Review Article

Role of Viddhakarma In Grahani-induced Infertility: A Systematic Review

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Abstract

Background: Infertility is a multifactorial reproductive disorder. Ayurveda describes successful conception through the coordinated integrity of Ritu, Kshetra, Ambu, and Beeja. Agni has a central role in digestion, assimilation, and tissue nourishment, while Grahani is described as the seat of Agni. Disturbance of Grahani is conceptually associated with Agnimandya, Ama formation, impaired Dhatu nourishment, and subsequent disturbance of reproductive tissues.

Objective: To review the proposed role of Viddhakarma in Grahani-associated infertility and to examine the available scientific evidence relevant to its possible mechanisms.

Methods: Ayurvedic classical references and contemporary literature indexed in PubMed and Scopus, together with Google Scholar and WHO publications, were considered. Literature related to Viddhakarma, acupuncture, dry needling, gastrointestinal disorders, infertility, neuroendocrine regulation, circulation, and the gut–brain axis was examined. Because the source material did not contain a reproducible record of database-specific search dates, complete search strings, study-selection numbers, or formal risk-of-bias assessments, the evidence was synthesized narratively rather than quantitatively.

Results: The Ayurvedic literature provides a coherent conceptual framework linking Grahani and Agni with systemic nourishment and reproductive health. Related needling literature provides indirect biological plausibility for autonomic modulation, stress-related pathways, microcirculatory effects, and neuroendocrine mechanisms. However, direct clinical evidence specifically evaluating Viddhakarma for Grahani-induced infertility is limited in the literature reviewed.

Conclusion: Viddhakarma may have potential as an adjunctive Ayurvedic intervention for patients with infertility associated with Grahani dysfunction, but current evidence is insufficient to establish efficacy. Well-designed controlled clinical studies with standardized interventions and objective reproductive outcomes are required.

Keywords: Viddhakarma; Grahani; infertility; Vandhyatva; Agni; Ama; Ayurveda; Artava; Shukra.

Introduction

Infertility is an important global reproductive-health problem and is defined clinically as failure to achieve pregnancy after 12 months or more of regular unprotected sexual intercourse. It may result from female factors, male factors, combined factors, or remain unexplained after evaluation. Modern management includes identification and treatment of anatomical, endocrine, ovulatory, tubal, genetic, infectious, and male-factor causes, with assisted reproductive technologies used when indicated[1-3].

Ayurveda approaches fertility through the concepts of Ritu, Kshetra, Ambu, and Beeja. Ritu represents the appropriate fertile period, Kshetra the healthy reproductive environment, Ambu adequate nourishment, and Beeja healthy reproductive elements. The quality of Ambu is closely related to digestion and metabolism and therefore to Agni.

Grahani is described as the seat of Jatharagni and is associated with digestion, retention of food, absorption, separation of nutrient and waste components, and formation of healthy Rasa Dhatu. Disturbance of Grahani is therefore considered capable of affecting the nourishment of subsequent Dhatus.

The present review examines whether this Ayurvedic framework can provide a rationale for considering Viddhakarma in patients in whom gastrointestinal dysfunction and reproductive impairment coexist. It also examines whether evidence from related needling interventions provides plausible mechanisms that can guide future research[4-5].

Aim And Objectives

Aim: To critically review the potential role of Viddhakarma in Grahani-associated infertility based on Ayurvedic principles and available scientific evidence.

- To describe the Ayurvedic concept of Grahani and its relationship with Agni and reproductive health.
- To explain the proposed Ayurvedic pathogenesis linking Grahani dysfunction with infertility.
- To review the principles and proposed actions of Viddhakarma.

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- To examine biomedical evidence relevant to the proposed mechanisms of Viddhakarma.
- To identify evidence gaps and priorities for future clinical research.

Materials And Methods

Review approach

The review was structured according to the principles of transparent systematic-review reporting. Ayurvedic classical sources were considered alongside contemporary biomedical literature. Because the available source manuscript did not provide sufficient information to reconstruct a fully reproducible systematic search and screening process, no numerical meta-analysis was undertaken.

Information sources

The source manuscript reports use of Ayurvedic commentaries, PubMed-indexed articles, Google Scholar, Scopus-indexed journals, WHO publications, and research literature concerning acupuncture, dry needling, gastrointestinal disorders, and infertility.

Search concepts

The literature was considered around the following concepts: Viddhakarma; Grahani; Agni; Ama; infertility; Vandhyatva; Artava; Shukra; acupuncture; dry needling; gastrointestinal dysfunction; neuroendocrine regulation; microcirculation; gut–brain axis; and reproductive function.

Eligibility and evidence interpretation

Classical Ayurvedic references relevant to Grahani, Agni, Viddhakarma, and reproductive health were considered for conceptual synthesis. Contemporary studies relevant to infertility, acupuncture/needling, gastrointestinal physiology, neuroendocrine mechanisms, and gut–brain interactions were considered for biomedical context. Evidence concerning acupuncture or other needling procedures was treated as indirect evidence and was not considered equivalent to direct evidence for Viddhakarma.

Data synthesis

The findings were synthesized narratively because the identified literature was heterogeneous in intervention, population, outcomes, and study design. No pooled effect estimate was calculated.

Results

Ayurvedic concept of Grahani

According to the Ayurvedic framework presented in the source material, Grahani is the seat of digestive fire and performs functions related to digestion, retention, absorption, separation of nutrient and waste components, and formation of Rasa Dhatu.

Normal Grahani function is proposed to support proper digestion, healthy Rasa and Rakta, and subsequent nourishment of Artava and Shukra. Disturbed Grahani is associated conceptually with Agnimandya, Ama, Dhatu Kshaya, Vata aggravation, and impaired reproductive function[6-8].

Proposed Samprapti of Grahani-associated infertility

Stage	Proposed Ayurvedic consequence
Agnimandya	Impaired digestion and metabolism
Ama formation	Impaired physiological processing and Srotorodha
Rasa/Rakta Dushti or Kshaya	Reduced tissue nourishment
Vata aggravation	Disturbance of Apana Vata
Artava/Shukra Dushti	Potential reproductive dysfunction
Vandhyatva/infertility	Impaired conception

This sequence represents an Ayurvedic explanatory model. It should not be interpreted as a demonstrated one-to-one biomedical causal pathway.

Viddhakarma

Viddhakarma is described in the source material as a para-surgical procedure involving puncture or stimulation of selected therapeutic points using sterile disposable needles. The proposed objectives include relieving Srotorodha, influencing Dosha function, relieving pain, improving circulation, and restoring physiological balance[9-11].

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Proposed mechanisms

Ayurvedic concept	Proposed mechanism	Evidence interpretation
Agni Deepana	Possible autonomic and gastrointestinal modulation	Indirect; hypothesis-generating
Vata Shamana	Possible modulation of autonomic and stress-related pathways	Indirect
Srotoshodhana	Possible improvement in local microcirculation and tissue perfusion	Indirect
Ama reduction	Possible influence on inflammatory/metabolic pathways	Hypothetical
Neuroendocrine regulation	Possible effects on endorphin, serotonin, cortisol and reproductive pathways	Indirect evidence from needling literature
Gut–brain–reproductive axis	Possible interaction involving microbiota, immune and endocrine pathways	Biological hypothesis

The source manuscript cites acupuncture literature reporting effects involving endorphins, serotonin, cortisol, autonomic activity, and reproductive pathways. These findings may provide biological plausibility for investigation of Viddhakarma but cannot establish that Viddhakarma produces the same effects[12-14].

Viddhakarma points described in the source literature

Region/point	Proposed purpose
Bhrumadhya / Shiro region	Mental relaxation and stress-related support
Nabhi region	Agni stimulation
Lower abdomen	Pelvic circulation and Apana Vata stimulation
Kshipra region of foot	Apana Vayu Anulomana and Vata pacification
Medhra-mula region	Reproductive-organ stimulation
Shephashcha Vrushan	Reproductive stimulation and circulation in male patients

These points are reported from the source manuscript. Their indications, anatomical safety, needle depth, and procedural standardization require validation against authoritative classical references and contemporary procedural safety standards.

Adjunctive Ayurvedic management

The source manuscript describes Deepana, Pachana, Grahani Chikitsa, Rasayana, fertility-oriented formulations, and lifestyle measures as accompanying approaches. These include Chitrakadi Vati, Panchakola Churna, Shunthi, Musta, Ativisha, Takra Kalpana, Bilwadi Churna, Kutaja Ghana, Guduchi, Amalaki, Shatavari, Ashwagandha, Phala Ghrita, Shatavari Ghrita, Ashokarishta, Pushyanuga Churna when indicated, regular meals, adequate sleep, yoga, meditation, Agnisara Kriya, Vajrasana after meals, and avoidance of incompatible foods.

These interventions are heterogeneous and should not be attributed to the effect of Viddhakarma when evaluating clinical outcomes[15-18].

Discussion

The principal finding of this review is that the relationship between Grahani, Agni, and reproductive health is well developed conceptually within Ayurvedic physiology. The proposed sequence from impaired digestion to impaired tissue nourishment and reproductive dysfunction provides a rationale for examining gastrointestinal and metabolic health in patients with infertility[19].

The concept of Ama is particularly important in the source framework. The manuscript relates Ama to chronic inflammation, oxidative stress, altered gut permeability, endotoxemia, and metabolic dysfunction. These modern associations may be useful hypotheses, but Ama should not be regarded as synonymous with any single biomedical entity[20].

Apana Vata is described as having an important role in menstruation, ovulation, fertilization, implantation, and childbirth. The proposed correction of Apana Vata is therefore central to the therapeutic rationale for Viddhakarma[21].

The available acupuncture literature provides indirect support for several proposed mechanisms. Needling interventions have been investigated in relation to autonomic regulation, pain and stress pathways, neuroendocrine function, circulation, and assisted reproduction. However,

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differences in point selection, technique, treatment schedules, patient populations, and clinical endpoints prevent direct extrapolation to Viddhakarma[22].

The distinction between direct and indirect evidence is therefore critical. At present, the strongest conclusion supported by the available material is that Viddhakarma has a plausible theoretical basis within Ayurveda and several potentially testable biomedical mechanisms. The evidence does not establish that Viddhakarma improves pregnancy or live-birth outcomes in infertility[23].

Clinical Implications

Viddhakarma may be investigated as an adjunct rather than a replacement for standard infertility evaluation and evidence-based fertility treatment. Patients with infertility should undergo appropriate assessment for male and female factors, and potentially treatable causes should not be overlooked. If Viddhakarma is studied clinically, its intervention should be standardized and its outcomes assessed independently of concurrent Ayurvedic therapies.

Limitations

- The available evidence is heterogeneous and includes classical Ayurvedic sources, biomedical mechanistic studies, acupuncture studies, and infertility literature.
- Direct clinical studies of Viddhakarma specifically for Grahani-associated infertility are limited.
- The available manuscript did not provide sufficient numerical study-selection data to construct a genuine PRISMA flow diagram.
- Formal risk-of-bias assessments and quantitative effect estimates were not available in the source material.
- Mechanistic links between Ama and modern inflammatory or metabolic concepts remain interpretive rather than established equivalences.
- Clinical experience without a controlled study design cannot establish treatment efficacy.

Future Research

Future research should begin with a clearly defined clinical phenotype of Grahani-associated infertility and standardized diagnostic criteria. Randomized controlled trials should compare standardized Viddhakarma with an appropriate control or standard care and should predefine clinically meaningful outcomes.

Research domain	Potential outcome
Fertility	Clinical pregnancy, ongoing pregnancy, live birth
Female reproductive function	Ovulation, menstrual parameters, reproductive hormones
Male reproductive function	Semen concentration, motility and morphology
Pelvic/testicular physiology	Doppler assessment of relevant blood flow
Gastrointestinal function	Validated gastrointestinal symptom measures
Inflammation/metabolism	Selected cytokine and metabolic biomarkers
Microbiome	Gut microbiome composition and relevant metabolites
Patient-centered outcomes	Quality of life, stress and treatment acceptability
Safety	Procedure-related and treatment-related adverse events

Conclusion

Grahani occupies a central position in the Ayurvedic understanding of digestion and nourishment and is conceptually linked to reproductive health through Agni, Rasa and subsequent Dhatu formation, Ama, and Apana Vata. Viddhakarma has a plausible therapeutic rationale within this framework and may have effects that are testable through autonomic, circulatory, neuroendocrine, and gastrointestinal pathways.

However, the current evidence does not establish the clinical efficacy of Viddhakarma for Grahani-associated infertility. Evidence from acupuncture and related needling interventions should be interpreted as indirect. Standardized clinical trials with objective reproductive outcomes, appropriate controls, safety monitoring, and adequate follow-up are required before definitive therapeutic conclusions can be drawn.

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Conflict of Interest: Nil

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