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CASE STUDY

Therapeutic Efficacy of Nasya and Urdhwa Gata Abhyanga in the Management of Ardita – A Case Report

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ABSTRACT
Neurological problems are becoming more common in the modern period as a result of Busy and demanding routines. Ayurveda classifies neurological diseases as Vata Vyadhi, and Ardita is one of 80 Nanatmaj Vata vyadhis. Ardita is distinguished by facial asymmetry and dysfunction, which are similar to Bell's Palsy, a disorder affecting the 7th cranial nerve that produces facial drooping and weakness. This case study is on a 68-year-old male patient with a 10-years history of Diabetes Mellitus who presented to Parul Ayurveda Hospital on March 8 2025, after suffering an epileptic seizure on February 26, 2025. Following the seizure, he acquired Ardita Vyadhi symptoms such as difficulty closing his left eye, dysarthria, and left-sided facial paralysis. These symptoms indicated a vitiation of the Vata dosha, which was likely exacerbated by the seizure. An integrated Ayurvedic treatment using Nasya and Mukha Abhyanga with Ksheer Bala Taila, along with specific Ayurvedic drugs, effectively restored Vata balance and promoted nerve regeneration in a patient with Ardita Vyadhi (Bell's Palsy). The patient showed near-total recovery, with no side effects, highlighting Ayurveda's efficacy in treating neurological disorders. The House-Brackmann Facial Nerve Grading Scale was employed to evaluate the patient's progression.
Keywords: *Ardita, Bell's palsy, Nasya, Mukhabhyanaga.*

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INTRODUCTION

The face is often referred to as the "window to the soul," capable of expressing emotions such as joy, sorrow, anger, fear, and excitement. Facial expression plays a vital role in everyday communication. In Ayurveda, Ardita — a type of Vata Vyadhi — affects both facial expression and speech [1]. It is classified among the eighty Vataja Nanatmaja Vyadhis (diseases caused solely by Vata). Ardita is characterized by deviation (Vakrata) of one half of the face. According to Acharya Sushruta, it involves only Mukha Ardha (half of the face) [2], whereas Acharya Charaka includes the involvement of Sharira Ardha (half of the body) as well [3]. Acharya Charaka also noted that Ardita develops suddenly, attributed to the Aasukaritva Guna of Vayu — the rapid aggravation of the Vata Dosha. Common etiological factors (Nidana) for Ardita include carrying heavy loads on the head, excessive blood loss, frequent yawning, excessive laughing, shouting, consuming unsuitable foods, experiencing fear, and grieving. Vulnerable groups include pregnant women, elderly individuals, and children. As per Ashtanga Hridaya, Ardita is also described as Ekayaam [4]. The clinical presentation, according to Ayurvedic texts, includes deformities affecting half of the face — involving the nose, eyebrows, forehead, eyes, tongue, and chin — along with slurred speech, retention of food between the gums and cheeks, and hearing impairment [5]. Other signs include partial eye closure [6], reduced olfactory function, and tenderness in the supraclavicular region [7]. Ardita presents as an acute, unilateral facial palsy [8], typically affecting only one side. Based on these clinical features, Ardita closely resembles Bell's palsy, the most common cause of facial paralysis. Bell's

palsy affects approximately 25 out of every 100,000 individuals, meaning about one in 60 people may experience it during their lifetime. Risk factors include pregnancy and diabetes. Around 80–85% of patients recover fully within a few weeks to three months, while about 7% may experience recurrence [9]. Bell's palsy involves weakness or paralysis of the facial muscles on one side of the face, caused by damage to the seventh cranial nerve (the facial nerve), resulting in either partial or complete loss of movement on the affected side. Both Acharya Charaka [10] and Acharya Sushruta [11], emphasized Nasya (nasal administration of medicine) as a primary treatment for Ardita. Nasya, a Panchakarma procedure, involves the administration of medicated oils or substances through the nasal passages to expel vitiated Doshas from the supraclavicular region (Urdhwajatrugata) [12], which is primarily affected in Ardita.

Pathophysiology of Ardita

In Ayurveda, the facial nerve's functions — movement and sensation — are governed by Vata. When Vata becomes aggravated, it impairs the function of the facial nerve, leading to weakness or paralysis of the facial muscles. In addition to Vata, the Rakta (blood) and Mamsa (muscle) tissues are also implicated, as they nourish and support the facial structures.

CASE REPORT

A 68-year-old male patient with a 10-year history of Diabetes Mellitus presented to Parul Ayurveda Hospital on March 8, 2025, with a complaint of facial asymmetry and trouble in speaking. The patient claimed having an epileptic episode on February 26, 2025, at around 3:00 p.m. After the epileptic event, he acquired the following symptoms:

- Left eye not closing properly.
- Dysarthria (difficulty speaking).
- There is facial asymmetry on the left side, indicating weakness and paralysis.

History of Present Illness:

The patient indicated that an epileptic episode happened suddenly on February 26, 2025, after which he began experiencing trouble closing his left eye, slurring of speech, and weakness on the left side of his face. His family noted that the left half of his face was drooping, and the patient had partial eye closure and difficulties moving the left side of his mouth while speaking. The patient's symptoms worsened over the following few days, prompting him to seek medical assistance around 10 days after the seizure. He had no previous history of similar incidents or facial nerve problems. Chewing and swallowing became increasingly difficult, as did periodic dribbling of saliva and slurring of speech. There was no history of Ardita. The patient underwent treatment at a private hospital for a few consecutive days but did not experience satisfactory relief. The patient then consulted Parul Ayurveda Hospital for further treatment.

History of past illness

Past medical history

- No history of any similar complaints before
- Patient is K/C/O DM for 10 years (Irregular medications)
- Do not have significant family history.

Personal history

- Diet - vegetarian diet
- Addiction - no such addictions
- Sleep - Regular sound sleep

Table 1: Ashtavidha Pariksha

Nadi (Pulse): 96/min	Sparsha (Touch): Normal
Mala (Stool): Regular	Jivha (Tongue): Niraam (uncoated)
Mutra (Urine): Normal	(Eyes): Netravikriti
Shabda (Speech): Unclear (Slurring of speech)	Akruti (Built): Madhyama

CLINICAL FINDINGS

General Physical Examination:

The patient is completely conscious, attentive, cooperative, and well-oriented to time, place, and person, with a moderate build. The forehead is uneven, with reduced wrinkling on the left side. The face is bilaterally asymmetrical, with deviation of the mouth angle to the right. Reflex movement for smiling is defective. There is an inability to close the left eye (lagophthalmos). Ear examination revealed a normal external auditory canal and tympanic membrane. Hearing is normal in the left ear, while the right ear shows slight conductive hearing loss.

Pulse: 96 beats/min

Respiratory rate: 18 cycles/min,

Blood pressure: 120/70 mmHg,
Temperature: 97°F
Nervous System Examination Higher Mental Function
• Consciousness - Fully Conscious
• Behaviour - Co-operative
• Hallucination - Not present
• Memory - Past-Intact
• Present - Intact
• Speech - Slurring of speech, no stammering

SYSTEMIC EXAMINATION

The patient was aware of his surroundings, including time, location, and people. Higher-level functions such as intelligence, memory, behaviour, and emotions are normal. The superficial and deep responses were normal. Speech was slightly slurred. Except for the VII nerve, sometimes known as the facial nerve, all cranial nerves remain intact.

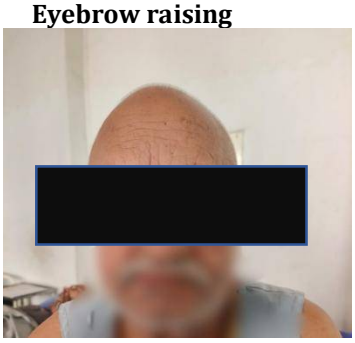
Table 2: FACIAL NERVE EXAMINATION

Forehead Frowning	Affected on Left Side
Eye Closure	Incomplete Closure of Left Eyelid
Teeth Showing	Not Possible on Left Side
Blowing of Cheek	Not Possible on Left Side
Taste Perception	Not Affected
Dribbling of Saliva	Present
Bell's Phenomenon	Present on Left Side
Deviation Of Mouth	Towards Right Side
Nasolabial Fold	Loss on Left Side
Smile	Deviation of mouth towards right side

Eye closure and forehead frowning.

Left eye not closing properly.

Eyebrow raising



Left eyebrow is not raising properly

Smile

Deviation of mouth towards right side

Fig 1: Facial nerve examination

INVESTIGATIONS

Diabetes profile is done on 11/03/2025 in which
FBS - 65.10 mg/dl
PPBS - 187.9 mg/dl

serum electrolyte was done on 27/02/2025
1. Serum sodium (Na) = 136.6 mmol/L
2. Serum potassium (K) = 4.47 mmol/L

3. Serum chloride (cl) = 109.3 mmol/L
And **ECG** was also advised to patient; the report showed no abnormalities.

THERAPEUTIC FOCUS:
As per the principles of Ardita Chikitsa described in Ayurvedic classics, patient was treated with Nasya Karma, urdhwa jatru abhyanga followed by Nadi swedan along with oral drugs and facial exercise.

Procedure -

- Urdhva jatru abhyanga with Ksheerbala tail followed by nadi swedan.
- Nasya with Ksheerbala tail

Internal medicines

- Cap. Palsineuron - 1 x BD x A/F
- Tab. Trayodashang guggulu - 2 x TID x A/F
- Tab. Ekangvir rasa - 1 x TID x A/F
- Eranda sneha 20 ml + milk - 6 pm
- Mamejva ghanvati - 2 x TID x A/F
- Rasnadi , Ashwagandha , phalatrikadi - Kshaya - 80ml BD x B/F

Table 3: Results of Internal medicine

Date	Internal Medicine	Dose	Procedure	Result
08/03/25 to 10/03/25	Cap. Palsineuron - Tab. Trayodashang guggulu Tab. Ekangvir rasa Eranda sneha Mamejva ghanvati Rasnadi , Ashwagandha , phalatrikadi - Kshaya	1-0-1 After food 2-2-2 After food 1-1-1 After food 20 ml + milk - 6 pm 2-2-2 After food 80ml -0-80ml Before food	• Urdhva jatru abhyanga with Ksheerbala tail followed by nadi swedan. • Nasya with Ksheerbala tail	• There was a 10% reduction in mouth deviation. • Eye closure ability improved.
11/03/25 to 13/03/25	• Cap. Palsineuron - • Tab. Trayodashang guggulu • Tab. Ekangvir rasa • Eranda sneha • Mamejva ghanvati • Rasnadi , Ashwagandha , phalatrikadi - Kshaya	1-0-1 After food 2-2-2 After food 1-1-1 After food 20 ml + milk - 6 pm 2-2-2 After food 80ml -0-80ml Before food	• Urdhva jatru abhyanga with Ksheerbala tail followed by nadi swedan. • Nasya with Ksheerbala tail	a. Mouth deviation decreased by 60%. b. Eye closure showed noticeable improvement. c. Forehead frowning became possible.
14/03/25 to 16/03/25	• Cap. Palsineuron - • Tab. Trayodashang guggulu • Tab. Ekangvir rasa • Eranda sneha • Mamejva ghanvati • Rasnadi , Ashwagandha , phalatrikadi - Kshaya	1-0-1 After food 2-2-2 After food 1-1-1 After food 20 ml + milk - 6 pm 2-2-2 After food 80ml -0-80ml Before food	• Urdhva jatru abhyanga with Ksheerbala tail followed by nadi swedan. • Nasya with Ksheerbala tail	1. Deviation in the mouth was reduced completely 2. Forehead frowning was possible 3. Closure of eyes was improved 4. Nasolabial found was appreciated 5. Blowing of Cheek possible 6. Able to drink water without dribbling from angle of mouth

RESULT
After 9 days of therapy, the patient showed remarkable improvement. There was complete (100%) alleviation of slurred speech and the problem of saliva flowing from the right corner of the mouth. A 75% improvement was noted in eyelid closure and in the correction of mouth deviation towards the left side.

The House-Brackmann grade of facial nerve function improved significantly, decreasing from Grade 4 (moderately severe dysfunction) before treatment to Grade 2 (mild dysfunction) after treatment, indicating substantial recovery.

Post-treatment observations included:

- Complete correction of mouth deviation
- Restoration of forehead frowning ability
- Improved closure of the eyes
- Appreciation of the nasolabial fold on the affected side
- Ability to blow the cheeks effectively
- Ability to drink water without dribbling from the angle of the mouth

Throughout the course of treatment, no adverse effects or complications were observed. The patient tolerated the therapy well and showed steady, positive progress in facial nerve function.

DISCUSSION

Ardita is a broad-spectrum neurological disorder that primarily includes facial paralysis. The description of Ardita by Acharya Sushruta closely aligns with the clinical presentation of Bell's palsy. While Sushruta emphasized facial involvement, Acharya Charaka and Vagbhata also described the possibility of body involvement in Ardita. From both Ayurvedic and modern medical perspectives, Ardita is comparable to Bell's palsy, which is characterized by a lower motor neuron (LMN) lesion. Treatment (Chikitsa) should be planned according to the site (Adhisthana) of the disease. In Ardita, Vata dosha plays the predominant role. Vata governs all bodily activities, and when its movement (Gati) is obstructed, normal functioning is disrupted, leading to various Vata disorders (Vatavyadhi) [13]. The Shiras (head) is considered the central hub for the Indriyas (sensory organs) and Srotas (channels) responsible for sensory functions. Acharya Charaka compared the functioning of the Shiras to the radiating beams of the sun, highlighting its vital role [14]. Since Vata Dosha is the primary cause of Ardita, treatment focuses on Vatahara (pacifying Vata) and Brimhana Chikitsa (nourishing therapy). Acharya Vagbhata stated, "Nasa hi Shiraso Dwaram," meaning the nose serves as a gateway to the head [15]. Accordingly, Nasya Karma (nasal administration of medicated oils) is a crucial therapy. Medicinal oil, when administered through the nostrils, reaches the Shringataka Marma [16] — a vital point formed by the union of blood vessels supplying the nose, ears, eyes, and throat — thereby nourishing these organs. Nasya therapy, especially using Ksheerbala Taila, supports Shirovirechana Karma (cleansing of the head), helping in the elimination of vitiated doshas and purification of channels (Srotoshodhana). Ksheerbala Taila [17], recommended by Acharya Charaka, contains Bala (*Sida cordifolia*), which is part of the Balya Mahakashaya (strengthening herbs) and is known for its Vata-pacifying and nerve-nourishing properties. The presence of ephedrine gives it psychostimulant effects that influence the central nervous system [18].

Additionally, certain oral medications were prescribed:

•Ekangveer Ras supports the restoration of Gati (motor activity) and Gandhana (sensory functions). It helps subside symptoms associated with aggravated Vata in the Vatavaha Srotas and nerves, such as Cheshtanasha (loss of movement), Sandhishithilata (joint laxity), and Sangnyanasha (loss of sensation) [19].

•Eranda Sneha (castor oil) acts as a strong digestive stimulant and Vata pacifier due to its unctuous (Snigdha) properties. It penetrates the tissues (Dhatus) and works at the cellular level as an Ama Pachaka (digests metabolic toxins) and Kapha-pacifying agent [20].

Given the patient's existing diabetes, Mamejava Ghanavati (prepared from *Enicostemma littorale* Blume) was recommended. This herb is easily available over-the-counter and is widely reported in literature for its anti-diabetic and anti-dyslipidemic properties [21-23]. Mamejava not only helps in glycemic control but also potentially reduces diabetes-related complications [24].

Moreover, Trayodashang Guggulu was prescribed for its efficacy in managing neuromuscular and musculoskeletal disorders, particularly those of Vata-Kapha origin [25].

CONCLUSION

This study suggests that Ardita can be effectively managed through Ayurvedic principles when intervention occurs at an appropriate stage. With the administration of oral medications and Nasya therapy, the patient experienced significant improvement in all symptoms. However, larger-scale studies are necessary to validate the statistical significance of the current treatment approach.

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