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Therapeutic Potential Of Agnikarma And Viddhakarma In Life Style Disorders

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Abstract

Lifestyle disorders emerged as a global health crisis driven primarily by sedentary behaviour, poor dietary habits, and stress. It encompasses conditions such as obesity, chronic pain syndrome like plantar fasciitis, sciatica, musculoskeletal disorders including osteoarthritis, lumbar 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 disorder amidst the growing prevalence of these lifestyle-related disorders. Traditional therapeutic modalities like *Agnikarma* (therapeutic cauterisation) and Viddhakarma (therapeutic needling) are promising, evidence-based approaches. *Agnikarma* utilises controlled thermal energy to alleviate localised pain, inflammation, and neuromuscular imbalance by evacuating metabolic waste, increasing local blood circulation through vasodilatation, and deactivating myofascial trigger points. *Viddhakarma* involves precise needling at specific anatomical points *(Marma*). Both *Agnikarma* and *Viddhakarma* stimulate peripheral nerves and mechanoreceptors, leading to the blockage of pain receptors and promoting the release of endorphins, thereby ultimately reducing pain and enhancing local mobility. Both therapies offer cost-effective, minimally invasive options and have a low recurrence rate when performed properly. As para-surgical techniques, which are safe, sustainable alternatives or complements to conventional surgical interventions, particularly in chronic pain management associated with lifestyle disorders. The main aim of this The article emphasises the integrative potential of Agnikarma and *Viddhakarma* in mitigating clinical and economic burdens. burden of lifestyle 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 by sedentary behaviour, poor dietary habits, and stress. It encompasses conditions such as obesity, chronic pain syndrome like plantar fasciitis, sciatica, musculoskeletal disorders including osteoarthritis, lumbar and cervical spondylitis, frozen shoulder, as well as neuromuscular conditions such as carpal tunnel syndrome. Approximately 1 in 5 adults globally experience 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 disorder amidst the growing prevalence of these lifestyle-related disorders. [2] *Agnikarma* is one of the prominent para-surgical procedures in Ayurveda, especially significant in the works of Acharya Sushruta. It is traditionally believed that ailments treated through *Agnikarma* do not recur. [3] *Agnikarma*, also known as therapeutic cauterisation, which involves the controlled application of heat to the affected body part, is mainly done using 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). Such pain mainly arises due to the 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.

Lifestyle disorders ultimately cause the pain, and a patient having pain often reports a continuous sensation of discomfort, which adversely affects their quality of life. Patients frequently expect a 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, minimally invasive options with a low recurrence rate if performed properly. It is a 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 a narrative review of classical Ayurvedic literature, clinical case studies, and contemporary evidence-based publications that evaluate the therapeutic potential of Agnikarma and Viddhakarma in lifestyle 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 fibres, which inhibit the transmission of pain signals at the spinal cord. 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* utilises controlled thermal energy to alleviate localised pain, inflammation, and neuromuscular imbalance by evacuating metabolic waste, increasing local blood circulation through vasodilatation, and also deactivating 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 localised 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* helps restore 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 lifestyle disorders:

Obesity (*Sthaulya*)-

Although *Agnikarma* is not directly associated with the management of obesity, it plays a supportive role in alleviating its complications. In cases of obesity, it helps reduce stiffness, discomfort, and mechanical joint pain caused by excess body weight, especially in conditions such as knee pain and musculoskeletal strain resulting from obesity-related biomechanical stress.

Osteoarthritis *(Sandhivata)*-

Agnikarma is indicated as 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, localised heat therapy enhances blood circulation in the joint, ensuring better tissue nourishment and facilitating the removal of inflammatory mediators, thereby reducing local swelling and inflammation. However, structural changes such as osteophyte formation remain unaffected by Agnikarma, as they are anatomical alterations. Still, due to Agni's Ashukari (rapid-acting) nature, noticeable improvements in joint mobility and a reduction in crepitus are observed. [7]

Sciatica (*Gridhasi*)- According to *Acharya Sushruta, Viddha Karma* in *Gridhrasi* should be

performed *4 aṅgula* (finger- breadths) above and below the *Jānu Saṃdhi* (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, helping remove pain-inducing substances and providing 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 stabilises the *Asthi* (bone) and *Majja* (marrow) dhatus, leading to significant improvement in the symptoms of *Gridhrasi* (sciatica). [10]

Plantar 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, *Vedhana* 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 are not directly mentioned in the classical Ayurvedic texts, their clinical features can be correlated with *Vata-dominant* conditions involving *Snayu, Sandhi,* and *Marmasthana.* The symptoms, such as pain, tingling, numbness, and weakness in the affected region, resemble those of *Vata vyadhi*. Acharya Charaka described that *Agni* is the best treatment for *Shoola* (pain). [12] Acharya *Sushruta* has emphasised the use of *Agnikarma* in incurable conditions, particularly those associated with intense pain in the bones (*Asthi*) and joints (*Sandhi Pradesh*) [13,14]. He highlights that such painful conditions, which are often resistant to other forms of treatment, respond effectively to therapeutic heat delivered through *Agnikarma*. This procedure not only provides immediate pain relief but also addresses the underlying pathology by removing it. *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 a low risk 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 sessions.
- Low recurrence rates when some Shamana medicine and lifestyle modifications were followed during treatment.
- 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 symptoms and the root causes, these therapies hold immense potential to reduce 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 that aligns with the growing demand; however, to realise their full potential in clinical practice, there is an urgent need to standardise techniques and therapeutic protocols. Furthermore, randomised 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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Declaration :

Conflict of Interest : None

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