

AGNIKARMA THERAPY BLESSINGS OF AYURVEDA FOR PAIN MANAGEMENT

Dr. Jaya D. Ghule*

Assistant Professor (Shalya Tantra Department) D.M.M Ayurved Mahavidyalaya Yavatmal.

Article Received on 15 Nov. 2025,
Article Revised on 05 Dec. 2025,
Article Published on 16 Dec. 2025,

<https://doi.org/10.5281/zenodo.17948162>

*Corresponding Author

Dr. Jaya D. Ghule

Assistant Professor (Shalya Tantra
Department) D.M.M Ayurved
Mahavidyalaya Yavatmal.



How to cite this Article: Dr. Jaya D. Ghule* (2025). Agnikarma Therapy Blessings Of Ayurveda For Pain Management. World Journal of Pharmaceutical Research, 14(24), 298–302. This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Pain is defined as an unpleasant sensory and emotional experience that is associated with, or suggests, actual or potential tissue damage. It may manifest as a symptom of an underlying disorder or as a consequence of another disease process. In the Sushruta Samhita, pain is described separately under the term Shoola. Various medical systems have proposed different modalities for pain alleviation. Among them, Agnikarma stands out as a promising approach for the management of musculoskeletal pain. This therapy, also called thermal cauterization, involves the application of controlled heat—directly or indirectly—for therapeutic benefit. The instruments most frequently employed are the Panchadhatu Shalaka and Madhu (honey). Clinicians have observed positive outcomes, particularly in conditions like low back pain and sciatica. Being economical, feasible in an outpatient setting,

and capable of providing instant relief, Agnikarma offers significant advantages.

KEYWORDS: Agnikarma, musculoskeletal pain, Panchadhatu Shalaka, Madhu.

INTRODUCTION

Vedana (pain), often equated with disease itself, is sometimes considered so dominant that conditions are named solely after the pain experienced—for instance, Katishoola, Parshwashoola, or Shirashoola. In clinical practice, patients are frequently more troubled by pain than by the underlying pathology. Pain remains one of the most distressing experiences for human beings. Shalya Tantra—one of the eight principal branches of Ayurveda—discusses diverse strategies for disease management.^[1] Acharya Sushruta mentions several

methods, including Bhesaja Karma (medications), Kshara Karma (caustic therapy), Agni Karma (thermal cautery), and Shastra Karma (surgery).^[2] Among these, Agnikarma offers distinctive therapeutic potential. Musculoskeletal pain, which restricts daily activities, is a particularly important area where Agnikarma provides relief.

Significance of Agnikarma: Compared with other para-surgical measures, Agnikarma is regarded as superior due to its specific actions (karma).^[3] It is recommended when conventional measures prove inadequate. Its unique quality of Apunarbhava (non-recurrence) further elevates its importance. When performed as per classical protocols (Poorva, Pradhana, and Paschat Karmas), and applied in the Sadhya Avastha (curable stage) of disease, recurrence is minimized.^[4] With its wide indications and multidimensional mechanism, Agnikarma is emerging as a highly effective para-surgical intervention for musculoskeletal pain.

Pathophysiology of Musculoskeletal Pain: Such pain often arises from trauma, repetitive strain, overuse injuries, or poor posture. It may involve bones, joints, muscles, ligaments, tendons, or even nerves. The clinical picture varies depending on the cause, ranging from localized acute pain to widespread chronic discomfort. Pathological processes such as inflammation, fibrosis, or tissue degeneration heighten sensitivity, resulting in pain, stiffness, weakness, tenderness, and functional limitations. These features intensify as tissue injury progresses, frequently leading to chronic conditions.

MATERIAL AND METHODS

Agnikarma is traditionally categorized into two types: Twakdagdha for disorders involving skin and superficial muscles, and Mamsadagdha for conditions affecting vessels, ligaments, bones, and joints.^[5] Classical texts list several instruments, selected according to the depth and chronicity of the disease. It is further classified by application patterns (Akara Vishesha) such as Bindu (dot), Lekha (line), Valaya (circle), and Pratisarana (rubbing). For painful conditions (Ruja-pradhana vyadhis), the Bindu method is preferred due to the localized nature of symptoms, whereas diffuse numbness (Suphata) is better managed with Pratisarana. The Panchadhatu Shalaka remains a popular instrument, while substances like Madhu and Ghrita are applied in deeper lesions.^[6]

Treatment of Musculoskeletal Pain: Low back pain is the most prevalent musculoskeletal complaint, followed by knee joint pain, muscle cramps, ligament injuries, and spasms.^[7]

Conventional treatments include topical agents, injections, steroids, and NSAIDs, though they often provide temporary relief with risk of recurrence. Ayurveda, however, describes a wide spectrum of musculoskeletal conditions under Vata disorders such as Katishoola (backache), Katigraha (stiffness), Gridhrasi (sciatica), Vishwachi, Greeva Hundanam (cervical spondylosis), Sandhigata Vata (osteoarthritis), and Vatakantaka (calcaneal spur). Pain and impaired function are the hallmarks of these diseases.

Ayurveda prescribes Shodhana, Shamana, and local treatments, including Patrapinda Sweda, Abhyanga with Nadi Sweda, Dhara, and Basti, all of which show favorable results. Agnikarma is another significant option, with the Bindu type commonly applied in musculoskeletal disorders. Except in Greeshma and Sharad Ritus, Agnikarma can be performed in any season. Prior to the procedure, intake of soft, unctuous food is recommended. As Paschat Karma, Madhu and Ghrita are applied owing to their wound-cleansing (Vrana Shodhana) and healing (Ropana) properties.^[8] Honey promotes wound cleansing, stimulates tissue repair, and reduces inflammation,^[9] whereas ghee is effective in painful ulcers, wounds, insect bites, and burns.^[10]

DISCUSSION

Agnikarma provides significant therapeutic benefit in musculoskeletal pain management. The choice of instrument and application pattern depends upon the predominant Dosha and stage of disease. It is particularly effective in Vataja and Kaphaja conditions, as the therapy's Ushna, Teekshna, Sukshma, and Ashukari properties directly counter these Doshas. By alleviating Strotorodha (obstruction) and enhancing Dhatwagni, Agnikarma relieves symptoms. Locally applied heat increases circulation, disperses pain mediators, and promotes healing.

Clinical experience suggests that heated honey yields good results in cervical spondylosis, sciatica, and low back pain, whereas the Panchadhatu Shalaka is more effective for joint conditions and plantar fasciitis. When integrated with other Vatahara measures, Agnikarma becomes an outstanding choice for musculoskeletal disorders. Nevertheless, classical guidance emphasizes that Agnikarma, Kshara Karma, and Shashtra Karma should always be undertaken with utmost care.

CONCLUSION

Agnikarma offers an efficient and sustainable solution for a wide range of musculoskeletal disorders. Its analgesic effect is rapid, durable, and particularly effective in Vata and Kapha-related painful conditions. Instruments like the Panchadhatu Shalaka and agents such as Madhu make the therapy practical and widely applicable. As a minimally invasive para-surgical technique, it combines economy, safety, and efficacy. Current research demonstrates its utility in conditions like cervical spondylosis, knee osteoarthritis, plantar fasciitis, calcaneal spur, sciatica, tennis elbow, and frozen shoulder. Thus, Agnikarma stands as a cost-effective, convenient, and highly effective intervention for musculoskeletal pain management.

REFERENCES

1. Kaviraj Dr. Ambika-Dutt-Shastri Sushruta Samhita Hindi Commentary 'Ayurveda-Tattva-Sandipika' Part-1 Chaukhambha Sanskrit Sansthan, 2017; P 5, 1; 74.
2. Kaviraj Dr. Ambika-Dutt-Shastri Sushruta Samhita Hindi Commentary 'Ayurveda-Tattva-Sandipika' Part-1 Chaukhambha Sanskrit Sansthan 2017. Chikitsa Sthan. P 46, 6; 3.5.
3. Acharya Vagbhata, Astanga Sangraha with shashileka commentary by Indu edited by Dr Shivprasad Sharma 5th edition 2018 Chaukamba surabharati Prakashan Varanasi Sutrasthana 40/2 page no-263.
4. Acharya Sushruta, Sushruta samhita with Nibandha sangraha commentary of dalhanacharya and Nyaya Chandrika Panchika of Gayadasa on nidanasthana edited by Vaidya Jadavaji Trikamji Acharya Reprint Edition 2014: Chaukamba surabharati Prakashan Varanasi, Sutrasthana, Agnikarma vidhi adhyaya 12/3 page no-51.
5. Acharya Sushruta, Sushruta samhita with Nibandha sangraha commentary of Dalhanacharya and Nyaya Chandrika Panchika of Gayadasa on nidanasthana edited by Vaidya Jadavaji Trikamji Acharya Reprint Edition 2014: Chaukamba surabharati Prakashan Varanasi, Sutrasthana, Agnikarma vidhi adhyaya 12/4 page no-51.
6. Acharya Vagbhata, Astanga Sangraha with shashileka commentary by Indu edited by Dr Shivprasad Sharma 5th edition 2018: Chaukamba surabharati Prakashan Varanasi, Sutrasthana 40/5 page no-263.
7. <https://www.healthline.com/health/tgct/musculoskeletal-pain#types>
8. Vagbhata, Astanga Hridaya with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri edited by Dr Anna Moreshwar www.iamj.in 5353.

9. Kunte Revised edition, 2018: Chaukamba surabharati Prakashan Varanasi, Sutrasthana 30/44 page no-359.
10. Tahereh Eteraf-Oskouei^{1,2} and Moslem Najafi June 2013 Traditional and Modern Uses of Natural Honey in Human Diseases: A Review, 16(6): 731–742.
11. <https://foreverconscious.com/the-healing-properties-of-ghee>