



Exploring the Therapeutic Values of Venesection (*Fasd*): A Review and Clinical Studies

Shaik Adeena Parveen^{1*}, *Uzair Yousf Mir*¹, *Mohd Nayab*², *Abdul Azeez*², *Abdul Nasir Ansari*³

PG Scholar¹, Department of Ilaj bit Tadbeer, NIUM, Bengaluru, Karnataka, India

Associate Professor², Department of Ilaj bit Tadbeer, NIUM, Bengaluru, Karnataka, India

Professor and Head³, Department of Ilaj bit Tadbeer, NIUM, Bengaluru, Karnataka, India

DOI: <https://doi.org/10.55248/gengpi.5.0924.2422>

ABSTRACT

Unani System of Medicine is Graeco-Arabic medicine found by Hippocrates and Galen. According to Unani medicine, diseases are thought to disrupt the body's normal temperament and humor equilibrium. So treatment aims at restoring humor equilibrium and correcting aberrant temperament. In Unani system of medicine, there are three methods of treatment i.e. *Ilaj Bit Tadbeer wa Ghiza*, *Ilaj Bil Dawā* and *Ilaj Bil Yad*. Among these treatments, the most popular treatment method is *Ilaj bit Tadbeer*, wherein modification within six essential factors of life (*Asbabe Sitta Zarooriya*) is done with myriads of regimes with the aim of acquiring and preserving health. Regimes like *Fasd*, *Hijamat*, *Dalk* etc., are used to evacuate morbid humors from the body. *Fasd* is based on the principle of evacuation (*Istifragh*). In *Fasd*, incision is given on the blood vessels to evacuate the morbid and excessive humors from the body to treat disease or keep the person in good health. Based on classical literature, this paper discusses the specifics of venesection, including its history, mechanism of *fasd*, indications, duration of *fasd*, and scientific studies on venesection. A special emphasis is made on the application of *Fasd* in various medical and surgical diseases.

KEYWORDS – Unani, *Ilaj Bit Tadbeer wa Ghiza*, *Fasd*, Venesection.

INTRODUCTION

Unani System of Medicine is Graeco-Arabic medicine found by Hippocrates and Galen, and refined by Arabian and Persian physicians such as Rhazes (*al Razi*), Avicenna (*Ibn-e-Sina*), *Al-Zahravi*, and *Ibn Nafis* throughout the Middle Ages. *Buqrat* (460-377 BC), also known as Hippocrates, was a descendant of Aesculapius and is regarded as the “Father of Unani Medicine”. In Unani System of Medicine, diseases are thought to disrupt the body's normal temperament and humor equilibrium. So treatment aims at restoring humor equilibrium and correcting aberrant temperament.

In Unani system of medicine, there are three methods of treatment i.e.

1. *Ilaj Bit Tadbeer wa Ghiza* (Regimenal therapy and Dietotherapy),
2. *Ilaj Bil Dawā* (Pharmacotherapy) and
3. *Ilaj Bil Yad* (Surgery).

A popular method of treatment among these that has been used for years by Unani physicians is *Ilaj Bit Tadbeer*. In this method of treatment, *Asbabe Sitta Zarooriya* (the six essential factors of life) are modified with the intention of acquiring and preserving healthy life with myriads of regimens. Among its regimens are *Hijamat* (Cupping), *Dalk* (Massage), *Fasd* (Venesection), *Qai* (Emesis), and *Irsal-i-Alaq* (Leeching/Hirudotherapy) etc.,¹

DEFINITION

The literal meaning of *Fasd* is cutting or tearing of a vessel.² According to *Ibn-i-Habal Baghdadi*, “Venesection is a process of complete evacuation in which blood and dominating humors mixed with blood are drained out from a vein”.³ *Ibn-i-Sinā* wrote that *Fasd* is general elimination of humors which is aimed at removing excessive and morbid humors from body.⁴ Among other definitions, the author of *Al-Umdah Fil-Jarahaat* gave the best and most satisfactory one, saying that “*Fasd* is a type of *Tafarruq-i-Ittisāl* (loss of continuity) that is done in veins intentionally by any specialised instrument aimed at removing excessive and morbid humors from body that can otherwise make body prone to infections”.⁵

HISTORY

Phlebotomy, also known as bloodletting or venesection, is an important treatment modality that has been used by generations from ancient times to the present.⁶ The Hippocratic collection, dating from the fifth century BC, contains the earliest documentation of bloodletting via vein cutting, or *fasd*. The popularity of *fasd* in Greece was reinforced by the ideas of Galen after he discovered that veins and arteries were filled with blood, not air as was commonly believed at that time. In Greece, *fasd* was in use around the time of Hippocrates.

Erasistratus proposed that plethora in the blood was the root cause of many illnesses. Archagathus, one of the first Greek physicians to practice in Rome, practised *fasd* extensively and gained a most sanguinary reputation. Blood, according to Galen, is the predominant humor that requires the greatest amount of control. A physician would either remove the patient's "excess" blood (plethora) or perform any other evacuation procedure to maintain a balance in the humors.⁷ Herodotus around 400 BC told that venesection was a common treatment for fever and apoplexy. In 100 BC, Celsus was a strong supporter of scarification, or bloodletting, as a means of relieving local conditions.⁸ William Harvey believed that venesection was a reasonable treatment for many diseases.⁹ Francoi Broussais, a well-known 17th-century Persian physician, suggested that the best course of treatment for fever is to utilize leaches in conjunction with excessive bloodlettings. John Hunter, the Father of modern surgery, in his 1794 treatise, recommends bloodletting as an effective treatment for inflammation and apoplexy. He also thought that treating smallpox with bloodletting would be beneficial. In 'The Principles and Practice of Medicine', William Osler supported bloodletting in cases of cerebral haemorrhage, emphysema, sunstroke, pneumonia, arteriosclerosis with heart failure, and systemic hypertension.⁸ Currently, bloodletting is still done, but only in a limited number of cases, such as hemochromatosis, myeloproliferative diseases, polycythemia vera, and Porphyria cutanea tarda (PCT), to prevent organ damage from iron accumulation.⁹

MECHANISM OF *FASD*

Several physiological mechanisms underlie *Fasd*. For instance, bloodletting stimulates bone marrow stem cells to produce new red blood cells (RBCs), which require the movement of iron (in the ferritin form) from the body's stores to produce haemoglobin (Hb). Venesection is the recommended method since it is the most effective strategy to control the symptoms and issues of blood disorders because it removes serum iron or RBCs.¹⁰

MATERIAL AND METHODS

Unani classical literature was searched through *Kitab Al-Hawi*, *Al-Ikseer*, *Kitab Al-Mukhtarat Fit-Tibb*, *Al-Qanoon Fit-Tib*, *Khazainul Advia*, *TazkaraUool-al-Albab*, *Bayaz-e Kabeer*, *Firdos al Hikmat* etc., for its complete description. For clinical studies, and efficacy computerized databases such as Medline, PubMed, Google Scholar and Science Direct were searched. We have searched classical literature from classical unani books and modern literature from digital database.¹⁰

UROOQ E MAFSOODA

The vessels that are used for venesection are called *Urooq e Mafsooda* (Bloodletting vessels). In the human body, multiple vessels. i.e., veins and arteries, preferably veins are employed for *Fasd* in the management of various ailments.¹ The procedure of venesection was commonly used by Unani physicians, but the number of veins to be venesected mentioned by Unani physicians varies from physician to physician which is mentioned in the following table.¹⁰

Unani Physician	<i>Urooq e Mafsooda</i>
<i>Ibn-ul-Qafal Maseehi</i>	34
<i>Ibne Hubal Baghdadi</i>	41
<i>Zakaria Razi</i>	29
<i>Zahravi</i>	32-Among them 16 (sixteen) are of head and ten (10) in each hand while 06 (Six) in both legs
<i>Ali Geelani</i>	36 including veins and arteries
Other Unani physicians	66 veins

EQUIPMENTS FOR VENESECTION

Scalpel

Gloves

Cotton

Bandage

Antiseptic lotion

Anaesthetic agent

Haemostatic/Astringent (*Habissudam/ Qabiz*) drugs like *Sang e Jarahat* (Soapstone/Hydrated Magnesium Silicate), *Dammul Akhwain*, (*Dracaena ambet / cinnabar*)

Emergency kit¹¹

INDICATIONS

1. Hemochromatosis
2. Myeloproliferative diseases
3. Polycythemia vera
4. Porphyria cutanea tarda (PCT)⁹
5. Rheumatism, gout, and sanguineous sciatica
6. Recurrence of hemoptysis
7. Convulsions, coma, and melancholia
8. Swelling of the throat and internal organs
9. Hot(inflammatory) type of conjunctivitis
10. Excessive heat or weakness in the internal organs
11. When an abscess threatens to burst before maturing, even in the absence of any other indications or an excess of humors
12. Haemorrhage: epistaxis, haemoptysis, menorrhagia, bleeding piles, and bleeding from a ruptured abscess.¹²

CONTRAINDICATIONS OF FASD

- Those who are younger than 14 or older than 70 years
- Fever
- Extremely cold or hot weather
- People with *amraze barida*
- After meals
- Pregnancy
- In individuals who are weak, feeble and anaemic
- Obesity
- In liver weakness.¹³

POSITION

Venesection should be carried out in the supine position because it conserves strength and prevents fainting.

SIZE OF PUNCTURE

When the subject is well-developed and muscular and the purpose of venesection is prophylactic, a large, wide incision is advised. A wide incision is also better in winter time as it prevents blood from clotting. Usually, a narrow incision works best in the summer.¹²

SUITABLE TIME FOR VENESECTION

Spring is the best season for *fasd*, especially for persons predisposed to sanguineous diseases. If *fasd* is done for the prevention of disease, it should be performed in early spring and mid-autumn season.¹⁴

DURATION OF FASD

The duration of *fasd* and the amount of blood to be expelled may be determined by a careful examination of the pulse. Even during bloodletting, the physician should keep examining the pulse and stop the bleeding when signs of weakness appear. Furthermore, if the colour or viscosity of blood alters, or if the pressure of blood flow decreases, if the pulse gets weaker then *fasd* should be stopped.¹⁵

VEINS AND THEIR INDICATIONS¹

S.NO.	TYPE OF VEIN	NAME OF VEIN	TYPE OF INCISION	INDICATIONS
1	<i>Warid-i-Bāsaliq</i> (<i>Tannur-i-Badan</i>)	Basilic vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • Diseases of whole body • Pain in hip, thigh and legs • Sanguinic fever • Migraine • Disease of liver, spleen, lungs, pleura
2	<i>Warid-i-Qifāl</i> (<i>Saraa'ru</i>)	Cephalic vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • Diseases of head and neck • Sanguinous disease of head • Shaqiqa • Sudā'-i-Damwi • Diseases of face • Diseases of thorax • Diseases of eyes, ear, palate, mouth, teeth and lips • Infection of tongue, diphtheria • In epistaxis
3	<i>Warid-i-Ibti</i>	Axillary vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • Diseases of whole body • Pain in hip, thigh and legs • Sanguinic fever • Migraine • Disease of liver, spleen, lungs, pleura
4	<i>Warīd-i-Akhal</i> (<i>Haft i' indam</i>)	Median Cephalic vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • In reducing excessive accumulations of blood in the whole body • Diseases of whole body • Inflammation of upper & lower part of body • Diseases of head and neck and organs lying below the neck • In pneumonia, melancholia and phlegmatic headache
5	<i>WaridHabl-uz-Zira</i>	Brachial veins	<i>Mutawwal,</i>	<ul style="list-style-type: none"> • Left side brachial vein: Diseases of

			<i>Muarrab</i>	<p>spleen and heart</p> <ul style="list-style-type: none"> • Right side brachial vein: Diseases of liver, Purifies the organ of neck and organs above it.
6	<i>Warid-i-Usaylim</i> (<i>Bae' khatar rag</i>)	Salvatella vein/ 3 rd Dorso Metacarpal vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • Right sided branch: liver diseases • Left sided branch: spleen diseases • Heart diseases
7	<i>Warid-i-Sāfin</i> (<i>Mahfooz rag</i>)	Saphenous vein	<i>Muarrab</i>	<ul style="list-style-type: none"> • Menstrual disorders • Amenorrhoea due to obesity • Diseases of uterus • Itching of scrotum • Itching of thigh • Inflammation of calf • Sciatica • Varicose vein • Renal disorder • Renal pain • Haemorrhoids
8	<i>Warid-i-'Irq-un-Nasā</i>	Sciatic vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • Sciatica • Niqris (Gout) • Varicose Veins • Elephantiasis
9	<i>Rakba</i>	Popliteal Vein		<ul style="list-style-type: none"> • Amenorrhoea • uterine pain • Pain in anus and haemorrhoids • Visceral pain and backache • Renal pain • Pain in urinary bladder • Pain in Thigh, pain of sciatica, pain in calf muscle • Hysteria
10	<i>Warid al-Jabha</i>	Frontal Vein	<i>Muarrab</i>	<ul style="list-style-type: none"> • Diseases of head and face like <i>Ṣudā'</i> (headache), <i>Shaqiqa</i> (migraine) • <i>Ātshak</i> (Syphllis) boils and wounds of face • Ocular pain • Heaviness in eye
11	<i>Irq Al-Yāfukh</i>	Parietal vein	<i>Muarrab</i>	<ul style="list-style-type: none"> • <i>Shaqiqa</i> • Old small eruption of head

				<ul style="list-style-type: none"> • Qurūḥ and Buthur of scalp • chronic morbid ulcer in scalp and Sa'fa • Conjunctivitis, corneal opacity, itching of eyelid
12	<i>IrqTaht-Al Khushsha</i>	Inferior Occipital vein		<ul style="list-style-type: none"> • Chronic headaches, vertigo • Pain in forehead
13	<i>Warid-i- Khalf Al Uzun</i>	Parotid Vein	<i>Muarrab</i>	<ul style="list-style-type: none"> • Diverts the Bukhārāt which ascends towards head • Cataract • Small eruptions of scalp, boils and wounds of head • Wounds of ear • Shaqiqa • Sa'fa • Nazla-i-Muzmina
14	<i>Warid-i-Sudghi</i>	Temporal vein	<i>Muarrab</i>	<ul style="list-style-type: none"> • Diverts the morbid matter of eyes • Shaqiqa • Chronic headache • Diseases of eyes • Conjunctivitis
15	<i>Warid-i-Arnabah</i>	Inferior Nasal /AlarVein	<i>Muarrab</i>	<ul style="list-style-type: none"> • Eruptions of nose • Irritation in the nose • Erythema produced in nose • Bawasir Al-Anf • Carcinoma of nose • Kalaf (Melasma) • Sa'fa, severe headache • High fever • Warm-i-Litha (gingivitis), bad smell of mouth • Pain in eye • Irritation of eye Sty
16	<i>Warid-i-Mankharain</i>	Nasal vein		<ul style="list-style-type: none"> • Warm of nose • Chronic head ache • Chronic pain in eye • Ocular congestion
17	<i>Warid That-Al Lisan</i>	Sub Lingual vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • Diseases of oral cavity • Khunāq • heaviness in tongue

				<ul style="list-style-type: none"> • Waram-i- Lawzatayn (Tonsilitis) • Disease of ovule • Nāsūr of inner canthus of eye chronic Zabha
18	<i>Warid-i-Wadajayn</i>	Jugular Vein	<i>Mutawwal</i>	<ul style="list-style-type: none"> • In diseases of skin: • urticaria, Dā`ul-Hayya, Dā`us-Tha`lab • Bahaq Aswad, QubaRaddi, bad and corrosive wound, initial stage of leprosy • Respiratory diseases like Khunāq (diphtheria) • Diq al Nafas (Asthma) • Hoarseness • Chronic head ache
19	<i>Irq Al-Māq</i>	Vein of Lacrimal gland	<i>Muarrab</i>	<ul style="list-style-type: none"> • In diseases of eye: • Pterygium • Nasur of eye • Night blindness • Vascular keratitis • Chronic irritation of eye • Ramad Muzmin • Heaviness of eye • Headache • Shaqiqa (Migraine)
20	<i>Chahār Rag</i>	Supra & Infra Labial veins	<i>Muarrab</i>	<ul style="list-style-type: none"> • Diseases of oral cavity and gums like Qulā `Al-Fam (stomatitis) • Suppurative gingivitis wound of oral cavity and gums pain of gums • Bawāseer of gums
21	<i>Warid Al-Anfaqa</i>	Inferior Labial Vein	<i>Muarrab</i>	<ul style="list-style-type: none"> • Bad smell of mouth
22	<i>Warid-i-Shikam</i>	Abdominal veins		<ul style="list-style-type: none"> • Right sided vein: in pain of liver • Left sided vein: in pain of spleen
23	<i>Warid-i-Labbah</i>	Anterior Jugular Vein		<ul style="list-style-type: none"> • Diseases of stomach especially diseases of cardiac end of stomach

COMPLICATIONS

1. A blunt lancet may fail to cut the vessel and cause unnecessary pain and swelling.
2. Sometimes the tip of the lancet gets broken and is left behind in the vessel where it causes some other damage.

3. Constipation
4. Heavy quantum due to venesection weakens the faculties and increases the morbid matter in the system.
5. Fainting
6. It produces agitation and disturbance of the humors.
7. Haematoma
8. Infections like cellulitis and phlebitis
9. Petechiae
10. Air embolism
11. Pulmonary thrombosis.¹²

SCIENTIFIC STUDIES ON THERAPEUTIC VENESECTION/ PHLEBOTOMY

1) Safety and Efficacy of Fasd (Blood Letting through Venesection) in the Cases of Osteoarthritis – A Randomized Controlled Study

This study was designed to explore the efficacy of traditional Unani intervention *Fasd* (Venesection) for Osteoarthritis. A total of 40 cases of OA were randomly divided into control and test groups of 20 each. The control group was given Unani herbal drugs while the test group was provided the same Unani treatment along with *Fasd* for six weeks. The safety and efficacy measurements were performed at baseline and at the last follow-up. The intervention of *Fasd* exhibited statistically significant results in comparison to the control group in subsidence of pain, and restriction of joint movement without causing any adverse reaction.¹⁶

2) Effect of *Fasd* (Venesection) in the management of Acute Cases of *Irqunnasa* (Sciatica): A Case Series Study

Three cases were selected for the evaluation of the effect of *fasd* in the management of the acute symptoms of *Irqunnasa*. *Fasd* was carried out at the saphenous vein around the medial malleolus of affected limb on the 1st day and 5th day for one week only. Objective parameters were Visual Analog Scale (VAS), Oswestry Disability Index (ODI) and Straight Leg Raising Test (SLRT). On the first day, the treatment was started with *fasd*, performed in short saphenous vein. Assessment of the patient was then done on the 2nd day of treatment on objective parameters. *Fasd* was done again on the 5th day and assessment was done on the 6th day. Pre and post-treatment values viz. day 1st and day 6th values of the treatment were analyzed statistically to evaluate the efficacy of the treatment. The study proved that *Fasd* is a useful therapy for the symptomatic relief and disability in patients of *Irqunnasa* without any apparent adverse effect(s).¹⁷

3) The effect of phlebotomy (*Fasd*) on Carpal tunnel syndrome: A randomized clinical trial

This is a randomized clinical trial. For this analysis, an entire of 70 hands with CTS were studied, aged 20-60, and of every gender. The participants were divided into 2 groups: Control and Intervention. Within the control group, 35 were treated with a routine night splint for 3 months, and 35 patients in the intervention group received *Fasd* (Phlebotomy) of Osaleim vein in addition to the routine night splint. Outcome measures were evaluated by the VAS Scale, Boston questionnaire, and the diagnostic NCV test. The results showed that the incorporation of phlebotomy treatment in an exceedingly routine therapy program would reduce the pain and symptom severity, improve the functional status of patients, and distal sensory and motor disturbance of the median nerve. Therefore, it is advised that phlebotomy, as a convenient and low-cost complementary medicine technique could be employed in the treatment of CTS.¹⁸

4) A Case Report of Treating Femur Head Necrosis Applying Persian-Medicine

The case was a 46-year-old man who had felt severe pain in the left side of his hip for a month. The pain had gradually increased, and after magnetic resonance imaging (MRI), it was diagnosed that he was suffering from AVN. He was recommended to undergo surgery to change the femur head. According to some Persian Medicine sources, it was diagnosed that the case suffered a disorder of blood flow and the concentration of abnormal black bile (abnormal Sauda) in the hip area and the head of the femur. The patient was administered 14 massage sessions every other day, “*Mundij- e-Sauda*”, *Sikanjabin-e-Bazoori/Bazoori oxymel* and “*Mushil*” (Laxative drug). The phlebotomy of the left basilic vein (*fasd*) and the right basilic vein was done after 2 and 4 weeks, respectively. The case’s pain entirely disappeared after the second phlebotomy. Two months later, MRI and bone scan were again done, and it was reported that femur necrosis was repaired. After 2 years, the patient has no problems and is now living a healthy life. It could be concluded that to consider the capacity of Persian Medicine in treating the disease, along with modern medicine.¹⁹

5) Siravedha (Venesection therapy) in the management of Burning Feet Syndrome-A Single Case Study

A 38-year-old male patient presented with complaints of severe burning and sweating in the left foot for 9 months. The patient was treated in the outdoor department with two successive sittings of Siravedha (venesection therapy) each at the interval of 7 days. Then follow-up was taken after 10 months for reoccurrence. After the treatment, the symptoms of burning and sweating were completely relieved.²⁰

FUNDING AND CONFLICT OF INTEREST

Nil

ACKNOWLEDGEMENT

I am thankful to my coauthors for their support. I acknowledged those whose papers, articles, and books are cited in this paper.

REFERENCES

- 1.Wani KR, Nayab M, Ansari AN. Clinical Applications of Fasd (Venesection) in Unani Medicine: A. *liver.*;29(95):96-101.
- 2.Mustafa I, Hasan A, Qadir H. *Al-Mojam-ul- waseet*. Deoband: Faisal publications; 2006.
- 3.Baghdadi IH. *Kitab Al Mukhtarat Fit Tib*. Vol. 1. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt. of India; 2007.
- 4.Sina I. *Al Qanoon Fit Tib*. Vol. 1 (Urdu Translation by GH Kantoori). New Delhi: Idara Kitab us Shifa; 2010.
- 5.Masih IQ. *Kitab Al- Umda Fil Jarahat*. Vol. 1. New Delhi: CCRUM, Ministry of Health and Family Welfare, Govt. of India; 2000.
- 6.Parapia LA. History of bloodletting by phlebotomy. *Br J Haematol*. 2008;143(4):490–495
- 7.Faiz A, Ali F. Applied part of Kulliyat with reference to Venesection (Fasd): a review. *International Journal of Research and Analytical Reviews*. 2018;5(31):583-6.
- 8.Ansari RA, Azeez A, Ashraf MA, Akhtar J. An appraisal on Fasd with special reference to its Historical perspective.
- 9.Bell TM. A brief history of bloodletting. *The journal of Lancaster General Hospital*. 2016; 11:119-23.
- 10.History, Evidences of Therapeutic Application Of An Ancient Unani Procedure Fasd (Venesection)- A Review Rashid Qazi¹, Bhoraniya Abdullah Ismail², BaigRuqaiyya Khatoon Hushamuddin³, Ansari Mushir⁴
- 11.Ansari RA, Azeez A, Akhtar J, Khan S. A Comprehensive discussion on procedure of Fasd (venesection). *Int J Res Anal Rev*. 2019;6(1).
12. Naheed B, AA A. Venesection [Fasd].
- 13.Aslam M, Anjum R, Ali SJ, Mazhar SA. Unani Concept of Fasd (Venesection): A Review. *Journal of Integrated Community Health (ISSN 2319-9113)*. 2022 Nov 16;11(1):25-7.
- 14.Nikhat S, Fazil M. Principles and practice of Fasd (venesection) in unani/greco-arabian medicine. *Imam Journal of Applied Sciences*. 2018 Jul 1;3(2):33-40.
- 15.Jurjani AH. *ZakhiraKhwar- zam Shahi*. Translate by Khan HH. Vol. 1. Lucknow: Munshi Nawal Kishore; 1903. p. 196- 8, 202- 5.
- 16.SA Khan 1 , S Rehman 1 , SS Jamil. Safety and Efficacy of Fasd (Blood Letting through Venesection) in the Cases of Osteoarthritis – A Randomized Controlled Study. *Planta Med* 2012; 78 - P_107. DOI: 10.1055/s-0032- 1307615
- 17.Ali SJ, Nayab M, Tarique BM. Effect of Fasd (venesection) in the management of acute cases of Irqunnasa (Sciatica): a case series study. *Res Rev J Herb Sci*. 2016;5(1):17-21.
- 18.Chelavi LH, Ilkhani R, Azadvani M, Kenari HM, Kordafshari G. The effect of phlebotomy (Fasd) on carpal tunnel syndrome: a randomized clinical trial. *OnkologiaiRadioterapia*. 2021 Jul 1;15(4).
- 19.Navabzadeh M, Abdi M, Hadinia J, Ghods R. A case report of treating femur head necrosis applying Persian-medicine.
- 20.Dhalani KH, Ganatra R, Dudhamal TS. Siravedha (venesection therapy) in the management of Burning Feet Syndrome-A Single Case Study. *International Journal of AYUSH Case Reports*. 2022 Jul 3;6(2):178-82