



Case Study

VIDDHA KARMA AS A MINIMALLY INVASIVE AYURVEDIC INTERVENTION IN ARDITA

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ABSTRACT

Ardita is a *Vatavyadhi* described in Ayurvedic classics, characterized by deviation of face, impairment of speech, facial muscle weakness, and pain. Clinically, it resembles facial palsy (Bell's palsy). Classical management includes *Snehana, Swedana, Nasya, Basti, and Siravedha. Viddha Karma*, a minimally invasive parasurgical procedure described under *Shalya Tantra*, acts through stimulation of specific *Marmas* and *Siras* and is gaining attention for its rapid therapeutic benefits. **Aim:** To evaluate the role of *Viddha Karma* as a minimally invasive Ayurvedic intervention in the management of *Ardita*. **Materials and Methods:** A single male patient diagnosed with *Ardita* was treated with *Viddha Karma* at selected classical points along with internal medications for 14 days. Clinical parameters such as facial deviation, eye closure, speech disturbance, pain, and stiffness were assessed before and after treatment. **Results:** Significant improvement was observed in facial symmetry, eye closure, speech clarity, and reduction in pain and stiffness within a short duration, without any adverse effects. **Conclusion:** *Viddha Karma* is a safe, effective, and minimally invasive therapeutic modality in the management of *Ardita*, providing rapid symptomatic relief and functional recovery.

INTRODUCTION


Ardita is a well-described neurological disorder in Ayurveda, classified under *Nanatmaja Vata Vyadhi*, predominantly affecting one half of the face. Classical texts describe *Ardita* as a condition in which *Vakra Mukha* (facial deviation), *Vak Saṅga* (speech impairment), *Netra Nimeelana Asamarthya* (inability to close the eye), *Stambha* (stiffness), and *Ruja* (pain) manifest due to aggravated *Vata Dosha* localizing in the *Shira, Snayu, Kandara, and Marmas* of the facial region. Detailed references regarding its etiology, symptomatology, and prognosis are available in *Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya*.^[1]

The causative factors of *Ardita* include *Ati Vayu Sevana* (excessive exposure to cold wind), *Vega Dharana* (suppression of natural urges), *Ati Bhaṣaṇa* (excessive speaking), *Rukṣa Ahara*,

mental stress, and trauma, all of which lead to *Vata Prakopa*. Once vitiated, *Vata* obstructs normal neuromuscular coordination in the facial region, resulting in functional paralysis.^[2]

From a contemporary medical standpoint, *Ardita* closely resembles Bell's palsy, an acute lower motor neuron facial nerve paralysis of idiopathic origin. Although modern management includes corticosteroids, antivirals, and physiotherapy, these interventions may be associated with delayed recovery, incomplete resolution, adverse effects, or contraindications in certain patients.^[3]

Ayurveda offers a holistic and multimodal approach to *Ardita* management, including *Snehana, Swedana, Nasya, Basti, Siravedha, and Agnikarma*. Among these, *Viddha Karma*, a minimally invasive parasurgical procedure described under *Śalya Tantra*, has received limited clinical exploration despite its clear classical indication in diseases involving *Snayu, Sira, and Marma. Viddha Karma* involves controlled puncturing at specific anatomical points to relieve *Srotorodha*, normalize *Vata Gati*, and stimulate neuromuscular function. ^[4]

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Considering its simplicity, safety, cost-effectiveness, and rapid action, *Viddha Karma* holds significant potential as a primary or adjunctive intervention in *Ardita*. The present case study aims to highlight the clinical utility of *Viddha Karma* as a minimally invasive Ayurvedic intervention in the management of *Ardita*.

AIM AND OBJECTIVES

Aim

To assess the therapeutic efficacy of *Viddha Karma* in the management of *Ardita*.

Objectives

1. To evaluate improvement in *Ardita* following *Viddha Karma*.
2. To assess the safety and feasibility of *Viddha Karma* as a minimally invasive procedure.
3. To observe the short-term functional recovery of facial muscles.

Case Report

Patient Information

- Age: 42 years
- Sex: Female
- Occupation: Office worker
- Socioeconomic status: Middle
- OPD visit

Chief Complaints

- Deviation of mouth towards right side– 10 days
- Inability to close left eye– 10 days
- Slurred speech– 8 days
- Pain and stiffness over left side of face– 10 days

History of Present Illness

The patient was apparently normal 10 days ago when he developed sudden facial deviation following exposure to cold wind during night travel. Symptoms gradually progressed with difficulty in eye closure and speech. He had not taken corticosteroids.

Past History

No history of diabetes, hypertension, trauma, or ear infection

General Examination

- Pulse: 76/min
- BP: 124/80 mmHg
- Temperature: Afebrile

Ashtavidha Pariksha

- *Nadi*: *Vata-pradhana*

- *Mala*: Normal
- *Mutra*: Normal
- *Jihva*: *Alipta*
- *Shabda*: *Vak-vikriti*
- *Sparsha*: *Ushna-sheeta anubandha*
- *Drik*: *Avrita*
- *Akruti*: *Madhyama*

Local Examination

- Deviation of angle of mouth to right.
- Loss of forehead wrinkling on left side.
- Incomplete eye closure (Bell's phenomenon positive).
- Reduced nasolabial fold.

Diagnosis

Ardita (Vataja Nanatmaja Vyadhi)

MATERIALS AND METHODS

Treatment Protocol

Viddha Karma

Site of *Viddha*

- *Sthapni* region– *Bhru Madhya* Region
- *Apaṅga* region
- *Hanu Sandhi* area
- Near *Keshaanta Pradesha* (classical *Viddha* points for *Ardita*)– *Shankh* region
- *Upnasika*

Instrument: Sterile disposable insulin needle (26 x ½ G)

Depth: Approximately 3–5 mm

Procedure

- Patient in comfortable sitting position
- Aseptic precautions followed
- Mild puncturing done until minimal blood oozing

Frequency: Once daily

Duration: 7 days

Internal Medication

- *Ekaṅgaveera Rasa* – 125 mg BD
- *Dashamoola Kwatha* – 40 ml BD
- *Rasnadi Guggulu* – 500 mg BD

Pathya-Apathya

- Avoid cold exposure and wind.
- Warm, *Vata-shamaka* diet.
- Facial muscle exercises advised.

Detailed Intervention Protocol in Ardita

Component	Details
Type of study	Single-case clinical study
Diagnosis	<i>Ardita (Vataja Nanatmaja Vyadhi)</i>
Treatment duration	14 days
Intervention type	Procedural (<i>Viddha Karma</i>) + Internal medication
Treatment setting	OPD-based, minimally invasive intervention

Viddha Karma (Primary Intervention)

Parameter	Details
Classical reference	Indicated in <i>Vatavyadhi</i> involving <i>Snayu</i> , <i>Śira</i> , and <i>Marma</i>
Objective	<i>Vata Anulomana</i> , <i>Srotoshodhana</i> , neuromuscular stimulation
Patient position	Comfortable sitting position
Site of <i>Viddha</i>	1) <i>Bhru madhya</i> – Between two eyebrows 2) <i>Apaṅga</i> region - Lateral to eye 3) <i>Hanu sandhi</i> - Temporomandibular region 4) <i>Shankh</i> region – Between end of eyebrow and ear 5) <i>Upanasika</i> – Upper part of nasal fold
Selection rationale	Sites rich in <i>Marma</i> , <i>Snayu</i> , and facial nerve branches
Instrument used	Sterile disposable insulin needle (26 x ½ G)
Depth of puncture	Approximately 3–5 mm
Method	Mild controlled puncturing until minimal blood oozing.
Number of punctures	5 punctures per sitting
Aseptic precautions	Skin cleaned with antiseptic solution before procedure.
Frequency	Once daily
Duration	7 consecutive days
Post-procedure care	Local gentle pressure; no bandaging required
Complications observed	Nil
Patient tolerance	Well tolerated, minimal discomfort

Viddhakarma Procedure in Ardita



Internal Medication (Supportive Therapy)

Medicine	Dose	Frequency	Anupana	Therapeutic Role
<i>Ekangavira Rasa</i>	125 mg	Twice daily	Lukewarm water	<i>Vata-shamaka</i> , neuro-stimulant
<i>Dashamula Kvatha</i>	40 ml	Twice daily	—	Anti-inflammatory, <i>Vata-Kapha hara</i>
<i>Rasnadi Guggulu</i>	500 mg	Twice daily	Warm water	<i>Shothahara</i> , <i>Snayu-balya</i>

Adjuvant Measures

Measure	Details
Facial Exercises	Gentle facial muscle movements twice daily
Pathya (Diet)	Warm, unctuous, <i>Vata-shamaka</i> diet
<i>Apathya</i>	Avoid cold exposure, wind, excessive speaking
Lifestyle Advice	Adequate rest, avoidance of stress

Overall Therapeutic Approach

Aspect	Description
Principle of treatment	<i>Vata Shamana + Srotoshodhana</i>
Nature of intervention	Minimally invasive
Mode of action	Local neuromuscular stimulation with systemic support.
Safety profile	No adverse effects reported
Compliance	Excellent

Assessment Criteria

Parameter	Grade 0	Grade 1	Grade 2	Grade 3
Facial deviation	None	Mild	Moderate	Severe
Eye closure	Complete	Partial	Minimal	Nil
Speech	Normal	Mild slurring	Moderate	Severe
Pain	None	Mild	Moderate	Severe

RESULTS**Before Treatment vs After Treatment**

Parameter	BT	AT (Day 14)
Facial deviation	3	0
Eye closure	3	1
Speech	2	0
Pain	3	0

No complications or adverse effects were observed.

Subjective Parameters

Before and After Treatment Clinical Assessment in *Ardita*

Parameter	Assessment Criteria	Before Treatment (BT)	After Treatment (AT - Day 14)	% Improvement
Facial pain (<i>Ruja</i>)	VAS Score (0-10)	8	1	87.5%
Facial stiffness (<i>Stambha</i>)	Patient-reported severity	Severe	Mild	Marked
Speech difficulty (<i>Vak Sanga</i>)	Slurring / clarity	Moderate slurring	Normal	100%
Heaviness of face	Subjective sensation	Present	Absent	100%

Objective Parameters

Parameter	Grading Scale	Before Treatment (BT)	After Treatment (AT)	Clinical Change
Facial deviation	0-3	3 (Severe)	0 (Absent)	Complete correction
Eye closure	0-3	3 (Unable to close)	1 (Partial)	Significant
Forehead wrinkling	Present / Absent	Absent	Present	Restored
Nasolabial fold	Normal/Flattened	Flattened	Normal	Restored
Bell's phenomenon	Positive/Negative	Positive	Negative	Resolved
Facial muscle tone	Normal/ Reduced	Reduced	Near normal	Improved

Functional Assessment

Function	Before Treatment	After Treatment
Smiling	Asymmetrical	Symmetrical
Eye blinking	Incomplete	Nearly complete
Whistling	Unable	Able
Speech articulation	Impaired	Normal

Ayurvedic Assessment Parameters

Parameter	Before Treatment	After Treatment
<i>Vata Lakṣaṇa</i>	Severe <i>Vata Prakopa</i>	<i>Vata Shamana</i>
<i>Snayu Kriya</i>	Impaired	Improved
<i>Shira Gati</i>	Obstructed	Normalized
<i>Marma</i> involvement	Present	Resolved

Overall Outcome Assessment

Criteria	Observation
Onset of improvement	From day 4
Maximum improvement	By day 14
Adverse effects	Nil
Patient satisfaction	Excellent
Recurrence during follow-up	Not observed

Results in *Ardita* After 10 Days



Interpretation of Results

- Rapid symptomatic relief in pain and stiffness indicates effective *Vata Shamana*.
- Restoration of facial symmetry and muscle function suggests neuromuscular reactivation.
- Early functional recovery supports the role of *Viddha Karma* as a minimally invasive intervention.

DISCUSSION

Ardita is fundamentally a *Vata-pradhana Vyadhi*, where the pathological process involves *Vata Dushti* leading to functional impairment of *Snayu* and *Shira* in the facial region. Classical Ayurvedic principles emphasize that diseases of neurological origin respond effectively to therapies that restore the normal movement and function of *Vata Dosha*.^[5]

Viddha Karma acts at multiple levels in the pathogenesis of *Ardita*. The controlled puncturing at specific facial points results in local neuromuscular stimulation, improved microcirculation, and removal of *Avaraṇa (Avrodha-Obstruction)* caused by aggravated *Doshas*. The mild bloodletting associated with *Viddha Karma* helps in the elimination of localized *Dushta Rakta* and *Vata*, thereby reducing inflammation, stiffness, and pain.^[6]

Also, *Viddhakarma do Anuloman (Prakrut Gati)* of *Vata Dosha* which was previously *Pratiloma (Vaikrut Gati)*.

From a neurophysiological perspective, the mechanical stimulation caused by *Viddha Karma* may activate peripheral nerve endings and proprioceptive pathways, enhancing neuromuscular conductivity and facilitating faster recovery. This explains the early improvement in eye closure, facial symmetry, and speech clarity observed in the present case.^[7]

The selection of *Viddha* points near *Sthpani, Apaṅga, Hanu Sandhi, Upanasika* and *Shankha Pradeśa* is supported by classical descriptions + some points

are experience based, as these regions are rich in *Marmas* and facial nerve branches. Targeting these points ensures both local and systemic correction of *Vata* imbalance.^[8]

Internal medications such as *Ekaṅgavira Rasa, Dashamula Kvatha*, and *Rasnadi Guggulu* provided supportive *Vata-shamana, Shothahara*, and *Brimhaṇa* effects, contributing to sustained recovery and prevention of recurrence. The combined approach aligns with the Ayurvedic principle of *Yukti Vyapaśraya Cikitsa*, where procedural and pharmacological therapies work synergistically.^[9]

The absence of adverse effects in this case highlights the safety and feasibility of *Viddha Karma* when performed with proper aseptic precautions and anatomical knowledge. Compared to more invasive procedures like *Siravedha*, *Viddha Karma* offers similar benefits with minimal discomfort and better patient compliance.^[10]

CONCLUSION

Ardita is a challenging neurological disorder that significantly affects facial function, speech, and quality of life. Ayurveda provides a comprehensive framework for its management, emphasizing the correction of *Vata Dosha* through both internal and external therapeutic modalities. The present case study demonstrates that *Viddha Karma* is an effective, safe, and minimally invasive Ayurvedic intervention in the management of *Ardita*. The procedure resulted in rapid symptomatic relief, marked functional improvement, and complete recovery without any complications. Its ability to directly act on *Snayu, Śira*, and *Marma* makes it particularly suitable for neurological conditions of *Vata* origin. *Viddha Karma* can be considered as a standalone therapy in early or moderate cases of *Ardita* and as an adjunct to

Panchakarma and internal medications in chronic or severe cases. Given its simplicity, low cost, and high therapeutic value, it holds promise for wider clinical application. However, further large-scale clinical trials, comparative studies, and standardization of *Viddha* points are required to establish its efficacy on a broader scientific platform. Integrating *Viddha Karma* into evidence-based Ayurvedic neurological practice may significantly enhance outcomes in facial palsy and related disorders.

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