

**THERAPEUTIC POTENTIAL OF AGNIKARMA AND
VIDDHAKARMA IN LIFE STYLE DISORDERS - A REVIEW
ARTICLE**

Dr. Nandana Hanswal*¹, Dr. Preeti Chaturvedi²

¹1st Year MD Scholar, PG Department of Panchakarma, Pt. Khushilal Sharma Govt. (Auto)
Ayurveda College and Institute, Bhopal (MP).

²Reader, Department of Panchakarma, Pt. Khushilal Sharma Govt. (Auto) Ayurveda Auto
College and Institute, Bhopal (MP).

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***Corresponding Author**

Dr. Nandana Hanswal

1st Year MD Scholar, PG Department
of Panchakarma, Pt. Khushilal Sharma
Govt. (Auto) Ayurveda College and
Institute, Bhopal (MP).



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ABSTRACT

Lifestyle disorders emerged as a global health crisis driven primarily due to sedentary behaviour, poor dietary habit and stress. It encompassing conditions such as obesity, chronic pain syndrome like planter fasciitis, sciatica, musculoskeletal disorders including osteoarthritis, lumber and cervical spondylitis, frozen shoulder as well as neuromuscular conditions such as carpal tunnel syndrome. Approximately 1 in 5 adults globally experiences chronic pain. In India, around 19.3% of adults report chronic pain—equating to roughly 180–200 million individuals. In urban India, up to 50–60% of adults may suffer from at least one lifestyle disorders amidst the growing prevalence of these lifestyle related disorders. Traditional therapeutic modalities like *Agnikarma* (therapeutic cauterization) and *Viddhakarma* (therapeutic needling) represents promising, evidence- based therapeutic potential.

Agnikarma utilizes controlled thermal energy to alleviate localized pain, inflammation and neuromuscular imbalance by evacuate the metabolic waste and increasing local blood circulation by vasodilatation also deactivate the myofascial trigger points while *Viddhakarma* involves precise needling at specific anatomical points (*Marma*). Both *Agnikarma* and *Viddhakarma* stimulates peripheral nerves and mechanoreceptors leading to blockage of pain receptors and promotes the release of endorphins there by it ultimately reduces pain and

enhances local mobility. Both therapies offer cost effective, minimal invasive and have a low recurrence rate if performed properly. As para-surgical techniques which is safe sustainable alternative or complement to conventional surgical interventions particularly in chronic pain management associated with lifestyle disorders. Main aim of this article is emphasizing the integrative potential of *Agnikarma* and *Viddhakarma* in mitigating the clinical and economic burden of life style disorders as well as facilitating a paradigm shift in the therapeutic outcomes for lifestyle induced pain syndromes.

KEYWORDS: *Agnikarma, Vidhakarma, pain, lifestyle disorder.*

INTRODUCTION

Lifestyle disorders emerged as a global health crisis driven primarily due to sedentary behaviour, poor dietary habit and stress. It encompassing conditions such as obesity, chronic pain syndrome like planter fasciitis, sciatica, musculoskeletal disorders including osteoarthritis, lumber and cervical spondylitis, frozen shoulder as well as neuromuscular conditions such as carpal tunnel syndrome. Approximately 1 in 5 adults globally experiences chronic pain. In India, around 19.3% of adults report chronic pain—equating to roughly 180–200 million individuals.^[1] In urban India, up to 50–60% of adults may suffer from at least one lifestyle disorders amidst the growing prevalence of these lifestyle related disorders.^[2] *Agnikarma* is one of the prominent para-surgical procedures in Ayurveda, especially significance by *Acharya Sushruta*. It is traditionally believed that ailments managed through *Agnikarma* do not occur again.^[3] *Agnikarma* also known as therapeutic cauterization, which involves the controlled application of heat of the affected body part using mainly by specially designed metabolic instruments called *Shlakas*. *Acharya Sushruta* has mentioned that *Agnikarma* is indicated in cases of intense pain affecting the *Twaka* (skin), *Mamsa* (muscles), *Sira* (veins), *Snayu* (ligaments), *Sandhi* (joints) and *Asthi* (bones), mainly such pain arises due to aggravation of *Vata dosha*.^[4] *Viddhakarma* means therapeutic needling or puncturing also called *Vedhana karma*, it is a precise puncturing or piercing of selected anatomical points (*Marma*) using needles. Life style disorders ultimately causes the pain and a patient having pain often report a continuous sensation of discomfort, which adversely affects their quality of life. Patient frequently expect fast acting solution for pain relief. For this conventional treatment modalities for these disorders often include NSAIDs, physiotherapy, corticosteroid injection, local application of steroidal creams & gel and surgical interventions. Each with limitations such as side effects temporary relief and high cost, *Agnikarma* and

Viddhakarma therapies offer cost effective, minimal invasive and have a low recurrence rate if performed properly. It is safe sustainable alternative or complement to conventional surgical interventions particularly in chronic pain management associated with lifestyle disorders.

MATERIAL AND METHOD

This article is based on narrative review of classical *Ayurvedic* literature, clinical cases studies and contemporary evidence-based publications that evaluate the therapeutic potential of *Agnikarma* and *Viddhakarma* in life style disorders.

DISCUSSION

Probable mode of action of *Agnikarma* and *Viddhakarma* in general

Agnikarma: *Vata dosha* predominantly contributes to painful conditions. *Agnikarma*, through its inherent *Ushna* (hot), *Tikshna* (sharp), and *Snigdha* (unctuous) qualities, helps pacify aggravated *Vata*, thereby relieving pain and stiffness. According to the Gate Control Theory of pain, thermal and tactile stimuli activate large-diameter nerve fibers, which inhibit the transmission of pain signals at the spinal cord level. Additionally, thermal burns or heat-induced stimulation activate multiple nerve pathways, influencing the hypothalamo-pituitary axis to release endorphins. These endorphins act directly on pain receptors to suppress pain perception.^[5] *Agnikarma* utilizes controlled thermal energy to alleviate localized pain, inflammation and neuromuscular imbalance by evacuate the metabolic waste and increasing local blood circulation by vasodilatation also deactivate the myofascial trigger points.

Viddhakarma: *Viddhakarma* exerts its therapeutic action by addressing the imbalance of *Tridosha-Vata*, *Pitta*, and *Kapha*-as well as regulating *Rakta* (blood). It facilitates the clearance of *Srotas* (body channels), thereby releasing the entrapped *Vayu* and allowing it to circulate freely throughout the body. By removing vascular obstructions, it restores normal blood flow and stimulates sensory nerve fibres through peripheral receptors, effectively reducing the transmission of pain signals from the affected area. This stimulation activates large sensory fibres, particularly those associated with tactile receptors and nerve endings, helping to modulate pain signals not only from localized regions but also from broader, segmentally connected areas. The procedure also induces an immune response, prompting the release of endorphins and opioid-like substances, which further alleviate pain. Overall, *Viddhakarma* aids in restoring the homeostatic balance of the doshas and enhances the body's natural healing mechanisms.^[6]

Probable mode of action of *Agnikarma* and *Viddhakarma* in different life style disorders.

Obesity (*Sthaulya*): Although *Agnikarma* is not directly associated with the management of obesity, it plays a supportive role in alleviating the complications arising from it. In cases of obesity, it is helpful in reducing stiffness, discomfort, and mechanical joint pain caused due to excess body weight-especially in conditions such as knee pain and musculoskeletal strain resulting from obesity-related biomechanical stress.

Osteoarthritis (*Sandhivata*): *Agnikarma* indicated in the best treatment for pain occurring in *Asthi* (bones) and *Sandhi* (joints) due to aggravation of *Vata dosha*. In *Sandhivata* the *Ushna Guna* (hot property) of *Agni* counteracts the *Shita Guna* (cold property) of *Vata Dosha*, thereby reducing joint pain. From a modern perspective, localized heat therapy enhances blood circulation at the joint, ensuring better tissue nourishment and facilitating the removal of inflammatory mediators, thus reducing local swelling and inflammation. However, structural changes like osteophyte formation remain unaffected by *Agnikarma*, as these are anatomical alterations. Still, due to the *Ashukari* (rapid-acting) nature of *Agni*, noticeable improvements are seen in joint mobility and a reduction in crepitus.^[7]

Sciatica (*Gridhasi*): According to *Acharya Sushruta*, *Viddha Karma* in *Gridhrasi* should be performed 4 *angula* (finger-breadths) above and below the *Jānu Samdhi* (knee joint) on the lateral aspect of the leg.^[8] In *Viddhakarma*, when a needle is inserted at the site of pain, it helps in alleviating the obstruction of *Vata (Aavrutta Vata)*, promoting its normal flow (*Vatanulomana*), which results in immediate pain relief. During this process, a small amount of blood may also be released, providing a *Raktamokshana* (bloodletting) effect. The penetration of the needle is believed to stimulate the release of neurotransmitters such as endorphins, which act as natural pain relievers by inhibiting the transmission of pain signals.^[9]

Agnikarma acts through its inherent properties-*Ushna* (heat), *Tikshna* (sharpness), *Sukshma* (subtlety), and *Ashukari* (quick action)-to clear blockages in the body's channels (*Srotas*), which helps balance the disturbed *Vata* and *Kapha doshas*. This intervention improves blood flow (*Rasa-Rakta Samvahana*) to the affected area, which helps in removing pain-inducing substances and offers symptom relief. Additionally, the heat from *Agnikarma* stimulates tissue-level metabolism (*Dhatvagni*), aiding in the digestion of local *Ama* (toxins) and enhancing nutrient assimilation from earlier tissues (*Purva Dhatu*). This process ultimately

nourishes and stabilizes the *Asthi* (bone) and *Majja* (marrow) *Dhatus*, leading to significant improvement in the symptoms of *Gridhrasi* (sciatica).^[10]

Planter fasciitis (heel pain): *Acharya Sushruta* equates its therapeutic significance to that of *Basti* in the context of *Kayachikitsa*, referring to it as "half of the treatment." He recommends its use in various disorders such as *Vatakantaka*, *Padadaha*, *Padaharsha*, *Vatasonita*, *Chippa*, *Visarpa*, *Vicharchika*, and *Padadari*. For these conditions, *Vedaana* is advised at a vein located approximately two *Angulas* (around 4 cm) above the *Kshipra Marma*.^[11]

Carpal tunnel syndrome and other neuromuscular and musculoskeletal disorders like lumbar and cervical spondylitis

Although Carpal Tunnel Syndrome (CTS) and other disorders is not directly mentioned in the classical Ayurvedic texts, its clinical features can be correlated with *Vata-dominant* conditions involving *Snayu*, *Sandhi*, and *Marmasthana*. The symptoms such as pain, tingling, numbness, and weakness in affected region resemble with *Vatavyadhi*. *Acharya Charaka* described that *Agni* is the best treatment for *Shoola* (pain).^[12] *Acharya Sushruta* has emphasized the use of *Agnikarma* in incurable conditions, particularly those associated with intense pain in the bones (*Asthi*) and joints (*Sandhi Pradesh*).^[13] He highlights that such painful conditions, which are often resistant to other forms of treatment, respond effectively to the application of therapeutic heat through *Agnikarma*. This procedure not only provides immediate pain relief but also addresses the underlying pathology by removing *Srotovaigunya* (channel obstructions) and pacifying vitiated *Vata dosha*, which is commonly involved in such disorders. Importantly, *Acharya* states that *Agnikarma* offers long-term relief with minimal chances of recurrence, making it a reliable and sustainable approach for chronic and stubborn musculoskeletal conditions.

RESULT

- After reviewing multiple cases and reports significant pain relief was seen within 1-4 seating.
- Low recurrence rates when treatment was followed with some *Shamana* medicine and lifestyle modifications.
- No major side effects in properly administered procedures.

CONCLUSION

Agnikarma and *Viddhakarma* emerge as cost effective, minimal invasive, para-surgical interventions for lifestyle-related disorders, especially in the domain of chronic pain management. By addressing both the symptomatology and the root causes, these therapies hold immense potential in reducing the clinical and economic burden of lifestyle disorders. Their integration can offer a paradigm shift, making healthcare more holistic, sustainable, and accessible. They offer a holistic and sustainable model of pain management, aligning with the growing demand however to realize their full potential in clinical practice, there is an urgent need for the standardization of techniques and therapeutic protocols. Furthermore, randomized controlled trials (RCTs) and longitudinal cohort studies are essential to establish their efficacy, safety, and long-term benefits on a broader evidence-based platform.

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