Journal of Ayurveda & Holistic Medicine

https://jahm.co.in

eISSN-2321-1563

Case Report

Integrative Ayurveda Management in Functional Recovery of *Ardita* (Bell's Palsy): A Case Report

[1]Aishwarya Magdum, [2*]Krishnapriya G, [3]Aashish Patel, [4]Vijay Bhaskar S

ABSTRACT:

Background: Bell's palsy is an acute-onset, unilateral lower motor neuron facial nerve palsy affecting 20-30 per 100,000 population annually. Contemporary management primarily includes corticosteroids and antiviral therapy; however, recovery may be delayed, and some patients experience residual deficits. In *Ayurveda*, Bell's palsy closely resembles *Ardita*, a *Vataja Nanatmaja* disorder, characterized by facial deviation, impaired eye closure, slurred speech and loss of nasolabial fold. **Clinical Findings**: A 53-year-old male presented with deviation of mouth, headache, heaviness on left side of face, pricking sensation and watering of both eyes for 15 days. Neurological examination revealed involvement of the facial nerve with loss of the nasolabial fold, incomplete eyelid closure, deviation of angle of mouth and air leakage during cheek inflation, while the remaining cranial nerves and motor functions of limbs were normal. Based on clinical evaluation, the case was diagnosed as Bell's palsy from the contemporary perspective and *Ardita* according to *Ayurveda*. **Interventions**: The patient was managed with *Panchakarma* procedures, namely *Nasya* along with external therapies comprising initial *Rukshana* with *Udvartana*, *Dashamoola Parisheka* and *Salvana Upanaha*, *Sarvanga Abhyanga* with *Mahamasha Taila* followed by *Bashpa Sweda*, Physiotherapy, and appropriate internal *Shamana* medications. **Outcomes**: Progressive clinical improvement was observed during course of treatment, with complete resolution of headache, facial heaviness, eye watering and mouth deviation by the time of discharge. No adverse events were reported during treatment, and no recurrence was observed during 30-day follow-up. House-Brackmann Scale score improved from Grade III to Grade I. **Conclusion**: This case describes the management of acute-onset *Ardita* (Bell's palsy) using integrative *Ayurvedic* protocol. Favorable clinical recovery was observed during the documented follow-up period. As this is a single case, the findings should interpretate cautiously and well-designed controlled clinical studies are required to establish efficacy and generalizability.

KEYWORDS: *Ardita, Ayurveda*, Bell's palsy, Case report, *Nasya, Panchakarma.*

RECEIVED ON:
08-06-2026

REVISED ON:
18-06-2026; 17-07-2026

ACCEPTED ON:
03-08-2026

Access This Article Online:

Quick Response Code:

Website Link:

https://jahm.co.in

DOI Link:

https://doi.org/10.70066/jahm.v14i7.2852

Corresponding Author Email:

krishnapriyakedaram1994@gmail.com

CITE THIS ARTICLE AS

Aishwarya Magdum, Krishnapriya G, Aashish Patel, Vijay Bhaskar S. Integrative Ayurveda Management in Functional Recovery of *Ardita* (Bell's Palsy): A Case Report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(7):135-144.

1. INTRODUCTION

Bell's palsy is a common acute condition characterized by sudden unilateral, partial or complete facial paralysis, often accompanied by heaviness, pain, numbness, hyperacusis, and altered taste perception. It predominantly affects individuals aged 15–40 years, with a lifetime risk of 1 in 60. [1] Annual incidence ranges from 20–30 per 100,000, and nearly one-third of patients show delayed or incomplete recovery. [2] Though largely idiopathic, viral infections (notably Herpes simplex virus), autoimmune inflammation, and ischemia are implicated in its pathogenesis. [3] Even though, conventional management relies on corticosteroids and antivirals limited promising effects were noted [4, 5]. Prolonged corticosteroid uses carries risks of hyperglycemia, gastrointestinal disturbance, and mood alteration. [6] These limitations have renewed interest in integrative approaches.

In *Ayurveda*, this presentation corresponds to *Ardita*, classified among *Asheeti Vataja Nanatmaja Vikaras*. The pathology involves vitiation of *Prana Vata*, governing neuromuscular function of head and neck. Since *Shiras* is *Shleshma Sthana*, *Kapha* accumulates within the cranial *Srotas*, producing *Avarana* (obstruction) that deranges *Vata's* normal path, resulting in sudden unilateral facial weakness—closely resembling Bell's palsy. [7] *Ayurveda* offers stage-specific strategy for *Vata* disorders using *Snehana*, *Swedana*, *Nasya*, and *Shamana* therapies. [8, 9]

This case report describes the management of acute-onset *Ardita* (Bell's palsy) using an integrative *Ayurvedic* protocol combining *Rukshana, Kapha-Vata Shamana, Brimhana, Nasya* and physiotherapy. The patient showed immediate improvement in facial symmetry, eyelid closure, headache, and facial heaviness over the observation period, with no recurrence up to Day 30 and no reported adverse effects, despite comorbid peripheral arterial disease and long-standing tobacco use - factors reported in the literature to be associated with delayed nerve recovery.

2. CASE REPORT

A male patient, age 53 years, driver by profession and resident of Belagavi comes to the OPD of *Ayurvedic* hospital with complaints of deviated face towards right side, headache and heaviness of face on left side along with pricking sensation and watering of bilateral eyes in the past 15 days.

He was reportedly well 15 days ago and had severe headache for continuous 4-5 days. Patient had acute onset of illness with initially appeared symptom of continuous headache on 31/5/2025. Associated with heaviness of face on left side, watering of eyes and tingling sensation in right hand. On 6/6/2025 there was marked deviation of mouth towards right side. Patient had habit of tobacco chewing and he noticed leaking from one side while spitting.

He also had a history of Peripheral Artery Disease with blackish discoloration of right leg with occasional pain. There was no history of metabolic or chronic systemic diseases. Patient had previously received 7 days of corticosteroid treatment for Bell's palsy at allopathic hospital with no ongoing medications. The patient is from middle socioeconomic status. Patient has habit of chronic tobacco chewing and smoking for past 20-years and consumes approximately 4 packets/day and 2 bidis/day respectively. No family and psychological history was reported.

Clinical Findings: On general examination, patient was well-oriented and conscious. His vital parameters were stable with pulse rate of 73 beats per minute, blood pressure of 110/70 mm of hg and 97.8^0F body temperature. No pallor, icterus, cyanosis, lymphadenopathy or pedal edema was noted. Systemic examination of cardiovascular, respiratory system did not reveal any abnormality. Local examination showed blackish discoloration of right lower leg without discharge. No any finding was noted during Central nervous system examination but, only speech was slurred. Other complaints such as ear pain, mastoid tenderness, parotid swelling and fever was absent.

Neurological examination: Cranial nerves: All cranial nerves found intact except facial nerve.

Facial nerve examination: It revealed, deviation of mouth towards right side. Other signs observed were, asymmetrical forehead frowning and eyebrow raising, half closure of left eyelid, mouth deviated towards right side during clenching of teeth, leaking of air from left side of mouth on blowing of cheeks, nasolabial fold loss on left side comparative to right side while taste perception was normal and not affected.

Deep Tendon reflexes: All deep reflexes were normal. (Biceps, Triceps, Supinator, Knee jerk, Ankle jerk and plantar reflex)

Muscle power and muscle tone: Normal

Co-ordination of upper and lower limbs were normal including gait.

Table 1: Timeline of Events

Sr. No	Time	Event
1	31/5/2025	Initial symptoms started with Headache (continuous)
2	3/6/2025	Heaviness in left side of face, Pricking sensation and bilateral eye watering, Tingling sensation of right hand.
3	6/6/2025	Deviation of mouth towards right side
4	7/6/2025	Visit to allopathic hospital, diagnosed with Bell's palsy and corticosteroids were prescribed for one week.
5	14/6/2025	Clinical consultation at *Ayurvedic* OPD and diagnosis of bell's palsy
6	14/6/25	Admitted to *Ayurvedic* hospital as inpatient
7	14/6/25 to 21/6/25	Treatment initiated with *Panchakarma* and Internal *ayurvedic* medicines
8	29/6/25	First follow-up evaluation; (15^{th} Day-from DOA & 8 days after discharge) Complete reduction in headache and heaviness of face, improvement in deviation of mouth, reduction in pricking sensation and watering through eyes, feeling of strength in facial muscles.
9	14/7/25	Second follow up evaluation; (30^{th} Day-from DOA & 23 days after discharge) Complete reduction in symptoms.

Diagnostic Challenge: Even though, final diagnosis was made primarily based on proper history taking and through clinical examinations, radiological imaging could have helped as a supportive to the clinical findings and rule out differential diagnosis.

Diagnostic assessment: Stroke, Ramsay hunt syndrome, trigeminal neuralgia, Lyme disease and Bell's palsy were considered as differential diagnosis during the examination. Patient presented with sudden onset of one side facial weakness characterized by deviation of mouth towards the right side, inability to close left eye completely, watering from eyes, facial heaviness, and pricking sensation over the face. As a diagnostic assessment tool, House-Brackmann Scale suggested Grade III facial paralysis. Neurological examination showed LMN facial nerve involvement on the left side with loss of nasolabial fold, facial asymmetry, and leakage of air during cheek inflation. Other cranial nerves, higher mental functions, sensory system, motor system, gait, and co-ordination were normal. Based on these findings, the condition was diagnosed as Bell's palsy from modern medical perspective and Ardita as per Ayurveda, characterized by *Mukhavakrata* (mouth deviation), difficulty in eye closure, slurred speech, facial asymmetry, and unilateral facial weakness due to aggravated *Vata Dosha* with *Kapha Avarana*. Diagnosis was established based on detailed clinical history, neurological examination, and *Ayurvedic* assessment.

Table 2: Differential Diagnosis.

Sr.no.	Differential Diagnosis	Inclusion Criteria	Exclusion Criteria
1	Stroke	Facial deviation and speech difficulty may resemble facial palsy.	Absence of limb weakness, altered consciousness and upper motor neuron signs reduce likelihood of stroke
2	Ramsay Hunt Syndrome	Facial paralysis and eye involvement may Mimic Bell's palsy.	No vesicular eruptions, ear pain or herpetic lesions Were present.
3	Trigeminal Neuralgia	Facial discomfort and pricking sensation suggested neural involvement.	Severe episodic neuralgia, Pain was absent and facial paralysis was present.
4	Lyme Disease	Unilateral facial paralysis	No history of tick bite or travel exposure to endemic areas
5	Bell's Palsy	Acute unilateral LMN facial paralysis with loss of nasolabial fold and incomplete eye closure supported diagnosis.	

Diagnosis: Based on clinical features this case was diagnosed as Bell's palsy. (Table no 2)

Prognosis: *Ardita* is considered as *sadhya* (curable) when treated in early stage and in absence of unfavorable prognostic features, like disease duration more than 3 years, *ksheena* patient (emaciated), *kampa* (tremors) and severe speech impairment. [10] In this case, the patient had acute onset of *Ardita* presented early without any of these poor prognostic signs and complications, indicating curable prognosis.

Therapeutic Intervention: Procedure Details

1. *Sarvanga Udvartana*: It was performed using mixture of *Triphala Choorna and Rasna Choorna* in equal proportion. The powders were gently rubbed over the entire body in upward direction for approximately 20 minutes.

2. *Dashamoola Parisheka*: Approximately 2.5 L of freshly prepared lukewarm decoction (38–40°C) was poured continuously over the affected side of the face and neck for 15–20 minutes while maintaining uniform flow.

3. *Salvana Upanaha*: It was prepared by mixing *Shatapushpa, Vacha, Devadaru, Rasna Choorna*, *Saindhava Lavana,* and sufficient warm *kanji* to obtain a smooth paste. This was applied over the affected side of the face with 0.5–1 cm thickness, covered with sterile gauze for 30–45 minutes.

4. *Koshta Shodhana*: 80 mL *Gandharvahastadi Taila* administered orally with 100 mL warm milk in early morning on empty stomach. The patient was monitored until adequate bowel evacuation was achieved.

5. *Sarvanga Abhyanga* and *Bashpa Sweda*: *Sarvanga Abhyanga* was performed using lukewarm *Mahamasha Taila* (38–40°C) for 20–25 minutes f/b *Bashpa Sweda* for 10–15 minutes until the appearance of mild sweating.

6. *Nasya*: After gentle facial massage and mild fomentation, in supine position with head extended, lukewarm *Karpasasthyadi Taila (*37–39°C), was instilled as 10 drops E/N, f/b gentle massage to nose, forehead, cheeks, and soles. The patient was instructed to spit out the expelled secretions without swallowing and to rest.

7. Post-procedure Precautions: Following the procedures, patient was advised to avoid cold exposure, excessive speaking, strenuous activity, daytime sleep immediately after treatment, cold food and beverages, and tobacco use. The patient was instructed to consume lukewarm water, follow the prescribed *Pathya Ahara*, continue facial exercises, and adhere strictly to prescribed oral medications.

Physiotherapy Protocol: Physiotherapy was initiated on 17/6/2025 following the initial *Panchakarma* procedures and continued until discharge under the supervision of licensed physiotherapist (Bachelor of Physiotherapy) for 30-minutes session daily.

Each physiotherapy session included:

- Mirror therapy: 10 minutes to facilitate visual feedback and improve facial motor control.
- Facial muscle exercises: 10 minutes including eyebrow elevation, forehead wrinkling, gentle and forceful eye closure, smiling with and without showing teeth, cheek inflation, lip pursing, whistling, and mouth corner elevation. Each exercise was performed for 10 repetitions with a 5-second hold.
- Neuromuscular facilitation: 10 minutes of gentle manual facilitation and muscle re-education targeting the frontalis, orbicularis oculi, zygomaticus major, buccinator, orbicularis oris, and mentalis muscles to improve facial symmetry and muscle coordination.

Following discharge, the patient was instructed to continue the facial exercise at home twice daily, performing 10 repetitions of each exercise.

Table 3: Summary of Intervention

Date	***SHODHANA***	Duration	Observation / Outcome
14/6/25 To 16/6/25	*Sarvanga udwartana* with *Triphala choorna (*Mfd. – KLE Pharmacy; *Batch no-20-21)* + *Rasna choorna (*Mfd. – KLE Pharma *Batch no-24-25)* f/b *Dashamoola parisheka (bharada*-Mfd. – KLE Pharmacy*; Batch no-24-25) Salvana upanaha* to face (affected side) (all choorna form: Mfd. - KLE Pharmacy; Batch no-24-25, Mfd: April 2024, Expd: March 2026)	3 Days	Mild reduction in Headache, Significant change in heaviness of face, Reduction in tingling sensation of right hand. House-Brackmann Scale - Grade III
16/6/25	*Sarvanga udwartana* with *Triphala choorna* + *Rasna choorna* f/b *Dashamoola parisheka -Koshtashodhana* with *Gandharvahastadi Taila (*Mfd. – KAPL pharmacy*; Batch no-488,* Mfd: June 2024, Expd: May 2026*)* (80ml) + Milk(100ml) early morning on empty stomach	1 Day	Feeling of whole-body lightness
17/6/25 To 21/6/25	*Sarvanga Abhyanga* with *Mahamasha taila(*Mfd. - KLE Pharmacy*; Batch no-4NVN,* Mfd: June 2024, Expd: May 2026*)* f/b *Bashpa sweda Nasya* with *Karpasasthyadi taila (*Mfd. - KLE Pharmacy*; Batch no-4 GKN,* Mfd: March 2024, Expd: February 2026*)* 10 drops E/N Physiotherapy-Mirror therapy, Facial muscle stimulation, Facial exercises	5 Days	Reduction in headache, pricking sensation and watering through eyes, Improvement seen in heaviness of face and deviation of face, feeling of strength in facial muscles observed during chewing, Overall body lightness. House-Brackmann Scale - Grade I
29/6/25 and 14/7/25	Internal *Ayurvedic* medications for 1st and 2nd follow up advised. (Table 4)		Patient was advised to stop habits such as smoking and tobacco chewing completely and to avoid direct cold exposure to face. House-Brackmann Scale - Grade I

Table 4: *Shamanaoushadhi* (Given for 30 days- from 14/6/2025 to 14/7/2025 as dose mentioned)

Medicine	Dose and *Anupana*
1.*Prasarinyadi Kashaya*	15ml TID A/F, orally with water (Mfd. – KAPL pharmacy; Batch no-KP99IN, Mfd: April 2025, Expd: March 2028)
2.Guduchyadi Kashaya	10ml BD A/F, orally with water (Mfd. – KAPL pharmacy; Batch no- KQILMN, Mfd: April 2025, Expd: March 2028)
3.Varunadi Kashaya tablet	2 BD A/F, orally with water (Mfd. – AVN pharmacy; Batch no- T6247A, Mfd: June 2024, Expd: May 2027)
4. Cap *Ksheerabala*	2 BD A/F, orally with water

	(Mfd. – Swadeshi pharmacy; Batch no-SK112, Mfd: April 2025, Expd: March 2028)
5.*Kaishora guggulu*	2 BD AF, orally with water (Mfd. – Dhootapapeshwara pharmacy; Batch no- DU152511, Mfd: August 2024, Expd: July 2027)
6.Cap *Palsineuron*	2 BD A/F, orally with water (Mfd. - S. G. Phyto pharmacy; Batch no- 13777, Mfd: May 2024, Expd: April 2026)
7.Mahamanjishtadi Ghana vati	2 BD A/F, orally with water (Mfd. – Vigro pharmacy; Batch no- 457A, Mfd: April 2025, Expd: March 2027)

3. FOLLOW UP AND OUTCOMES:

The patient was closely monitored during whole treatment, and evaluation of symptoms was conducted on day of admission, 15th day, 30th day (table 1). No recurrence in symptoms noted during follow ups till day 30. House-Brackmann Scale score improved from Grade III with moderate dysfunction, noticeable facial asymmetry and facial weakness (day of admission) to Grade I with normal facial symmetry and no facial weakness. (2nd follow up).

Adherence: During hospitalization, all procedures were administered under direct medical supervision, ensuring complete adherence to inpatient treatment protocol. Following discharge, the patient was advised to continue prescribed oral medications for 30 days, perform the recommended facial exercises twice daily, abstain from tobacco chewing and smoking, and follow prescribed *Pathya Ahara* and lifestyle modifications. Adherence was assessed during scheduled follow-up through patient interview and review of treatment history. Adherence of medication and physiotherapy exercises was assessed by patient diary, pill count and patient and attender interrogation.

Tolerance: Tolerability was assessed through daily clinical monitoring and patient interviews during the treatment period, regarding *Nasya*-related adverse effects, including nasal irritation, burning sensation, sneezing, nausea, vomiting, allergic reactions, headache, and gastrointestinal disturbances, and procedure-related discomfort from *Abhyanga*, *Swedana*, *Upanaha*, and physiotherapy. No treatment-related adverse effects were observed, and all interventions were well tolerated without interruption or discontinuation of treatment schedule.

Adverse Events: No adverse events were observed throughout the treatment.

Outcome: Patient was admitted for 8 days. Facial heaviness, headache and tingling sensation of right upper limb improved after 2 days of Nasya(19/5/2025), While pricking sensation, watering of both eyes, and mouth deviation resolved within 8 days. The improvement in facial symmetry, eyelid closure, restoration of nasolabial fold, and correction of mouth deviation during inpatient treatment are illustrated in Figures 1 and 2. At the 2nd follow-up, repeat examinations showed reduction in signs and symptoms with House-Brackmann Scale score remaining at grade I and sustained improvement.

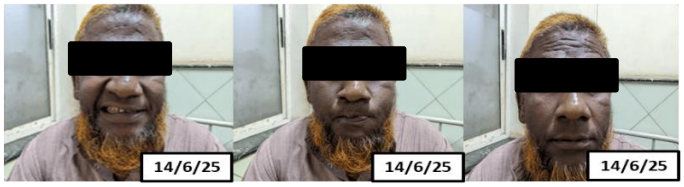

Figure no 1: BEFORE TREATMENT: Showing bilateral asymmetry of face.

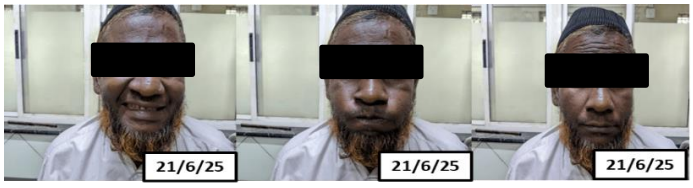

Figure no 2: AFTER TREATMENT: Showing bilateral symmetry of face.

Here, clinical photographs demonstrating facial appearance at admission (Day 0; 14/6/2025) and discharge (Day 8; 21/6/2025) following inpatient integrative *Ayurvedic* treatment. The images illustrate improvement in facial symmetry, nasolabial fold prominence, eyelid closure, and deviation of the angle of the mouth during the inpatient

period. They represent the immediate inpatient response only and do not depict the patient's clinical status at Day-30 follow-up (14/7/ 2025). Clinical improvement at Day 30 was documented through neurological examination and House–Brackmann Scale score.

4. DISCUSSION

Ardita is one among *Asheeti vataja Nanatmaja Vikara* characterized by unilateral facial deviation, impaired eye closure, altered speech and facial asymmetry due to aggravated *Vata dosha*. [10] Clinical presentation of present case closely resembled Bell's palsy, an acute LMN facial paralysis which is generally considered as a self-limiting condition if properly managed. This case was treated on the lines of treatment of *Ardita*. In *Ardita*, the basic pathology is of vitiated *Prana Vata* which is responsible for sensory and motor functions of head and neck while *Udana Vata* is responsible for speaking, effort, and upward movement. [11] But the *Shiras* (head) is a *Shleshma Sthana* (predominant site of *Kapha*). Accumulation of *kapha* in channels (*Srotas*) of head causes *Kapha* obstruction, blocking the normal movement of *Vata* and leading to its deranged localized movement, producing a sudden unilateral muscle weakness. Hence the first phase of management was *Rukshana* (deoleation) for 4 days (Table 3). (Figure 3) It was done in the form of *Sarvanga Udwartana* (dry powder massage) followed by *Dashamoola Parisheka* (decoction shower). Locally *Salvana Upanaha* (medicated poultice with salt and herbal pastes) to the face. *Upanaha* provides mild fomentation and helps in relieving muscle stiffness, pain and inflammation around the affected facial muscles. The combined effect of local therapies aids in improving neuromuscular co-ordination and facial symmetry. Dry powder massage mechanically dislodges adherent *Kapha* from subcutaneous channels. [12] Both *Triphala* (particularly *Haritaki* and *Bibhitaki*) has *Lekhana* (scraping) properties. *Rasna* (*Vanda r*oxburghii) is specially indicated for facial and limb paralysis due to its *Vata-Kapha alleviating* action. [13] *Dashamoola* is *Tridoshahara* but particularly may clears *Avarana* in *Vata-Kapha* disorders. *Upanaha* may helpful in improving local blood flow, spasticity and creating channel-clear condition for subsequent oleation. [14] *Koshtashodhana* (Bowel Purification) was given with *Gandharvahastadi Taila* helps in clearing of accumulated *Mala* (waste) and *Ama*. *Gandharvahastadi Taila* is mild laxative that may pacifies *Samana* and *Apana Vata.* [15] Whole body massage with *Mahamasha Taila* f/b steam bath helps in controlling the neurological deficits by its *Snigdha* (unctuous), *Guru* (heavy), and *Pichhila* (sticky) qualities directly counter the *Ruksha*, *Laghu* (light) and *Khara* (rough) qualities of aggravated *Vata*. [16] *Bashpa Sweda* (whole-body steam) opens the *Srotas*, dilates peripheral capillaries, and increases the transdermal absorption of the active principles in the oil. [17] *Nasya* done with *Karpasasthyadi Taila* helps in controlling the *Pranavata*. *Nasya* is considered the most important treatment for *Urdhvajatrugata Roga* (diseases above the clavicle). The nasal mucosa has a rich blood supply and direct anatomical connections to the cranial cavity via the olfactory nerve, cribriform plate, and periarterial lymphatic channels. [18] Instilled oil is absorbed quickly and reaches the *Shiras* (head), pacifying *Vata* in the *Majja dhatu* (nervous tissue). [19] Oral formulations like *prasarinyadi kashaya* consist of drugs having unctous, strengthening, anti-inflammatory, *vata pacifying* properties. As *kandara* and *sira* are the *upadhatu of rakta, rakta shodhaka* drug *Mahamanjishtadi Ghana Vati* [20] was advised, *Guduchyadi Kashaya* acts at the level of *rakta dhatu*. It acts as blood-purifying and *Kaphapitta pacifying.*

Ksheerabala Capsule have *indriyaprasadana (neuro-nourishment)* properties; specifically indicated in facial palsy and nerve debility. By reducing *kapha* obstruction, pacifying aggravated *vata* and nourishing neuromuscular tissues, the treatment might have helped restoration of facial nerve function (Figure 3). Physiotherapy given in the form of gentle facial muscle stimulation, mirror therapy and controlled exercises, etc. enhanced the muscle strength and

co-ordination. In the present case, headache, facial heaviness, pricking sensation and watering through eyes improved significantly along with gradual correction of mouth deviation. House-Brackmann scale improved from Grade III with bilateral asymmetry of mouth movements to Grade I with symmetry in mouth movements till complete course of treatment (Figure 1 and 2). The improvement in this clinical case might be due to the combined contributions of *Ayurveda*, physiotherapy and also by the natural history of the disease.

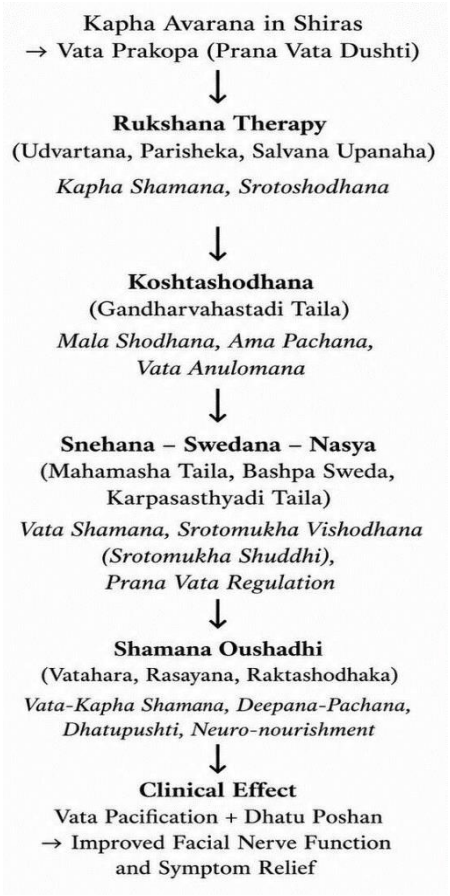

Figure 3: Mode of action of treatment protocol

Limitations: This is a single, uncontrolled case observation, and findings cannot be generalized. Bell's palsy has well-documented spontaneous recovery rate, and patient had previously received undocumented allopathic treatment; hence the relative contribution of natural history, prior treatment, physiotherapy, and *Ayurvedic* intervention to the observed recovery cannot be distinguished. House-Brackmann grading assessor was not blinded. No electrophysiological studies were performed to objectively confirm the degree of nerve involvement or recovery, and radiological imaging to exclude central causes was not undertaken. The intervention itself was multimodal, so effect of any single component cannot be isolated. Formal follow-up extended to only 30 days from admission (23 days post-discharge), which is insufficient to establish long-term benefit.

5. CONCLUSION:

This case of acute-onset Bell's palsy was managed with an integrative *Ayurvedic* protocol comprising *Rukshana, Koshta Shodhana, Snehana, Swedana, Nasya* and physiotherapy over 8 inpatient days (14/6/2025–21/6/2025), followed by outpatient course of oral medications, *pathya-apathya* advice and physiotherapy (mirror therapy, facial muscle stimulation, facial exercises) from 14/6/2025 to 14/7/2025. House-Brackmann Scale score improved from Grade III at admission to Grade I. This improvement was maintained through last documented assessment on 14/7/ 2025 (Day 30 from admission); no recurrence was observed up to this point, and sustained benefit beyond this period is not established. These findings, drawn from a single uncontrolled case, warrant evaluation through well-designed controlled clinical studies before conclusions on efficacy or generalizability can be drawn.

Key Takeaway: This case illustrates a possible role for a structured integrative *Ayurvedic* treatment protocol in early management of Bell's palsy. Given the limitations of a single uncontrolled observation, claims of safety and sustained benefit cannot be made from this report alone; controlled clinical trials are needed to validate this further.

Abbreviation:

BD - Bis in die (twice daily) OD - Once daily;

TID - Ter in die (three times daily)

DOA - Date of Admission; OPD - Outpatient Department.

LMN - Lower Motor Neuron.

E/N - Each Nostril; f/b - Followed By

KLE – Karnataka Lingayat Education Ayurvedic pharmacy

KAPL – Karnataka Antibiotics & Pharmaceuticals Limited

S.G. Phyto – Shri S. G. Pitre Phyto pharmacy

AVN – Arya Vaidya N. Rama Varier (Ayurveda formulations)

Mfd – Manufacturing date; Expd – Expiry date

B/F – Before food; A/F – After food

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: I was very worried when my mouth suddenly deviated and was unable to close my eye properly with heaviness on my face, headache, and watering from my eyes, which affected my daily activities and confidence. I did not experience any major discomfort during the treatment period. I regularly followed physiotherapy exercises and was also counseled to stop tobacco use. I made sincere efforts to discontinue the habit. After treatment, I gradually felt improvement in my facial movements and eye closure. My headache and facial heaviness reduced, and I became more comfortable while speaking and eating. I am satisfied with the treatment and happy with the recovery.

Authors Details:

[1]PG Scholar, Department of Rasayana & Vajikarana, Shri B M Kankanawadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India

[2*]Assistant Professor, Department of Kayachikitsa, Shri B M Kankanawadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India

[3]PG Scholar, Department of Kayachikitsa, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India

[4]Assistant Professor, Department of Panchakarma, Shri B M Kankanwadi Ayurveda Mahavidyalaya, Shahapur, Belagavi, Karnataka, India

Authors Contribution:

Conceptualization and clinical management: AM, KG

Data collection and literature search: AM, KG, AP

Writing – original draft preparation: AM, KG, AP

Reviewing & editing: KG, VB, AM, AP

Approval of final manuscript: All authors

Declaration of Generative AI

The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

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