



Review Article

AN IN-DEPTH REVIEW OF VIDDHAKARMA IN AYURVEDIC TRADITION

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Article info

Article History:

Received: 09-08-2025

Accepted: 03-09-2025

Published: 30-09-2025

KEYWORDS:

Ayurveda,
Raktamokshana,
Shalya Chikitsa,
Siravedhana,
Sushruta,
Viddhakarma.

ABSTRACT

Ayurveda describes a wide range of treatment modalities, including several unique procedures outlined in ancient texts, especially in the *Sushruta Samhita*. These include *Shashtra karma* (surgical), *Anushastra Karma* (parasurgical), and *Shasthi Upakrama* (sixty other therapeutic approaches). Among them, *Vedhana Karma* is a notable technique in *Shalya Chikitsa* (surgical practice), with *Siravedhana* (venesection or bloodletting) regarded as a core component- just as *Marma* therapy constitutes a significant part of *Shalya Chikitsa*. *Siravedhana* is primarily a bloodletting procedure, and *Viddhakarma* is a more specific, smaller-scale form of this, primarily used as a *Shoolaghna Chikitsa* (pain-relief therapy). This article aims to explore the concept and clinical application of *Viddhakarma* through a scientific lens, drawing insights from classical Ayurvedic texts as well as contemporary literature, online resources, and clinical publications. Materials used in the practice of *Viddhakarma*, along with clinical protocols, have been compiled and presented based on both traditional references and the author's clinical experience. *Viddhakarma* has shown significant efficacy in treating *Raktaja* (blood-related) and *Pittaja* (*Pitta*-related) disorders, as well as conditions involving other *Doshas* and *Dhatu*s. It works by releasing obstructed *Vata*, draining impure blood, clearing bodily channels, and ultimately relieving pain. Thus, *Viddhakarma* serves as a valuable therapeutic option for pain management across various clinical scenarios.

INTRODUCTION

Ayurveda, offers a holistic approach to health through various treatment modalities including *Shaman* (palliative therapies), *Shodhan* (purificatory therapies). [1] *Shastrakarma* (surgical interventions), and *Anushastra Karma* (parasurgical procedures). [2] Among these, *Raktamokshana*- the therapeutic removal of blood- is a significant parasurgical procedure primarily indicated for disorders associated with *Pitta dosha* imbalance and vitiation of *Rakta* (blood). *Raktamokshana* comprises several techniques such as *Siravedhana* (venesection), *Pracchana* (scarification), *Jalaukavacharana* (leech therapy), *Shringavacharana* and *Alabu avacharana* (wet cupping therapy). These procedures are not only rooted in

classical Ayurvedic texts but have also shown promising outcomes in the management of various modern clinical conditions. [3] The therapeutic utility of bloodletting extends to cases where conventional surgical methods may not be applicable or advisable. It has been found effective in managing conditions like peripheral vascular diseases, *Vrana shotha* (inflammatory disorders), *Twak vikar* (skin diseases), hypertension, delayed wound healing, failed skin grafts, and other diseases linked to *Rakta dushti* (impurity of blood). Among the different types of *Raktamokshana*, *Viddhakarma*- a minimally invasive technique involving controlled piercing- is noted for its simplicity, cost-effectiveness, and efficacy in pain management and detoxification.

To simplify its understanding, *Viddhakarma* can be considered a minor form of *Raktamokshana* (therapeutic bloodletting) in Ayurveda. The term *Viddhakarma* is derived from two Sanskrit words: *Viddha* (or *Vyadha*), meaning "to pierce or puncture (to bore a hole to drain)," and *Karma*, meaning "treatment." The practice involves piercing to release

Access this article online

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<https://doi.org/10.47070/ayushdhara.v12i4.2092>

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trapped *Rakta* (blood), *Vata dosha*, *Drava* (fluids), or *Puya* (pus) from affected areas. A perception of basics of Ayurvedic concepts is essential for grasping *Viddhakarma*- these include *Rakta* (blood), *Marma* (vital points), *Sira* (veins), *Siravedhana* (venepuncture), and *Anguli Pramana* (measurement using fingers). This article aims to emphasize the clinical significance of *Raktamokshana* and to explore the theoretical and practical aspects of *Suchivedha* or *Viddha Chikitsa*. It also seeks to delve into the objectives, historical background, indications, contraindications, necessary materials, procedural steps, clinical case studies, and the probable mechanisms of action involved in *Viddhakarma*. The *Viddh-agnikarma* is inclusion of both procedure *Agnikarma* and *Viddhakarma* for therapeutic purpose. Ultimately, the goal is to explore its relevance and application, rooted in classical Ayurvedic principles.

Conditions Manageable Through *Raktamokshana*

The *Sushruta Samhita* (*Sutra Sthana* chapter 8/4) outlines *Raktamokshana* (therapeutic let out of vitiated blood), as particularly useful in treating a range of conditions including *Twak Dosha* (skin disorders resulting from *Doshic* imbalance), *Granthi* (benign nodular swellings), *Shotha* or *Sopha* (inflammatory swellings or edema), and *Raktaja Roga* (ailments rooted in vitiated blood). It is also indicated for *Apakwa Vikara* (immature or developing pathological states) and *Anutteshu Vikara* (conditions unresponsive to other treatments or not fully manifested). These therapeutic indications reflect the broad applicability of *Raktamokshana* in managing both localized and systemic disorders like blood impurities, inflammation, and accumulated toxins.^[4]

Procedure Selection in *Raktamokshana*

Raktamokshana, or therapeutic bloodletting in *Ayurveda*, is primarily divided into two categories based on the tools used: *Shastrakrita* (involving sharp instruments) and *Anushastrakrita* (conducted without sharp tools)^[5]. These two broad categories encompass five main techniques- *Pracchana Karma* (scarification)^[6], *Siravedhana* (venipuncture),^[7] *Jalaukavacharana* (leech therapy)^[8], *Alabu Karma* (wet cupping)^[9], and *Shringa Karma* (horn therapy).^[10] The classical text *Sushruta Samhita* offers detailed guidelines for selecting the appropriate method based on the depth and location of vitiated *Rakta dosha* (impure blood) within the body. For superficial *Doshic* vitiation, *Pracchana* is considered suitable, while *Jalauka vacharana* is preferred when the involvement is slightly deeper. In cases of deeper-seated *Dosha* imbalances, *Alabu Karma* is recommended, and for very intense or deeply rooted vitiation, *Shringa Karma* is advised. When the *Doshic* disturbance is systemic or

affects the entire body, *Siravedhana* becomes the method of choice. Furthermore, *Sushruta* underscores the importance of clinical discretion, noting that the choice of technique should be tailored to the patient's specific condition and the physician's clinical experience- a concept encapsulated in the phrase "*Sarvaani Sarvairva*", which encourages flexibility and individualized treatment in practice.^[11]

Siravedhana versus *Viddhakarma*

Acharya Sushruta underscored the critical importance of *Siravedhana* (venesection) within Ayurvedic surgical practices, famously stating that it accounts for half of all treatments in *Shalya Tantra* (*Sushruta Samhita*, *Sutra Sthana* chapter 8).^[12] This assertion emphasizes the extensive therapeutic value of *Siravedhana*, particularly in addressing both surgical and systemic ailments. One of the ancient techniques closely related to this is *Viddhakarma* (also referred to as *Vedhana Karma*), which is well-documented in classical Ayurvedic texts such as the *Charaka Samhita*, *Sushruta Samhita* (*Sharira Sthana* 8), and *Ashtanga Hridaya*. Recognized as part of the *Ashta Vidha Shastra Karmas*^[13] (eight surgical procedures outlined by Acharya Sushruta), as well as the *Shadvidha Shastra Karma*^[14] (six surgical interventions by Acharya Charak), *Viddhakarma* is also listed among the *Shashthi-Upakram*^[15] (60 therapeutic procedures) for wound and disease management.

The term "*Suchivedhana*"^[16] derived from *Suchi* (needle) and *Vedhana* (piercing)- refers to the technique of inserting a needle at specific points, typically for localized bloodletting or stimulation of energy pathways. Though traditionally grouped under *Raktamokshana*, it represents a more targeted and refined variation of *Siravedhana*. Ayurvedic texts describe instruments like *Breehimukha*, *Kutharika*, *Suchi*, and *Aara*, which are early forms of needles used for this procedure.^[17] The process involves precise needling at anatomically or energetically significant locations, aiming to alleviate pain, unblock obstructed channels, and rebalance the affected *Doshas*. While minor bleeding may occur, it is not always the intended outcome. Clinically, *Siravedhana* is highly effective in treating musculoskeletal issues and chronic pain. When integrated with Ayurvedic herbal treatments, *Viddhakarma* significantly enhances therapeutic outcomes. Specific anatomical sites such as the *Talu* (palate), *Jihwa* (tongue), *Medhra* (genitals), and *Sandhi* (joints) are selected based on the location and nature of *Doshic* disturbance. In brief, *Siravedhana*- particularly in its refined form as *Viddhakarma*- continues to be a foundational technique in Ayurvedic surgical and parasurgical interventions, offering a minimally invasive yet highly effective tool for restoring health and balance.^[18]

The choice between *Siravedhana* (venesection) and *Vidhakarma* (therapeutic needling) is primarily guided by the visibility and accessibility of the veins. When veins are distinctly visible and can be easily targeted, *Siravedhana* is the preferred method. However, in situations where veins are not clearly identifiable or are difficult to access, *Vidhakarma* serves as a suitable alternative. *Vidhakarma* is regarded as a more localized and less invasive form of *Raktamokshana*, involving minimal bloodletting. From an Ayurvedic perspective, the *Sarvavaha Siras-* veins that carry all three *Doshas* along with *Rakta* (blood)- can become diseased when disrupted by aggravated *Vata dosha*. This disruption often manifests as pain (*Vedana*), and needling these sites helps to relieve the obstruction, restore *Doshic* balance, and alleviate symptoms.^[19]

Significance of *Vidhakarma*: *Vidhakarma* holds significant value in Ayurvedic practice due to its strong foundation in traditional texts and principles. As a minimally invasive technique, it involves only slight bloodletting, making it a gentler alternative to more intensive *Raktamokshana* procedures. The method is straightforward and, when performed with proper care, is generally considered safe. Being a non-pharmacological intervention, it appeals to individuals seeking natural, drug-free treatment options. Its simplicity also allows it to be conveniently administered in outpatient settings without the need for hospitalization. Additionally, *Vidhakarma* is a highly affordable therapy, offering an economical solution compared to more complex or medication-based treatments.^[20]

Indications of *Vidhakarma*: *Vidhakarma* serves as a minimally invasive, non-pharmacological, and cost-effective method for treating a wide range of conditions, especially where *Vata dosha* plays a significant pathological role. It also complements Ayurvedic medications and therapies for enhanced results.

1. *Shoolaghna* (Pain treatment): *Vidhakarma* has shown therapeutic effectiveness in a variety of pain-related and musculoskeletal conditions. These include widespread body aches and general musculoskeletal discomfort, as well as localized trigger point and neuralgic pain. It is also beneficial in managing conditions like calcaneal spur, plantar fasciitis, and Achilles tendinitis. Joint-specific pain affecting areas such as the hip, neck, back, knee, shoulder, and heel can also be treated effectively. Additionally, it is used in cases of *Avabahuka* (frozen shoulder), various forms of arthritis-including osteoarthritis, rheumatoid arthritis, and gout- as well as for improving restricted joint movement and addressing joint space

narrowing.^[21,22] Structural issues such as joint deformities, buckling, and joint locking may also benefit from this approach.

2. Ayurveda (*Shastrokta*) Recognized Conditions

Classical Ayurvedic texts mention several specific conditions that may be effectively managed through *Vidhakarma*. These include *Paad Daha* (burning sensation in the feet) and *Paadharsha* or *Paad-dari* (cracked heels). It is also indicated for *Avabahuka* (frozen shoulder) and inflammatory skin disorders such as *Chippa* and *Visharpa*. Disorders like *Vatashonita*, *Vata Rakta*, and *Khuddaka Vatarakta*-which resemble gout- are also noted. The procedure is beneficial in *Vatkantaka* (heel pain due to aggravated *Vata*), *Vicharchika* (eczema), and movement-related impairments like *Khanjata* or *Panguta* (limping or physical disability). Additionally, conditions such as *Bahu Shosha* (muscle wasting in the upper limbs), *Viswachi*, and *Gridhrasi* (sciatica) are included among those treatable with this technique.^[23]

3. Ear, Nose, Throat, Eye, and Cranial, Tongue Disorders (*Urdhwa jatrugata rogas*)

Vidhakarma is mentioned in Ayurvedic literature for the treatment of various *Netra Roga* (eye diseases), *Karna Roga* (ear diseases), *Nasa Roga* (nasal diseases), and *Shiroroga* (disease of head). The *Vidhakarma* is also indicated in *Jihwa Roga* (tongue disease) and *Danta Roga* (dental problems) by Sushruta.^[24]

4. *Manas rogas* (Mental Health Conditions): In the realm of neuropsychiatry, *Vidhakarma* has potential applications in managing *Manas Roga* (mental health conditions), *Unmada* (psychotic disorders), and *Apasmar* (epilepsy). Additionally, it is increasingly being explored as a complementary approach for modern neurodevelopmental disorders such as autism spectrum disorders and ADHD.^[25]

5. Various other Common Indications for *Vidhakarma*:

^[26] *Vidhakarma* is also applied in a variety of other clinical conditions. These include Cervical Spondylitis, *Katishool* (lower back pain), leg pain, and ankle sprains. It is used in certain urogenital conditions such as *Ling Vikar* (including Peyronie's disease) and disorders related to *Shukra* and *Medhra* (e.g., *Parivartika*, *Updansha*, *Shook dosha*, and various *Shukra Roga*). The therapy is also indicated in *Mutravridhi* (hydrocele), *Udakodara* (ascites), *Pleehodara* (spleen disorders), and *Yakrit Daludara* (enlargement of the liver). Respiratory conditions like *Kaas* (cough) and *Swasa* (breathlessness), as well as *Galganda* (goitre or thyroid disorders),^[27] can also be addressed.

Furthermore, it may be beneficial in *Ashmari* ^[28] (urinary stones or renal colic) and polycystic ovarian disease, *Anartava* (infertility due to menstrual irregularities).^[29]

Contraindications for Viddhakarma

Although *Viddhakarma* is a beneficial therapeutic technique, it must be performed with caution and is not suitable in all cases. The procedure should be avoided when the patient does not provide informed consent or is unwilling to undergo the treatment, have significant emotional distress, fear, anxiety, or psychological instability. Moreover, patients have bleeding disorders, tendency to bleed, have risk of hemorrhage should be excluded to prevent complications. Additionally, classical Ayurvedic texts (Sushruta sharer chapter 8/3, 5, 7; Ashtanga Hridaya sutrasthana 27/5-7) on *Siravedhana*- outline specific anatomical and clinical contraindications, that must be adhered to in order to ensure patient safety and therapeutic success. Avoid the *Marma* point for *Viddhakarma*.^[30]

Materials required for Viddhakarma Procedure

To perform *Viddhakarma* safely and effectively, the required material mentioned below and in Figure

number 1. These materials help ensure the procedure is performed under hygienic, precise, and clinically appropriate conditions.^[31]

- **Clinical Setup:** A clean, well-maintained minor operation theatre (OT) environment.
- **Dressing materials:** Gauze pieces, cotton, bandages, microspore tape, and sterile gloves for proper puncture or wound care and hygiene.
- **Antiseptics material:** Herbal decoctions like *Panchvalkal Kwath* and *Dashmool Kwath*, alum water, normal saline, and spirit for cleansing and disinfecting the site.
- **Suchi (Needles):** Sterilized and pre-packed surgical needles such as 26 No. 1/2 size, insulin needles, and 24 No. 1/2 size needles, along with other suitable types as required.
- **Other drugs and Additional tools:** *Jatyadi oil* and *Ksheerabala oil* for post-procedure application and healing support. Measuring scale, vernier caliper, skin marker (ink marker), tourniquet, biomedical waste (BMW) disposal bins, and vital sign monitoring instruments.



Method and Proposed Protocol of Viddhakarma ^[32]

The *Viddhakarma* procedure (refer Table 1) should begin by ensuring the patient is comfortably positioned, with the treatment site identified using the traditional *Anguli pramana* measurement system. It is essential to clearly mark the *Viddhakarma* points while carefully avoiding vital *Marma* points to prevent complications. Factors such as appropriate timing, patient posture, and dietary considerations must be incorporated into the protocol. The procedure should be performed in a clean, sterile environment, such as a minor OT, with all necessary materials prepared in advance. Informed written consent must be obtained after explaining the procedure to the patient. Once positioned based on the treatment area, the local site should be cleaned and disinfected using Ayurvedic antiseptics, and any hair should be removed if present. The exact *Viddhakarma* points (trigger points) are then located and marked based on classical Ayurvedic texts like the *Sushruta Samhita* and patient response. A suitable needle is inserted gently at a 90° angle (or adjusted as needed), stabilizing the area to avoid tremors. The needle is retained for approximately 60 seconds, then removed carefully, and keep a sterile care or dressing. Post-procedure care includes repeating the treatment daily for up to a week with 24-hour intervals if necessary, followed by a light oil massage using therapeutic oils such as *Ksheerbala*, *Mahanarayan*, or *Panchguna*. Follow the strict aseptic precautions and comply biomedical waste disposal protocols.

Table 1: Procedural Steps in Viddhakarma

Poorva Karma (Pre-Procedure Preparation)	Pradhan Karma (Main Procedure)	Paschat Karma (Post-Procedure Care):
Prepare the patient and collect the required material for <i>Viddhakarma</i> . Clean the local part and identify the site and position. Ensure the patient stays hydrated by offering sips of water. Record vital signs and take any additional necessary precautions. Informed consent must be obtained prior to the procedure.	Make a suitable position of patient and marked site decided to do <i>Viddhakarma</i> . Perform the <i>Viddhakarma</i> (needling) with proper technique, in full aseptic condition.	Take full aseptic precautions and advice rest after the procedure. Provide dietary and lifestyle recommendations (<i>Pathya</i> and <i>Apathya</i>) and prescribe Ayurvedic medications if needed to support recovery and enhance the therapeutic effect.

Technique and Depth of Viddhakarma (Vedha Vidhi)

The depth of needle insertion in *Viddhakarma* varies based on the anatomical location and intended therapeutic effect. The details are mentioned by *Sushruta Samhita* (*Sharir sthana* chapter 8/9) in below Table 2.

Table 2: Technique and Depth of Viddha Vidhi^[33]

Site	Method
Muscle tissue (<i>Mamsa</i>)	The depth should be approximately the size of a <i>Yava</i> (barley grain), using the <i>Breehimukha Shastra</i> (needle-like instrument)
Other areas or skin	Insert to half a <i>Yava</i> (<i>Ardha-yava</i>) in depth using the <i>Breehimukha Shastra</i>
<i>Asthi</i> (bone)	Insert to half a <i>Yava</i> (<i>Ardha-yava</i>) depth using the <i>Kutharika Shastra</i> (small chisel-like instrument)
Superficial needling	Limited to the skin level, used primarily for managing pain at the level of the <i>Twacha</i> (skin) and <i>Mamsa</i> (muscles)
Deep needling	Penetrates deeper into <i>Mamsa</i> , reaching structures like <i>Sira</i> (veins), <i>Snayu</i> (ligaments/tendons), and <i>Sandhi</i> (joints), useful for treating pain associated with these deeper structures

Yogya of Viddhakarma (Practical Training)

According to Sushruta, hands-on training (*Drishtakarma*) should be practiced on similar surrogate materials before clinical application. One must also gain experience through personal practice (*Swayamkriti*) and by studying various authoritative texts to deepen understanding and skill. *Yogya* for *Viddhakarma* can be done on *Mrit-pashu sirasu utpalnaal* (*Sushrut samhita sutra sthana* chapter 9).^[34]

Frequency of Viddhakarma: The procedure should be performed regularly and attentively (*Atandrita*– with vigilance, *Analasah*– without laziness), and continued over a prolonged period (*Chirakaalam Nirantaram Kriyeti*) for optimal therapeutic outcomes. This should be decided by intellect of clinician and patient or disease condition.

Probable Mode of Action of Viddhakarma^[35]

Viddhakarma helps reduce the excess doshas, especially *Vata*, circulating in the blood (*Rakta*) and relieves pain by clearing blocked channels (*Siras*). Needling (*Suchivedhana*) at specific points releases trapped *Vata* and blood, easing pain through both physical release and endorphin production. It activates sensory fibers, reducing pain signal transmission via

local inhibition. Though it shows immediate relief and supports natural energy flow, more scientific research is needed to confirm its exact mechanism.

CONCLUSION

Vedhana Karma is recognized as one of the *Ashtavidha shastra karma* (eight primary surgical methods) described by Acharya Sushruta. The *Viddhakarma* is a *Suchivedhana* act by piercing a needle to bore a hole to release the obstructed *Vata*, facilitate the release of vitiated obstructed circulation. It helps to drain the collected fluids or pus. The ancient classical textual references affirm the reliability of *Viddhakarma* treatment modality, particularly in the management of *Shool* (musculoskeletal pain). Being a minimally invasive procedure, *Viddhakarma* can be safely and effectively performed at the OPD level. It is simple to administer, cost-efficient, and associated with minimal risks. Most importantly, it offers rapid relief from pain, making it a valuable tool in both traditional and integrative clinical settings.

Acknowledgement: The author expresses gratitude to the ancient seers of Ayurveda for laying the foundation of this profound science, and to the contemporary

pioneers who continue to explore its principles and apply them in clinical practice today.

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Cite this article as:

Mahesh Kumar. An In-Depth Review of Viddhakarma in Ayurvedic Tradition. AYUSHDHARA, 2025;12(4):320-326.

<https://doi.org/10.47070/ayushdhara.v12i4.2092>

Source of support: Nil, Conflict of interest: None Declared

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