

ANATOMICAL CONSIDERATIONS IN THE PRACTICE OF VIDDHA KARMA: A CONCEPTUAL REVIEW

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ABSTRACT

Viddha Karma is an important *Shashtra karma* described in our classics. The procedure demands precise anatomical knowledge for safe and effective execution. *Viddha karma* are primarily based on the concept of Marma and regional anatomy. The present conceptual review aims to analyze the anatomical principles governing Viddha Karma and its importance. Proper knowledge of anatomical landmarks, Marma, neurovascular bundles and tissue planes plays a crucial role in preventing complications. Integration of Ayurvedic anatomical concepts with modern structural anatomy ensures safer clinical application and better therapeutic outcomes.

KEYWORDS: *Viddha karma*, *shastra karma*, regional anatomy, *marma*, anatomical concept.

INTRODUCTION

Viddha Karma is one of the *Shashtra karma* described in classical Ayurvedic texts. It involves the deliberate puncture or piercing of certain points that

reduce pain. It removes the obstruction of blood vessels to let out vitiated blood. The safety and efficacy of this invasive procedure are heavily contingent upon the practitioner's anatomical knowledge. *Sushruta Samhita* provide meticulous guidelines regarding the site, direction, depth, and tools for the procedure, all of which are grounded in a profound understanding of the human body's structural design. This review aims to conceptually analyze these anatomical considerations, moving beyond a mere technical description to understand the 'why' behind the classical directives.^[1]

AIM

To systematically review and elucidate the anatomical principles governing the practice of *Viddha Karma* as per classical *Ayurvedic* literature.

OBJECTIVES

1. To understand anatomical changes in *twak*, *mamsa*, *sira*, *snayu* after *viddha karma*.
2. To highlight the role of anatomical knowledge in ensuring therapeutic success.
3. To emphasize the importance of anatomical knowledge in preventing complications.

MATERIALS AND METHODS

A thorough search of classical texts, including the *Sushruta Samhita* (especially the *Sharirasthana* and *Sutrasthana*), *Ashtanga Hridaya*, and their principal commentaries, was conducted for descriptions of *Viddha Karma*, *Siravedha*, and related anatomy. Modern textbooks, peer-reviewed journals, and authoritative articles on *Ayurvedic* anatomy and parasurgery were also consulted.

Anatomical Changes After *Viddha Karma*

Changes in *Twak*-Micro puncture causes localized mechanical stimulation and increased local blood flow leading to *Srotomukha Vishodhana* and *Vata Shamana*.

Changes in *Mamsa Dhatu*-Improved microcirculation, reduction in inflammatory mediators, and correction of *Mamsavaha Srotodushti* result in muscle relaxation.

Changes in *Snayu / Nadi*- Peripheral nerve stimulation and activation of the gate control mechanism produce analgesia and neuromodulation. Changes in *Sira*-Improved venous drainage, removal of *Rakta Dushti* and *Rakta Prasadana* occur due to controlled bloodletting.^[2,3,4]

Importance Anatomical Considerations in *Viddha Karma*

Precise knowledge of surface anatomy is essential to identify the exact *Viddha* point and avoid vital structures. Depth of puncture should be minimal and controlled to prevent injury to muscles, nerves, or vessels. For bone related *Ardha yava* should be the depth.^[5]

Marma awareness is crucial — *Viddha* should never be performed over *Prana*, *Hridaya*, or *Sira Marma* to prevent severe complications like hemorrhage, nerve damage, infection, or aggravation of *Doshas*.^[6,7]

Neurovascular bundles must be carefully avoided to prevent complications like bleeding, nerve damage, or hematoma. Regional anatomy varies (limbs, trunk, joints); hence point selection must be site-specific. Muscle bulk and fascial planes influence needle entry angle and depth. Skin thickness and tissue resistance differ by region and individual, affecting technique.^[8]

Anatomical correlation with pain pathways explains the therapeutic effect through neuromodulation. Aseptic anatomical landmarks help reduce infection risk. Knowledge of contraindicated anatomical zones ensures patient safety and ethical practice.^[9]

REVIEW OF LITERATURE

Classical texts classify vessels as *siras*(veins), *Dhamani*(arteries) and *Shrotas* (microcirculatory channels). *Viddha Karma* primarily targets the *sira*, described as the reservoirs of vitiated blood.

The choice of vessel is guided by the principle of *Asuddha Sthana Danam* means administration of treatment at an unclean site or from the site of impurity. Specific *sira* are indicated for specific diseases, implying an understanding of regional drainage and pathophysiology. Knowledge of Marma and their location, anatomical constituents (*sira*, *snayu*, *asthi*, *sandhi mamsa*) and consequences of injury is the cornerstone of safety. Puncturing near a marma can lead to severe disability or death, highlighting the injunction *Marmāṇi Atinivartayet* means one must strictly avoid the vital points.

DISCUSSION

Viddha Karma is an important parasurgical procedure described in the Ayurvedic classics. The safety and efficacy of this procedure largely depend on precise anatomical knowledge, which has been elaborately explained by *Acharya Sushruta*. Many of the sites indicated for

Siravedha are comparable to the commonly used modern venipuncture sites, showing a strong correlation between *Ayurvedic* anatomical concepts and present-day clinical practice.¹⁰ *Marma Sharira* plays a vital role in the practice of *Viddha Karma*. *Marma* are anatomically and functionally important structures formed by the combination of *Sira*, *Snayu*, *Mamsa*, *Asthi* and *Sandhi*. Injury to these vital points may result in serious complications such as disability or fatal outcome. The classical instruction “*Marmani Atinivarteta*” highlights the need to avoid these points during invasive procedures. This principle is comparable to modern surgical practice, where major neurovascular structures and vital organs are carefully protected.^[11]

The changes produced after *Viddha Karma* in *Twak*, *Mamsa*, *Snayu* and *Sira* can be understood from both *Ayurvedic* and modern physiological perspectives. Localized micro-puncture improves blood circulation and helps in *Srotomukha Vishodhana*, leading to *Vata Shamana* and reduction of pain. From a modern point of view, this effect may be due to improved microcirculation, removal of inflammatory mediators and activation of the gate control mechanism through peripheral nerve stimulation, which produces analgesic and neuromodulatory actions. The classical texts also emphasize the importance of surface anatomy and controlled depth during puncture. Proper knowledge of skin thickness, muscle mass, fascial planes and tissue resistance is essential to prevent complications such as excessive bleeding, hematoma, nerve injury and infection. These guidelines indicate that the ancient *Vaidyas* possessed a practical understanding of dissection-based anatomy, which formed the foundation for safe surgical procedures. Regional anatomical variation is another important consideration in *Viddha Karma*. The distribution of vessels, muscles and *Marma* differs in different parts of the body; therefore, the selection of the *Viddha* site should be both disease-specific and region-specific. This individualized approach is similar to the modern concept of personalized procedural planning.

Thus, the anatomical concepts described in *Ayurveda* are not merely theoretical but have significant clinical relevance. The integration of classical *Ayurvedic* anatomy with modern structural and applied anatomy provides a scientific basis for the safe, effective and reproducible practice of *Viddha Karma* in contemporary clinical settings.^[12,13]

CONCLUSION

Ayurvedic texts provide detailed insights into body structures, which, when correlated with modern anatomy, ensure safer clinical practice. Proper understanding of *Sirā*, *Snāyu*, and

Marma is essential to avoid complications. Therefore, integrating *Ayurvedic* anatomical principles with contemporary anatomical science is vital for the safe and effective application of *Viddha Karma* in present-day clinical practice. Thus, *Viddha Karma's* efficacy relies on integrating textual knowledge with practical anatomical knowledge ensuring an authentic and evidence-based practice.

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