i>Karnapoorana</i>	<i>Tila Taila</i>	100 <i>Matra</i>	1 to 14 th day
5.	<i>Murdha Taila</i>	<i>Ksheera bala taila</i>		14 days

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1. *Tab. Brihatvata Chintamani* 1 BD (After Meal)
2. *Cap. Ksheerabala* 101 2 BD (Before Meal)
3. *Brahmi Vati* 1 BD (After Meal)
4. *Balarishta* 15ml BD (After Meal)
5. *Tab. Lashunadi vati* 1BD (After Meal)

All these drugs were given with the *Anupana* of luke-warm water for 15 days.

RESULT

The assessment was based on scoring cardinal associated signs and observed symptoms. A facial nerve function grading by House-Brookman grading measures was used to assess outcomes. ⁽⁷⁾

Comparison of Subjective Parameter (Table no 3)

Parameter	Before Treatment	After Treatment
Deviation of the mouth towards the left side	Grade 4	Grade 1 (Turning to normal symmetry of the face, was able to raise the eyebrows and wrinkle the forehead)
Dribbling of saliva (<i>Lalasarava</i>)	Present (Constant but mild dribbling)	Absent
Unable to chew food from the right side and trapping of food between gums and cheeks	Grade3	Grade 1 (Easily chew from right side, Mild trapping but not noticeable)
Incomplete closure of right eye	Grade 4	Grade 1
Nasolabial fold	Grade 2(Seen while attempting to smile)	Grade 0 (present Normally)

Slurred speech	Grade 3 (complete slurring)	Grade 0 (Normal)
Smiling Sign	Grade 2 (present with upward movement of the left angle of the mouth)	Grade 1(present without upward movement of the left angle of the mouth)
Widening of the palpebral aperture	Grade 2 (cornea and 1/3 of upper sclera visible)	Grade 1(Whole cornea visible, slightly wide)
Earache (<i>Karna shoola</i>)	Grade 1 (intermittent earache)	Grade 0 (No earache)

Follow-up and Outcomes

After completion of treatment, the following symptomatic changes in the patient were observed, indicating the patient got complete symptomatic relief in dribbling of saliva, Nasolabial fold, slurred speech and Earache. The patient showed marked improvement in deviation of the mouth, incomplete closure of the right eye, eating difficulty and smiling signs. 50% relief was seen in the widening of the palpebral aperture. There was a marked improvement in the House-Brackmann Facial Nerve Grading scale, which was reduced from four to one. No side effects were observed during or after the treatment.

DISCUSSION

Ardita is a disease of the body that affects one-half of the face, along with other connected symptoms of *Pra-navata dushti*, which are similar to Bell's palsy. In Bell's palsy, the ailment of the facial nerve leads to paralysis of muscle besides the detriment of both sensory and motor functions. The vitiation of *vata dosha* causes it. All the activities that take place in the body are due to *vata dosha*. So, sensory and motor activities can be accomplished when the nature of *vata dosha* is natural or normal in the body. So, we take on the *Brimhana chikitsa* (nourishing) treatment to rectify the increased *Vata* in compliance with *Ayurveda* treatment principles. It provides strength to the facial nerve and muscles, thus refining motor function. *Snehana*, *Swedana*, *Nadi swedana*, *Nasya*, *Murdhni taila*, and *karnapoorana* are the treatment lines mentioned for *Ardita* and other *shamana chikitsa*. *Sthanika snehana* (*Mukha Abhyanga*) with *Ksheerbala taila* have been assumed to control aggravated *Vata Dosha* for nourishment of muscles, blood circulation improvement and stimulate the sensory nerve endings of the face and

provide strength to the facial muscles. It nutritify the *Shleshaka Kapha*, restores the sensory nerve endings, and dispenses strength to the facial muscles⁽⁸⁾. *Nadi swedana* with *dashamoola kwatha* prior to *Nasya*, which increases local blood circulation by dilating blood vessels and increasing blood flow to the peripheral arterioles that quicken the absorption of the drug and finer bioavailability⁽⁹⁾. *Nasya* with *Panchendriya Vardhana taila* has mainly *Vata shamaka* properties, which helps mitigate *vata* hindrance, particularly the flow of *Vyana vayu*. Due to the *chala* effects of aggravated *vata*, the blinking function of the eyelid was retarded, and it became soothe due to the property of the *taila*. It has nutritious properties. *Panchendriya Vardhana taila* soothes the hindrance of *degraded Vata* in the *Murdha region* (head). It reinstates the natural functionality of affected nerves and enhances blood circulation to concerned brain areas.⁽¹⁰⁾ Besides, it furnishes sustenance to the nervous system through vascular pathways and neural diffusion.⁽¹¹⁾ *Moordha taila* (Holding medicated oil on the head) helps restore the nerve & sense organs and controls the vitiated *Dosha* of the head. It consists of *Vatahara* properties, which boost the motor function of the facial nerve. *Ksheerbala taila* commands the increased *vata guna*. It is *brihmana* and *balya* in nature and thus nourishes the facial muscles. *Karnapoorana* placates pain in the ear and improves hearing quality by nourishing the nerve endings⁽¹²⁾.

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Brihatvatachintamani rasa has a great effect on *Vatavyadhi*. Beside it, it acts as *rasayana*, *balya*, *medhya*, *ojovardhaka* and *yogvahi* in nature. It also contains anti-inflammatory properties.

Cap. Ksheerbala 101 relieves muscular pain and stiffness, promotes relaxation and supports the nervous system. It increases blood circulation to concerned

brain areas and reimposes the affected nerve's spontaneous function⁽¹³⁾

Brahmi vati is effective as a nervine tonic and for its cognitive enhancing and anxiolytic properties.

Balarishta improves immunity and eases *vata* imbalance.

Lashunadi vati is useful in *Ama pachana* and *Vatahara* due to its *Teekshna guna* and *ushna veerya* nature. It aids the *avarodha*.

CONCLUSION

Based on the results, we can conclude that *Ayurvedic* treatment *Sthanika Snehana, Swedana, Nasya, Moordha Taila, and Karnapoorana*, along with other *shamana chikitsa* used in the present case, have shown a remarkable effect on the patient and thereby improving the quality of day-to-day life of the patient.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Mridu Jasrotia: Ardita and its ayurvedic management: a case report. International Ayurvedic Medical Journal {online} 2025 {cited February 2025}