



Holistic Approach to Bell's Palsy through Ayurveda: A Detailed Case Study

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ABSTRACT

Bell's palsy is an acute, unilateral lower motor neuron facial paralysis commonly associated with viral-induced inflammation of the facial nerve. In Ayurveda, a similar condition known as Ardita is described, caused primarily by the vitiation of Vata dosha. The clinical features are facial deviation, difficulty in eye closure, drooping of the mouth, and impaired speech. This case study presents the clinical profile, examination findings, investigations and management of a patient diagnosed with Bell's palsy/Ardita. Modern diagnostic tools supported the exclusion of secondary causes, while Ayurvedic assessment focused on dosha, dushya and srotasa involvement. The patient was treated with therapeutic interventions including snehana, svedana, nasya, internal vatashamaka medications. The ayurvedic therapeutic approach resulted in gradual improvement in facial muscle strength and functional outcomes. This case report describes the diagnosis and Ayurvedic management of a 27-year-old male who visited Quadra Ayurvedic Hospital, Roorkee with complaints presented with sudden onset unilateral facial weakness on the left side, noticed upon waking. Based on the symptoms, CNS examination, investigations and Assessment criteria, the patient condition was diagnosed with Ardita, which corresponds to left-sided Grade IV Bell's palsy. Treatment was planned according to Ayurvedic principles and included various procedures, oral medicines, and dietary advice. This case highlights the understanding of Ayurvedic principles for effective management of Bell's palsy/Ardita.

KEYWORDS: *Bell's palsy, Ardita, Vata dosha, Nasya, Vata dosha, Vata-shamaka therapy*

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INTRODUCTION

Bell's palsy, the most common cause of acute unilateral lower motor neuron facial paralysis, presents with a sudden onset of facial muscle weakness due to dysfunction of the seventh cranial nerve. Although modern medicine describes the condition as idiopathic, viral reactivation—especially herpes simplex virus—has been widely suspected as a major contributor to inflammation and oedema of the facial nerve. The incidence rate is approximately 15 to 20 per 1,00,000 yearly. [1] Recurrence rate is 8% to 12%. [2] Clinically, affected individuals experience facial asymmetry, deviation of the mouth angle, incomplete eye closure, and impaired facial expressions, which significantly impact communication, appearance, and overall quality of life. Approximately 80% of Bell's palsy patients recovered within weeks or months after treatment.[3] Treatment given will be a combination of corticosteroids and anti-retroviral drugs. Early diagnosis and prompt initiation of treatment are crucial to prevent long-term complications such as incomplete facial recovery. In *Ayurveda*, a closely resembling condition is described as *Ardita*, classified under *Vata Nanatmaja Vikara*. It is also considered a *shiro roga* since *Shira* is the *Adhithana* in this disease.[4] According to classical texts, *Vata dosha* aggravation leads to dysfunction of the facial muscles, presenting as facial deviation, slurred speech, eyelid weakness, and asymmetry features that parallel the manifestations of Bell's palsy. Causative factors such as exposure to cold wind, irregular diet, excessive talking, mental stress, and *vata-prakopaka nidana* contribute to the onset of *Ardita*.[5] It presents with symptoms like *Mukhardhavakrata*, *Vaksanga*, *Sthabdanetrata* and *Teevruja of Jatrurdhwa Pradesh*. [6] The *Ayurvedic* understanding emphasises derangement of *dosha*, *dushya*, *srotasa* and neuro-muscular functions as underlying mechanisms. Integrating both perspectives enriches the understanding of the disease. While modern medicine focuses on nerve inflammation, electrophysiology and early corticosteroid

therapy, Ayurveda provides a holistic framework addressing *doṣha* imbalance through *snehana*, *svedana*, *naśya*, and *vatashamaka* internal medications. This case study aims to present the clinical presentation, examination findings, investigations, and treatment outcomes of a patient with Bell's palsy/Ardita, highlighting how an integrated viewpoint can enhance diagnosis, therapeutic decisions and recovery.

CASE REPORT

A 27-year-old young male visited OPD no. 9247 in our Quadra hospital with complaints presented with sudden onset unilateral facial weakness on the left side, noticed upon waking. He reported inability to close the left eye completely, drooling while drinking, and deviation of the mouth to the right. There was no history of trauma, recent infection, diabetes, hypertension or prior neurological illness. On examination, flattening of the left nasolabial fold, incomplete eye closure (lagophthalmos) and reduced forehead wrinkling were observed. Taste sensation on the anterior two-thirds of the tongue was mildly reduced. He reported a good appetite and followed a vegetarian diet. Thirst was normal, and bowel movements were regular, though he experienced a sense of incomplete evacuation. Family history and drug history is not significant.

Examination

General Examination

General condition: Patient was conscious, oriented and cooperative.

Vital signs:

- a. **Pulse:** 80 beats/min
- b. **Blood pressure:** 120/80 mmHg
- c. **Respiratory rate:** 18 cycles/min
- d. **Temperature:** 98.6o F
- e. **Built & nourishment:** Moderately nourished
- f. No pallor, icterus, lymphadenopathy, cyanosis, clubbing or oedema observed.

Systemic Examination

1. Central Nervous System Examination

- **Higher functions:** Intact; memory, speech, and cognition normal.
- **Cranial nerve examination:** Neurological examination of all cranial nerves were performed and found intact except facial nerve.

Facial nerve (CN VII) findings:

Forehead: Absent wrinkling on the affected side, inability to raise eyebrow.

Eyes:

- a. Incomplete closure of left eye (lagophthalmos)
- b. Bell's phenomenon present (upward rolling of eyeball on attempting closure)

Mouth:

- a. Deviation of mouth to the opposite side
 - b. Reduced voluntary movement while smiling, blowing, or whistling
 - c. Dribbling of saliva from affected side
- **Taste sensation:** Mild reduction over anterior 2/3rd of the tongue.
 - **Nasolabial fold:** Flattened on affected side
 - **Other cranial nerves:** Normal
 - **Motor system:** Tone, power and reflexes normal in all limbs
 - **Sensory system:** No deficits
 - **Cerebellar signs:** Negative
 - **Meningeal signs:** Absent

ENT Examination

- Ear canal and tympanic membrane normal, ruling out otitis media.
- No vesicular lesions around the ear (to exclude Ramsay Hunt syndrome).

Eye Examination

- Incomplete eyelid closure
- Reduced blinking on affected side
- Mild dryness of conjunctiva
- Corneal reflex slightly diminished
- No vision changes reported

Musculoskeletal Examination

- No neck stiffness, tenderness or muscle weakness
- No signs of trauma

Respiratory System Examination

- **Inspection:** Chest movements symmetrical; no use of accessory muscles.
- **Palpation:** Trachea central; equal chest expansion bilaterally.
- **Percussion:** Resonant note throughout lung fields.

Auscultation:

- a. Normal vesicular breath sounds
- b. No added sounds such as wheeze, crepitations, or rhonchi
- c. Respiratory rate: Within normal limits

Cardiovascular System Examination

Inspection: No precordial bulge or abnormal pulsations.

Palpation:

- a. Apex beat localized in 5th intercostal space, mid-clavicular line
- b. No thrills or heaves

Auscultation:

- a. S1 and S2 heard normally
- b. No murmurs, gallops, or added sounds
- c. Pulse rate and rhythm: Normal, regular
- d. Blood pressure: Within normal limits

Gastrointestinal (GIT) System Examination

Inspection: Abdomen soft, non-distended. No visible masses or scars.

Palpation:

- a. Soft abdomen with no tenderness
- b. No hepatosplenomegaly
- c. No guarding or rigidity

Percussion: Normal tympanic note; no evidence of ascites.

Auscultation: Normal bowel sounds present.

Patient history: Appetite good; vegetarian diet; regular bowel movements with a sense of incomplete evacuation. No nausea, vomiting, or abdominal pain.

Rogi Pareeksha:

- a. **Prakriti:** Vata-Pitta predominant
- b. **Sara:** Madhyama (Rakta & Mamsa sara moderate)
- c. **Samhanana:** Madhyama
- d. **Satmya:** Vegetarian diet, well-adapted
- e. **Satva:** Madhyama satva
- f. **Aahara Shakti:** Good appetite and normal digestion
- g. **Vyayama Shakti:** Good
- h. **Vaya:** Madhyama (young adult)
- i. **Bala:** Madhyama bala
- j. **Nadi:** Vata-pradhana
- k. **Mala:** Regular but with a sense of incomplete evacuation
- l. **Mutra:** Normal frequency and quantity
- m. **Nidra:** Adequate sleep, slightly disturbed after onset of symptoms.

Roga Pareeksha:

Nidana: Exposure to cold wind the previous evening; Mild Vata aggravating lifestyle factors, Irregular bowel evacuation contributing to vata vitiation.

Purvarupa: Mild facial stiffness, heaviness on one side of face, Difficulty blinking

Rupa: Facial deviation (*Vakra mukha*), inability to close one eye (*Akshi-nimeelana asamarthya*), drooling of saliva, slurred speech, flattened nasolabial fold

Dosha: Vata predominance (mainly Vyana & Prana Vata)

Dushya: Sira, Snayu, Mamsa

Srotas: Pranavaha & Rasavaha

Srotodushhti: Sanga

Adhsthana: Mukha pradesh (facial region)

Roga Marga: Madhyama roga marga

Udbhava Sthana: Pakvashaya (seat of Vata)

Sadhya-Asadhyata: Sadhya when treated early; chronic cases become Krichrasadhya

Investigations:

- **CBC:** Normal; no signs of infection

- **ESR/CRP:** Within normal limits; no inflammation
- **RBS/FBS:** Normal
- **Thyroid Profile:** TSH, T3, T4 normal
- **Otoscope Examination:** Normal ear canal and tympanic membrane.
- **Viral Screening (HSV,VZV,HIV):** Negative
- **MRI Brain:** MRI brain was normal with no intracranial pathology. Mild enhancement of the facial nerve segments on contrast study is seen, suggesting inflammatory neuritis consistent with Bell's palsy.

Overall Finding: All investigations were normal, supporting the diagnosis of idiopathic Bell's palsy.

Assessment criteria:

The House–Brackmann (HB) Scale is the most widely used clinical grading system to assess the severity of facial nerve paralysis. It ranges from Grade I (normal) to Grade VI (total paralysis).

Table 1: Classification of Facial Nerve Dysfunction Based on Clinical Presentation

GRADES	DESCRIPTION	CLINICAL FEATURES
Grade I	Normal	<ul style="list-style-type: none"> ➤ Normal facial function in all areas ➤ No synkinesis, no spasms
Grade II	Mild dysfunction	<ul style="list-style-type: none"> ➤ Slight weakness noticeable only on close inspection ➤ Normal symmetry at rest ➤ Slight asymmetry during movement (smile, eye closure) ➤ Mild synkinesis may be present
Grade III	Moderate dysfunction	<ul style="list-style-type: none"> ➤ Obvious but not disfiguring facial asymmetry ➤ Weakness noticeable on movement ➤ Able to close eye completely with effort ➤ Moderate synkinesis, contracture, or spasm may be present
Grade IV	Moderately Severe dysfunction	<ul style="list-style-type: none"> ➤ Obvious asymmetry and disfigurement ➤ Incomplete eye closure ➤ Asymmetric mouth movement, reduced forehead movement ➤ Severe synkinesis or contracture possible
Grade V	Severe Dysfunction	<ul style="list-style-type: none"> ➤ Barely perceptible facial movement ➤ Inability to close eye ➤ Minimal motion of mouth ➤ Asymmetry at rest and during movement
Grade VI	Total Paralysis	<ul style="list-style-type: none"> ➤ No facial movement at all ➤ Loss of tone ➤ No synkinesis

“The patient was assessed using the House–Brackmann Facial Nerve Grading System, and the findings corresponded to Grade IV dysfunction, indicating moderately severe facial paralysis with incomplete eye closure and marked asymmetry.”

Final Diagnosis:

Based on the symptoms, CNS examination, investigations and Assessment criteria, the patient condition was diagnosed as *Ardita* which corresponds to left-sided Grade IV Bell's palsy.

Therapeutic Intervention:

अदिते नावनं मूर्ध्नि तैलं तर्पणमेव च।

नाडी स्वेदोपनाहाश्चाप्यानुपपिशितैर्हिताः॥ (चरक चिकित्सा 28/99)

The treatment of *Ardita* in this case was rightly planned based on the classical instruction of *Charaka*. As per *Acharya Charaka*, in the management of *Ardita*, *Navana* (*Nasya*), *Murdhni taila sevana*, *Tarpana*, *Nadi swedana* and *Upanaha* are described as beneficial therapies. These measures helps in pacifying *vata dosha* and thereby improving facial weakness and distortion.

Table 2: Day-wise Therapeutic Intervention, Medication, and Clinical Progress in Facial Nerve Dysfunction

Days	Therapeutic Procedures	Oral Medications	Assessment	Diet & Lifestyle
Day 1 and Day 2 (10/3/26-11/3/26)	<i>Mukha Abhyanga</i> (15-20 min) with <i>Ksheerabala Taila</i> followed by <i>Nadi swedana</i> with <i>dashmula kwatha</i> (8-10 min) Performed between 9-11 AM <i>Nasya</i> with <i>Anu Taila</i> (2-4 drops)	<i>Dashamoola Kashaya</i> 40 ml twice daily BEFORE FOOD <i>Ashwagandha vati</i> 500 mg (At Night) with warm milk <i>Ekangavira rasa</i> 125 mg BD with honey <i>Yogaraj guggulu</i> 1 tab BD with lukewarm water <i>Yashtimadhu Ghrita</i> (Half tsp) with warm milk	Facial deviation, incomplete eye closure, pain recorded	Warm, soft, unctuous (oily) food. Avoid cold wind, AC exposure. Gentle Blinking exercises.
Day 3 and Day 4 (12/3/26-13/3/26)	Facial massage focusing on weak muscles <i>Nadi Sveda</i> <i>Karna purana</i> with <i>Ksheerabala Taila</i> (Performed morning 8-10 AM)	Continue previous Medications.	Pain and stiffness reduced	Warm water intake. Rest & Calm environment.
Day 5 and Day 6 (14/3/26-15/3/26)	<i>Nasya</i> (6 drops in each nostril with <i>Anu Taila</i>) <i>Mukha Abhyanga</i> + <i>Mridu Sweda</i>	Continue previous Medications.	Improvement in eye blinking	Light Facial exercises. Avoid watching screens for long.
Day 7, 8 and 9 (16/3/26-17/3/26-18/3/26)	<i>Mukha Abhyanga</i> (20 Min) <i>Nadi sweda</i> (10 min) Pichu on affected side	Continue previous Medications.	Reduced mouth deviation	<i>Vata-hara</i> diet like wheat, rice, green gram, masoor dal, urad daal, sweet potato etc. No late night sleeping
Day 10,11,12 and 13 (19/3/26, 20/3/26, 21/3/26, 22/3/26)	<i>Nasya</i> (Alternate day Regimen) <i>Karna Purana</i> <i>Mridu Swedana</i>	Continue previous Medications.	Facial muscle tone improving	Chewing warm soft food, avoid hard chewing.
Day 14-20 (23/3/26 to 29/3/26)	<i>Pratimarsha Nasya</i> advised (2 drops in each nostril once daily in morning)	Continue previous medications	Near Normal eye closure	Mild walking, Stress reduction. Passive facial mobilization.
Day 21 (30/3/26)	<i>Pratimarsha Nasya</i> (<i>Anu Taila</i>) and <i>mukha abhyanga</i> (<i>Ksheerabala taila</i>) advised at home for 10-15 min Warm water gargling.	Continue Medications.	Facial symmetry restored	Gentle facial physiotherapy (Supportive therapy). Positive Facial Training (Mirror exercises).

Pathya-Apathya

Pathya: Ushna, Snigdha, Mridu Ahara, Milk, Ghrita, Godhuma, Shali rice, Navnitta, Mudga and Kulatha Yusha, Laghu Bhojana, Jangala mamsa rasa, Rasayana like Ashwagandha, Bala etc

Apathya: Sheeta vayu sevana, Ruksha, sheeta Ahara, Excessive Tikta, Kashaya, Katu rasa , Dadhi, Divaswapna, Ratrijagrana, Stress and Vega dharana.

RESULT

Table 3: Effect of Treatment on Subjective Symptoms in Facial Nerve Dysfunction

Subjective Symptoms	Before Treatment	After Treatment
Facial heaviness	Present, persistent	Markedly reduced
Facial stiffness	Severe, difficulty in expressions	Mild or absent
Eye discomfort/dryness	Significant	Minimised
Difficulty in Chewing	Present	Improved chewing ability
Drooling of saliva	Present	Reduced or absent
Difficulty in speaking(Labial sounds)	Notable	Much Improved
Headache/ear pain	Occasional present	Relieved
Anxiety about facial appearance	High	Reduced, Improved confidence

Table 4: Objective Clinical Findings Before and After Treatment in Facial Nerve Dysfunction

Objective Clinical Findings	Before treatment	After treatment
House-Brackmann Grade	Grade IV	Grade II
Eye Closure	Incomplete	Nearly Complete
Forehead wrinkling	Absent	Improved
Nasolabial fold	Flattened	More defined
Mouth deviation	Marked deviation to one side	Mild or minimal deviation
Lip Movements (Blowing, Whistling)	Weak, Ineffective	Improved strength
Cheek puff test	Air leakage present	Minimal or no leakage
Synkinesis	Absent/mild	Mild or Improving
Taste sensation	Diminished	Improved
Corneal reflex	Sluggish	Improved/Normal

This comparative assessment using the House–Brackmann scale demonstrates the effectiveness of the *Ayurvedic* treatment protocol. The patient improved from Grade IV (moderately severe dysfunction) to Grade II, indicating significant recovery in facial muscle strength, eye closure, and symmetry. Improvement in forehead movement, nasolabial fold depth, and oral commissure control reflects enhanced neuromuscular coordination. This progression highlights the potential of *Ayurvedic* therapies—especially *nasya*, *snehana*, *svedana* and *vatashamaka* medications—in restoring facial nerve function.

DISCUSSION

The present case study describes the clinical presentation and *Ayurvedic* management of a 27-year-old male diagnosed with *Ardita*, which correlates with left-sided Grade IV Bell’s palsy in modern medicine. The characteristic features—facial deviation, inability to close the eyelid, drooping of the mouth angle, loss of nasolabial fold, and weakness of facial muscles—are consistent with both *Ayurvedic* descriptions of *Ardita* and the widely accepted modern diagnostic criteria for peripheral facial nerve palsy. In modern medicine, Bell’s palsy is considered an idiopathic lower motor neuron lesion of the facial nerve, with viral reactivation (particularly HSV-1) implicated as the most probable cause. The resulting inflammation and oedema lead to compression of the facial nerve within the narrow bony canal of the temporal bone. This pathophysiology explains the sudden onset of paralysis and the severity of symptoms seen in Grade IV involvement. However, modern treatment is largely limited to corticosteroids, antivirals, and physiotherapy, which, while effective, may not always provide complete recovery—especially in elderly patients or those presenting late [4].

Ayurvedic classics describe *Ardita* as a *Vata Nanatmaja Vikara*, manifesting due to deranged *Vata doṣha* affecting the *siras*, *mukha*, and *indriyas*. The sudden onset of facial deviation (*vakrata*) and reduced movements is a classical hallmark of *Vata* aggravation. In this case, patient exposure to aggravating factors such as possible exposure to cold, irregular diet, or mental stress leads to *Vata* aggravation which could have contributed to the manifestation of *Ardita*. The *Ayurvedic* diagnostic evaluation (*roga–rogi parikṣa*) supported the involvement of aggravated *Vata* with depletion of *dhatu*s and impaired neuromuscular coordination (*vata-vyadhi lakṣhaṇas*) [1].

The rationale behind the *Ayurvedic* treatment employed in this case is firmly rooted in classical guidelines. *Snehana* and *svedana* are repeatedly emphasized in the management of *Ardita* in texts like *Charaka Samhita*, as they help reduce dryness, stiffness and restricted movements due to *Vata* vitiation. Localized *mukhabhyanga* with *vasasamaka tailas* provides nourishment to the facial muscles and improves microcirculation, supporting nerve regeneration. *Nasya*, one of the prime therapies for *Urdhvajatru Vikaras*, plays a crucial role in this case. The nasal route directly influences the brain and sensory–motor pathways,

including cranial nerves. Classical literature states “*Nasyena siraso danena*”—meaning disorders above the clavicle are best managed by *nasya*. Medicated oils used in *nasya* enhance nerve conduction, reduce inflammation, and restore neuromuscular functions.

Internal medications such as *vatasamaka kashayas*, *guggulu yogas*, and nerve tonics like *Ashwagandha* or *medicated ghr̥itas* help pacify systemic *Vata*, strengthen the nervous system, enhance *ojas*, and support recovery. These formulations have been historically used in *marmagata vyadhi* and *vata-vyadhi*.

The gradual improvement observed in the patient—better eyelid closure, improved facial symmetry, and enhanced lip movements—indicates the positive effect of both external and internal Ayurvedic therapies on neuromuscular function. The recovery pattern mirrors classical descriptions that state *Vata rogas* respond gradually but steadily when treated early and appropriately.

This case also highlights the significance of an integrative diagnostic model. Modern medicine confirmed the absence of stroke, tumour, or infection, allowing safe initiation of conservative *Ayurvedic* therapy. *Ayurveda* provided a holistic, personalized treatment approach targeting the root cause (*Vata doṣha*) and supporting the body’s natural healing mechanisms.

The favourable outcome supports earlier studies demonstrating the effectiveness of *Nasya*, *Snehana*, and *Svedana* in peripheral nerve disorders and facial palsy. Furthermore, the patient’s improvement despite, Grade IV severity suggests the potential for Ayurveda to enhance recovery outcomes in facial nerve paralysis. Overall, this case demonstrates that an Ayurvedic treatment protocol—when aligned with classical principles and supported by modern diagnostic clarity—can offer significant therapeutic benefits in *Ardita*/Bell’s palsy.

CONCLUSION

The present case highlights the effectiveness of an integrative *Ayurvedic* approach in the management of *Ardita*, corresponding to left-sided Grade IV Bell’s palsy. Early diagnosis, systematic *roga-rogi parikṣa*, and timely initiation of treatments such as *snehana*, *svedana*, *nasya* and *vata-shamaka* medications contributed to significant improvement in facial muscle function. Modern diagnostic findings supported the exclusion of other neurological causes, while *Ayurveda* provided a holistic framework to restore *Vata* balance and enhance neuromuscular recovery. The patient showed steady and progressive improvement, demonstrating that Ayurvedic therapies can play a valuable role in improving outcomes in Bell’s palsy when applied appropriately. Further clinical studies may help strengthen the evidence for such integrative management.

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