CASE STUDY

Effectiveness of modified *Vyadhana Karma* in *Shirashoola*: a case series

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ABSTRACT

Acharya Sushruta, the pioneer of ancient Indian surgery, has meticulously elucidated numerous therapeutic modalities for the management of diverse disease conditions, including *Astavidha Shastrakarma* (~eight fundamental surgical procedures), *Anushastra Karma* (para-surgical procedures), and *Shasthi Upakrama* (~sixty therapeutic approaches), etc. Among them, *Vedhana Karma* is a notable technique in *Shalya Chikitsa* (~surgical practice), whereas *Viddha Karma* is a more specific, smaller-scale form of this, primarily used as a *Shoolaghna Chikitsa* (~pain-relief therapy). This procedure requires a more precise approach, and its effectiveness is gaining attention because it is being extensively practiced nowadays. Auriculotherapy is an established complementary medical technique based on the principles of traditional Chinese medicine, which utilizes stimulation of specific auricular points for the management of various physical and mental health issues related to pain. Therefore, in the present study, the principles of auriculotherapy were integrated with *Viddha Karma* to identify safer and more localized therapeutic points for the management of headache , with the objective of evaluating its clinical efficacy and safety profile in chronic headache disorders.

In the contemporary era, headache has emerged as one of the most prevalent and debilitating complaints affecting individuals across all age groups. Considering the agonizing nature of the condition, along with the cost-effectiveness, minimal invasiveness, rapid therapeutic response, and shorter intervention duration of *Viddha Karma*, this procedure is progressively gaining wider clinical acceptance as an effective pain management modality. Keeping this therapeutic concept in view, five patients suffering from different types of headache disorders were selected for the present study. Among them, two patients were diagnosed with *Ardhavabhedaka* (~migraine), two with *Vataja Shiraroga* (~tension-type headache), and one with *Kaphaja Shiraroga* (~sinus headache). *Viddha Karma* was performed at three pre-identified therapeutic points on each auricle in two sittings, with an interval of seven days between consecutive sessions. The duration of each procedure was approximately 10–15 minutes. Following two sittings of *Viddha Karma*, the patients exhibited nearly 90% symptomatic relief in pain intensity. The observations of the present study suggest that *Viddha Karma* may serve as a safe, economical, and efficacious para-surgical approach for pain management in various forms of *Shirarogas*.

Keywords

Headache, para-surgical procedure, *Shirashoola, Viddha Karma.*

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1 | INTRODUCTION

Ayurveda has given prime importance to *Shira (~Head)*, considering it one of the three principal vital organs of the body and one of the *Ayatanas* (~ seat) of *Dasha Pranayatana* (~ 10 organs essential for life).[1] As it is the supreme of all organs, it requires prime protection. In the present competitive era, irregular dietary habits, excessive workload, sleep disturbances, stress, and the use of different medications lead to different types of headaches, which in Ayurveda are known as *Shirashoola*. Although it is a symptom of many diseases, some Acharyas consider it as a disease itself. All the 11 types of *Shirarogas* described by Acharya Sushruta have one common symptom, i.e., *Shirashoola.*[2] In modern science, the management of headache mainly includes analgesics, which provide temporary relief, whereas Ayurveda offers promising therapeutic possibilities. *Viddha Karma* is one such therapeutic modality that has tremendous potential in coping with these problems.

Vedhana Karma, one of the procedures described under *Astavidha Shastrakarma* by Maharshi Sushruta in the 5th chapter of *Sutrasthana*, is presently practiced in one of its forms as *Viddha Karma*.[3] Acharya Sushruta has described *Viddha Karma* as an effective modality for pain management and has specifically indicated its application in headache disorders at the regions of *Sankha*, *Lalata*, and *Upanasika*, as mentioned in *Sharirasthana,* 8th chapter.[4] Since these regions are associated with vital *Marma* points and require precise anatomical knowledge and aseptic precautions during intervention, the need for a safer and clinically feasible approach becomes essential.

Auriculotherapy and acupuncture, therapeutic modalities based on traditional Chinese medicine, utilize stimulation of specific auricular points for the management of pain and neurological disorders, particularly headache.[5] In the present study, auriculotherapy-guided point selection was adapted for the aseptic and safer application of *Viddha Karma* in headache management. Considering the cost-effectiveness, minimal invasiveness, shorter intervention duration, and growing clinical acceptance of *Viddha Karma* in pain management, this integrated approach was evaluated in patients suffering from five different types of headache disorders through two therapeutic sittings. In some parts of the country *Viddha-Agni Karma* is practiced in combination, showing better outcomes.

2 | CASE REPORT

2.1 | Materials and Methods

2.1.1 | Study design

Case study of five patients.

2.1.2 | Inclusion criteria

- Patients of both the sexes between the age group of 15–60 years.
- All types of primary headaches.

2.1.3 | Exclusion criteria

- Patients suffering from headache associated with systemic diseases or secondary pathological conditions.
- Patients unwilling to undergo the procedure.
- Patients developing any adverse effects during the procedure.

2.3 | Patient Information

Five diagnosed cases of *Shirashoola* were included in the study. They were non-diabetic, normotensive and had no systemic illness. Thorough examination and routine pathological investigations were performed to rule out systemic conditions, if any. The case study of these five patients are presented here.

2.3.1 | Patient 1

A 29-year-old male electrician presented with intermittent headache involving unilateral or bilateral temporal regions for the past one year. The episodes occurred 2 or 3 times per week, lasting for 1–2 hours. Pain was aggravated by exposure to sunlight, bright light, and cold weather.

- **General Examination:**
  - Height: 168 cm
  - Weight: 70 kg
  - Blood Pressure: 126/80 mmHg
  - Pulse Rate: 78/min
  - Respiratory Rate: 18/min
  - Temperature: Afebrile
  - Pain intensity on Visual Analogue Scale (VAS): 8/10.
- **Systemic Examination:** Cardiovascular, respiratory, abdominal, and central nervous system examinations were within normal limits. Tenderness was elicited over the paranasal sinus region. No history of trauma to the head, neck, or spine was reported.
- **Investigations:** Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), fasting blood sugar (FBS), renal function test (RFT), liver function test (LFT), and visual acuity examination were within normal limits.
- **Diagnosis:** Based on clinical presentation and symptomatology, the patient was diagnosed with *Ardhavabhedaka* (migraine).

2.3.2 | Patient 2

A 38-year-old businessman with a history of anxiety presented with a progressively worsening headache for two years. Pain originated from the posterior neck region and radiated towards the forehead, producing a tightening band-like sensation around the head. Headache episodes occurred approximately 5 days per week.

- **General Examination:**
  - Height: 167 cm
  - Weight: 80 kg
  - Blood Pressure: 132/80 mmHg
  - Pulse Rate: 76/min

  - Respiratory Rate: 18/min
  - Temperature: Afebrile
  - VAS score: 6/10.
- **Systemic Examination:** Cardiovascular, respiratory, abdominal, and neurological examinations were within normal limits. No focal neurological deficit was observed.
- **Investigations:** CBC, ESR, FBS, RFT, LFT, and visual acuity examination were within normal limits.
- **Diagnosis:** The patient was diagnosed with *Vataja Shiraroga* (tension-type headache).

2.3.3 | Patient 3

A 26-year-old female nurse presented with severe recurrent unilateral temporal headache for one month. She was a known case of migraine since adolescence. The pain was throbbing in nature and aggravated during fasting, prolonged duty hours, and menstruation.

- **General Examination:**
  - Height: 162 cm
  - Weight: 54 kg
  - Blood Pressure: 110/70 mmHg
  - Pulse Rate: 72/min
  - Respiratory Rate: 18/min
  - Temperature: Afebrile
  - VAS score: 7/10.
- **Systemic Examination:** Cardiovascular, respiratory, abdominal, and central nervous system examinations were within normal limits.
- **Investigations:** CBC, ESR, FBS, thyroid profile, RFT, and visual acuity examination were performed. Myopia corrected up to 6/6 was noted. All other findings were within normal limits.
- **Diagnosis:** The patient was diagnosed with *Ardhavabhedaka* (migraine).

2.3.4 | Patient 4

A 24-year-old female student presented with severe frontal headache associated with heaviness over the cheeks, brows, and eyes. Pain worsened while bending forward or lying down and was associated with rhinorrhea and sneezing.

- **General Examination:**
  - Height: 158 cm
  - Weight: 52 kg
  - Blood Pressure: 110/70 mmHg
  - Pulse Rate: 72/min
  - Respiratory Rate: 18/min
  - Temperature: Afebrile
  - VAS score: 8/10.
- **Systemic Examination:** Cardiovascular, respiratory, abdominal, and neurological examinations were normal. Nasal examination revealed deviated nasal septum towards the right side. Tenderness was present over the supraorbital ridge and inner canthus of both eyes.
- **Investigations:** CBC revealed elevated neutrophil and lymphocyte counts. ESR was elevated. FBS, RFT, and visual acuity examination were within normal limits.
- **Diagnosis:** The patient was diagnosed with *Kaphaja Shiraroga* (sinus headache).

2.3.5 | Patient 5

A 48-year-old male presented with severe daily headache for the past five years. The headache was associated with moderate-to-severe neck pain, predominantly on the right side, and was aggravated during periods of psychological stress.

- **General Examination:**
  - Height: 170 cm
  - Weight: 82 kg
  - Blood Pressure: 130/84 mmHg
  - Pulse Rate: 72/min
  - Respiratory Rate: 18/min
  - Temperature: Afebrile
  - VAS score: 9/10.
- **Systemic Examination:** Cardiovascular, respiratory, abdominal, and neurological examinations were within normal limits.
- **Investigations:** CBC, ESR, FBS, serum urea, serum creatinine, LFT and visual acuity examination were within normal limits. Presbyopia corrected with spectacles was noted.
- **Diagnosis:** Based on clinical history and examination, the patient was diagnosed with *Vataja Shiraroga* (tension-type headache).

3 | TREATMENT

3.1 | Therapeutic Intervention

All patients were administered *Viddha Karma* based on modern auriculotherapy. All patients underwent BT and CT examinations before the procedure, in addition to the other routine investigations.

3.1.1 | Detailed procedure

After taking written informed consent, the patients were taken into the OT, vitals were checked, and under aseptic conditions, the three puncture points were marked in each auricle of the patient. A 26 G (½ inch) hypodermic needle was used for the *Viddha Karma* at the identified sites on auricles in two sittings, with an interval of seven days between consecutive sessions. The duration of each procedure was approximately 10–15 minutes. Only a drop/sting of blood ooze was noted at the *Viddha* site, with no other complications. *Haridra Churna* (turmeric powder) was applied at the end of the procedure and the patient was kept under observation for 1 hour, and then allowed to go home.

- **Requirements for the procedure** (Fig. 1A)
  - Gloves
  - Spirit

- cotton
- Needle 26no ½ inch
- *Haridra Churna* (~turmeric powder)

- **Procedure**
  - The patient was asked to sit on a stool or chair.
  - For part preparation, the entire area of the ear pinna was cleaned with surgical spirit (Fig. 1B)
  - A complete massage or *Abhyanga* was performed on the ear pinna. (Fig. 1C)
  - Marking is done with a pen at the sites where *Viddha Karma* was to be administered. In this case marking was done at the top of the helix, the base of the lobule, and the antitragus area (Fig. 1D).



Fig. 1A–G *Viddha Karma* procedure.

- *Viddha Karma* was performed using 26 G (½ inch) needle at the marked sites (Fig. 1E).

When bleeding occurred, blood was allowed to ooze properly by gently pressing the edges of the pinna (Fig. 1F).

- Turmeric powder was applied at the *Viddha Sthana* for its antimicrobial action (Fig. 1G).

3.2 | ASSESSMENT

Assessment was made using VAS (Visual Analogue Scale) after the 1st and 2nd sittings.

4 | FOLLOWUP AND OUTCOME

VAS Pain scale before treatment and after treatment with two followup visits was assessed to record the improvement. The details of the clinical improvements are presented in the timeline (Table 1)

5 | DISCUSSION

In Ayurveda, *Shirah* (head) is considered one of the three principal vital organs of the body, as it is the seat of *Prana* (vital life force). *Shirashoola* (headache) is among the most commonly encountered disorders in present-day clinical practice and is predominantly associated with the vitiation of *Vata Dosha*, either independently or in association with *Tridosha*. Since these regions are anatomically sensitive and associated with vital *Marma* structures, safer and more feasible therapeutic modifications are desirable in clinical practice.

Acharya Sushruta has described *Shiravedha* as an effective therapeutic measure for pain management in cases of *Shiraroga*,[6] particularly at the regions of *Sankha*, *Lalata*, and *Upanasika*. Since these regions are anatomically sensitive and associated with vital *Marma* structures, safer and more feasible therapeutic modifications are desirable in clinical practice.

Viddha Karma may be considered a modified and minimally invasive adaptation of *Siravedha*, especially in conditions where direct *Siravedha* is difficult or impractical to perform. The procedure also facilitates the drainage of accumulated pathological materials and helps relieve obstruction within localized channels. According to Charaka, *Rakta* is regarded as an important *Dushya* involved in *Shiraroga*; therefore, the expulsion of vitiated blood through *Viddha Karma* may contribute significantly to pain alleviation.

According to Ayurveda principles, *Viddha Karma* acts primarily on *Tridosha* and *Rakta*,[7] with particular influence on aggravated *Vata Dosha*. The procedure helps relieve obstruction within the affected *Srotas* and facilitates the normal movement of entrapped *Vata*. Once the aggravated *Vata* becomes normalized, associated *Pitta* and *Kapha Doshas* also attain equilibrium. This concept is supported by the classical statement:

"पित्तं पंगु कफः पंगु पंगवो मलधातवः । वायुना यत्र नीयन्ते तत्र गच्छन्ति मेघवत् ॥" [8]

Table 1 Assessment of treatment on the basis of VAS (Visual Analogue Scale) after 1st and 2nd sitting

Patient sl no.	Intervention	VAS pain scale	Followup		Improvement
			On 30th day	On 45th day	
1	On the day of 1st visit to OPD	8	Mild residual pain persisted	Sustained relief, no recurrence	Moderate Improvement
	After 1st sitting	6			
	After 2nd sitting	1			
2	On the day of 1st visit to OPD	6	Further reduction in pain intensity was observed	No recurrence of pain	Marked Improvement
	After 1st sitting	1			
	After 2nd sitting	1			
3	On the day of 1st visit to OPD	7	No recurrence of pain	Sustained relief, no recurrence	Marked Improvement
	After 1st sitting	2			
	After 2nd sitting	0			
4	On the day of 1st visit to OPD	8	No recurrence of pain	Sustained relief, no recurrence	Marked Improvement
	After 1st sitting	2			
	After 2nd sitting	0			
5	On the day of 1st visit to OPD	9	Pain score maintained at 2; no aggravation	Rarely having but no aggravation	Moderate Improvement
	After 1st sitting	3			
	After 2nd sitting	2			

OPD: Outpatient department.

N.B.: The improvement criteria were graded into three stages. Up to 25% improvement in pain on VAS was considered mild improvement, 26–60% improvement in pain (on VAS) was considered moderate improvement and more than 75% improvement in pain (on VAS) was considered marked improvement.

After the 1st sitting in every patient, 80–90% improvement in their pain was noticed. Pain intensity markedly reduced and the frequency of headaches also decreased. After 7 days, a 2nd sitting of *Viddha Karma* was performed, and in some cases, 100% relief was achieved. Thus, *Vidhha Karma* was found to be an effective procedure in every type of *Shirashoola* within a short period of time.

The verse signifies that *Vata* is the principal regulatory force responsible for the movement and transportation of *Dosha*, *Dhatu*, and *Mala* throughout the body. By releasing obstructed *Vata* and removing localized vitiated blood (*Dushta Rakta*), *Viddha Karma* may help alleviatie pain and restore normal physiological function. In addition, the procedure is believed to improve local microcirculation and reduce inflammatory stagnation at the affected site.

Therefore, in the present study, auriculotherapy-guided point selection[9] was adopted for the administration of *Viddha Karma*, considering the ear as the nearest accessible and relatively muscle-dense area for therapeutic intervention in headache disorders. Based on this concept, five clinically diagnosed cases of different headache disorders were selected and treated with *Viddha Karma* in two sittings with an interval of seven days. The study revealed a significant reduction in pain intensity, with approximately 90–95% symptomatic relief achieved in most cases following the intervention.

From a contemporary scientific perspective, the probable mechanism of *Viddha Karma* may be correlated with neurovascular and neuromodulator responses. Mechanical stimulation produced during *Suchivedhana* (needle puncture) at specific therapeutic points may activate sensory nerve fibers and modulate pain transmission through local inhibitory mechanisms. The immediate stimulus may also trigger the release of endogenous opioid-like substances such as endorphins and endomorphins, thereby reducing pain perception and producing rapid symptomatic relief.[10] Additionally, the procedure may support local circulation and promote physiological regulation of affected tissues.

Thus, the benefits of *Viddha Karma* may be summarized as: immediate pain alleviation, outpatient department (OPD)-based procedures, cost effectiveness, no requirement for hospitalization is required, removal of blood vessels blockages and restoration of circulation.

6 CONCLUSION

Vedhana Karma is recognized as one of the *Ashtavidha Shastrakarma* described by Sushruta. *Viddha Karma*, a form of *Suchivedhana*, acts by creating controlled puncturing at specific therapeutic points to relieve obstructed *Vata*, facilitate the elimination of vitiated blood, and restore normal circulation within the affected channels. Classical Ayurvedic references support the utility of *Viddha Karma*, particularly in the management of various painful disorders.

The present study suggests that auriculotherapy-guided *Viddha Karma* may serve as a safe, minimally invasive, cost-effective, and clinically feasible therapeutic approach for the management of different headache disorders. The procedure can be conveniently performed at the OPD level with minimal complications and shorter intervention duration. Most importantly, it provides rapid symptomatic relief, making it a valuable therapeutic modality in both traditional Ayurvedic practice and integrative pain management approaches.

Although the present observations indicate encouraging therapeutic outcomes, further scientific and experimental studies with larger sample sizes/RCTs are required to establish the exact mechanism of action and broader clinical applicability of *Viddha Karma* in headache management.

DECLARATION OF PATIENT CONSENT/ ETHICAL CONSIDERATION: Informed consent was obtained from all participants prior to the procedure. The study was conducted following standard ethical principles and aseptic precautions while maintaining patient confidentiality throughout the study period.

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