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Ayurveda Perspective of Agnikarma - A Review

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Abstract

Various techniques for managing diseases have been stated by Sushruta, including Bheshaja karma, Kshara karma, Agni karma, Shastrakarma, and Raktamokshana. In relation to diseases such as Arsha, Arbuda, Bhagandar, Sira, Snayu, Asthi, Sandhigata Vata Vikaras, and Gridhrasi, the Agni karma method has been discussed. "Agnikarma" is one of these non-surgical methods. Sushruta has given Agnikarma a unique place in surgery, and it is thought that diseases healed by Agnikarma never come back. Agni is regarded as a very high-quality therapy since diseases treated with it do not recur, and fire therapy can cure diseases that are incurable with medication, surgery, or alkali application. These days, it's referred to as cauterization or therapeutic

burns. The article covers a wide range of topics related to agnikarma and how it is used nowadays.

Keywords: Agnikarma, Dagdha, Cauterization, Parasurgical measures.

Introduction

One of the most prominent systems of Ayurveda is Shalyatantra, which includes important treatments including Bheshaja, Kshara, Agni, Shastra, and Raktamokshana karma. Out of all of them, Agni karma is the best and has been shown to be beneficial in cases when the ailment is locally associated with the Vata and Kapha doshas. The phrases "Agni" and "Karma," which stand for fire and procedure, respectively, or the process by which Agni treats illness, are combined to form the word "Agnikarma." This type of heat burn therapy is therapeutic and helps to relieve pain from a variety of

severe diseases. According to our Ayurvedic classics, Agni's Ushna Guna (hot property) balances the Vata-Kapha Doshas and raises Dhatwagni even more. Among these, Agnikarma is more effective and beneficial for the local Vataj and Kaphaj Vyadhi since it treats diseases that do not return and provides patients with immediate relief. Agni karma is indicated in many critical diseases like Arsha, Arbuda, Bhagandara, Apachi, Antravridhi, Gridhrasi, and Sandhigata Vata Prakopa. Agnikarma is a cost-effective procedure that has no side effects and can be administered to ambulatory individuals

Review of Agnikarm

• Definition of Agni Karma

The Agni Karma word made up with combination of two words - Agni and Karma (i.e. fire and procedure). In short, we can say as a procedure done by Agni for treating a disease.³

Dahnopakarana used for Agnikarma

Various Dahnopakarana have been documented in classical literature as part of the descriptions of diseases that Agni Karma treats. Accessories like as medications, items, and materials used for Agni Karma are referred to as dahnopakarana. Every one of them has a unique characteristic in dahnopakarana. Here is a list of Dahnopakarana that can be found in texts:

Table 1: Showing Dahnopakarana used for Agni Karma⁴.

Dahnopakarana				
Pipali	Loha	Suchi	Varti	Tamra
Aja Shakrida	Jambavastha	Sneha	Majja	Rajata
Godanta	Kshaudra	Ghrita	YastiMadhu	Kansya
Shara	Madhuchhista	Taila	Suryakanta	
Shalaka	Jaggery	Vasa	Hema	

Acharya Sushruta has indicated the materials by name according to the site of AgniKarma⁵

- Twakadagdha- Pippali, Ajasakrida, Godanta, Shara, Shalaka.
- ➤ Mamsadagdha Jambhavsta Shalakla and Other Metals.
- Sira, Snayu, Sandhi and Asthidagdha Madhu, Jaggery and Sneha.

Heating Time of Dahnopakarana used for Agnikarma⁶

Table 2: Showing heating time of Dahnopakarana used for Agni Karma.

Sr. No	Dahandrvya	Instrument of Heating	Period of Heating	
1	Raupyashlaka	High-pressure Gas	10-15 Second	
2	suwarnashlaka	High-pressure Gas	10 second	
3	suwarnasuchiwashlaka	High-pressure Gas	2-3 second	
4	Tamrashlaka	High-pressure Gas	6 second	
.5	Haridrakhnada	Candle	40 second	
6	Lendipipli	Candle	50 second	
7	Gajapipali	Candle	60 second	
8	Aja skhrut	Candle	55 second	

Agni Karma, it can be classified on various basis as below:

According to type of Dravya

- Snigdha Agni Karma: AgniKarma done byMadhu, Ghrita,Taila etc.
- Ruksha Agni Karma: Agni Karma done by Pippali, Shalaka, Ajasakrida etc.

According to the Disease

- ➤ In the disease like Arsha, Kandara etc. it should be done after surgical excision.
- ➤ In Sinus, fistula in ano etc. it should be done after incision.
- ➤ In Krimidanta it should be done after filing the cavity by Jaggery, Madhuchhista etc.

According to Akriti⁷

- Valaya (Circular shape)
- Bindu (Dot like shape)
- Vilekha (Making of different shapes by heated shalaka)
- Pratisarana (Rubbing at indicated site by heated Shalaka and there is no specific shape)

Acharya Vagbhata has added more three types⁸

- Ardha Chandra (Crescent shape)
- ➤ Astapada (It is specific shape containing eight limbs in different directions)
- > Swastika (It is specific shape of Swastika Yantra)

According to Dhatus9

- Twakadagdha
- ➤ In Sira and Snayudagdha and Mamsadagdha
- Asthi Sandhi dagdha

Sign and Symptoms Produced After Agni karma as Per Dhatu¹⁰

- ➤ Twaka Dagdha:- When the Twaka is cauterised, burning is attended with a crackling sound, bad odour, and contraction of the skin.
- Mamsa Dagdha: When Mamsa is cauterised, there occurs a pigeon like discolouration of the part, inflammation, mild pain, lesion get dried up and shrivelled.
- Sira Snayu Dagdha:- When the Snayu and Siras are cauterised, there occurs black discolouration, swelling of the lesion and a cessation of discharge (including that of blood).
- Sandhi and Asthi Dagdha: When Asthi and the Sandhis are cauterised there occurs dryness, redness, hardness and fixity of the lesion

Indications of Agnikarma¹¹

A number of diseases and conditions have been explained in text where AgniKarma as therapeutic measure has been indicated as below:

If there is excessive pain (Due to vataprakopa) in twak (skin), mansa (muscles), sira (veins), snayu, sandhi (joints), asthi (bones), Grahnthi (lymph nodes), arsh (piles), bhagandara (fistula in ano), apache (lymphadenitis), shlipad (filariasis), chrmakil (warts), tilkalaka (pigmented moles), antravrudhi (inguinoscrotal hernia), excessive bleeding from sandhi (joints), siracheda (cutting of veins), nadivrana (sinus).

Contra-indications for Agnikarma

- Agni Karma, in the phrases of Sushrut, should not be performed in the Pitta Prakriti, Bhinna Kostha, Durbalya, Vriddha, Antah Shonita, Anuddhrata Shalya, Bala, Bhiru, A person who is prohibited from Swedana, or one who has a lot of Vranas.¹²
- According to Charaka Agni Karma should not be done in the Vrana of Snayu, Marma, Netra, Kushtha and Vrana with Visha and Shalya.¹³
- According to Ashatg sangrha Agni Karma should not be done in the patient who take virechana, suffering from atisaar (diarrhoea), who has shalya in his body, who has boils on body, who is contraindicated for ksharkarma.¹⁴

Procedure of Agni karma: The Agni Karma Methodology consists of three parts, with a thorough description of the process provided in Astang Samgraha.

Purva Karma (Pre-procedure of Agni Karma)

➤ Pre-Agni Karma Diet¹⁵: In all diseases and during all seasons, the Agni Karma can be done after feeding the patient with pichhila diet, and on an empty stomach in case of Malpresentation of foetus,

- Calculus diseases, Fistula in Ano, abdominal diseases, Piles and diseases of Oral Cavity.
- ➤ Pre-Agni Karma Assessment 16-Before going to any surgical or para surgical procedure complete assessment should be carried out regarding all the factors. So here too before going to Agni Karma a thorough examination of patient, shape of the lesion, related vital part of the body, the disease and the season etc. should be done.
- ➤ Pradhana Karma (Principal procedure of Agni Karma)¹⁷-Before doing the procedure of Agni Karma, swasthik vachan should be done; the patient kept in suitable position by keeping head in the East direction and held by expert assistants to avoid movement.

Paschyat Karma (Post AgniKarma Management)¹⁸ After completion of Agni Karma Madhu and Ghrita apply on the part where Agni Karma has done for Ropana of Dagdha Varna.

Effects of Agnikarma: Its increases metabolism, blood circulation, decreased pain, stimulates nerves, relaxed muscles, decreased infection, decreased joint stiffness and inflammation.

Discussion

Agni karma will do instant relief of chronic pain, tissue cutting, coagulation, blending, and fulguration or wound healing. The Agni karma deals with the action of thermal energy in the human body. It is a potent and minimally invasive parasurgical procedure which has wide application in chronic conditions as well as in emergency management. Its applications are widely practiced in modern surgical practice - viz. cauterization, laser, radiation etc. It has a wide number of applications which may be substantiated with numerous theories.

Conclusion

Compared to other procedures, this is the best kind of care. There is no probability of a disease returning after Agni Karma. This is an attempt to cover every little detail about Agni Karma in this research paper. Compared to other procedures, this is the best kind of care. There is no probability of a disease returning after Agni Karma. This is an attempt to cover every little detail about Agni Karma in this paper.

Reference

- Agrawal AK, Yadav CR, Meena MS. Physiological aspects of Agni. Ayu. 2010 Jul;31(3):395-8. doi: 10.4103/0974-8520.77159. PMID: 22131747; PMCID: PMC3221079.
- Shashtri Ambika dutta. 17th ed. 10. Vol. 12. Varanasi: Chaukhambha Sanskrita Sansthana; 2003. Sushruta, Sushruta Samhita, Ayurveda Tatvasandipika Hindi commentary, by Kaviraj; p. 39.
- 3. Dr.Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita, maharshisusruta. Sutrastan;Agnikarmavidhi-adhyaya: Chapter 12.verse no.1, 2 (dalhan). Varanasi: Chukhambhaprakashan, 2010; page no.85.
- https://www.researchgate.net/profile/ParikshitShirod e/publication/ 348063831_Dahan opakaran-A_Literary_Review/ links/5fee1075a6fdccdcb81e8855/Dahanopakaran-A-Literary-Review.pdf
- 5. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita, maharshisusruta. sutrastan: Chapter 12.verse no.4.Varanasi : Chukhambhaprakashan, 2010; page no.85.

- 6. Dr. vrundasathe, sukhandachtaka: agnikarmachikitsa, (1st edition),chapter no-8, manakranika publication,pune.page.no.47-49
- 7. Dr.Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita,maharshisusruta. sutrastan; Chapter 12. verse no. 11. Varanasi: Chukhambhaprakashan, 2010; page no.87.
- 8. Dr. Subhashranade & G.R.Paranjape, edited with 'indutika' Marathi commentary. (1st Ed.). Ashtangsangraha, maharshivagbhat. sutra-stan; Agnikarmavidhi-adhyaya: Chapter 40. verse no.4. pune: Anmolprakashan, reprint 2006; page no.493.
- 9. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita,maharshisusruta. Sutra sthan: Chapter 12.verse no.7.Varanasi : Chukhambhaprakashan, 2010 ; page no.86.
- 10. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). samhita.maharshisusruta. Susruta Sutra sthan: Chapter 12. no. 8. Varanasi: verse Chukhambhaprakashan, 2010; page no.86.
- 11. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita, maharshisusruta. Sutra sthan; Agnikarmavidhi -adhyaya: Chapter 12. verse no. 10. Varanasi : Chukhambhaprakashan, 2010; page no.87.
- 12. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita, maharshisusruta. sutrastan : Chapter 12. verse no. 13. Varanasi: Chukhambhaprakashan, 2010; page no.87.

- 13. Dr.Y.G.Joshi, Charak Samhita of maharshicharak, Chakrapanidatta, commentator Charakasamhita, 5th ed. Varanasi: Chaukambha Sanskrit sansthana; 2001.Chikitsa sthana, 25/105; page no. 564.
- 14. Dr. Subhashranade & G.R.Paranjape, edited with 'indutika' Marathi commentary. (1st Ed.). Ashtangsnagraha, maharshivagbhat. sutra-stan ;Agnikarmavidhi-adhyaya: Chapter 40.verse no.3.pune : Anmolprakashan, reprint 2006 ; page no.493.
- 15. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susrutasamhita, maharshisusruta. Sutra sthan: Chapter 12.verse no.5.Varanasi : Chukhambhaprakashan, 2010 ; page no.86.
- 16. Dr. Anant Ram Sharma, edited with 'susrutavimarsini' Hindi commentary. (1st Ed.). Susruta samhita, maharshisusruta. Sutra sthan: Chapter 12. verse no.11.Varanasi : Chukhambha prakashan, 2010 ; page no.87.
- 17. Dr. Subhashranade&G.R.Paranjape, edited with 'indutika' Marathi commentary. (1st Ed.). Ashtangsnagraha, maharshivagbhat. sutra-stan; Agnikarmavidhi-adhyaya: Chapter 40. verse no.5. pune: Anmolprakashan, reprint 2006; page no.493.
- 18. Dr.Anant Ram Sharma, edited with 'susruta vimarsini' Hindi commentary. (1st Ed.). Susruta samhita,maharshisusruta. Sutra sthan : Chapter 12.verse no.13.Varanasi : Chukhambha prakashan, 2010; page no.87.