

Original Research Article

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A CASE REPORT ON AYURVEDIC MANAGEMENT OF ARDITA

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ABSTRACT

Aggravated Vata, affects face & leads to impaired function of facial muscle. The term Ardita denotes facial paralysis or Bell's palsy. Ardita comes under 80 Nanatmaja Vyadhi. Facial palsy is most common neurological disorder, in which seventh cranial nerve is affected. The facial nerve conveys both sensory & motor along with parasympathetic fibres. Damaged facial nerve (VII) results in loss of function of facial muscle leads to cosmetic impairment. In this manuscript we are presenting a case study of a 42 years old female patient with Right hemifacial palsy with symptoms of weakness in the Right side of body, drooping of angle of mouth towards the right side, difficulty in speech, lacrimation from Right eyes, numbness in right side of face, altered sensation of taste, Heaviness in the Head, Improper Sleep. Ayurvedic & Herbal formulations like Ekangveer Ras, Anda Tail Soft Gel capsule, Rasna saptak kashaya, etc along with the Panchkarma procedure has been given and treated. Patient got relief with appreciable changes in all symptoms.

Keywords: Ardita, Facial palsy, Bell's palsy

INTRODUCTION

Vata is responsible for controlling all the functions as well as formation of body structures. It is the only motivating force in the body, having propulsive action, through which it moves things & expels waste products from the body. It controls central nervous functions, neuromuscular activities & mind. It is responsible for all movements in the body hence under the term "Nanatmaja Vyadhi" of Vata 80 disease have been included which covers wide range of symptoms like paresis, paralysis of muscles, monoplegia, diplegia, hemiplegia, facial

paralysis, neuralgia, stiffness of muscles, sciatica, spondylitis, convulsions, tremors, atrophy of muscles & cramps. Acharya Charak has explained Ardita as the contracture of mouth along with the involvement of forehead, eyebrow, eye, nasial feld on the affected side of face. Acharya Charak opines that Ardita is localized in half face with or without involvement of body. Acharya Sushruta has considered the involvement of face only . Ardita is also termed as Ekayaam.

On the basis of symptoms Ardita can be correlated with facial palsy. Facial palsy is a common neurological disorder in which seventh cranial nerve is affected 7th cranial nerve also known as facial nerve, responsible for all voluntary movement of face, taste to the anterior 2/3 of tongue as well as control of lacrimal gland & salivary gland secretions. Facial palsy is defined as a temporary inability to control the facial muscles on affected side of face. It can be characterized by weakness, muscle twitching, or total loss of ability to move on affected side along with drooping of eyelid, pain around the ear and change in taste. Typical symptoms come on over 48 hours. Its cause is unknown.

The incidence is around 23 per 1, 00,000 people per year, or about 1 in 60-70 people in a lifetime .It affects men and women more or less equally, with a peak incidence. Between the age of 10-40. It occurs with equal frequency on the right & left sides of the face.

CASE REPORT

A 42 years old female, housewife by occupation, belonging to the low middle class, came to Panchkarma OPD department of Dhanvantari Ayurvedic Medical College Bareilly, Patient admitted on 28/Feb/2025 With Cr. No -3987, IPD no – 254 & Patient will admitted in Female ward 204 with the following complaints from 1 week

- Weakness in the right side of face along with other body
- Numbness in the right half side of face
- Angle of mouth drooped down towards the right side of face
- Lacrimation from Right eye
- Altered taste sensation & smell
- Slurred speech, Improper Sleep
- Inability to make facial expression like smile, frowning.

History of Present Illness

According to the patient, she was asymptomatic before one week; suddenly she felt weakness in right side of face along with generalized weakness. She also noticed that her angle of mouth droop down towards right side & numbness in right half side of face.

Few hours later she also felt altered sensation of taste and smell. With Slurred Speech with improper sleep, heaviness in the head. For this She came to Panchkarma OPD of Dhanvantari Ayurvedic Medical College, Bareilly for Management.

Past Medical History

No significant history of same illness

Patient does not have significant family history.

Personal History

Appetite- Reduced

Thirst - reduced

Dietary habit - vegetarian

Micturition - normal

Bowel- Normal

Sleep – disturbed

Clinical findings

Ashtavidha Pariksha

Nadi- Vata-Pittaj

Mala- Saam mala

Mutra- Samanya

Sparsha- Samsheetoshna

Drika- Asamanya

Jihwa- lipta

Shabda- Aspashta (mild slurring)

Akriti – Madhyama

Dashavidha Pariksha

a) Prakriti – Vata-Pittaj

(b) Vikriti-Vikriti Vishama Samavaya

(c) Sara- Madhyama

(d) Samhanana - Madhyama

- (e) Pramanam - Madhyama
- (f) Satmyam -Madhyama
- (g) Satvam- Madhyam
- (h) Ahara Shakti- Madhyama
- (i) Vyayama Shakti- Madhyama
- (J)Vayah- Madhyama

General Examination

BP-170/100 mm of hg

Pulse- 70/min

Temperature – afebrile

R/R-16/min

Edema - not present

Pallor - not present

Icterus - not present

Tongue - white coated

Skin – dry

Table 1: Facial nerve examination

Bells phenomenon	Present On right Side
Deviation of mouth	Towards Right Side
Forehead frowning	Affected On Right Side
Eyebrow raising	Affected On Right Side
Eye closure	Incomplete Closure Of Right side
Blowing of cheek	Not Possible on right Side
Teeth showing	Not possible on right side
Nasolabial fold	Loss of right side
Taste perception	Affected
Dribbling of saliva	Absent

Systemic Examination

Patient was conscious & well oriented to time, place & person. Higher function like intelligence, memory, behavior, emotions are normal. Speech was slurred. Superficial & deep reflexes were normal. All the cranial nerves are intact except VII nerve i.e. facial nerve.

All the deep reflexes such as biceps, triceps, brachio- radialis, knee jerk, ankle jerk, planter reflex are normal.

Muscle tone & power are normal in all the limbs. Systemic examination of cardiovascular & respiratory system was observed normal. During the abdominal examination there was tenderness in hypo-chondrium region, rest thing was found normal.

Investigations

- Sugar level Normal (RBS- 125 mg/dl)
- CBC normal
- MRI Brain on 22 /feb/2025 Shows-
 - ✚ No acute infarct/hemorrhage is seen.
 - ✚ Multiple lacunar hyperintense foci are seen in the bilateral fronto-parietal and temporo-occipital white matter represent non-specific white m
 - ✚ No other significant parenchymal abnormality is detected in brain.

Diagnosis

Considering the symptoms & examinations, the condition was diagnosed as case of Ardita / facial palsy. Written informed consent from patient was taken prior to treatment. Study was carried out by following the good clinical practice.

Plan of Treatment

Considering the diagnosis, patient was treated on the line of treatment for Ardita. Internal medicine are-

- Tab Ekangveer ras- 100mg – Twice daily after meal
- Cap Eranda tail soft gel – 1 BD
- Rasna saptak kashaya -20 ml BD

Panchkarma Therapy Details

Planned for Nasya with Anu Tail for first 4 days then after with Ksheer Bala Tail

Panas patra Sweda

Kaval with Iremedas Tail

Table 2: Timeline of intervention

<u>Date Range</u>	<u>Procedure Done</u>
<u>28/02/2025 - 03/03/2025</u>	1.Nasya with Anu taila (14 drops in each nostrils) 2. Panas patra Sweda 3.Ksheeradhooma
<u>04/03/2025 - 18/03/2025</u>	1.Nasya with Ksheerabala Tail (16 drops in each nostrils) 2.Ksheerdhooma 3.Kaval- Iremedas Tail
<u>ORAL MEDICATION</u> <u>28/02/2025 - 18/03/2025</u>	1.Tab Ekangveer Ras 100 mg Twice daily (A/F) 2.Cap Eranda tail soft gel 1 Bd 3.Rasna Saptak Kashaya 20 ml BD

OUTCOME

The patient showed improvement in facial weakness, with reduced pain and better facial muscle function after the treatment.


DISCUSSION

In this case, a middle-aged female without comorbidities was clinically diagnosed with Ardita (Facial Palsy), a condition understood in Ayurveda as resulting from vitiated Vata and Dhatukshaya. Therefore, Brihana Chikitsa (nourishing treatment) was adopted to pacify Vata and rejuvenate the tissues. Marsha Nasya was administered using Anu Taila for the first 4 days (14 drops per nostril), followed by Ksheerabala Taila (16 drops), in accordance with classical principles from Ashtanga Hridaya which state “Nasa hi Shirsodwaram,” indicating the nose as the gateway to the head. The therapy allowed medicated oils to reach vital areas like Shringataka Marma, nourishing the head, eyes, ears, and throat while expelling morbid Doshas. Pre-procedural therapies like Abhyanga with Mahanarayan Taila and Ksheerdhooma enhanced circulation and facilitated absorption. Anu Taila, with its Laghu, Teekshna, Sukshma, and Vyavayi Gunas; Katu-Tikta Rasa; Ushna Veerya; and Katu Vipaka, exhibited deep penetration, Srotoshodhana (channel cleansing), and immunomodulatory effects. Panas Patra Sweda further supported recovery by strengthening facial muscles, reducing inflammation and stiffness, and promoting mobility—owing to its Guru and Snigdha Guna,

Madhura-Kashaya Rasa, Sheeta Veerya, and Madhura Vipaka. Oral administration of Ekangveer Ras targeted both Vata and Kapha through its balanced Rasa, Guna, Veerya, and Vipaka, facilitating Ama pachana, Srotoshodhana, and nerve protection. Rasna Saptak Kashaya served as an effective anti-inflammatory and analgesic to relieve musculoskeletal pain. The integrative approach led to significant functional recovery, highlighting the efficacy of holistic Ayurvedic management in Ardita.

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FOCUS
MRI & DIAGNOSTIC CENTRE

TEST REPORT

NAME: [REDACTED]

Age/Gender: [REDACTED]

Lab NO: 012502220002

BarcodeNo.: 10750942

Ref Doctor: Dr. VEER MAHENDRA PAL SINGH

Patient ID.: 098238

Registered: 22/Feb/2025 03:54AM

Reported: 22/Feb/2025 09:24AM

Report STATUS: Final

MRI BRAIN SCREENING

TECHNIQUE: -Axial: FLAIR, GRE & DWI.

FINDINGS:


- Multiple lacunar hyperintense foci are seen in the bilateral fronto-parietal and temporo-occipital white matter on T2 / FLAIR images.
- Rest of the supra and infratentorial brain parenchyma appears normal.
- Ventricles, sulci and cisterns are normal in size & symmetry.
- The Intracranial vessels and dural sinuses display the expected flow void.
- No midline shift is seen.
- The craniocervical junction is unremarkable.

Conclusion:

- No acute infarct / hemorrhage is seen.
- Multiple lacunar hyperintense foci are seen in the bilateral fronto-parietal and temporo-occipital white matter represent non-specific white matter changes.
- No other significant parenchymal abnormality is detected in brain.

*** End Of Report ***

Total Reported MRI BRAIN SCREENING



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Note: Interpretation is a professional opinion & not a diagnosis. All findings mentioned are based on the information provided. If there is a change in the patient's condition, it may be required to repeat the investigation. If there are any changes in the patient's condition, it may be required to repeat the investigation.


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