

Review of *Raktamokshan* with Special Reference to *Siravedha* for *Sarvadaihik Rogas* - Literature Analysis and Modern Evidence Analysis

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Abstract: *Raktamokshana* (bloodletting) is one of *Panchkarma* prime therapies for *rakta-pitta pradoshaj vikara* in *Ayurvedic* classics. *Acharya Charak* described various causes and symptoms of *rakta- pitta dushti*, specially mentioning that *rakta* is vitiated by nature in *Sharad ritu*. *Acharya Charaka* in *ritucharya* described that as *rakta* is vitiated in *Sharad ritu* so *virechan* and *raktamokhan* should be done in this season. *Siravedh* is type of *Raktamokshan* should be done in *sarvadaihik rakta* vitiation and various locations of *Siravedha* according to various diseases are described in *Sushruta samhita*. This paper critically analyses various *lakshanas* and concept of *rakta-pitta dushti* in whole body with various technique of *Raktamokshan* and importance of *Siravedha* among all other methods of *Raktamokshan*. Our paper specially points out importance and recommendation of *Siravedh Raktamokshan* in *Sharad ritu*. Various contemporary clinical researches done on *Siravedha* and *jalaauka* juxtaposed classical scripture's concepts in many diseases with *rakta-pitta* dominance i.e. *siraj granthi*, *twakroga*, *bhram*, *hypertension* etc. Many researchers emphasized on biomedical mechanism and along with recent mechanistic based on *phlebotomy-like* procedures. Although *Sirvedha* in *Sushruta Samhita* and other commemorator explicitly forbidden *Siravedha* in healthy individuals and suggested consideration of *Prakriti*, *vikriti*, *dosha*, *dushya*, *bala* and seasonal variation. Many researchers data support benefits in selected symptoms of inflammation, pain and vascular conditions, but most of them have small sample size, heterogeneous protocol and not yet a data on *Sharad ritu* trial. Based on these contemporary evidences *Siravedha-Raktamokshana* is individualized indication based *shodhan* for *sarvadaihik rakta-pitta* dominant *rogas* timed preferentially in *Sharad ritu*.

Keywords: *Raktamokshana*, *Siravedha*, *Sharad Ritu*, *Rakta-dushti*, *Charaka Samhita*, *Sushruta Samhita*, *sarvadaihik Pitta-Rakta*

1. Introduction

Rakta dhatu is considered one of the *Dasvidh Pranayatan* in *Charak samhita*¹ also *Rakta* is associated with strength, complexion, prosperity, long lifespan and also life of a person is dependent on *Rakta Dhatu*. *Acharya* stated that *Rakta dhatu* is base of healthy living body and must be protected with great efforts. *Rakta-pitta* predominant diseases, eye diseases, skin diseases, glandular swellings in blood vessels kind of diseases occur due to vitiation of *Rakta Dhatu*¹.

1) Classical concept of *Rakta-Dushti* and *Raktamokshan*

According to scriptures *Ritucharya* (seasonal diet & daily routine practice) is important aspect to stay healthy with variation of weather². *Acharya Charak* described *Sharad riru* as a obvious season of *rakta & pitta* vitiation and so the obvious season for *Raktamokshan*. *Acharya Sushruta*, the father of surgery described *Siravedh* in *panchkarma* with its detail description. Along with many type of *Raktamokshan* i.e. *Shring*, *Alabu*, *Jalauka* and *Siravedh*, preprocedure, main procedure, postprocedure, wholesome diet in process of procedure is also widely explainind in *Sushruta samhita*. *Siravedh* should be done in only *rakta-pitta* dominant deep seated diseases and should not be done in healthy individuals or in extremely cold, hot, windy or cloudy days³.

Various researchers have explored *Raktamokshan* in hypertension, varicose vein, various skin diseases and chronic pain conditions comparing it with wet cupping, venesection and leech therapy⁹⁻²⁰. Still effect of *Raktamokshan* in *Sharad Ritu* is not explicitly explored. In

this review study various classical scriptures including *Charak Samhita* and *Sushruta Samhita* and currant scientific literature will be explored to understand concepts of *rakta-dushti*, *Raktamokshan* in *Sharad ritu*, type of *Raktamokshan* particularly *Siravedha* and its clinical contexts. This paper try to explain classical and biomedical understanding for mechanism of action of *Raktamokshan* and its *Sharad ritu* specification.

Acharya Charak specially described importance of *rakta dhatu*, its vitiation, causes of vitiation and *chikitsa* including *Raktamokshan* in *sutrasthan*^{1,2}. Vitiation of *rakta* occur due to dietary cases i.e. frequent consumption of certain pulses, meat of marshy and aquatic animals, excessive intake of hot, sour, alkaline, pungent, putrefied, incompatible foods, over use of salt and alcohol. Some lifestyle causes also vitiates *rakta* as well as *pitta* i.e. day sleep after heavy, unctous food, suppression of vomiting, over exertion, excessive anger and heat exposure. *Samsan* (eating wholesome and unwholesome food together), *Vishmasan* (eating without proper appetite) and *Adhyashan* (eating before previous meal digestion) also causes of *rakta* and *pitta* vitiation. Also *Acharya Charak* stated that *Rakta* is vitiated by nature in *Sharad Ritu*¹.

There are many local cutaneous, general and psychological symptoms of *Rakta Dushti* described in scriptures which are treated with *Raktamokshan* and other *rakta-pitta* cleansing treatments. Redness of eyes, stomatitis, foul smell from nose and mouth, unexplained drowsiness, bleeding disorders, *gulma*, *visharp* kind of local or cutaneous symptoms like itching, wheals, erupts, pimples, various skin disorders, scaling etc occur due to *rakta dushti*. While general systemic

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symptoms shows *sarvadaihik Rakta dushti* with excessive sweating with foul odour, discoloration, weak digestion, limb heaviness, of limbs, burning sensation in sole and palm, frequent headache kind of symptoms. There could be some psychological symptoms due to *rakta dushti* as excessive anger, confusion, fainting, altered sensorium, blackouts etc^{1,4}.

Many symptoms together may occur in *sarvadaihik raktadushti* because mucosa, circulation and inflammation of multiple systems of body. *Acharyas* advised *upwas*, *virechan* and *Raktamokshan* as core intervention for *rakta-dushti janya vikar*. Here we will understand concept of *Raktamokshan*^{8,9}.

2) Raktamokshan, Types of Raktamokshana and Their Indications

Raktamokshan is a therapeutic procedure among *panchkarma* to eliminate vitiated *Rakta* in *Pitta- Rakta* dominance diseases. It is classically used for all kind of blood letting procedures. *Acharya Sushruta* described *Raktamokshan* with *Yantra*, with *Shastra* and with *Anushastra*^{3,4}.

Raktamokshan with *yantras shring, alabu* and *ghati* in *kapha* dominant, *vata-kapha* dominant disorders and in localized *rakta dushti* symptoms³. *Raktamokshan* with *Shastra* is done in *prachhana* (multiple skin incision) and *Siravedh*(venesection). *Prachanna* is done in superficial and localized *raktadushti* and *Siravedh* in deep seated and systemic *rakta vitiation*⁴.

Raktamokshan with *Anushastra* is done with *jalauka*. *Jalauka* is a *anushastra* an used in *Raktamokshan* when *rakta* is vitiated with *pitta*, inflammation in delicate area and patient should not be treated with sharp instruments as in children, elderly and timid patient³.

With all these classical references and many clinical researches outcomes following observations are analyzed. Which shows that choice of *Raktamokshan* based on dosha predominance, superficial or deep involvement of various structures, extent of disease (local or systemic) and strength (*bala*) of patients and sensitivity of region⁶⁻⁹.

| Type of Raktamokshan | Dosha Predominance | Disease condition | Certain diseases for this kind of Raktamokshan |
|------------------------------|--|---|---|
| <i>Siravedh</i> | <i>Sarvadaihik rakta dushti, Pitta-Rakta</i> dominant condition ⁴ | Vascular diseases, Joint disorder, skin disorders with systemic involvements. | <i>Vatarakta, Gridhrasi, Allergic disorders, various toxicities due to food, metals etc</i> ^{10,11} |
| <i>Jaluka-avcharan</i> | <i>Pitta- Rakta</i> dominant condition in <i>bala, sukumar, vridhdha, stree</i> etc ⁴ . | Acute inflammatory skin disorders, where mild, controlled bleeding with local anticoagulant and anti-inflammatory action is desired | <i>Siraj-granthi</i> (varicose veins), ulcerated areas, vitiated wounds, acute inflammation of joint, psoriasis, pytrasis vasicolor etc ^{12,13,14} |
| <i>Shring/Alabu/Pricchan</i> | <i>Kapha</i> -dominant or <i>Vata-Kapha</i> lesions ⁴ | <i>Kushta</i> and musculoskeletal pains; often primary treatment for <i>Sarvadaihika Rakta-dushti</i> | <i>Sopha, Slipada</i> , leisons, various skin diseases ^{6,7,18} |

3) Sharad Ritu and Raktamokshana in the Classics

Acharaya Charaka specifically connected *Sharad ritu* with natural vitiation of *rakta* and *pitta* and predominance of *rakta* origin diseases. *Sharad ritu* is specified for *Raktamokshan* as preventive and curative measure for susceptible individuals of *rakta* predominant diseases. *Acharya Sushruta* mentioned that *pitta* is predominantly vitiated in *Sharad ritu* and *Raktamokshan* should not be done in healthy individuals. Although *Pitta* vitiation condition in *Sharad* are appropriate for *Raktamokshan*².

4) Classical concept of Sira and Siravedha-

Acharya Sushruta have specially explained *Siravedha* and various *Sira* for *Siravedh* according to diseases. *Sira* are channels, like veins of leaf, that conduct *Rakta* and other substances, originates from the heart (*Hrt-prabhava*) or *nabhi*(umbilicus) and ramify throughout the body. There are 700 *siras*, among which 98 *sira* can not be punctured (*Avedhya sira*) and 602 are *vedhya* - suitable for puncture.³

According to *Acharya Sushruta* *Siravedha* process can be performed in all diseases indicated for *Raktamokshan* and in some in some additional conditions judged by practitioner suitable for blood letting. While *Siravedh* is contraindicated in children, old peoples, females, emaciated, feared, fatigued, intoxicated, recently done other *panchkarma*, pregnant, remained awake at night, patients with

breathlessness, severe cough, fever, convulsions, paralysis, starved, extremely thirsty and where veins are not clearly visible, raised or frequently moving. *Acharya Sushruta* forbidden *Siravedh* in healthy individuals and in extremely hot, cold or rainy seasons³.

Siravedh procedure includes preprocedural assessment, *poorvakarma*(preprocedure), *Pradhan karma* (main procedure), *Pashchat karma* (post procedure). In pre-procedural assessment *Bala*(strength), age, *dosha* predominance, condition and localization of disease. In *poorvakarma* (preprocedure), intake of light, liquid diet (*Yavagu*), *snehan* (external oleation), *Swedana* (fomentation), tourniquet arrangement to visualize *sira* and arrangement of instruments, dressings and *kashaya* for washing. Main procedure (*pradhan karma*) is done after proper positioning of patient and application of tourniquet neither too tight nor too loose. Identify *vedhya sira* specific to disease in the region, puncture the vein with suitable *shastra* and allow blood flow until vitiated blood ceases. In *Ayurveda* extreme quantity of blood letting is up to thirteen and half *prastha*. In *Pashchat karma* (post procedure) tourniquet is removed, tight dressing is done and *pathya ahar-vihar* are prescribed to promote *shuddha rakta*(blood) formation. Body lightness, reduction of symptoms like redness itching, burning pain etc are signs of *Samyak rakta-visravana*. In case of excessive or inadequate drainage of

vitiated *rakta* either symptoms are not subsided or complications are visible.¹⁶⁻¹⁷

Different research papers established various aspects of *Siravedha* and other forms of *Raktamokshan*. Mrigank & Gupta (2020) enlighten on probable mode of action, highlighting *Siravedha's* role in *Gridhrasi* (*Sciatica*), *Vatarakta* (*Gouty Arthritis*), *Kustha* (*Skin Diseases*), *Siraj-granthi* (*Varicose vein etc.*) and other *Shakhagata roga*.⁵ Rani & Sherkhane (2023) explicitly stated that *Pitta dosha* is vitiated in *Sharad ritu* and that *Siravedha* should not be performed in healthy persons. Recent critical review (2025) summarized classical references and modern physiological explanations (e.g., impact on hemo-dynamics, inflammatory mediators) and argues for cautious integration into contemporary practice while acknowledging sparse high-quality evidence. These reviews mostly based on observational studies and classical literature⁶.

Kumar et al. (2014) conducted a clinical study comparing *Siravedha* and *agnikara* in *gridhashi* with sample size of 38 patients. *Siravedha* shown moderate to marked improvement. Although this study have small sample size, short follow-ups with no biochemical markers still its comparative analysis on clinical symptoms is strength of this study. Another clinical study on cases of *Vatarakta* and *katigrah* like painful conditions reported benefits of *Siravedha*.¹⁰

Some other case studies and clinical trial on *Varicose vein* studies for *Siravedha* and *jalaauka avcharan* shown pain and inflammation reduction with reduced ulcer size¹³⁻¹⁴. *Siravedha* mechanism of removal of stagnant blood and *Jalaukavcharan* mechanism of improving micro circulation is explained in this study. *Siravedha* in *eczema* is also beneficial for symptomatic relief, in other skin disorders *Pracchana* and *Jalukaavcharan* shown similar effect.¹⁴

These studies documented symptomatic improvement in *Rakta dhatu* or *Rakta pradoshshaj vikara* with central role of *rakta* in inflammatory conditions, vascular disorders and metabolic conditions i.e. chronic skin diseases, migraine, inflammatory arthropathies, and systemic toxicity conditions along with other *panchkarmas* and *ayurvedic* medications^{7,8,9}. Although small sample size, minimal long term follow up documentation and no correlation with *Sharad ritu* raise many remaining directions for this paper.

5) Mechanism of Action of *Raktamokshan* Specially *Siravedha*

According to classical *Ayurvedic* scriptures and their commentators *Raktamokshana* of all type expels *dushta rakta* portion directly and reduce local and systemic heat, relieve *srotas dushti*, restores clarity senses and improve *agni* (metabolic processes of body). Thus, alleviating pain and symptoms of inflammation. Among types of *Raktamokshan* *Siravedha* is especially recommend for deep seated *sarvdaihiik dushti* target systemic pathology than local lesion pathology.^{9,14,16}

Acharya Sushruta described that during *Siravedha* vitiated blood flow first which is meticulous and when pure blood with normal blood characteristics appear flow stops spontaneously and proper *Raktamokshan* is done³. Patients

after *smyak vishravan* feels body lightness and symptomatic relief.¹⁷

Recent studies in *Ayurveda* and integrative reviews have inferred some mechanism based on physiological effects are 1) Reduction of blood volume and viscosity in congestive or polycythaemic state 2) Therapeutic phlebotomy like effect by improving venous return and potentially lowering blood pressure 3) Rheological and hemo-dynamic effects 4) Removal of inflammatory markers i.e. cytokines, oxidative mediators and immune complexes. 5) Neuro-immune modulation and pain relief by modulation of nociceptive pathway and neuroimmune crosstalk via changes in local tissue pressure 6) Psychosomatic relief by understanding of process of removing vitiated blood reducing anxiety^{7,14,22}.

2. Discussion

Ayurvedic scriptures emphasizes *Raktamokshan* treatment specially *Siravedha* in *Rakta-pitta* dominant *vikar* or diseases consisting *rakta* vitiating with symptoms like burning, redness, bleeding, inflammation as in *Vatarakta*, *Gridhrasi*, *Siraj-granthi* ect or *Sarvadaihiik Rakta-dushti* having multi-system cutaneous, vascular, neurological, psychological involvement. Many clinical studies confirms improvement of symptoms in varicose vein, inflammatory dermatological conditions, sciatica, joint inflammations and systemic symptoms like burning, hyperaemia, pain, blackish discoloration, systemic inflammatory diseases by *Raktamokshan* especially *Siravedha*. These evidences give us reasonable convergence in current clinical observations and classical *Ayurvedic* indications with variable methods of *Raktamokshan*.

Acharya Charak mentioned *Sharad ritu* as obvious season for *Rakta dushti* and stated absence of blood-letting may cause *rakta dushti* in *Sharad ritu* with various *pitta* vitiating diet, *pitta* provoking lifestyle and *rakapradoshas* tendencies. Although this is questionable if *Raktamokshan* should be done or not in healthy individual as *Acharya Sushruta* explicitly stated that *Siravedha* should not be done in Healthy individuals.

Siravedha should be avoided in extreme conditions (extreme hot, cold and rain). *Raktamokshan* is done in buffer seasons or *Sharad ritu* as this is naturally *Rakta - pitta* vitiating season. In *Sharad ritu* and in patients with *rakta-pitta* predominance *Raktamokshan* can be done even in extreme condition. Yet effect of *Raktamokshan* in *Sharad ritu* and in other seasons is not compared so the *Sharad ritu* benefit remains theoretically and empirically plausible but not experimentally proven.

Acharya Sushruta forbided *Siravedha* in very young, very old, timid, exhausted, emaciated, post *shodhan* and in many acute systemic illnesses. While *Acharya Sushruta* mentioned multiple causative factors for *rakta-dushti* alongwith absence of bloodletting in *Sharad ritu*. So, every individual must undergo *Raktamokshan* as preventive measure in *Sharad ritu*. From critical stand point *Raktamokshan* as preventive procedure in healthy individual should be done with proper sterilization and thorough screening for co-morbidities (e.g., anticoagulant use, bleeding disorders,

uncontrolled diabetes). *Raktamokshan* may cause. Anaemia, vasovagal syncope, infection, scarring, potential over-bleeding in high risk individuals so enen preventive blood-letting in *Sharad* should not be done without careful assessment.

There is need of universal-prophylaxis evidence showing annual *Sharad ritu Raktamokshan* reduce long term incidence of *rakta-pitta* dominant diseases, cardio-vascular events or other major outcomes.

Therefore, it should be interpreted as *Siravedha* should be considered in patients with *pitta-rakta dushti*, inflammation and toxicity conditions or in healthy individuals after careful assessment.

To integrate *Siravedha* and other *Raktamokshana* into contemporary practice rational evidence based compatible route should go through assessment phase, Choice of modality, time assessment and documentation.

An assessment phase includes detailed evaluation of *rakta-dushti* symptoms (deep seated, *sarvadaihik*) and screening for *bala*(strength), co-morbidity, hematological status, risk factors. Modalities should be chose according to assessment as *Siravedha* for *Sarvadaihika rakta-pitta* dominance or deep vascular involvement where blood parameters and systemic signs are tested. Seasonal timing should be preferred *Sharad ritu* for elective, *Pitta-Rakta*-dominant cases in appropriate environment, while still considering contraindications. In emergencies as acute pain or severe poison *Acharya Sushruta* allows *Siravedha* even in generally contraindicated *Sira* or seasons. It is necessary to document pre and post bio-marker(blood inflammatory marker etc.), symptom score and quality of life for long term with design for future clinical trial plans.

3. Conclusion

Ayurvedic scriptures mentioned *Raktamokshan* specifically *Siravedh* is a important *Sodhan* therapy for vitiated *rakta* dominant and *rakta-pitta* dominant often systemic disorder. *Sharad ritu* is interpreted as a natural conducive season for *Siravedh* due to the inherent vitiation of *Rakta* and *Pitta*. *Acharya Charak* and *Acharya Sushruta* provided a strong and precise theoretical ground as guidelines for *Raktamokshan*, *Siravedha* in particular with indications with *sarvadaihik Rakta dushti* and procedural guidelines.

Multiple review and clinical studies are been done with constrained methodological rigor, small sample size, mostly measured symptomatic efficacy of *Siravedh* and other type of *Raktamokshan* in various disease of *Rakta- pitta* predominance suggested plausible hemo-dynamic and immune-modulatory pathways.

Although *Siravedh* effect in *Sharad ritu* is still not assessed and evidently proven and relation of *Sharad ritu* with *Raktamokshan* is also not tested. The more defensible and textually faithful position is that, *Raktamokshana* should be employed in *Sharad Ritu* for individuals with clear or high-risk *Rakta-dushti*, after comprehensive evaluation or in

Healthy individual after proper assessment of *prakriti, vikriti, desh, kala, Bala* and *srotas*.

Future high-quality methodology, season-sensitive clinical research is needed to ensure general recommendations on prophylactic *Raktamokshana*.

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