

Agnikarma: A Para-Surgical Asset for Disease Management and Prevention

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ABSTRACT

Ayurveda is a science of life built upon unique concepts and principles. It contains eight distinct treatment branches, including Shalya (surgery). Acharya Sushruta, widely recognized as the father of surgery, detailed numerous therapeutic and para-surgical procedures to manage diseases. Among these, Agnikarma stands out as a highly effective para-surgical technique. This method applies therapeutic heat burns to targeted areas using specialized heating tools. Notably, diseases treated with Agnikarma do not occur. In modern medicine, this practice correlates to therapeutic burns or cauterization. As a vital asset to Ayurvedic surgical practice, practitioners must understand the specific conditions where Agnikarma yields successful outcomes. This article aims to explore the diverse aspects of Agnikarma and its contemporary application.

Keywords: Agnikarma, Para-surgical procedure, Therapeutic burn, Dagdha, Surgery.

Introduction

The Hierarchy of Surgical Interventions, Shalya Tantra constitutes a foundational surgical discipline within Ayurvedic science. It operates on six core therapeutic modalities. These modalities include Bhesaja karma (pharmacotherapy). They encompass Kshara karma (chemical cauterization). ¹ They feature Agni karma (thermal cauterization). They incorporate Sastra karma (operative excision). They utilize Yantra karma (mechanical instrumentation). They involve Raktamokshana (therapeutic bloodletting). Among these, Agnikarma holds undisputed therapeutic superiority. It is uniquely indicated for localized Vata and Kaphaja pathologies. ²

The Clinical Dilemma of Pain Management

Joint pain patients are present frequently in clinical practice. Chronic pain induces profound somatic and psychological restlessness. This restlessness is a standard clinical observation. Patients consistently demand rapid, efficacious analgesic interventions. ³ Standard oral Ayurvedic analgesics offer delayed

therapeutic onset. This includes the shooplprashamana gana herb group. This clinical gap inspired the utilization of Agnikarma.

1. Mechanisms and Classical Definitions of Agnikarma

Acharya Sushruta detailed diverse interventions for disease management. These include Ashtavidha shastrakarma (eight surgical procedures). They include specialized para-surgical techniques and pharmacotherapy.⁴ Agnikarma remains a peerless and distinct therapeutic regimen. The procedure applies thermal energy to targeted anatomical sites. This heat transfer occurs via direct or indirect contact. It utilizes highly specific thermo-conductive materials. The ultimate clinical objective is achieving a samyak Dagdha Vrana. This term denotes a perfectly executed therapeutic thermal lesion. Modern medicine correlates this to intentional therapeutic cauterization. Dalhana's commentary on the Sushruta Samhita provides the classical definition. It defines Agnikarma as any treatment protocol executed via fire.⁵

Materials and Methodological Classifications of Agnikarma

Tool Classification and Tissue-Specific Selection (Dahanopakarana)⁶

In the surgical treatise Sushruta Samhita, thermo-cauterization instruments (Dahanopakarana) are not applied universally. Instead, they are meticulously classified into three distinct categories based on their heat retention capacity, thermal conductivity, and the histopathological depth of the targeted tissue matrix (Dhatu):

Superficial Cutaneous Layer (Twak Dhatu): Interventions targeting the epidermis and dermis utilize small, low-mass organic and mineral tools that deliver a controlled, localized thermal burst. These include Pippali (Piper longum fruit), Godanta (gypsum), Ajashakrut (fecal pellet of a goat), and specialized metallic probes (Shalaka).

Deep Muscular Layer (Mamsa Dhatu): For deeper myological pathologies, instruments with higher thermal mass and broader surface areas are required. This includes the Jambavastha (a specialized stone applicator shaped like a Jamun fruit) alongside various heavy metallic alloys.

Deep Structural Matrix (Sira, Snayu, Sandhi, and Asthi Dhatu): Pathologies involving vascular networks, ligaments, articular structures, and osseous tissues necessitate substances with prolonged heat retention and high viscosity. This prevents rapid cooling during deep tissue transfer. Therapeutic agents utilized here include Madhu (honey), Madhuchista (beeswax), Guda (jaggery molasses), and Sneha (medicated oils or lipid vehicles).

Geometrical Patterns of Cauterization (Dahana Vishesha)⁷

To maximize therapeutic efficacy and control the vectors of thermal energy distribution across the anatomical site, specific geometric application patterns (Dahana Vishesha) are mandated. Acharya Sushruta originally established four fundamental configurations:

Valaya: A circular or annular configuration used to enclose or demarcate a pathological lesion.

Bindoo: A punctual or dot-like application configuration used for highly localized, hyper-targeted thermal therapy.

Vilekh: Linear or parallel-line scarification tracks designed to alter tissue tension or cover elongated superficial zones.

Pratisarana: A broad rubbing or sweeping application mode utilized to distribute thermal energy evenly across a wider planar surface area.

2. Classical Methodological Expansions ⁸

As the discipline of Shalya Tantra evolved, subsequent classical literature introduced advanced structural geometries to refine thermal delivery vectors. The Ashtanga Samgraha introduced three additional, complex architectural patterns to the surgical repertoire:

Ardhachandra: A crescent or semi-lunar pattern optimized for curved anatomical regions or joints.

Swastika: A cruciform or auspicious cross pattern utilized to distribute thermal stress symmetrically along orthogonal axes.

Ashtapada: An intricate, eight-intersecting-line grid or checkerboard configuration designed for comprehensive, multi-directional tissue stimulation over a uniform field.

3. Clinical Parameters of Agnikarma Therapy

1. Therapeutic Indications (Agnikarma Yoga) ⁹

In classical Shalya Tantra, Agnikarma is indicated across a wide spectrum of deep-seated pathologies where localized metabolic stimulation, immediate analgesic effects, or tissue ablation are required. The clinical indications are classified by anatomical systems as follows:

- **Ophthalmological and Craniofacial Disorders:**

Abhishyanda (acute conjunctivitis/ocular discharges)

Alaji (corneal ulcers or marginal blepharitis)

Pakshmakopa (trichiasis or entropion)

Puyalasa (dacryocystitis or lacrimal abscess)

Ardhavybhedaka (migraines or hemicrania)

Shiroroga (chronic cephalalgia)

- **Oncological and Dermatological Pathologies:**

Arbuda (benign and malignant neoplasms/tumors)

Jalarbuda (cystic hygromas or fluid-filled tumors)

Visarpa (erysipelas or acute spreading cellulitis) Kadar (corns or hyperkeratotic lesions)

Mashaka (cutaneous warts or papillomas)

Tilakalaka (melanocytic nevi or hyperpigmented macules)

- **Odontostomatological Conditions:**

Medojoshtharoga (lip afflictions secondary to lipid metabolic errors)

Krimidanta (dental caries)

Adhidanta (impacted or supernumerary teeth)

Dantanadi (dental fistulas or periapical abscesses)

Shitadanta (severe dentin hypersensitivity)

- **Anorectal and Vascular Lesions:**

Arsha (hemorrhoidal plexuses)

Bhagandar (fistula-in-ano)

Nadivrana (chronic discharging sinus tracts)

- **Gastrointestinal and Systemic Diseases:**

Vilambika (chronic intestinal dysmotility or severe indigestion)

Yakrut and Plihodar (hepatomegaly and splenomegaly or abdominal malignancies)

- **Neuropsychiatric Conditions:**

Unmada (acute psychosis or severe psychiatric disturbances)

2. Systemic and Local Contraindications (Agnikarma Ayogya)¹⁰

Because Agnikarma delivers a highly concentrated thermal payload, its deployment is strictly prohibited in patients presenting systemic frailty, compromised tissue healing, or localized anatomical vulnerabilities. These contraindications include:

- **Acute Trauma and Systemic Debility:**

Bhinnakoshth (perforated or ruptured visceral cavities)

Daurbalya (cachexia, emaciation, or generalized cachectic weakness)

Bala (pediatric populations due to unformed tissue resilience)

Kshata (acute lacerations or open mechanical trauma)

- **Metabolic and Systemic Pathologies:**

Garbhini Prameha (gestational diabetes mellitus or severe gestational metabolic syndrome)

Udararoga (ascites or severe intra-abdominal fluid accumulation)

Ajirna (acute dyspepsia or metabolic endotoxemia)

- **Somatic and Ocular Vulnerabilities:**

Multiple Vrana (disseminated or extensive ulcerative lesions)

Timira (advanced cataracts or progressive degenerative retinopathy)

Gudabhramamsha (advanced rectal prolapse)

- **Physiological and Psychological Triggers:**

Chardi Sthula (intractable projectile emesis in morbidly obese individuals)

Trishna (uncompensated dehydration or polydipsia)

Kroddha (acute psychological agitation, panic, or uncooperative anger)

3. Absolute Anatomical Exclusions

Thermal cauterization must completely avoid highly sensitive anatomical hubs. Agnikarma is absolutely contraindicated at the following sites:

Vrana of Marma: Ulcers or wounds overlying vital anatomical landmarks, neurovascular junctions, or lethal surgical zones (Marma points).

Snayu: Exposed or superficial tendons, ligaments, and myofascial bands.

Netra: The delicate structures of the eye globe and its immediate mucosal adnexa.

Taxonomical Classifications of Agnikarma

To ensure clinical precision, classical Ayurvedic literature systematizes Agnikarma into several distinct operational and anatomical taxonomies based on geometric configuration, target tissue depth, thermal vehicle medium, and systemic distribution.

Clinical indications include inguinal/femoral herniations (Antravridhi) and localized plantar or palmar fascial pain (Kurchashul).

Pratisarana (Planar Sweeping/Rubbing Configuration): A broad, sweeping thermal application across a planar surface. It is utilized for superficial debridement and stimulation in complex tract pathologies like fistula-in-ano (Bhagandar), chronic sinus tracts (Nadivrana), and actinomycosis or actinomycotic-like dermatological growths (Valmik).

Vilekha (Linear Scarification/Parallel Configuration): The incising of parallel or linear thermal tracks across the skin matrix, specifically utilized in the management of chronic cervical lymphadenitis or scrofula (Apachi).

Classical Architectural Expansions by Acharya Vagbhata:

Subsequent literature in the Ashtanga Samgraha and Ashtanga Hridaya expanded this geometric repertoire with three sophisticated configurations:

Ardhachandra (Crescentic/Semi-lunar Configuration): Tailored for anatomical contours around major joint margins.

Swastika (Cruciform/Orthogonal Configuration): Designed for multi-axial, symmetrical thermal dissipation over a focal lesion.

Ashtapada (Octagonal/Eight-Limbed Grid Configuration): An intricate, eight-directional radiating network designed for broad-field neurovascular and fascial modulation.

Taxonomy Based on Target Anatomical Matrix (Site / Dhatu Dagdha)¹¹

Both Acharya Sushruta and subsequent commentators classify the procedure based on the specific histological depth and tissue layer (Dhatu) undergoing intentional therapeutic burn:

- **Twak Dagdha (Cutaneous/Epidermal-Dermal Layer):** Targeting the superficial integumentary system.
- **Mamsa Dagdha (Myological/Deep Muscular Matrix):** Targeting the deeper skeletal muscle architecture.
- **Sira Dagdha (Vascular/Angiological Networks):** Targeting venous, arterial, or micro-circulatory channels.
- **Snayu Dagdha (Desmological/Ligamentous and Tendinous Structures):** Targeting dense fibrous connective tissues, aponeuroses, and tendons.
- **Sandhi and Asthi Dagdha (Articular and Osseous Structures):** Intentionally targeting joint capsules, periosteum, and bone matrices.

Taxonomy Based on the Thermal Vehicle and Moisture Content (Dravya)¹²

The choice of thermal tool or vehicle is divided by its thermodynamic properties into Snigdha (hydrophilic/lipophilic-moist) and Ruksha (anhydrous/dry) modalities, which dictate the rate of thermal transfer to specific tissue depths:

- **Snigdha Agnikarma (Moist/Unctuous Thermal Delivery):** Utilizes high-boiling-point liquids and lipid-based mediums such as clarified butter (Ghrita), medicated oils (Taila), and honey (Madhu). Because liquid mediums retain heat longer and penetrate deep via liquid-conduction vectors, they are strictly indicated for deep-seated, dense structures including vascular networks (Sira), ligaments (Snayu), joints (Sandhi), and osseous tissue (Asthi).
- **Ruksha Agnikarma (Anhydrous/Dry Thermal Delivery):** Utilizes solid, low-moisture organic materials or high-conductivity mineral/metallic tools such as Pippali (Piper longum), Godanta (gypsum probes), and metallic alloys (Shalaka). These instruments deliver a rapid, high-intensity surface burn with rapid cooling, making them ideal for superficial cutaneous layers (Twak) and muscle tissue (Mamsa) without causing deep collateral thermal necrosis.

Taxonomy Based on Systemic Distribution and Scope

Agnikarma is classified by its therapeutic field of influence into localized or systemic applications:

- **Sthanika Agnikarma (Localized/Focal Application):** The thermal stimulus is applied directly to the site of the lesion. Examples include hyperkeratotic corns (Kadara), localized eczema or dry dermatitis (Vicharchika), and hemorrhoidal masses (Arsha).
- **Sarvadehika Agnikarma (Dermatomal/Systemic Application):** The thermal stimulus is applied to remote or specific reflex points along nerve pathways to exert a systemic or dermatomal analgesic

effect. Classic examples include managing the radiating neurological pain of sciatica (Gridhrasi) or treating systemic lymphadenopathy (Apachi).

Histopathological Grading of Thermal Lesions (Dagdha Bheda) ¹³

In the Sushruta Samhita, the physiological outcomes and structural changes resulting from thermal application—whether therapeutic or accidental—are systematically graded into four distinct histopathological classifications:

Plushta Dagdha (Superficial/First-Degree Erythema)

This classification represents a mild thermal insult restricted to the outermost epidermal layers. It is clinically characterized by:

- **Cutaneous Dyschromia:** Intense localized discoloration or hyperpigmentation of the skin matrix.
- **Epidermal Singeing:** Superficial scorching of the integumentary surface and associated micro-anatomical structures without structural disruption of the deeper dermis.

Durdagdha (Mal-executed/Complicated Burn)

This represents an aberrant, poorly controlled, or non-therapeutic thermal insult where heat energy penetrates irregularly into the dermal layers. It presents with a classic inflammatory cascade and prolonged morbidity:

- **Vesiculation:** Severe blistering and bullae formation due to plasma exudation at the dermo-epidermal junction.
- **Hyperalgesia and Causalgia:** Intractable, radiating pain accompanied by an intense localized burning sensation.
- **Erythema and Edema:** Pronounced micro-vascular congestion leading to marked redness and acute localized inflammatory swelling.
- **Prolonged Cicatrization:** Delayed tissue regeneration and an extended wound-healing timeline due to inconsistent tissue necrosis.

Samyaka Dagdha (Optimally Executed Therapeutic Burn) ¹⁴

This is the precise, perfectly calibrated clinical objective of Agnikarma. It induces an optimal, controlled therapeutic lesion across all target tissue profiles, validated by a specific constellation of physiological markers:

- **Ana-Awagadha Vranata (Superficial Lesion Architecture):** The resulting wound configuration remains entirely superficial, avoiding unintended penetration into deep, vital anatomical structures.
- **Talphala Varnata (Characteristic Melanosis):** The therapeutic wound bed exhibits a pathognomonic slate-gray or blue-black pigmentation, precisely resembling the mature fruit of the Tala tree (*Borassus flabellifer*).
- **Susamshita Vrana (Planar Wound Uniformity):** The margins and bed of the lesion are perfectly flush with the surrounding tissue, presenting with neither pathological elevation (hypertrophy) nor depression (atrophy).
- **Shabdapradurbhava (Acoustic Crepitus):** An audible sizzling or crackling sound produced during the precise moment of thermo-conductive moisture evaporation from the tissue matrix.
- **Durgandhata (Distinctive Odor):** The emanation of a characteristic fetid or pungent odor arising from the immediate thermal pyrolysis of localized organic tissue elements.
- **Twak Sankocha (Integumentary Contraction):** Immediate, localized skin shrinkage and myofascial contraction, which facilitates immediate mechanical sealing, micro-vascular occlusion, and localized tissue tension modification.

Ati-Dagdha (Excessive/Fourth-Degree Hyper-Thermal Destruction)

This represents a severe, uncontrolled over-burn resulting in catastrophic coagulative necrosis. The thermal energy completely destroys the epidermal and dermal architectures, extending deeply into sub-cutaneous adipose tissue, muscular fascia, and osseous matrices, leaving extensive necrotic slough and permanent structural deformity.

Clinical Assessment, Efficacy, and Physiological Mode of Action**Tissue-Specific Manifestations of Optimal Cauterization (Samyak Dagdha Lakshana)**

To ensure procedural precision and verify that thermal energy has successfully targeted the intended histological depth, clinicians assess specific macromorphological and acoustic markers within each anatomical layer (Dhatu):

- **Twak Dagdha (Cutaneous/Epidermal-Dermal Layer):** Confirmed by immediate acoustic crepitus or a distinct crackling sound (Shabdapradurbhava) resulting from localized interstitial fluid vaporization. This is accompanied by a pungent odor from organic pyrolysis (Durgandhata) and immediate epidermal contraction (Twak Sankocha) due to thermal remodeling of superficial collagen.
- **Mamsa Dagdha (Myological/Deep Muscular Matrix):** Characterized by a pathognomonic slate-gray or ash-colored discoloration resembling a pigeon's coat (Kapotavarnata). The area exhibits controlled, micro-vascular inflammatory edema (mild swelling) and localized hyperalgesia (mild pain), culminating in a dry, uniform, and structurally contracted wound bed.
- **Snayu and Sira Dagdha (Desmological/Tendinous and Vascular Structures):** Marked by localized carbonization or profound black coloration at the electrode or probe contact site. The surrounding structural matrix exhibits a slight palpable elevation alongside immediate micro-vascular occlusion, leading to the definitive cessation of any pre-existing serosanguinous or inflammatory discharge.

Multifaceted Therapeutic Efficacy of Agnikarma

Within classical Shalya Tantra, Agnikarma is highly esteemed for providing a definitive cure for refractory conditions with a fundamentally low recurrence rate. Modern biomedical translation identifies three primary therapeutic mechanisms:

- **Broad-Spectrum Thermal Sterilization:** The application of intense localized heat delivers an immediate bactericidal and antimicrobial effect. By inducing irreversible protein denaturation in pathogens, it effectively sterilizes the targeted surgical field and eliminates deep-seated localized infections.
- **Immediate Haemostasis and Micro-Vascular Occlusion:** The thermal energy promotes rapid intravascular coagulation, fibrin deposition, and immediate vasoconstriction of local capillaries and venules. This provides efficient, sutureless haemostasis in highly vascular tissues.
- **Radical Excision of the Pathological Nodus:** By targeting the deep anatomical roots of a lesion rather than merely palliating superficial symptoms, Agnikarma eliminates the precise tissue niche driving the disease, preventing local relapse.

Bio-Energetic and Cellular Mode of Action

The profound therapeutic impact of Agnikarma—particularly in resolving chronic, painful, and degenerative conditions—can be explained through integrated classical bio-energetics and modern thermal physiology:

Agnikarma Thermal Payloads (Ushna, Teekshna, Sukshma, Ashukari)

Local Dhatvagni Optimization

Vata Pacification

Kapha Liquefaction

↳ Vasodilation & Analgesia ↳ Resolves Ischemia & Edema

Bio-Energetic Modulation (Dosha-Dhatu Dynamics)

Pathologies dominated by vitiated Vata (characterized by coldness, dryness, and pain) and Kapha (characterized by stagnation, coldness, and heavy exudates) are directly counteracted by the inherent thermodynamic properties (Gunas) of fire (Agni):

- **Ushna (Hyperthermic) and Teekshna (Penetrating/Sharp)** properties immediately liquefy stagnant, cold Kapha matrices and reverse the localized vasoconstriction typical of Vata disorders.
- **Sukshma (Subtle/Micro-Penetrating) and Ashukari (Fast-Acting/Immediate)** attributes allow the thermal energy to rapidly permeate dense cellular barriers, facilitating immediate metabolic realignment.

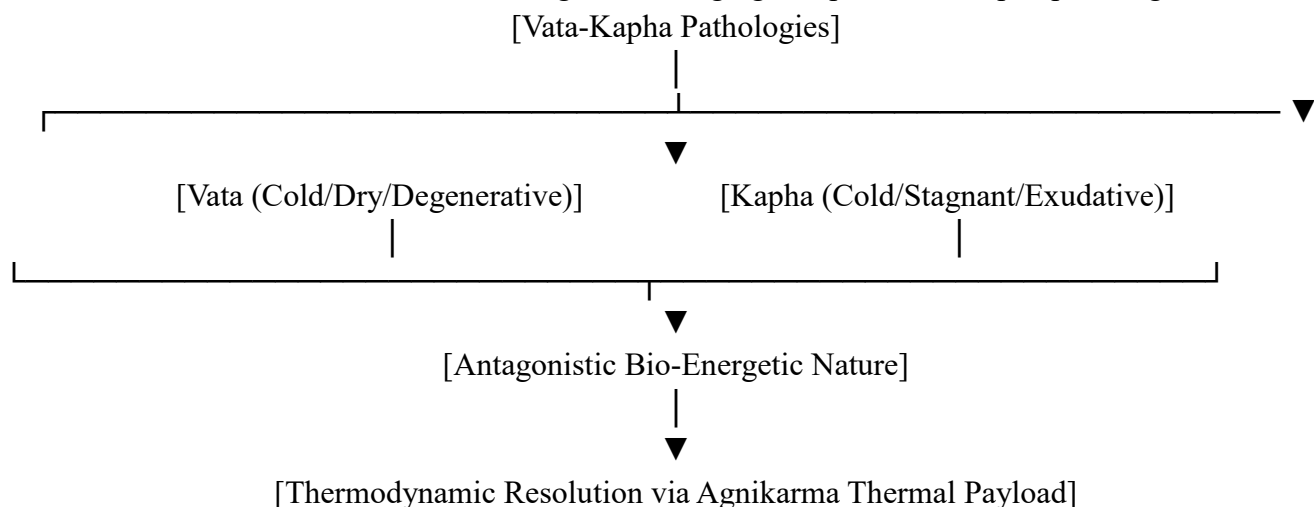
Cellular Metabolism and Enzyme Kinetics (Dhatvagni Restoration)

According to Ayurvedic pathophysiology, systemic and localized metabolic slowdown (Mandagni) reduces the metabolic efficiency of individual tissues (Dhatvagni), leading to the accumulation of biotoxins (Ama) and cellular degeneration.

- Agnikarma serves as a direct catalyst that restores and elevates localized cellular metabolism (Dhatvagni optimization).
- By raising local tissue temperature, it accelerates enzymatic kinetics, improves micro-vascular perfusion, and enhances cellular nutrient uptake.
- This hyperthermic stimulation effectively digests local metabolic debris (Ama Pachana), reverses tissue ischemia, interrupts chronic pain pathways, and activates rapid, healthy autolytic debridement and tissue regeneration.

Discussion

Agnikarma represents a cornerstone para-surgical intervention within the Ayurvedic paradigm, utilizing precisely calibrated thermal energy to induce controlled therapeutic tissue modifications. Its principal pharmacodynamic and thermodynamic profile is governed by Ushna Veerya (potent hyperthermic action) and Tikshna-Ushna Guna (highly penetrating thermal properties). This unique thermodynamic combination offers distinct clinical advantages in managing complex Vata-Kapha pathologies.¹⁵



These disorders are notoriously refractory to standard therapies due to the opposing, mutually antagonistic bio-energetic profiles of Vata (cold, dry, degenerative) and Kapha (cold, heavy, stagnant). However, because this technique introduces a high-intensity thermal payload, it poses an inherent risk of

exacerbating Pitta and Rakta (blood) parameters. This requires careful patient screening, precise localization, and meticulous post-procedure monitoring.

The operational mechanism of Agnikarma is dual-faceted, acting through both molecular-energetic pathways and direct mechanical degeneration:

1. **Molecular-Energetic Pathway:** It utilizes its inherent Gunas to modulate local cellular dynamics, reverse tissue ischemia, and interrupt chronic pain signaling pathways.
2. **Direct Mechanical Degeneration:** In structural pathologies such as Arbuda (neoplasms), Bhagandar (fistula-in-ano), Nadivrana (chronic sinus tracts), and Dushta Vrana (chronic, non-healing ulcers), Agnikarma acts via localized thermal ablation. The application of intense heat completely disintegrates unhealthy, non-viable granulation tissue, clearing the path for healthy autolytic debridement and orderly wound healing.

In contemporary surgical practice, this classical technique is mirrored by advanced energy-based modalities. The fundamental principles of Agnikarma align closely with modern monopolar and bipolar electrocautery, radiofrequency ablation, and thermal diathermy. Furthermore, Acharya Sushruta originally categorized Agnikarma as a primary modality among Raktasthambanopaya (hemostatic interventions). This exact principle governs modern operative surgery, where thermal cauterization remains an indispensable tool for achieving micro-vascular homeostasis and preventing perioperative hemorrhage.

To achieve optimal temperature regulation and controlled depth penetration across diverse anatomical strata, classical scholars mandated the use of varying thermal vehicles (Dravyas). This demonstrates a sophisticated ancient understanding of thermodynamics, ensuring that heat dissipation is strictly calibrated to the specific thermal conductivity and tolerance of the target tissue matrix.

8. Conclusion

Agnikarma is a highly effective, controlled therapeutic thermal intervention with broad utility across both chronic, degenerative pathologies and acute surgical emergencies. Its clinical efficacy is particularly pronounced in Vataja and Kaphaja disorders. Through the synergistic action of its Ushna (hyperthermic), Sukshma (micro-penetrating), and Ashukari (fast-acting) properties, the procedure directly pacifies aggravated Doshas, resolves deep-seated Srotavarodha (micro-circulatory and channel blockages), and provides rapid, long-lasting analgesic relief from debilitating pain and associated somatic symptoms.

Beyond its neurological and metabolic benefits, Agnikarma serves as an excellent, reliable method for immediate surgical hemostasis. A defining clinical advantage of this modality is the remarkably low or absent rate of disease recurrence following an optimally executed (Samyak) procedure.

As codified by Acharya Sushruta, when a pathology proves entirely refractory to conventional pharmacotherapy (Bheshaja), chemical cauterization (Kshara), or standard operative excision (Shashtra), Agnikarma serves as the definitive, successful line of cure. Synthesized with modern biomedical engineering, Agnikarma finds its contemporary validation in thermal cauterization and diathermy. It represents a vast therapeutic landscape operating on multi-systemic physiological theories, all of which warrant continued clinical exploration, rigorous trial validation, and integration into modern surgical workflows.

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