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CASE STUDY

Management of Traumatic Facial Palsy Through *Panchakarma*: A Case Study

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ABSTRACT
Facial palsy, a neurological disorder causing unilateral facial weakness, significantly impacts daily life. A 24-year-old male presented with left-sided facial deviation, inability to wrinkle the forehead, incomplete eye closure, epiphora, periocular pain, slurred speech, and difficulty chewing and holding water. Diagnosed with grade-5 left-sided facial palsy post-trauma, he underwent a comprehensive three-month Panchakarma regimen, including Ksheer Dhooma Nasya, Kukutanda Sweda, Shiro Parisheka, Shiropichu, Gandusha, Nasya, and Matrabasti. Marked improvements were observed in facial symmetry, saliva control, speech, and ocular function. Recovery occurred significantly earlier than the typical six-month self-resolving period, highlighting the efficacy of Panchakarma in facial palsy management. ***Conclusion:*** *This case suggests that Ayurvedic interventions can accelerate recovery in traumatic facial palsy, reducing long-term dysfunction.*
Keywords: *Ardita, facial palsy, Panchakarma regimen*

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INTRODUCTION

Ardita, an Ayurvedic term, describes facial paralysis characterized by deviation and deformity of one side of the face, often categorized within *Vata Nanatmaja Vyadhis* [1] (disease of single-dosha origin) and *Shiro Rogas.* This condition arises from the aggravation of *Vata dosha* due to factors like dry, pungent foods, injuries, or suppressed urges [2] and causes of facial palsy are compression of the facial nerve by oedema or trauma, periostitis at the facial canal, nerve ischemia, or a viral infection. Traumatic facial palsy, a subset of *Ardita*, results from physical trauma affecting the facial nerve, often stemming from accidents or injuries. Conventional treatment typically involves corticosteroids and antiviral medications [3] however, this case explores an ayurvedic approach as a viable alternative.

CASE PRESENTATION

A 24-year-old male presented with left-sided facial palsy following a bike accident, exhibiting symptoms such as facial deviation, difficulty wrinkling the forehead, inability to close the left eye, watering, redness, periocular pain, saliva dribbling, impaired chewing, and speech difficulties for 10 days. Diagnosed with grade-5 facial palsy. The patient's condition persisted despite initial allopathic treatments. Ayurvedic assessment considered the symptoms as *Ardita*, employing the House-Brackmann facial nerve grading system [4] to gauge severity (figure 1). The patient's history revealed no significant medical or family predispositions but noted a dietary pattern of frequent consumption of junk food.

Clinical finding

The patient was assessed on the basis of facial nerve examination (table 1) and cerebellar examination (table 2).

HRCT Temporal bone (20/03/24)—Linear minimally displaced fracture of squamous part of left temporal bone with fracture line extending inferomedially and anteroinferiorly along left squamous bone. Few surrounding air foci noted adjacent to fracture. A small extra-axial hyperdense hemorrhagic collection of maximum width 3 mm is seen along the convexity of the left temporal lobe. Left side-Mucosal thickening/polyposis is seen involving the left maxillary sinuses. Hypoplastic right frontal sinus noted. Bilateral inferior turbinate hypertrophy noted.

Ashtavidha Pariksha-Nadi Pariksha (pulse examination) revealed *Vata-Kaphajagati* with a pulse rate of 84/min. *Mala pravratti* was noticed as being satisfactory. *Mutra pravratti* was 6–7 times a day in frequency with slightly yellowish-colored urine. *Jiwha* was found in *Nirama.* During *Shabdapariksha,* the speech was found slightly slurred with formed words and sentences. During *Sparshapariksha, Ushnata* was noticed. *Drik* was reddish*,* painful and irritation due to exposure to sunlight*,* Unable completely closing to left eye lid. *Akriti,* the patient was found to be *Krisha*.

THERAPEUTIC AYURVEDIC INTERVENTION

The treatment plan spanned three months and integrated *Panchakarma* therapies with internal medications. *Sthanika Mukha abhyanga* with *Navneet [5]*, *Ksheer Dhooma Nasya* (steam of medicated *Ksheerpaka* of *Bala* and *Dashmoola* decoction[6],*Kukutanda Sweda [7]*, *Shiro Parisheka* and *Pichu* with *Ksheerbala oil [8]*, *Gandusha*, *Nasya*, *Matra Basti [9]*, internal medications were given to focus on *Vata* pacification, nerve strengthening, and fracture healing, incorporating herbs with analgesic, anti-inflammatory, and neuroprotective properties, and physiotherapy includes electrical stimulation to facial muscle (7 muscle stimulation), facial muscle PNF (Proprioceptive neuromuscular facilitation)and involved facial muscle exercises like ballon blowing exercise, blow the candle, drinking water with straw to improve muscle tone and function, all aimed at pacifying *Vata dosha*, improving blood circulation, strengthening facial muscles, and promoting nerve regeneration.

FOLLOW-UP AND OUTCOMES

Significant improvements were observed (table 4) within three months, including enhanced facial symmetry, reduced saliva dribbling, improved forehead wrinkling, diminished eye irritation, better chewing ability, and clearer speech—showing changes in House-Brackmann score facial nerve examination (figure 1), changes in eyelid closure before and after the treatment (figure 2), changes in the deviation of lips before and after the treatment (figure 3), and subjective criteria were assessed (table 4). The patient demonstrated complete recovery without residual weakness or deformity, markedly faster than the expected six-month self-resolution period. This outcome underscores the efficacy of Ayurveda in managing traumatic facial palsy by addressing the underlying *Vata* imbalance and promoting tissue repair. Panchakarma therapies, known for their detoxifying and rejuvenating effects, complemented internal medications and physiotherapy to restore nerve function and muscle strength. Unlike conventional treatments that often rely on corticosteroids and antiviral drugs, this ayurvedic approach focused on holistic healing without adverse side effects, providing a comprehensive solution for traumatic facial palsy.

DISCUSSION

Ardita is a disease caused by vitiated *Vata* while settling in the above-stated regions in the head and results in the "*Soshana"* of the "*Rakta" Dhatu*. *Soshana* of *Rakta* can be taken as the reduction in the supply of *Rakta* to that particular region. Here, an affecting linear minimally displaced fracture with hemorrhagic collection of the left temporal lobe was observed. As shown above, in the report, in Ayurveda, correlated with *Abhighataja Shotha*, initially there will be vitiation of *Vata* and *Rakta Dosha*, which further causes aggravation of *Kapha, Rakta* and *Pitta* which results in *Marga Avrodha*. Then the normal function of *Vata* is hampered. Here, without any steroids and other conventional drugs, we adopted internal adjuvant medicines selected were *Vatavyadhi Shamana* drugs. The Chikitsa Sutra of *Ardita* was systemically followed, where in *Sthanika Mukha Abhyanga* with *Navneet was* followed by *Ksheer Dhoom Nasya* (steam of medicated *Ksheerpaka* of *Bala* and *Dashmoola* decoction) by virtue of its nourishing capacity and promoting nerve healing. *Navneet*, which was easy to use and cost-effective, is described as *Agryadravya* by Acharya Vagbhatta. [10] It is *Snigdha* and *Madhura Rasa* and has *Vata Pittahara* properties. [11] *Kukuntanda Pinda Sweda*—It comes under the type of *Ushma sweda* (wet sudation) [12]; it does the triple action of *Snehana, Swedana, and Brimhana*, useful in enhanced metabolic activity in the affected area,

facilitating tissue repair and reducing stiffness. *Kukuntanda sweda* contains *Kolakulatthadi* powder—400 gm, *methika* (fenugreek), *haridra* (turmeric powder)—100 gm, lemon—one, egg yolk—10, and cotton cloth—2, and its properties can be listed as *Kukkutand's* nourishing, including *Madhura rasa*, which performs *dhatu-poshana*. *Nasya* is considered best to control the *Urdhwajatrugat Rogas, Panchenddriya Vardhan. Talia Nasya* provides nourishment to *Shiro indriyas* and speeds up recovery. *Matra Basti* is known for its *Brimhana karma*, which pacifies generalized *Vata dosha* [13] and has the property to regulate sympathetic activity, it gives strength to the facial muscle and reduces any type of irritation of nerves. The constituents of *Ksheerabala taila*, that is*, Bala* (Sida cordifolia Linn.), milk, and sesame oil, are well demonstrated to be antioxidants that prevent the possible damage of neurons. *Gandusha dharana* with *Bala Taila* exerts increased mechanical pressure inside the oral cavity. It clears the remaining dosha. Cap Palsy Neurone is a natural supplement that helps care for your nerves and blood vessels, improving the body's metabolism and supporting communication between nerves and muscles. It's especially helpful for those recovering from facial palsy, promoting quicker and more complete healing. A natural combination of Cap. Bonton with healing herbs and minerals works to reduce pain and swelling in fractures while promoting quicker, stronger bone recovery. In this case of traumatic facial palsy, the treatment approach was guided by the underlying pathophysiology involving the imbalance of *Vata* and *Rakta dosha***,** which clinically manifested as facial deviation, muscle weakness, difficulty in eye closure, and impaired saliva control**.** The management strategy adopted was multidimensional, targeting the *dosha* imbalance and neuromuscular dysfunction through three main lines of treatment. *Shaman chikitsa* (oral medications**)** was employed to pacify the aggravated *doshas* and support internal healing. Simultaneously**,** *Panchakarma* procedures, which included therapeutic purification and local treatments, were administered to eliminate accumulated doshas and enhance nerve function. Additionally, physiotherapy played a crucial supportive role in stimulating the facial muscles, restoring motor coordination, and improving muscle tone. This integrative approach helped achieve symptomatic relief and functional recovery in the patient.

Table: 1 Facial nerve examination:

Examination	**Result**
Forehead	Can not wrinkled
Eye	Bell's phenomena (Palpebral oculogyric reflex)-Palpebral oculogyric reflex-Poor Lid correction-absent Corneal reflex-slowed (left side) Schirmer's test-unaffected
Mouth	Drooping of the corner of the mouth Enable to puff the cheek in left side Absent- taste
Ear	Bilateral Tympanic membrane intact Pure tone audiometry noted B/L hearing sensitivity within normal limit
Nose	Deviated nasal septum for right Right inferior turbinate hypertrophy (ITH) B/L Grade 1-Tonsillar myope trophy
Throat	Parapharyngeal space-clear

Table 2: Central Nervous System Examination

SN	**CNS Examination**	**Result**
1.	Higher Motor Functions	Intact, Conscious
2.	Orientation to- Time, place, person	Intact
3.	Memory – Recent, Remote	Not affected
4.	Hallucination & Delusion	Absent
5.	Speech-motor part	Slow and words are mumbled

Table 3: treatment protocol

Month	Type of *Panchakarma* treatment	Medication(s)			
		Drugs	**Dose**	**Duration**	***Anupana***
Month 1 Course 1 (Day 1 to 30)	1.*Mukha Abhyanga-Navaneeta* 2.*Ksheer dhooma Nasya-Panchendriya vardhan oil* (4 drops each nostril and steam of medicated milk with *Bala* and *Dashmoola* decoction) *3.Shiro Pichu-Kapikachu churna* with *ksheerbala oil* *4.Gandusha dharana-Bala Taila*	*1.Balamoola Kashaya*	20 ml	BD, Before food	Luke warm water
		2.Cap. Palsi Neuron	1 cap	BD, After food	Milk
		3. Cap. Bonton	1 cap	BD, After food	Milk
Month 2 Course 2 (Day 31 to 60)	1.*Matra Basti-Ksheer bala oil* (60 ml per day) 2.*Mukha Abhyanga-Navaneeta* [9] with *Swedana- Kukuntanda*	1.Cap. *Ksheerbala* 101 (1 cap twice a day, Before meal, Luke warm water)	1 cap	BD, Before meal	Luke warm water
Month 3 Course 3 (Day 61 to 90)	1.*Shiro Parisheka- Dashmoola Bala ksheer Kashaya* 2.*Shiro Pichu- Ksheerbala oil* 3.*Gandusha dharana-Bala Taila*	*1.Balamoola Kashaya*	20 ml	BD, Before food	Luke warm water
		2.Cap. Palsi Neuron	1 cap	BD, After food	Milk

BD-Twice a day

Table 4: Subjective Criteria Assessment:

Sr n.	Parameter	Before treatment	After treatment	Follow up
1.	Deviation of mouth towards left side	Grade- 5	Grade 2 – slightly deviated Decreased By 10%	Decreased By 90 Percent. Turning to Normal symmetry of face
2.	wrinkling of forehead in left side	Absent of left forehead furrows	Slight appear	Able to wrinkle the forehead
3.	Raise the eyebrows of left side	Cannot raise the eyebrows of left side	Slight appear	Raise the eyebrow
4.	Improper blinking of right eye	Grade- 5	Grade 2– occasionally blinks controlled	Easily blink right eyelid and complete closure of eyelid
5.	Watering of left eye	Severe watery discharge of left eye	Mild water discharge of left eye	No water secretion of left eye
6.	Redness of left eye	Severe redness in left eye	Slight appear	Disappear redness in left eye
7.	Periocular pain and irritation (due to exposure to sunlight)	Increase periocular pain and irritation exposure to sunlight.	Slightly pain and irritation in periocular area	No pain and irritation in periocular area
8.	Widening of palpebral aperture	Severely wide (cornea & ½ of upper sclera visible)	Moderately wide (cornea & 1/3 of upper sclera visible)	Slightly wide (Whole cornea visible)
9.	Unable to hold water and chew from right side and trapping of food between gum and cheeks	Grade-3 (able to chew with difficulty)	Grade-2 (able to chew with difficulty)	Easily chew from right side
10.	Dribbling of saliva through left side of mouth	Constant but mild dribbling	Intermittent dribbling	Now able to hold water in mouth and there was no dribbling of saliva.
11.	Slurred speech Complete slurring	Complete slurring Grade-3	Mild improved Pronouncing with less efforts Moderately	Improved Normal speech
12.	Nasolabial fold	Absence of Nasolabial fold seen while attempting to smile	Nasolabial fold not presents on left side.	Nasolabial fold present

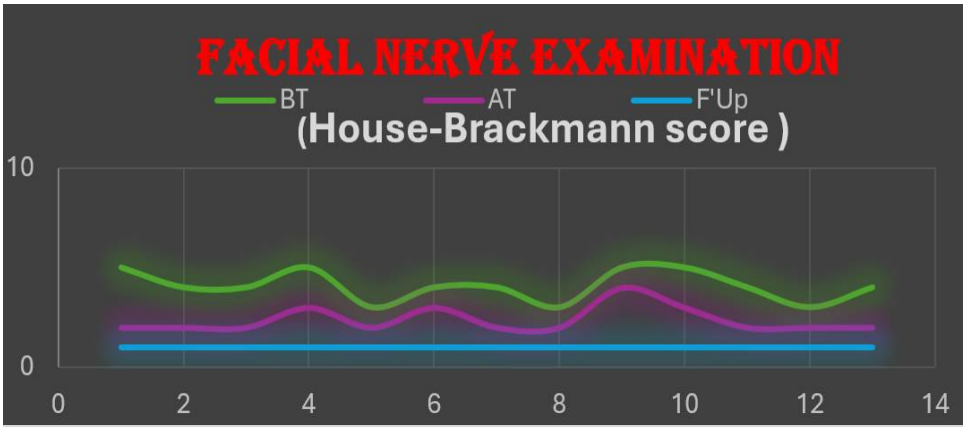

Figure 1: Showing changes in House-Brackmann score facial nerve examination

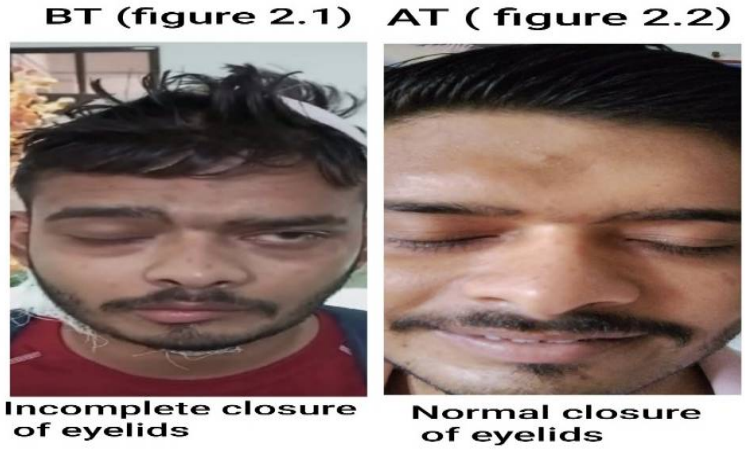

Figure 2: Changes in the eyelid closure: before the treatment, after the treatment

Figure 3: Changes in the deviation of lips—before the treatment and after the treatment

REFERENCES

1. Tewari PV. (2016). Commentary Ayurveda Dipika of Chakrapani on Charaka Samhita of Charaka, Sutrasthana, Chapter 20, verse no.11, First volume and 1st edition, Varanasi; Chowkambha Vishwabharti.:341
2. Tewari PV (2016). commentary Ayurveda Dipika of Chakrapani on Charaka Samhita of Charaka, Chikitsasthana, Chapter 20, verse no.17, First volume and 1st edition, Varanasi; Chowkambha Vishwabharti :1001
3. Rakhi M, Rachana S. (2014): Role of ayurvediya management in facial nerve palsy- a case study. JOA.;8: 148-156.
4. House-Brackmann score. Wikipedia, Free Encyclopedia. 2024 July 15. Available from: https://en. Wikipedia. org/wiki/House%E2%80%93Brackmann_score.
5. Brahmananda T. *Astanga Hridaya of Vagbhatta with Nirmala Hindi Commentary, Uttara* Tantra, chapter 40, verse no.15, Varanasi: Chaukhamba Sanskrit Pratisthana; 2013:1212.
6. Nakade M. (2023): Dashamoola Kwatha Dhara Sweda in Knee Injuries: A Review. *World Journal of Advanced Pharmaceutical Life Sciences.;9:44-47.*

7. Khurana P, Pareek T, Saroch V, Pareek RK. (2014): Role of Kukkutanda Swedan and Nasya in the Management of Ardita: A Pilot Study, *International Journal of Ayurvedic Herbal Medicine*.; 4:1602-1607.
8. Swathy SS, Indira M. (2010): The Ayurvedic drug, Ksheerabala, ameliorates quinolinic acid induced oxidative stress in rat brain. *International Journal of Ayurveda Research*.; 1:49-53.
9. Nampoothiri MRV, Mahadevan L. (2011): Principles and Practice of Basti. 1st ed. Sarada Mahadeva Iyer Publications:231.
10. Bramhananda T. (2013): *Astanga Hridaya of Vagbhatta with Nirmala Hindi Commentary*. Uttara Tantra, Chapter 40, verse no. 15, reprint. Varanasi: Chaukhamba Sanskrit Pratisthana; 1212.
11. Kashinath SP, Gorakhnath C. (2008): *Charak Samhita of Agnivesha with Vidyotini Hindi Commentary*, Sutra Sthana, chapter 27, verse no. 163. Reprint. Varanasi: Chaukhamba Surabharati Prakashana:531
12. Sushruta. (2012): *Sushruta Samhita*, with the *Nibandha Sangraha Commentary* by Dalhana and *Hindi Commentary* by Kaviraj Atridev Vidyabhushan. Chikitsa Sthana, chapter 24, verse no. 5-7. Reprint. Varanasi; Chaukhambha Sanskrit Sansthan; 490.
13. Bramhananda T. (2013): *Astanga Hridaya of Vagbhatta with Nirmala Hindi Commentary, Chikitsa* Sthana, Chapter 22, verse no. 45, Varanasi: Chaukhamba Sanskrit Pratisthana; 821.