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A Review: Agnikarma (Thermal Microcautery) is A Highly Effective Treatment for Pain Conditions.

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ABSTRACT-

Agnikarma (thermal cauterization), one of the para-surgical techniques in Ayurveda, is the term for treatment using purposeful therapeutic heat burns. Thermal cauterization is another name for it. This purposeful heat burn therapy can be used to treat a variety of painful problems such joint pain, sciatica, tendinopathies, headaches, abdominal cramps/discomfort, and a few convulsive disorders like epilepsy, schizophrenia, psycho-somatic disorders, and some skin diseases. Since the dawn of time, agnikarma has been utilised extensively in therapeutic settings and is credited with providing both rapid and long-lasting comfort, according to Indian traditional medicine

त्वऽ.मांससिरास्नायुसंध्यस्थितेऽत्यग्ररुजि वायौ I(SU.SU.12/10)

All Ayurvedic teaching institutions in India use this para-surgical technique, and numerous researchers have published their studies on Agnikarma's effects on musculoskeletal problems. This chapter critically evaluates the idea of agnikarma, a quick technique, and published evidence-based research studies on OA of the knee joint treated with agnikarma. The expertise of the Indian traditional para-surgical technique for OA knee joints in particular and musculoskeletal problems in general is contributed by this chapter.

KEY WORDS- Agnjikarma, cauterization, traditional medicine etc.

INTRODUCTION-

In accordance with Sushruta, cauterization is a superior Anu-shastra Karma (para-surgical treatment), and in patients who underwent the cauterization procedure, the disease typically did not return [1]. Different materials heated to different temperatures are used for Agnikarma depending on the disease; that is, different materials and temperatures are chosen for the treatment depending on the disease and its predominating doshas (body humours); for instance, less hot shalakas (probes) are used for Agnikarma on the skin. RukshaAgnikarma is cauterization using hot metal, whereas SnigdhaAgnikarma is cauterization using heated liquids, semi-liquids, or fats. Skin problems are examples of localised diseases that are treated with localisedAgnikarma (sthanika), whereas distant diseases are treated with distant Agnikarma (sthanantriya).

In the Ayurvedic texts, four different shapes of agnikarma are described: Valay, which is circular, Bindu, which is dotted with pointed objects, Vilekha, which is linear, and Pratisarana, which is generated by rubbing a heated object over the site to the necessary degree (Acharya Sushruta) .. Ardachandra, which is semilunar or crescent-shaped, Swastika, which is cross-shaped, and Ashtapada, which has eight arms or limbs (Acharya Vagbhata), are three further shapes of Agnikarma.

The four types of agnikarma are twakdagdha, mamsadagdha, sirasnayudagdha, and sandhi asthidagdha, depending on the depth and tissue involved.

GLOSSARY-

Therapeutic Heat Burn: Agnikarma

Fire/Heat Karma Action and Procedure: Agni

DahanKarma: Burning Heat

KrimiChikitsa -Treatment for microorganisms

Medicine from BhesajaYadnya: A religious practise involving the burning of plant or herbal barks

Shastrakarma: a surgical procedureAyurvedic Caustic medicine

Ksharakarma:Treatment via shock with trazana

INDICATIONS OF AGNIKARMA-

स्रेहोपनाहाग्निकर्मबन्धनोन्मर्दनानि च ।

सायुसन्ध्यस्थिप्राप्ते कुर्यात् वायावतन्द्रितः ॥ (SU.SU.04/08)

In books where agnikarma is recommended as a treatment, a range of ailments and conditions related to the musculoskeletal system, eyes, ENT, hernias, sciatica, elephantiasis, haemorrhoids, sinuses and fistulae, headache, and benign neoplasms have been described.

The aforementioned claim is supported by the clues provided in Sushruta Samhita, the Ayurvedic literature. Based on this idea, a few clinical trials are carried out in Ayurveda research centres and published in journals with PubMed indexes. Tennis elbow, lumbar spondylosis, osteoarthritis of the knee, sciatica, migraine, and benign growths like warts are the clinical examples supporting the use of agnikarma in the treatment of musculoskeletal problems. Review papers, trigger fingers, calcaneal spurs, de Quervain's tenosynovitis, plantar fasciitis, cervical erosion, gynecomastia, and mucocele are among the clinical pieces of evidence in the context of Agnikarma in musculo-skeletal illnesses with doi numbers.

In the context of Agnikarma in the management of musculoskeletal problems, clinical data outside of PubMed-indexed papers includes corn, a direct inguinal hernia, osteoarthritis of the knee, cervical spondylosis, plantar fasciitis (calcaneum spur), and sciatica.

CONSEQUENCES OF AGNIKARMA-

It should not be done in Pitta Prakriti (Pitta-dominating body constitution), Bhinnakosthas (abdominal perforations), Dourbalya (general debility), Vriddha (old age), Baala (children), Bheeru (fearful or bogey man), a person afflicted with a large number of Vrana (multiple wounds), Antahshonita (internal haemorrhage) , and a person who is unfit for svedana (unfit for hot fomentation) (AnuddhritaShalya). Agnikarma is prohibited in the vrana of snayu (tendon or ligament injuries), marma (vital parts), Netra (eyes), kushtha (leprosy), and vrana with visha and Shalya (wounds with poison or retained foreign body), according to Acharya Charaka.

AN APPROPRIATE SEASON OR TIME (RITU) FOR AGNIKARMA-

With the exception of Grishma (summer) and Sharad (severe winters), agnikarma can be performed year-round. Because Pitta is already vitiated in Sharad and Agnikarma aggravates Pitta, additional Pitta vitiation may result. The temperature of the surrounding area rises during the Grishma season, while the patient's Bala (vital force) remains low. After taking the proper precautions to safeguard the patients from problems, it may be used even throughout these seasons in urgent situations that are only susceptible to agnikarma.

MATERIALS AND METHODS USED FOR AGNIKARMA-DAHNOPAKARANA-

The many types of Dahnopakarana have been lucidly explained in classic writings. Dahnopakarana is a term for the items and materials utilised in the Agnikarma method, including but not limited to the medications, objects, and substances. Every one of these accessories has a special quality and use in dahnopakarana.

According to the Agnikarma website, Acharya Sushruta specified the following materials: 1) Twakadagha: Pippali, Ajasakrida, Godanta, Shara, Shalaka; 2) Mamsadagha: JambhavstaShalakla and Other Metals; and 3) Sira, Snayu, Sandhi and Asthidagha: Madhu, Jaggery, and Sneha. Godanta and Suryakanta should be employed for Twakadah, says Acharya Vagbhata. For the agnikarma of Arsha, Bhagandara, Granthi, and Nadirana, it is recommended that Madhu, Sneha, Jambavastha, and Jaggery be used.

The type of Dahnopakarana and the quantity of Agni are determined by the disease's state and location. It has been stated that Agni must be sufficiently hot to heat Dahnopakarana and be smoke [insert space] free (Nirdhoom). Additionally, it has been stated that iron or panchadhatu probes should be utilised in anabolic and hyper-growth circumstances and that gold or silver probes should be used for catabolic or degenerative disorders.

AGNI KARMA CAN BE CATEGORISED BASED ON A NUMBER OF CHARACTERISTICS-

1. Dravyas utilised
2. The site's location
3. The disease's nature
4. The akriti's kind (form or picture)

5. The need to cauterisedhatus.

i. Dravyas uses: a. Snigdha Agni Karma, which is carried out by the aid of Madhu, Ghrita, and Taila. Sushruta advised using them for deep structures like snayu and Sira.

b) Pippali, Shalaka, and Ajasakrida performed Ruksha Agni Karma. They should be utilised for Twakadagdhā, says Sushruta.

ii. The Site states the following:

a) Sthanika (Local): Also known as Vicharchika, Arsha, etc.

b) Sthanantariya: Visoochika and Apachi (distal to the illness location)

iii According to the Illness:

a) Agni Karma comes in a variety of forms. For instance, it should be carried out following surgical excision for disorders like Arsha and Kandara. The procedure for a sinus fistula and an ano should be done after the incision.

b) In Krimidanta, it must be carried out after the cavity has been filled with jaggery, madhuchhista, etc.

iv. According to Akriti

Acharya In his commentary on Sushruta's SushrutSamahita, Dalhana made distinct mention of the shapes of AgniKarma. Dalhana said that Shalaka's tip ought to be pointed. Seven different forms are present.

1) Valaya: a ring-shaped object that is noted to be utilised

2) Bindu: a round disk-shaped being

3) Vilekha: As depicted in Figure, it is created from a heated shalaka using a variety of shapes.

4) PratiSarana: Has no particular shape and involves rubbing a hot Shalaka over the designated spot.

5) Ardhchandra: has a crescent-shaped shape,

6) Swastika: a Swastika Yantra's particular shape, and

7) Astapada: It has eight limbs that point in various directions.

Sushruta describes the first four shapes, but the final three shapes describes by the Vagbhata.

iv. line with SapthaDhatus-

The SapthaDhatus should be used to perform Agnikarma, according to Acharya Sushruta and Vagbhata. As a result, Acharya Vagbhata makes the following claim:

Twakadagdhā is first, followed by Sira and Snayudagdhā and Mamsadagdhā.

Sushruta divided it into two groups, the Twakadagdhā and the Mamsadagdhā, in contrast to Asthi Sandhi dagdhā (A.H.Su. 30/4).

Except for Tuaka and Mamsa, Agnikarma has been contraindicated by Acharya Kashyapa and Bhadrashounaka for all other dhatus.

HOW IS AGNIKARMA PERFORMED ON-SITE-

Shirog (headache, migraine, trachoma, etc.) requires the rod to be softly positioned on the frontal region, preferably with good spatial resolution, between the eyebrows. The rod should be positioned near the roots of the eyelashes in the event of an eye condition (Entropion). The rod should be positioned at the area of most tenderness for pain and Vataja illness, including heel pain, calcaneal spur, Sandhitgatvata, Ama vata, frozen shoulder, sciatica, and cervical spondylosis. The rod in an incomplete inguinal hernia should be positioned at the superficial inguinal ring or on the great toe on the side of the hernia. Heat should be given to any cyst, lump, wart, tumour, piles, fistula, or bleeding diseases. Before beginning treatment, it is important to accurately identify the site of the sickness and apply the medication to soft portions of the body. Prior undergoing Agni Karma, patients must be fed a pichhila diet. This is known as Agni Karma PurvaAhara. In cases of urolithiasis, fistula-in-ano, abdominal disorders, haemorrhoids, and diseases of the oral cavity, it should be done on an empty stomach.

Assessment of Agni Karma PurvaParikshna Complete examination should be done before beginning any surgical or parasurgical technique. Prior to performing Agni Karma, the patient should undergo a complete checkup and information about the condition, season, and lesion shape should be recorded.

POORVA KARMA PROTOCOLS:

Even though Agnikarma is not considered conventional medicine, the patient's agreement to get the treatment is first and foremost required. Next, regular blood checks including complete blood counts and blood sugar levels should be made. In some circumstances, Tetanus Toxoid -Intramuscular can be used to prevent symptoms like tetany post-burn. The damaged area should then be precisely diagnosed. The procedure should be fully explained to the patient.

The patient should also be made aware of the post-burn pain in order for him or her to cooperate, mentally prepare for the process, and refrain from interfering with therapy. The chosen spot is then washed with "normal saline" or "Triphalakwatha."

Routinely, the operative site is cleansed with spirit while giving injection or during dressing of wound. Finally, the area is covered with sterile drape.

PRADHANKARMA-

15–30 Bindu (Bindu type) of SamyakDagdhaVrana were made at Antara–Kandara–Gulpha–Madhya (popliteal fossa and at the level of sciatic notch).

A 12angul (or around 1 centimetre) distance was kept between each SamyakDagdha.

PASHCHATKARMA-

On SamyakDagdhaVrana, Ghritakumari gel was administered to relieve the immediate burning feeling.

SamyakDagdhaVrana was dusted with Yashtimadhu Churna and covered with a piece of sterile gauze.

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