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### **Efficacy of *Panchendriya Vardhan Taila Nasya* in management of Bells's palsy – A case report**

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#### **Abstract:**

Bell's palsy is an acute, idiopathic disorder characterized by sudden onset of unilateral lower motor neuron facial paralysis. It presents with symptoms such as facial asymmetry, drooping of eyelids, difficulty in eye closure, impaired chewing, and drooling of saliva. In Ayurveda, these clinical features correlate with *Ardita*, a *Vata Nanatmaja Vyadhi* described in classical texts. This case report highlights the Ayurvedic management of Bell's palsy through *Nasya* therapy using *Panchendriya Vardhan Taila*. A 38-year-old male patient presented with classical signs of Bell's palsy and underwent a 14-day treatment regimen consisting of *Sthanik Snehan* (local oleation), *Swedan* (sudation therapy), followed by *Marsha Nasya* with medicated oil. Each nostril received 8 drops daily. The clinical outcome was assessed using subjective improvement and the House-Brackmann Facial Nerve Grading Scale. The therapy showed marked improvement in the patient's symptoms, including the ability to close the eye, improved facial symmetry, and better chewing function. According to

Ayurvedic principles, *Nasya* is particularly effective for diseases above the clavicle (*Urdhwajatrugata Rogas*) because the nasal route directly influences the cranial region, promoting *Dosha* pacification and nerve nourishment. The administration of *Sneha*-based medication through the nasal route enhances absorption, improving local circulation and aiding recovery. This case demonstrates that Panchakarma interventions like *Nasya* can offer significant therapeutic benefits in Bell's palsy. The encouraging results from this single case suggest the need for larger, controlled clinical studies to further validate the efficacy of Ayurvedic therapies in managing facial palsy conditions.

**Keywords:** *Bell's palsy, facial Paralysis, Ardita, Snehan, Swedan,*

#### **INTRODUCTION**

Bell palsy is the most common paralysis of the seventh cranial nerve, with an onset that is typically rapid and hemifacial. The condition affects 15 to 40 of every 100,000 people annually and recurs in approximately 10% of cases.<sup>[1]</sup> Facial palsy occurs at any age, irrespective of gender. There is facial

asymmetry, deviation of the mouth, drooping of eyelids, improper eye closure of the affected side (on attempting closure, eyeball rolls upward - Bell's phenomenon), difficulty in chewing, drooling of saliva. Taste sensation may be affected unilaterally on the same side. Diagnosis is made on clinical grounds. Steroids are the main drugs of choice for treatment along with anti viral drugs. Approximately 80% of patients recover within a few weeks or months. On the basis of features, this can be correlated with *Ardita*. *Ardita* is described as one of 80 *Nanatmaja Vyadhis* of *Vata* as per *aacharya Charaka*<sup>[2]</sup> It is also considered a *Shiro Roga* since *Shira* is the *Adhithana* in this disease. In *Charaka Samhita*, it has been mentioned that symptoms are localized in half of the face with or without the involvement of the body while in *Sushruta Samhita* it is described that only the face is affected. Only specific group of patients get afflicted by *Ardita* following *Rakta Kshaya*. *Nidana* are excessive laughing, speaking loudly, chewing hard food, yawning, sneezing, carrying a heavy weight on the head, sudden movement of head and neck, exposure to cold or wind, etc. In addition to this excessive loss of blood during pregnancy and the postpartum period, in children, old age, and emaciated patients. This leads to the vitiation of *Vata* and the manifestation of *Ardita*. In *Charaka Samhita*, *Brihana* therapy is indicated by means of *Nasya Karma*, *Moordha Taila*, *Tarpana Kriya*, *Nadi Sweda*, and *Upanaha Sweda* in the *Chikitsa Sutra* of *Ardita*<sup>[3][4]</sup>.

### Case Report

Case report A 38-year-old male patient visited OPD no. 1 of Seth RV Ayurved Hospital Sion, Mumbai with complaints of

numbness on the right side of his face, difficulty in proper closure of right eye, dribbling of saliva through his mouth and difficulty in chewing food since last 5 days. According to the patient, he was asymptomatic 5 days back then suddenly on waking up in the morning he noticed a deviation of his face towards his right side and was unable to close his right eye completely. There was dribbling of saliva from the right angle of the mouth with mild slurring of speech. He also experienced difficulty in chewing food. There was no history of diabetes mellitus, hypertension, thyroid dysfunction, recent trauma, surgical intervention, or blood transfusion. He had habit of Tobacco chewing since past 20 years. His appetite was good and vegetarian in dietary habits. His thirst was normal, bowel habits were regular. Family history and drug history were insignificant. He was a Cobbler by profession.

### Clinical Findings

#### *Ashtavidha Pariksha*

- *Nadi- Vata-Kaphaj*
- *Mala- Koshthbadhta*
- *Mutra- Samanya*
- *Sparsha- Samsheetoshna*
- *Drika- Samanya*
- *Jihwa- Niraam*
- *Shabda- Aspashta (mild slurring)*
- *Akriti – Madhyam*

#### General Examination

- BP – 130/80 mmHg
- Pulse – 78/min.
- Respiration rate - 20/Min
- SpO<sub>2</sub>– 98%
- Temp – 98.2°F

#### Systemic Examination

Patient was conscious and well oriented to time, place and person. Higher function like intelligence, memory, behavior, emotions are normal. Heart sound and Vesicular sound were Normal. Speech was slightly slurred. All the cranial nerves are intact except VII nerve i.e., facial nerve.

| MPG Examination | Right side | Left side |
|-----------------|------------|-----------|
| Upper limb      | 5/5        | 5/5       |
| Lower Limb      | 5/5        | 5/5       |

### Facial Nerve Examination

**Table 1 - Facial Nerve Examination**

|                     |                                    |
|---------------------|------------------------------------|
| Forehead frowning   | Affected on right side             |
| Eye closure         | Incomplete closure of right eyelid |
| Dribbling of Saliva | Present                            |
| Bell's Phenomenon   | Present                            |

|                       |                        |
|-----------------------|------------------------|
| Deviation of mouth    | Deviated on one side   |
| Speech                | Slurred speech         |
| Taste                 | Not affected           |
| Lacrimation from eyes | Present from right eye |

### Materials and Methods

Patient was advised with *sthanik snehan Swedan* prior to administration of *Nasya* with “*Panchendriya vardhan Taila*” for consecutive 14 days in morning. *Marsha* type of *Navana Nasya* was given with dose of 8 drops in each nostrils as per standard operating procedure at Panchakarma Therapy unit. Clinical assessment was made from subjective criteria/symptoms and House-Brackmann's Facial nerve grading scale<sup>[5]</sup>

**Table 2 - House-Brackmann's Facial nerve grading scale.**

| Grade | Appearance                                  | Forehead             | Eye                              | Mouth                             |
|-------|---|----------------------|----------------------------------|-----------------------------------|
| 1     | Normal                                      | Normal               | Normal                           | Normal                            |
| 2     | Mild weakness, normal resting tone          | Medium-good movement | Full closure with minimum effort | Slightly asymmetrical             |
| 3     | Non-deforming weakness, normal resting tone | Weak-medium movement | Full closure with maximum effort | Mild weakness with maximum effort |
| 4     | Deforming weakness, normal resting tone     | N/A                  | Incomplete closure               | Asymmetrical with maximum effort  |
| 5     | Minimum movement, asymmetric resting tone   | N/A                  | Incomplete closure               | Slight movement                   |
| 6     | Asymmetric                                  | N/A                  | N/A                              | N/A                               |

### Mode of action of Nasya

*Acharya Charaka* described *Nasa* as the "Gateway" to *Shira*. The drug given through the nose as *Nasya* enters the deeper tissues of the brain and pacifies *Doshas* responsible for the disease. The drug administered in *Nasya* is mainly *Sneha* (oil). *Sneha* is considered to be the best *Vatashamaka*. Viscosity of *Sneha*

increases the absorption of the drug by increasing the contact time to the nasal mucosa and lipophilic drugs have better absorptive capacity (Transcellular passive diffusion). *Nasya* drug acts on *Shringataka Marma*<sup>[6]</sup> which is a congruence of the nerve fibres for smell, taste, speech, vision and hearing sensation. Anatomically *Shringataka*

*Marma* has been taken as cavernous sinus. This sinus drains into the facial vein through superior ophthalmic veins.

**Results**

After 14 days of Nasya therapy in case of bells palsy, patient showed marked improvement in signs and symptoms. Same is depicted in table below.

**Table 3 Assessment Criteria**

| Parameter                        | Before Treatment (Day 1)           | After Treatment (After 14 days) |
|----------------------------------|------------------------------------|---------------------------------|
| Deviation of Mouth on one side   | Grade IV                           | Grade II                        |
| Incomplete closure of right side | Grade IV                           | Grade II                        |
| Dribbling of Saliva              | Present continuously               | Present on having meals only    |
| Slurred speech                   | Moderate difficulty in pronouncing | Mild difficulty in pronouncing  |
| Lacrimation from right eyes      | Present                            | Absent                          |



**Discussion**

*Ardita* is a disease belonging to the group of *Vata Nanatamaja Vyadhis*.<sup>[1]</sup> *Ardita* is also included in *Samanya Shiroroga* and *Acharya Charaka* described that *Nasa* is gateway to the *Shira*. *Nasya* is considered best to control

the *Urdhwajatrugat Rogas* (disease above the neck). *Panchendriya Vardhan Tail Nasya* provides nourishment to *Shiro-Indriyas*. Here in this case, patient was given *Sthanik Snehan* and *Swedan* prior to *Nasya* therapy. This *Poorvakarma* promotes microcirculation by

dilating blood vessels. An improved blood supply to face nourishes the facial muscles, increases their strength and allows them to function properly. It also speeds up drug absorption and speeds up recovery.

### Patient's perspective

The patient and attendant were satisfied with the treatment. She was able to close her eyes and chew food properly. There was a sense of relief that facial disfigurement was corrected.

### Conclusion

Based on the results, we can conclude that ayurvedic interventions such as Nasya, used in the present case have shown a significant effect on the patient. The results observed in this case are encouraging, and further clinical trials may be carried out for the management of Bell's Palsy.

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