

AGNI KARMA IN DISORDERS OF URDHWAJATRUGATA REGION AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Agni Karma is an important para-surgical procedure in *Ayurveda*, extensively applied in *Shalakya Tantra*—the branch dealing with diseases of the eye, ear, nose, throat, and oral cavity. It involves the controlled application of heat using *Shalaka Yantras*, which are rods like instruments for therapeutic purposes. The procedure is considered superior to *Shashtra Karma* and *Kshara Karma* due to its ability to provide immediate relief, prevent recurrence, and cause minimal complications. This paper aims to highlight the classical basis, indications, and clinical relevance of *Agni Karma* in *Shalakya Tantra*, emphasizing its significance as a safe, effective, and integrative therapeutic modality bridging traditional wisdom with contemporary clinical practice.

KEYWORDS: *Agni Karma, Shalakya Tantra, Shashtra Karma, Kshara Karma.*

INTRODUCTION

Ayurveda includes eight branches, known as *Ashtanga Ayurveda*, that together form a comprehensive system of health and healing which includes internal medicine, pediatrics, psychiatry, ENT and eye care, surgery, toxicology, geriatrics, and reproductive health. *Shalakya tantra*, one amongst the eight branches of *Ayurveda*, deals with the precious supraclavicular organs, head and neck, the diseases affecting them, and management.^[1] *Agnikarma* is an ancient para-surgical technique described in detail by *Acharya Sushruta* and *Vagbhata*. It is effectively employed both as *Pradhana Karma* (primary procedure) and *Paschat Karma* (post-surgical support). Among *Sastra Karma* (surgery), *Kshara Karma* (alkaline therapy), and *Agnikarma*, the latter is considered superior due to its ability to restore hemostasis and prevent recurrence of disease.^[2]

Classical texts document its use in conditions such as *Arbuda*, *Arsha* of the *Karna* and *Nasa*, as well as ocular and oral diseases including *Pakṣmakopa*, *Pakshmo-poradha*, *Upapakṣma-mala*, *Jalarbuda*, *Medoja Galagaṇḍa*, and *Kṛmidanta*. The procedure offers benefits like pain relief, bleeding control, *Dosha*-pacification, and effective tissue healing with minimal recurrence.

AIMS AND OBJECTIVES

To explore the role *Agni Karma* in *Shalakya Tantra* and its related disease.

MATERIAL AND METHODS

Classical Ayurvedic texts along with their authoritative commentaries were thoroughly reviewed, and references from peer-reviewed medical journals and standard contemporary medical textbooks were also incorporated.

In *Ayurveda Agnikarma*, stands for the *Karmas*, which are done using *Agni*.

Table 1: Agnikarma references.

<i>Samhita</i>	Context
<i>Charaka Samhita Sutrasthana</i> 24/46	<i>Sanyasa Roga Ashulabhkari Upaya</i>
<i>Charaka Samhita Sutrasthana</i> 28/26	<i>Manasa Roga Chikitsa</i>
<i>Sushruta Samhita Sutrasthana</i> 12	<i>Agnikarma Prakarana</i>
<i>Sushruta Samhita Chikitsasthana</i> 1/8	<i>Vrana Upkarma</i> and in <i>Skanadana Karma</i>
<i>Sushruta Samhita Utrasthana</i> 6/60,14/5,16/6	<i>As Vrana Upkarma</i>
<i>Ashtanga Sangraha Sutrasthana</i> 40	<i>Agnikarma Prakarana</i>
<i>Ashtanga Hridya Sutrasthana</i> 30, <i>Utrasthana</i> 25/50-52	<i>Agnikargma</i> and <i>Ksharakarma Prakarana</i> , <i>As Vrana Upkarma</i>

Classification and types

Agnikarma is classified according to the depth of tissue cauterization and the outcome of the procedure.

1. According to *Dhatu Dahana* (tissue involvement)

- *Tvak Dagdha* – involving the skin
- *Mamsa Dagdha* – involving muscle tissue
- *Asthi Dagdha* – involving bone
- *Sira-Snayu Dagdha* – involving vessels and ligaments

2. According to the consequences of cauterization^[3,4]

- *Tuchha/Tuttha Dagdha* – superficial burn of the skin producing severe burning sensation without blister formation.
- *Durdagdha* – improper cauterization leading to blister formation, intense pain, and delayed healing.
- *Atidagdha* – excessive cauterization causing muscle spasm, tissue destruction, deep wounds, severe systemic symptoms, and even fatality.
- *Sudagdha/Samyagdagdha* – ideal cauterization where the desired therapeutic effect is achieved, characterized by restoration of hemostasis, mild exudation, minimal pain, faster healing, and discoloration resembling a ripened palm fruit.

• According to Location of *Dahana Karma*

Agnikarma can be classified in to

Sthanika- *Dahana Karma* is done at the Lesion or at the disease site, like *Puyalasa*, *Pakshmo- poradha*, *Upapakshma*, *Arsha* and *Arbuda* of *Urdhwajatru* etc. and ***Stanantariya*** that is *Dahana Karma* done distant to the site of lesion, Ex. *Gridhrasi*.

- The *Agnikarma* technique can be used as ***Pradhana Karma***. Here the purpose are; diseased tissue destruction, coagulation, prevention of reoccurrence and pain reduction.

• Some of the examples of *Agnikarma* as *Pradhana Karma* are

Arsha, *Arbuda*, *Bedana*, *Abhisyanda*, *Adhimantha*, *Siroroga*, *Bhru Bedana*, *Lalata Bedana*, *Danta Nadi*, *Shlistha Vartma*, *Upa Pakshma*, *Lagana*, *Linganasha*, *Ati Rakta-Srava*, *Pakshma Kopa*.

Agnikarma may be performed as *Paschatkarma* to attain hemostasis following *Siravedha*, to control post-operative hemorrhage such as after tooth extraction in *Krimidanta Chikitsa*, after

filling procedures using *Madhuchishta* and jaggery, and following *Chhedana Karma* of *Arbuda* to prevent recurrence.

Instruments for Agni- Dagdha

The instruments used for *Agni-Dagdha* vary according to the type of *Dahanakarma* and are disease-specific. Selection of instruments depends on the site of the disease and the nature of the tissue involved, considering the heat-absorbing and heat-releasing capacity of the materials used. Various instruments are recommended for different tissues and conditions, as listed in Table No. 2. *Khadira* and *Badara* firewoods are commonly advocated for performing the *Agnikarma* procedure.^[5]

Table No. 2: Instruments in different *Dagdha*.^[6]

Type of <i>Dagdha</i>	Instruments used
<i>Twaka Dagdha</i>	<i>Aja Sakrit, Pippali, Godanta, Shara, Shalaka, Suryakanta Mani</i>
<i>Mamsa Dagdha</i>	<i>Jambostha, Other Metals like, Lauha, Swarna, Tamra, Rajata and Kamshya</i>
<i>Asthi, Sira and Snayu Dagdha</i>	<i>Madhu chhistha</i> (Honeybee wax) and <i>Sneha</i>
<i>Arsha, Bhagandara, Granthi, Nadi Vrana</i>	<i>Jambostha, Madhu, Sneha</i> and Jaggery

Other Instruments and medicines : *Shalaka* like; *Ardhendu Vaktra Shalaka, Kulatha Dal Tulya Shalaka, Suchi, Ghrita, Taila, Yasti* and *Satadhauta Ghrita* are also used for this purpose.

Agnikarma is recommended in all seasons except *Grishma* and *Sharad Ritu*.^[7]

Poorvakarma (Pre-Operative Procedure of Agnikarma)

Before performing *Urdhwajatrugata Agnikarma Chikitsa*, the patient should consume a light, easily digestible (*Pichhila*) diet and should not be on an empty stomach, except in certain *Mukha Roga* cases.^[8] Important pre-operative considerations include the season (*Ritu*), involvement of *Marma* points, the site of the disease (*Vyadhi Sthana*), and the affected *Dhatu*.^[9]

Pre-Operative Protocol in Ayurveda

- Preparation of the *Shalaka* and arrangement of a smoke-free fire.
- Preparation of *Madhu–Ghrita* mixtures along with other necessary emergency medicines and equipment.

- Offering prayers or performing rituals to stabilize the patient's psychological state and promote relaxation.
- Positioning the patient with the head towards the East, adjusted according to the lesion's location.
- Disinfection or cleansing of the treatment area, commonly with *Triphala Kashaya*.
- Assistance by attendants to immobilize the patient during the procedure.

Pradhana Karma (Principal Procedure of Agnikarma)

The desired *Agni-Dagdha* lesions are created over the affected tissue. The size and shape of the lesions depend on the type of disease and tissue involved. Classical shapes include.^[10]

- *Valaya* (circular)
- *Bindu* (dot)
- *Vilekha* (lines or patterns)
- *Pratisarana* (rubbing at the site with heated Shalaka)

Additional shapes described by *Bagvattacharya* include *Ardha-Chandra* (crescent), *Swastika* (eight limbs in different directions), and *Ashtapada*^[11] (specific *Swastika* pattern).

***Paschat Karma*^[12] (Post-Operative Management)**

For wound healing (*Ropana Karma*), materials such as *Snigdha* and *Sheeta Dravya*, or thick pastes prepared from *Yashtimadhu Choorna*, combined with *Madhu* and *Ghrita*, are applied. Some practitioners also use pastes containing *Ghritakumari* and *Haridra* to promote healing and reduce inflammation.

***Complications of Agnikarma*^[13]**

Although *Agnikarma* is an effective therapeutic modality, it is associated with certain complications. Improper execution of the procedure may even prove fatal. Faulty handling can lead to the formation of blisters, intense burning sensation, severe pain, excessive thirst, fainting, destruction of tissues such as *Sira*, *Snayu*, and *Mamsa*, deep wounds, features of *Atidagdha* and *Durdagdha*, and in extreme cases, death.

***Pramadadagdha*^[14]**

Pramadadagdha refers to excessive or improper burning caused by the physician. It is classified into four types: *Tuttha Dagdha*, *Durdagdha*, *Samyagdagdha*, and *Atidagdha*.

Contraindications of Agnikarma^[15]

Agnikarma is contraindicated during *Sharad* and *Grishma Ritu*. It should be avoided in patients with aggravated *Pitta*, wounds containing *Shalya* (foreign bodies), in ocular structures except the *Vartma Mandala*^[16] (eyelids), multiple *Vrana*, over *Marma* points, and in patients who are *Bala* (children), *Vridhdha* (elderly), *Bheeru*, or *Durbala* (weak). It is also contraindicated in conditions where *Swedana* is prohibited, such as *Pandu*, *Meha*, *Trisha*, and *Raktapitta*.

***Samyak Yoga Lakshana*^[17]**

The signs of proper *Agnikarma* include cessation of bleeding in *Siravedha* and excessive hemorrhage, specific auditory signs during *Twak Dagdha*, discharge of *Lasika*, color changes resembling *Tala Phala* or *Kapota Varna*, destruction of diseased tissue in *Arbuda*, and rapid wound healing.

***Dagdha Chikitsa*^[18]**

In cases of *Samyagdagdha*, a paste prepared from *Tugakshiri*, *Plaksha*, *Raktachandana*, *Guduchi* (*Giloy*) powder, and *Ghrita* is applied locally. If healing does not occur, the condition should be managed according to the treatment principles of *Pittaja Vidradhi*. For *Durdagdha* lesions, *Sheetala Upachara* (cooling measures), *Ushna Upachara*, application of *Shatadhauta Ghrita*, and *Sheeta Parisheka* are advised. In *Atidagdha* conditions, treatment protocols similar to those of *Pittaja Visarpa* are recommended.

Agnikarma in Urdhwajatrugata Roga

The classical concepts and procedural guidelines of *Agnikarma* are comprehensively described in *Sushruta Samhita* (*Sutra Sthana* 12), *Ashtanga Sangraha* (*Sutra Sthana* 40), and *Ashtanga Hridaya* (*Sutra Sthana* 30). In the context of *Shalakya Tantra*, *Agnikarma* is specifically indicated for conditions involving tissue destruction such as *Arsha* and *Arbuda*, disorders of *Vartma*, for pain management, and for achieving hemostasis, as in dental extraction procedures.

SIRO ROGA

1. In *Siro Roga*, *Twak Daha* is performed over the *Bhru*, *Lalata*, and *Sankha Pradesha*^[19] using *Suryakanta Mani*, *Pippali*, *Aja Sakrit*, cow tooth, *Shara*, and *Shalaka*.
2. In *Vataja Siro Shoola*, when *Vata* is not pacified by conventional *Chikitsa Upakrama*, *Agnikarma* is indicated.^[20]

3. *Ardhavabhedaka* (hemicrania) is also managed with *Dahana Karma* or *Agnikarma* as one of the therapeutic modalities.^[21]

NETRA ROGA

1. ***Bhru Bhedana***: *Twak Daha* is performed over the *Bhru*, *Lalata*, and *Sankha Pradesha* using *Suryakanta Mani*, *Pippali*, *Aja Sakrit*, cow tooth, *Shara*, and *Shalaka*.^[22]
2. ***Pakshma Roga***: When the condition does not respond to *Shashtra Karma*, *Kshara Karma* or *Agnikarma* is advised. The eyelid is everted, and *Pratisarana* with *Kshara* or *Agni* is carried out on the vitiated *Bali* (trichiasis).^[23]
- ***Pakshmoparodha***: *Agnikarma* is performed after eversion of the eyelid over the diseased cilia and hair roots. The affected cilia are first epilated using *Sadamsha Yantra*, followed by *Dahana Karma* of the follicle.^[24] A *Lauha Shalaka* is used, and the eyeball is protected with a wet cloth during the procedure.^[25]
- ***Upapakshmamala***: Managed by *Agni* or *Kshara Pratisarana*.^[26]

3. Vartma Roga

- In ***aggravated Vartma Roga*** or in the presence of complications (***Upadrava Yukta***), *Agnikarma* is performed at intervals of *Mudga Matra*, employing *Bindu* type *Twak Daha*.^[27]
- In cases of ***Arbuda***, the lesion is excised from its base, followed by *Lekhana* and *Pratisarana*, and then *Kshara Karma* and *Agnikarma* are applied.^[28] During the procedure, the *Drishti* (cornea) is protected with a wet cloth or cotton, and *Agnikarma* is carried out at the lid margin over the hair follicles.^[29]
- ***Lagana***: In large-sized *Lagana*, *Kshara* and *Agnikarma* are recommended.^[30] If the condition does not resolve with *Kaphotklishtha Chikitsa*, *Agnikarma* is subsequently advised.^[31] After proper *Siravedha* (venesection), *Agnikarma* is performed using *Jambostha*, *Shalaka*, *Suchi*, *Madhuchishtta*, *Guda*, and *Sneha* over the stabilized *Sira*.^[32]
- In ***Visha Vartma***, *Agnikarma* is mentioned as one of the effective treatment modalities.^[33]
- In ***Shlishta Vartma***, *Mamsa Daha* is performed using *Madhu-Sneha*, *Guda*, and *Jambostha Yantra*.^[34]
- In conditions such as ***Ati Rakta Pravritti*** (excessive hemorrhage), ***Shlishta Vartma***, ***Upapakshma***, ***Lagana***, ***Linganasha***, and ***Danta Nadi*** - *Agnikarma* is performed after proper *Siravedha* (venesection). Instruments such as *Jambostha*, *Shalaka*, and *Suchi* are

used along with *Madhuchishta*, *Guda*, and *Sneha*, applied over the stable *Sira*^[35] according to the disease condition. In certain cases, *Mamsa Daha* may also be adopted.

- In ***Upapakshma*** - *Agnikarma* or *Kshara Karma* is carried out after eversion of the eyelid. The procedure involves prior marking of the target area (*Lakshya Chihnana*), followed by *Agnikarma* and subsequent wound management (*Vrana Vat Upachara*).^[36] After proper *Siravedha*, *Agnikarma* is again performed using *Jambostha*, *Shalaka*, *Suchi*, *Madhuchishta*, *Guda*, and *Sneha* over the stable *Sira*.^[37]
- In cases of ***Arsha*** and ***Arbuda*** affecting the eyelid, *Mridu Swedana* is first performed. The eyelid is then everted, and the mass is lifted using a *Suchi*. Excision of the lesion is carried out, followed by *Pratisarana*. Once hemostasis is achieved, *Agnikarma* is performed with a red-hot *Shalaka* to destroy any remaining diseased tissue.^[38]

4. ***Sandhigata Roga***

- In *Puyalasa* (*Pilla Roga*), when the condition does not respond to conventional treatment modalities, *Agnikarma* performed with a *Sukshma Shalaka* is found to be beneficial.^[39]
- In ruptured *Alaji* or *Bahya Alaji*, *Lekhana Karma* followed by *Kshara Karma* and *Agnikarma* is indicated.^[40]
- In *Bahya Alaji*, incision followed by *Kshara* or *Agnikarma* is recommended.^[41]

5. ***Sarvagata Roga***

- In *Abhishyanda*, *Twak Dagdha* is advised over the *Bhru*, *Sankha*, and *Lalata* regions using *Suryakanta Mani*.^[42]
- In *Adhimantha*, if *Vataja Adhimantha* does not respond to oral medications, *Twak Dagdha* over the *Bhru*^[43], *Lalata*, and *Sankha Pradesha*^[44] using *Suryakanta Mani*^[45] is recommended.
- If the condition persists despite *Oushadha* and *Sira Mokshana*, *Agnikarma* over the *Bhru* is advised.^[46]
- Similarly, if *Adhimantha* is not relieved after *Sira Chhedana*, *Agnikarma* above the *Bhru* is indicated.^[47]

6. ***Drishtigata Roga***

- In *Nili* and *Linganasha*, after proper *Siravedha*, *Mamsa Daha* is performed using *Jambostha*, *Shalaka*, *Suchi*, *Madhuchishta*, *Guda*, and *Sneha* over the stable *Sira*.^[48] *Daha Karma* may also be applied at the *Bhru Madhya*.^[49]

- In *Linganasha*, *Twak Daha* using *Suryakanta Mani* is performed.

Inflammation, pain, and bleeding occurring after *Siravedha* at *Apanga* in *Linganasha* are managed by *Agnikarma* at *Bhru Madhya*. Post-*Siravedha* pain is further alleviated by *Parisheka* with *Ghrita Paka* prepared using *Yashtimadhu* and milk, or by *Dahana Karma*.^[50]

Contraindication in *Netra Roga*:

Agnikarma is contraindicated over the *Shukla* and *Krishna Bhaga* of the eye.

NASAGATA ROGA

- In nasal disorders, *Mamsa Daha* is indicated using *Jambostha*, *Suchi*, *Shalaka*, along with *Ghrita*, *Guda*, *Madhu*, *Yashtimadhu*, *Taila*, *Vasa*, *Sneha*, and metals such as *Swarna*, *Lauha*, *Raupya*, and *Kamsya* in cases of *Arsha* and *Arbuda*.
- In *Nasarsha* and *Nasa Arbuda*, the general management includes excision followed by *Agnikarma*, as *Agnikarma* is a standard treatment protocol for *Arsha* irrespective of its site.^[51] In these conditions, *Agnikarma* or *Kshara Karma* is followed by application of *Pichu Varti* prepared from *Danti Beeja*, *Nishotha*, *Saindhava*, *Manahshila*, *Haratala*, *Pippali*, and *Chitraka Moola*, mixed with *Ghrita* and *Madhu*.^[52]
- In *Sthula Arsha*, *Chhedana Karma* followed by *Dahana Karma* and *Sheeta Pradeha* is recommended.
- In *Arbuda*, the mass is held using *Badisha Yantra*, excised with *Mandalagra Shastra*, followed by *Taila Dahana* using a *Shalaka*, and cooling applications (*Sheeta Pradeha*) over the wound.^[53]
- In *Kaphaja Arbuda*, flies are attracted by application of *Kulatha Kalka*, *Mamsa Kalka*, *Dadhi*, and *Matsya*, leading to the formation of *Krimi*, which feed on the diseased tissue. This is followed by *Lekhana Karma* of the remaining mass and *Agnikarma*. Careful application of *Kshara* and *Agnikarma* is also advocated in the management of *Kaphaja Arbuda*.^[54]

KARNA ROGA

- In *Karna Arsha*, the standard management includes excision of the lesion followed by *Agnikarma*.^[55] *Arsha* and *Arbuda* of the ear are managed on the same principles as *Nasa Arsha* and *Nasa Arbuda*, which involve the application of *Kshara* and *Agnikarma* followed by insertion of *Pichu-Varti* into the external auditory canal.^[56] The *Pichu-Varti* is prepared using *Danti Beeja*, *Nishotha*, *Saindhava*, *Manahshila*, *Haratala*, *Pippali*, and

Chitraka Moola, mixed with *Ghrita* and *Madhu*.^[57] In cases of large *Arsha*, *Chhedana Karma* followed by *Agnikarma* is indicated.^[58]

- In *Karna Arbuda*, the tumor mass is held using a *Badisha Yantra* and excised with a *Mandalagra Shashtra*. This is followed by *Taila Dahana* using a *Shalaka*, and *Sheeta Pradeha* is applied over the wound to promote healing.^[59]

MUKHA ROGA

Ostha Roga

- In *Medoja Ostha Roga*, *Swedana* is performed prior to incision, after which the *Meda* is removed. This is followed by *Pratisarana* and *Agnikarma*.^[60] The adipose tissue may also be excised using *Vedana Karma* followed by *Agnikarma*, and subsequent *Pratisarana Karma* is carried out using drugs such as *Priyangu*, *Lodhra*, and *Triphala*.^[61]
- In *Jalarbuda*, when the lesion is large or extends into deeper tissues, *Kshara Karma* or *Agnikarma* is performed, followed by *Ropana Karma* to facilitate healing.^[62]

Dantamoolagata Roga

• *Danta Vidradhi*

In cases of *Danta Vidradhi* that are hard and deeply seated, *Vedana Karma* (incision) followed by *Agnikarma* is advised.^[63] When the abscess attains suppuration (*Paka*), incision followed by *Agnikarma* is indicated to promote proper drainage and healing.^[64]

• *Vardhana / Kalli Vardhana / Adhidanta*

In conditions such as *Vardhana*, *Kalli Vardhana*, and *Adhidanta*, if tooth extraction is followed by excessive bleeding, *Agnikarma* along with *Ropana Karma* is recommended to achieve hemostasis and facilitate healing.^[65]

• *Danta Nadi*

In *Danta Nadi*, after appropriate *Siravedha* (venesection), *Agnikarma* is performed using *Jambostha*, *Shalaka*, and *Suchi*, along with *Madhuchishta*, *Guda*, and *Sneha*, applied over the affected area and the stabilized *Sira*.^[66] In cases where the involved tooth presents with zigzag, deeply seated multiple sinuses, the cavity is filled with wax (*Madhuchishta*) and jaggery, followed by *Agnikarma* using a *Shalaka*.^[67]

If *Nadi Vrana* fails to heal after excision of the diseased *Danta Mamsa*, extraction of the affected tooth followed by *Agnikarma* is indicated^[68]. When the sinus is located near the tooth, excision of the diseased gingiva followed by *Agnikarma* is recommended.^[69]

Danta Roga

- ***Dalana / Sheeta Danta***

In *Dalana* or *Sheeta Danta*, *Swedana Karma* is first performed over the *Danta Moola*, followed by *Lekhana Karma* using *Brihi Mukha Shastra*. This is followed by *Daha Karma* with warm oil (*Ushna Taila*) and subsequent *Pratisarana*.^[70]

- ***Krmidanta***

In *Krmidanta*, the tooth cavity is filled with *Madhuchishta* mixed with *Guda* or *Ghrita*, followed by *Agnikarma* using a blunt and curved *Shalaka*^[71]. After extraction of a mobile tooth, *Agnikarma* is indicated to control bleeding and achieve hemostasis.^[72]

- ***Adhidanta***

Following tooth extraction in *Adhidanta*, *Agnikarma* is performed to facilitate *Rakta Skandana* (coagulation) and prevent post-extraction haemorrhage.^[73]

Kantha Roga

- ***Medoja Galaganda***

In *Medoja Galaganda*, incision is performed initially, followed by removal of *Meda*. This is succeeded by *Daha Karma* using heated *Meda*, *Madhu*, *Majja*, and *Ghrita*. Subsequently, application of *Madhu* and *Ghrita*, along with *Lepa* prepared from *Kashisa*, *Tuttha*, and *Gorochana Choorna*, and appropriate *Vrana Upakrama* such as *Gaadha Bandha* (tight bandaging), are advised.^[74]

If *Medoja Galaganda* does not respond to *Shastra Karma*, *Dahana Karma* using *Vasa*, *Ghrita*, or *Madhu* is performed, followed by *Vrana Ropana Karma*.^[75] *Agnikarma* is considered one of the important treatment modalities for *Medoja Galaganda*.^[76]

- ***Gandamala***

Agnikarma is also indicated as an effective therapeutic measure in the management of *Gandamala*.^[77]

DISCUSSION

Agnikarma, a classical cauterization technique, is an important therapeutic modality in *Shalakya Tantra* for managing disorders of the head, eyes, ears, nose, and oral cavity. It can be used as *Pradhana Karma* (primary treatment) or *Paschat Karma* (post-procedure) to relieve pain, achieve hemostasis, destroy diseased tissue, and prevent recurrence of conditions such as *Arsha*, *Arbuda*, *Granthi*, *Puyalasa*, and chronic sinus or fistula. Clinically, it is applied in *Siro Roga* for headache and neuralgias, in *Netra Roga* for trichiasis and eyelid lesions, in *Nasagata Roga* for nasal polyps (*Arsha*), in *Karna Roga* for ear masses, in dental disorders like *Danta Vidradhi* and post-extraction bleeding, and in oral and throat disorders such as *Medoja Galaganda* and *Gandamala*. The procedure works by thermal cauterization, destroying vitiated tissue, controlling bleeding, and initiating healing. Proper execution, including precise contact time and protective measures, is essential to avoid complications. *Agnikarma* remains a versatile, minimally invasive, and effective modality in managing *Urdhwajatrugata Roga*.

CONCLUSION

Agnikarma is a classical Ayurvedic therapeutic procedure with a long-standing application in *Shalakya Tantra*, addressing disorders of the head, eyes, ears, nose, and oral cavity. It plays a pivotal role in the management of conditions such as *Arsha*, *Arbuda*, *Granthi*, *Puyalasa*, chronic sinus tracts (*Nadi Vrana*), trichiasis, and post-extraction complications. The procedure is unique in its dual role, serving both as *Pradhana Karma* (primary treatment) for directly addressing pathological tissues and as *Paschat Karma* (adjunctive or post-procedure therapy) to control pain, achieve hemostasis, and prevent recurrence. The therapeutic efficacy of *Agnikarma* lies in its ability to selectively destroy vitiated tissue, coagulate blood, relieve pain, and stimulate localized healing. Its application requires precise knowledge of disease pathology, tissue type, and anatomical location, as well as careful consideration of contact time, temperature, and protective measures to minimize complications such as burns or tissue necrosis. *Agnikarma* can be effectively integrated with other Ayurvedic modalities such as *Kshara Karma*, *Vedana Karma*, and *Pratisarana* for comprehensive management.

In modern practice, *Agnikarma* offers a minimally invasive, safe, and effective option for the treatment of chronic, recurrent, or localized head and neck conditions. Its continued relevance underscores the value of classical Ayurvedic techniques in contemporary clinical settings, bridging traditional wisdom with present-day therapeutic needs.

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