

# WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

Volume 14, Issue 15, 428-436.

**Review Article** 

ISSN 2277-7105

### INSIGHTS INTO AGNIKARMA:- A CONCEPTUAL STUDY

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Article Received on 10 June 2025,

Revised on 30 June 2025, Accepted on 21 July 2025

DOI: 10.20959/wjpr202515-37751



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### **ABSTRACT**

Aacharya Sushruta, often referred to as the father of surgery, has extensively documented a variety of surgical procedures and parasurgical measures in his ancient ayurveda texts. Among these, 'Agnikarma' holds a significant place. This parasurgical technique, as described by Aacharya Sushruta, is renowned for its efficacy in treating diseases believed to be incurable by conventional methods. Agnikarma, which translates to 'fire therapy,' is considered highly therapeutic, with the belief that diseases treated through this method are less prone to re-ocurrence. This paper explores the principles, and contemporary applications of Agnikarma, methodology, particularly its relevance in modern medicine as a form of therapeutic burns or cauterization. The discussion includes a review of various aspects of Agnikarma, including its historical significance, current practices, and its potential benefits in the present healthcare context.

**KEYWORDS:** Agnikarma, Dagdha, Dahana Karma Shalya Tantra, Treatment, Surgical Procedure.

### INTRODUCTION

Shalya Tantra is one of the ancient traditional medical practice and most eminent branches of Shalya based in six methods of treatment, such as Bhesajkarma, Ksharakarma, Agnikarma, Raktmokshana Shastrakarma and Yantra Karma.<sup>[1]</sup>

Agnikarma is greater among them and it is boon for local Vataja and Kaphaja vyadhi as disease treated by it do not re-occur and also gives instant relief to the patients. [2] Mahirishi Sushruta stated agnikarma to be better than other karma. To support this statement he further

www.wjpr.net | Vol 14, Issue 15, 2025. | ISO 9001: 2015 Certified Journal | 428

Quotes that the disease treated with proper *Agnikarma* has no chance of re-occurrence. It cures the disease which are not managed with *Bhesajkarma*, *Ksharakarma* and *Shastrakarma*. <sup>[3]</sup> *Aacharya Sushruta* indicated '*Agnikarma*' in various disorders of vessels, ligaments, skin, muscles, bones and joints. The Procedure *Agnikarma* has been mentioned in the context diseases like *Arbuda*, *Bhagandar Arshas*, *Aamvata*, *Ghridrasi*.

### **Classification of** *Agnikarma*<sup>[4]</sup>

Agnikarma can be categorized based on various criteria.

- 1. Type of Akruti: It refers to the shape or form of the cauterization applied.
- Valaya: Ardha Chandra (half-moon shape)
- Bindu: Swastika (swastika shape)
- *Vilekha: Ashtapad*<sup>[5]</sup> (eight-sided figure)
- Pratisarana<sup>[6]</sup>: Specific application techniques based on context.
- 2. *Sthana*/Part to be Cauterized: This classification is based on the specific body part that is being treated.
- Twak Dagdha: Applicable on the skin.
- *Mamsa Dagdha*: Applicable on the muscle.
- *Acharya Sushruta* further elaborates that *Agnikarma* can also be applied to *Sira* (veins), *Snayu* (ligaments), *Sandhi* (joints), and *Asthi Dhatu* (bone tissue) without restrictions.<sup>[7]</sup>
- 3. Based on *Dravya* Used<sup>[8]</sup>: Different materials or substances used in the *Agnikarma* process define this classification.
- Snigdha Agni Karma: Utilizes substances such as Madhu (honey), Ghrita (ghee), and Tail (oil), specifically for Sira, Snayu, Sandhi, and Asthi.
- Ruksha Agni Karma: Employs materials like Pippali, Shara, Shalaka, and Godanta, aimed at treating the Twak and Mamsa Dhatu.
- 4. Based on Disease Site: Classifying treatments according to the location of the disease helps in applying targeted therapies.
- *Sthanik:* Treatment applied directly at the site, for conditions like *Kadara* (corn), *Bhagandar* (fistula) and *Arshas* (hemorrhoids).
- *Sthanantariya:* Treatment applied distal to the site of disease, for conditions such as *Pleehodara* (splenic disorders) and *Antra Vruddhi* (intestinal overgrowth).

5. Based on Nature of Disease: This looks at the characteristics or type of disease being treated.

This structured approach allows practitioners to tailor the *Agnikarma* procedure to the individual needs of patients based on their specific ailments and conditions.

- For diseases like *Kadara* and *Arshas*, *Agnikarma* is performed following *Chedana Karma* (surgical incision).
- In cases of fistula or sinus, *Agnikarma* is done after *Bhedana Karma* (opening).
- For Krimidanta (carious teeth conditions), Agnikarma is performed after filling cavities with Guda (jaggery), Madhuchista (beeswax), etc.

### PROCEDURE OF AGNIKARMA

### 1. Purvakarma

### **Materials And Methods**

Agnikarma, a traditional therapeutic procedure which contains,

Dahanopakarna (Equipment Required for Burning).

- *Pippali*, Goat's Excreta, Cow Teeth, Arrowhead, and Metal Indication: Used for treating diseases of the skin (*Twakadagdha*).
- *Jumbavostha* Rods of Metals Indication: Indicated for musclo-related diseases (Mamsadagdha)
- Honey, Jaggery, and Fats Indication: Employed for conditions affecting veins, ligaments, bones, and joints (Sira, Snayu, Asthi, Sandhidagdha).

### Agni Karma Kala (Timing for Agnikarma)

According to *Acharya Sushruta*, *Agnikarma* can be performed in all seasons with the exception of.

- *Sharad Ritu* (Autumn): This season is associated with the aggravation of *Pitta dosha*, which can be exacerbated by *Agnikarma*, potentially leading to *Pitta*-related disorders.
- *Grishma Ritu* (Summer): Being a hot season, it can further aggravate *Pitta*, making it inadvisable for Agnikarma. However, in emergencies, *Agnikarma* may be performed regardless of the season.

# **Indications of** *Agnikarma*<sup>[9]</sup>

Agnikarma may be indicated for various conditions, including:

Cystic lesions

- Tumors
- Sinus lymphadenopathy
- Fistulas
- Hemorrhoids
- Filarial conditions
- Hernias
- Skin tags
- Joints related disorders

Additionally, it is useful for stopping bleeding from cut vessels and for chronic wounds with hard elevated tissue.

### Contraindications of Agnikarma

There are several conditions where *Agnikarma* should be avoided:

- Seasons: Not to be performed during *Sharad* and *Grishma Ritu*.<sup>[10]</sup>
- Conditions: All *Pittaja* and *Raktaja* disorders, patients with concealed bleeding, retained foreign bodies, intestinal perforation, very young (children), elderly, weak individuals, and those with multiple wounds.<sup>[11]</sup>
- Specific Conditions: Should not be performed over *Snayu* (ligaments), *Marma* (vital points), *Netra* (eyes), *Kushta* (leprosy), or wounds that contain *Visha* (poison) and *Shalya* (foreign bodies).<sup>[12]</sup>
- Patients who are contraindicated for kshara Karma. [13]
- These guidelines are critical for ensuring the safety and effectiveness of the *Agnikarma* procedure.

### **Assesment of the Patient**

This phase includes all procedural preparations before executing the main treatment (*Pradhan Karma*).

- 1. Assessment: It's crucial to analyze the disease's location, evaluate the patient's overall strength, and consider factors like the season and *Marma* points before proceeding.<sup>[14]</sup>
- 2. Dietary Preparation: Generally, the patient should consume a *Picchila* (slimy) diet before *Agnikarma*. However, in specific cases such as *Asmari, Mudhagarbha, Arsa, Bhagandara, Udara*, and *Mukha Roga*, the patient should be on an empty stomach prior to the therapy.<sup>[15]</sup>

### 2. Pradhankarma

Agnikarma should start with Swasthikvachan (auspicious chants) directed towards the patient. They should be positioned comfortably with their head facing east and assisted by trained personnel to minimize any movement.

Technique: The surgeon uses a heated *Shalaka* (metallic rod) in a smoke-free fire made from *Khadira* or *Badara* wood to create defined shapes (*like Valaya*, *Ardhachandra*, *Swastika*) according to the specific needs of the treatment. [16]

**Assessment of Results:** Post-procedure, it's important to check for *Samyak Dagdha Lakshana*, which indicates proper cauterization.

The signs include:

- Anaawagadhavranata: The wound is superficial.
- *Talaphalavarnata*: The color resembles the fruit of the *tala* tree.
- Susamsitavrana: The wound is even without elevation or depression.

### 3. Paschat Karma

*Paschat Karma* refers to the post-procedure care and treatments following *Agnikarma* or other surgical interventions in Ayurvedic practice. This phase is crucial for promoting proper healing and preventing complications.

- Medicinal Paste: [18] A paste made from the following ingredients is used:
- i. Tugakshiri
- ii. Plaksha
- iii. Chandana (Sandalwood)
- iv. *Amrita* (Giloy)
- v. Gairika (red ochre)
- vi. Mixed with *Ghrit (ghee)* to enhance the healing properties.
- vii. Animal Flesh Paste: In some cases, a paste made from the flesh of certain animals (like horse or pig) may be utilized if necessary, depending on the patient's condition and needs.
- Alternative Treatments: If the patient does not experience relief from the above treatments, the surgeon may need to follow alternative lines of treatment, such as addressing *Pitta Vidradhi*, a condition characterized by swelling caused by *Pitta dosha* imbalance.

• *Madhuchisth Ghrita*: This is a special preparation where ghee is processed with wax and combined with various herbal components like: *Yashtimadhu* (Licorice), *Lodhra*, *Raal*, *Sarjaras*, *Manjistha*, *Raktachandana* (Red Sandalwood) *and Murva*. [19]

This mixture is intended to support healing and restore balance within the body posttreatment.

### Samayaka Agnikarma<sup>[20]</sup>

For successful *Agnikarma*, particularly in the context of *Twak Dagdha* (skin conditions), the following signs indicate the procedure was performed correctly.

- Crackling Sound: Emitted during the cauterization indicates effective application.
- Bad Odour: A pungent smell signifies the correct reaction is occurring.
- Contraction of Skin: Visible reduction in skin area around the cauterized site is a positive sign of proper technique. These classifications and indicators help practitioners effectively apply *Agnikarma* while ensuring the safety and efficacy of the treatment.

### Signs of Proper Agnikarma

- 1. Mamsa Dagdha (Musclo -related)
- Color: Ashey, dark grey.
- Signs: Mild swelling, mild pain, and the presence of a dry, contracted wound indicates successful cauterization.
- 2. Sira Snayu Dagdha (Veins and Ligaments-related)
- Color: Black discoloration at the site.
- Signs: Elevation of the affected area and cessation of discharge are indicators of proper treatment.
- 3. Sandhi Asthi Dagdha (Joint and Bone-related)
- Signs: Dryness, dark red coloration, rough texture, and stability of the affected area signal effective *Agnikarma* application.

### **DISCUSSION**

Agnikarma is a traditional Ayurvedic technique that leverages thermal energy to provide therapeutic benefits, particularly in the management of chronic pain and various tissue conditions. As a minimally invasive parasurgical procedure, Agnikarma employs heat to

induce effects such as tissue cutting, coagulation, and wound healing. The technique effectively addresses multiple health issues and showcases a significant resemblance to modern surgical practices like cauterization and laser therapies.

The methodology behind *Agnikarma* can be understood through its intricate connection to the body's physiological responses to heat. By applying thermal energy, the procedure promotes tissue repair and alleviates pain, indicating a comprehensive approach to healing that integrates ancient wisdom with contemporary medical understandings.

Despite its promising applications, there remains a need for further research to substantiate the efficacy and safety of *Agnikarma*. A systematic exploration of its mechanisms, clinical outcomes, and comparisons with modern techniques could pave the way for its broader acceptance and integration into conventional medical practices. This research should aim for rigorous validation and possibly uncover new therapeutic opportunities within the realm of *Ayurveda*.

### **CONCLUSION**

Agnikarma holds potential not only as an effective treatment modality within Ayurvedic medicine but also as a complementary procedure in modern healthcare. With increasing knowledge and ability to explore its applications and validate its effectiveness through scientific research, Agnikarma may significantly contribute to enhancing patient care and expanding therapeutic options for chronic conditions as well as emergency management. The Scope of Agnikarma is immense and this paper opens a gateway to improving the applicability of Agnikarma as a treatment modality.

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