



Subject Area : : Dermatology

ROLE OF NASYA KARMA AND DIFFERENT TYPES OF SWEDANAKARMA IN THE MANAGEMENT OF ARDITA (BELL'S PALSY) - A SINGLE CASE STUDY

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ARTICLE INFO	ABSTRACT
Received 15 th January, 2026 Received in revised form 25 th January, 2026 Accepted 15 th February, 2026 Published online 28 th February, 2026	<p>Background: <i>Ardita</i> is mentioned under <i>Vataja Nanatmaja Vyadhi</i> by <i>Acharya Charaka</i>. Bell's palsy is lower motor neuron facial paralysis exact cause is unknown; it may cause due to inflammation of 7th cranial nerve due to viral infections. In contemporary medicine recommends, provides vitamin supplementation and steroids as line of treatment. Objective: To evaluate the therapeutic effect of Nasya karma and Different types of swedana Karma in <i>Ardita</i>. Here is an attempt made for the management of <i>Ardita</i> through <i>Panchakarma</i> procedures.</p> <p>Materials and Methods: A Single case study of 26 years female comes to <i>Panchakarma</i> OPD with complaints of Deviation of mouth towards Right side, unable to close left Eye, unable to Chew in left side etc, <i>Panchakarma</i> procedures like <i>Nasya</i>, <i>Kukkutanda sweda</i>, <i>Ksheeradhooma</i> followed by <i>Panasa patra sweda</i> has significant results. The case was assessed with 'House and Breckmann' assessment scale before & after the treatment. Results: Significant improvement was observed after complete treatment. Conclusion: Nasya karma followed by Different types of swedana Karma showed a significant improvement in <i>Ardita</i>,</p>
<p>Key words:</p> <p><i>Ardita</i>, Bell's Palsy, Nasya, Kukkutanda Sweda, Ksheeradhooma, Panasa Patra Sweda</p>	
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INTRODUCTION

According to Acharya Charaka *Ardita* is one among 80 *Vataja Nanatmaja vyadhi*,¹ *Madyama roga margata vyadhi*,² affects half of the body with or without involvement of face, occurs due to excessive intake of *Kashaya rasa* leading to *Ardita*.³ It is mentioned as symptom of *udawarta*.⁴ And it is caused due to *Shiroupagata*.⁵ Acharya Susrutha in *Nidanasthana* clearly quoted as *Ardita* is deviation (*Vakrata*) in half part of (*Vakrardha*) the face.⁶ Acharya Vagbhata elaborated that it is caused due to suppression of sneezing⁷

Bell's palsy is a type of lower motor neuron facial paralysis that results in a temporary inability to control the facial muscles on the affected side of the face. Aetiology of Bell's palsy is not known,⁸ it might occurs due to inflammation of 7th cranial nerve as a complication of viral infections. It can occur at any age. Risk factors include diabetes, a recent upper respiratory tract infection and pregnancy. Often signs of improvement begins within 14 days of the manifestation of pathology and expectation of complete recovery within six months.

In the patients of Bell's palsy, lifestyle of the peoples gets affected by improper eating, speech, smiling etc and it is a social stigma impairs cosmetically to the eyebrow, lips and eyelids, in contemporary science management is through corticosteroids, antiviral medications, surgical and local treatment of muscles involved. which may cause side effects such as gastric irritation, hyperglycaemia, immunosuppression. *Panchakarma* procedures and *Shamanoushadi* have significant result in the management of *Ardita*.

The annual incidence is 15 to 20 per 1,00,000 with 40,000 new cases yearly. The lifetime risk is 1 in 60. The recurrence rate is 8% to 12%. Even without treatment, 70% of patients will have complete resolution.⁹

Objective: To evaluate the therapeutic effect of Nasya karma and Different types of swedana Karma in *Ardita*

MATERIALS AND METHODS

Study Design: A Case Study

A 27 years old female with moderately built, housewife by occupation belonging to middle class, visited to *Panchakarma* OPD of Taranath Government Ayurveda Hospital Bellary with the complaints of Deviation of mouth towards Right Side, Unable to close left eye, asymmetrical eyebrows, Numbness on left side of face Difficulty in chewing food by left jaw since 3 days.

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Associated Complaints

Pulsating type of headache in frontal region, vomiting sensation since 3 days and recurrent cold & Upper Respiratory tract infections.

History of Present Illness

A 27 years old female with not a known case of diabetes, hypertension and hypothyroidism was apparently normal 3 days ago. Suddenly she developed Pulsating type of headache in frontal region & vomiting sensation and she visited nearby allopathic hospital and took medications. On very next day after awakening from bed she noticed deviation of mouth towards left side, weakness in left side of face, unable to close his left eye completely and difficulty in chewing food on the left jaw. so for she approached our hospital for further management.

Past Medical History

Took analgesics twice a day for headache 3 days back
No significant history of same illness

No significant family history

Personal History

Appetite - Diminished

Dietary habit - Mixed

Micturition - Normal

Bowel - Normal

Sleep - Normal

Addiction - No any addiction

Speech - Difficulty noticed (slurred)

General Physical Examination

Built - Moderate

Height - 5.3ft

Weight - 60kg

BMI - 23 kg/m²

Limbs - No deformity

Pallor - Not present

Clubbing - Not present

Cyanosis - Not present

Icterus - Not present

Edema - Not present

Lymphadenopathy- Not present

Growth - Adequate

Nutrition - Moderate

Throat - No growth

Nose - Asymmetrical Nasolabial folds

Central Nervous System Examination

Higher Motor Functions intact

Consciousness - Conscious

Orientation to Time, Place, Person - Intact

Memory: Recent - Not affected, Remote- Not affected

Intelligence - Intact

Hallucination & Delusion - Absent

Speech - Slurred speech

Astasthan Pariksha

Nadi - Vatapittaja, 78bpm

Mala - 1times/day, ishat peeta varna, pureesha gandhi.

Mutra - 5-6 times/day, ishat peeta varna, mutra gandhi

Jiwa - Aliptata, Nirama

Shabda - Prakrita

Sparsha - Prakrita

Druk - Prakrita

Akriti - Madyama

Dasha Vidha Pareeksha

Prakruthi: Vatakaphaja

Vikruthi: VataKaphaja

Sara: Rakta, Mamsa, Meda Saravanta

Samhanana: Suvibhakta mamsa, ashti, majja

Pramana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Aharashakthi:

a) Abhyavaharana shakti - Madyama.

b) Jarana shakthi- Madyama

Vyayama shakthi: Madhyama

Vayah: Madyama

Nidana Panchaka

Nidana - Recurrent upper respiratory tract infections, Exposure to cold

Purva Roopa - Excessive lacrimation & turbidity of eyes

Roopa - Deviation of angle of mouth towards right side, incomplete closure of left eye.

Upashaya - Ushna

Anupashaya - Morning hours

Samprapti

Nidana Vata prakopa leads to dislodgement of vata from its Prakritasthana Dosha Dhusya Sammurchana

Stanasamshraya in Left side face Mukharda vikruti

Ardita

SYSTEMIC EXAMINATION

Cranial Nerve Examination

Neurological examination all other cranial nerves are intact, expect facial nerve.

- Forehead frowning - Not possible on left side
- Eyebrow raising - Not possible on left side
- Eye closure - Left eyeball moves upwards and inwards with incomplete closure of eyelid. (Bells phenomenon)
- Teeth showing - Not possible in left side denture
- Blowing of cheek - Not Possible in left side
- Nasolabial fold - Naso labial fold loss on left side.
- Taste perception - Affected on left side
- Dribbling of saliva - Dribbling of saliva on left angle of mouth and spilling of food contents during eating from left side.
- Bells phenomenon - Present on left side
- Deviation of mouth towards right side

Deep Reflexes such as Biceps, Triceps, Supinator, Knee jerk, Ankle jerk and plantar reflex are normal.

Muscle power & Muscle tone in all limbs are also normal.

Co-ordination Upper limb

- Dysdiadochokinesia - Possible
- Finger to nose test - Possible
- Pronator Drift - Possible
- Fine movements - No abnormality detected in lower limb
- andem walking - Possible

CVS

Pulse Rate-78bpm

Heart sounds-S1S2 Heard

Bp- 120/80 mm of hg

RS

Respiratory rate-18bpm

Lung field- clear

P/A: Soft, Non-tender

INVESTIGATIONS**CT BRAIN**

On 07/12/23- NO SIGNIFICANT ABNORMALITY

DIAGNOSIS:

Ardita (Vama) According to Susrutha - Left sided Bell's Palsy

INTERVENTION

Sl. No	Treatment	Duration
1	Sthanika Abhyanga with Karpasathyadi taila and Kukkutanda Sweda followed by Nasya karma with Karpasathyadi Taila 8 Bindu in each Nostrils	7 Days
2	Mukha abhyanga with Karpasathyadi taila followed by Ksheeradhooma	10 Days
3	Mukha abhyanga with Karpasathyadi taila followed by Panasa Patra Sweda	10 Days

Assessment of Criteria

Clinical assessments were made from the Subjective parameters and House- Brackmann's grading of facial nerve VII.

Symptomatically patient got relieved after 27 days of treatment. There was no side effect observed during & after the treatment.

RESULTS

Paramters	Before Treatment	After Treatment
Forehead frowning	Not Possible on left side	Possible on left side
Eyebrow raising	Not Possible on left side	Possible on left side
Eye closure	Not Possible on left side	Possible on left side
Teeth showing	Not possible on right side	Possible on right side

Blowing of cheek	Not possible on right side	Possible on right side
Nasolabial fold	Flattened on right side	Normal

Part of face Involved	Before Treatment	After Treatment
Left side of face	Grade IV (weakness with asymmetry of mouth, forehead frowning-none, incomplete closure of eyes with efforts)	Grade II (slight weakness noticeable on close observation, normal symmetry at rest, forehead moderate to good function, eye-complete closure with minimum effort, mouth- Slight asymmetry.

DISCUSSION

Ardita is one among the Vata Nanatmaja Vyadhi explained by Charaka acharya emphasized Swedana and Nasya in Chikitsa sutra of Ardita.¹⁰ In this case Sthanik Abhayanga & Kukkutanda Swedana is advised prior to the Nasyakarma. Later Sthanika Abhayanga done with Karpasathyadi taila followed by Ksheera Dhooma & Panasa Patra Sweda in next visits.

Sthanika Abhyanga: Karpasathyadi taila¹¹ is Ushna Brihamana which mitigates Vata & Kapha having Properties like Balya, Shotahara and actions like Anti- inflammatory, stimulative, analgesics, antioxidant.

Kukkutanda swedana: Acharya Bhava Prakasha Mentioned this swedana under Manyastamba Chikitsa.¹² Kukkutanda is Snigdha, Guru, Ushna, and Vata shamaka. It has Balya, Brimhaniya properties and nourishes by increasing the tone of facial muscles. Thus exerts action and also inhibits the histamine production by creating an anti-inflammatory property. It builds linkage fore neurotransmission, brain development and bone integrity thereby preventing various vata-vyadhi and muscle wasting disorders.

Nasya karma: It is a gateway of shiro marma, Nasya dravya acts on Sringataka marma from where it spreads into various Srotas (vessels, nerves) and brings out all vitiated doshas from urdhvajatugata vikara. shiroshodhana in the form of nasyakarma i.e., Navana nasya is adopted in this study which has shown highly significant efficacy. It supports the sensory system by activating, stimulating vascular pathway.

Ksheera Dhooma: Bala moola ksheera dooma has bala (Sida cordifolia) contains ephedrine an alkaloid which is a CNS stimulant. It increases the activities of neurotransmitter, norepinephrine results into increased blood flow to the skeletal muscles and improve their functioning. Madhura guna of ksheera (cow's milk) is saptadhatuvardhaka and indriyaprasadaka. Due to snigdha guna it will mitigate vatadosha. Guru guna stabilizes kapha dosha.¹⁴

Panasapatra sweda: It relieves sheeta guna of vata dosha, acts as balya, bhrumhana, mamsala & santarpana helpful to increase

the strength of facial muscles. panasa patra has beta-sitosterol as an active principle, It has a steroidal action and precursor of an anabolic steroid boldenone. It does the primary dilation of capillary vessels due to the vasomotor nerve influence. swedana improves the strength of striated voluntary muscles, it helps in vasodilation and effective in diseases like paralysis, where vasoconstriction is the root pathology.

CONCLUSION

Sthanika abhyanga, nasya with Karpasthayadi taila followed by Kukkutanda swedana and ksheer dhoom and panasa patra sweda are highly effective in the treatment of Bell's palsy (Ardita Vata) with almost complete recovery. However, as this is a single case study, similar studies are necessary to prove the complete expected action in a large sample size to establish statistical significance of present line of treatment

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