

A COMPARATIVE ANALYSIS OF AGNIKARMA AND VIDDHAKARMA IN PAIN MANAGEMENT WITH SPECIAL REFERENCE TO GYNAECOLOGICAL DISORDERS^{1*}Dr. Shraddha Chouhan and ²Dr. Nayana Ram M.¹PG Scholar, Dept. of Prasuti Tantra and Stree Roga, Pt.Khushilal Sharma Govt. Ayurveda College and Institute Bhopal (M.P.), India.²Associate Professor, Dept. of Prasuti Tantra and Stree Roga, Pt.Khushilal Sharma Govt. Ayurveda College and Institute Bhopal (M.P.), India.***Corresponding Author: Dr. Shraddha Chouhan**

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ABSTRACT

Agnikarma (therapeutic cauterization) and *Viddhakarma* (therapeutic puncture) are two significant para-surgical procedures described in Ayurvedic classics, particularly in the *Sushruta Samhita*, under the domain of *Anushastra Karma* (non-invasive/minimally invasive therapies). These procedures have long been employed in the management of musculoskeletal and neurological conditions characterized by *Vata* dominance, such as sciatica, frozen shoulder, cervical spondylosis, and localized pain syndromes. Contemporary clinical studies reveals their utility not only in orthopedic and neuromuscular disorders but also in chronic pelvic pain conditions such as pelvic inflammatory disease (PID), cervical erosion, and endometriosis. *Agnikarma* offers localized pain relief, haemostasis, and tissue cauterization, making it beneficial in erosive cervical lesions, while *Viddhakarma* improves circulation, reduces congestion, and alleviates deep-seated pelvic discomfort. This article presents a comparative analysis of *Agnikarma* and *Viddhakarma* based on their classical descriptions, indications, instruments, and mode of action, and explores their relevance in the context of contemporary clinical practice. A thorough review of *Brihatrayi*, *Nighantus*, and modern Ayurvedic literature was conducted along with an appraisal of recent clinical studies and case reports. The mechanisms of action were interpreted both through Ayurvedic principles (*Dosha* pacification, *Srotoshodhana*, *Vata nashana*) and modern analogies such as thermal denervation (in *Agnikarma*) and neuromuscular stimulation (in *Viddhakarma*). The analysis reveals that both therapies offer safe, cost-effective, and drugless options for chronic pain management. With rising interest in integrative and non-pharmacological interventions, these age-old Ayurvedic practices hold great promise and merit further standardization and clinical validation in modern healthcare systems.

KEYWORDS: *Agnikarma*, *Viddhakarma*, *Anushastra*, pain.**INTRODUCTION**

Chronic pain is one of the most challenging and prevalent clinical concerns in both general and gynaecological practice. Conventional pain management primarily relies on pharmacotherapy, which often leads to adverse effects and dependence. Ayurveda, the ancient Indian system of medicine, offers effective para-surgical solutions like *Agnikarma* and *Viddhakarma*, especially for chronic *Vataja* disorders and deep-seated pain syndromes.

Agnikarma, mentioned extensively in *Sushruta Samhita*, involves the application of heat to affected areas using metallic rods or instruments (*Shalaka*), while *Viddhakarma* involves precise puncturing of affected areas with a sterile needle (*Viddha Shastra*), targeting *Sira* (vein), *Snayu* (ligament), or *Mamsa* (muscle).^[1]

Although traditionally used in musculoskeletal and neurological conditions, modern clinicians are exploring their role in gynaecological disorders like pelvic inflammatory disease (PID), cervical erosion, endometriosis, and other causes of chronic pelvic pain (CPP). This comparative analysis aims to bridge classical descriptions with clinical applications supported by recent evidence.

MATERIALS AND METHODS

This review article is based on an extensive qualitative analysis of classical Ayurvedic texts and modern scientific literature, with the objective of understanding and comparing the therapeutic roles of *Agnikarma* and *Viddhakarma* in the management of pain, especially in gynaecological conditions such as chronic pelvic pain, pelvic inflammatory disease (PID), cervical erosion, and

endometriosis.

To gather traditional Ayurvedic insights, core references from the *Brhatrayi*—namely the *Sushruta Samhita*, *Charaka Samhita*, and *Ashtanga Hridaya*—were studied in depth. Additional inputs were taken from Ayurvedic lexicons (*Nighantus*) and commentary literature that elaborate upon para-surgical techniques under *Anushastra Karma*.

For the modern clinical perspective, relevant research articles, clinical trials, observational studies, and case reports were reviewed. These were sourced using academic databases such as PubMed, Google Scholar, AYUSH Research Portal etc.

Classical Perspective

Agnikarma is described in *Sushruta Samhita* for *Vata-Kaphaja* diseases such as *Gridhrasi* (sciatica), *Avabahuka* (frozen shoulder), and *Sandhivata* (osteoarthritis). The therapeutic goal is *Srotoshodhana* (channel purification) and *Vata Shamana* through controlled heat application. Instruments like *Panchadhatu Shalaka*, *Loha*, and *Tamra* are used based on tissue involvement.^[2]

Viddhakarma is advised for *Siragata Vata*, *Snayugata Vatu*, and localized *Shula* (pain), where puncture at specific points provides instant relief by releasing accumulated *Doshas* and enhancing *Rakta Sanchara* (circulation). It is performed with a sterile metallic needle or *Vedhana Shalaka*.^[3]

Mechanism of Action (Modern Interpretation) Agnikarma (Thermal Cauterization)

Agnikarma works by applying controlled heat to the affected area using metal instruments. The heat causes denaturation of pain receptors and superficial nerve endings, similar to radiofrequency ablation used in modern pain management. It promotes vasodilation, increases local blood flow, and enhances tissue healing. The heat also reduces inflammation by modulating local mediators and accelerates repair in lesions such as cervical erosion.

Key Actions

Thermal denervation (pain relief)
Improved circulation
Local tissue regeneration
Modern parallel: Electro cautery, RFA

Viddhakarma (Therapeutic Puncture)

Viddhakarma uses sterile needle puncture at specific pain or *marma* points. It stimulates neuromuscular pathways and promotes the release of natural pain-relieving chemicals like endorphins. The technique improves microcirculation, reduces muscle spasms, and alleviates deep-seated pelvic pain, as seen in dysmenorrhoea, PID, and endometriosis.

Key Actions

Neuromodulation (endogenous opioid release)
Myofascial trigger point relief
Anti-inflammatory effect
Modern parallel: Acupuncture, dry needling

Table 1: Comparative Summary of Mechanism and Clinical Application of Agnikarma and Viddhakarma.

Aspect	<i>Agnikarma</i>	<i>Viddhakarma</i>
Modality	Heat application	Needle puncture
Mechanism	Nerve desensitization, hemostasis	Neuromodulation, improved circulation
Use in Gynaecological Pain disorders	Cervical erosion, PID	Endometriosis, dysmenorrhoea
Use in other pain disorders	Sciatica, osteoarthritis, frozen shoulder	Low back pain, tennis elbow, myalgia
Modern Analogy	RFA, Electrocautery	Acupuncture, Dry needling

DISCUSSION

Agnikarma and *Viddhakarma* are rooted in the concept of *Anushastra Karma* described by *Acharya Sushruta* as non-conventional yet effective para-surgical tools for managing stubborn *Vata*-dominant conditions. Both therapies provide therapeutic benefits through *Dosha-prashamana* (pacification of vitiated *Doshas*), *Srotoshodhana* (clearance of obstructed channels), and *Marma-anugata Vyadhi Chikitsa* (management of diseases related to vital points and pathways).

From an Ayurvedic standpoint, pain is predominantly a manifestation of *Vata* vitiation (*Shoola* or *Vedana*), often accompanied by *Kapha* (*Sanga* or stagnation) or *Pitta* (*Daha*, *Shopha*) depending on the condition. In

gynaecological disorders such as PID, cervical erosion, and endometriosis, there is often *Apana Vata dushti*, *Artava vaha srotas avarodha*, *Rakta dusti*, and *Dhatukshaya*, leading to chronic pelvic pain, discharge, and systemic imbalances.

Agnikarma – Ayurvedic Interpretation

In classical texts like *Sushruta Samhita*, *Agnikarma* is indicated in diseases involving degenerated tissues and obstructed *Vata-Kapha* conditions. The local application of controlled heat acts as *Agni-upakrama*, which directly normalizes *Vata* by *Ushna*, *Tikshna*, and *Sukshma Guna*, thereby alleviating pain. It also melts and discharges obstructive *Kapha* elements, thus facilitating *Srotoshodhana* and enhancing *Dhatvagni* (tissue

metabolism).^[4]

In gynaecological conditions like cervical erosion, *Agnikarma* acts like *Ksharakarma* but without systemic toxicity. It helps in the cauterization of eroded tissues (*Vrana Ropana*), reduces *Yoni Srava* (discharge), and restores the integrity of *Yoni Mukha* (*Yoni Shuddhi* and *Rakta Sthambhana*). This aligns with modern cauterization methods used for cervical erosion.

Additionally, by applying *Agnikarma* over *Marmasthanas* like Kati, Sakti, and Trika, therapeutic stimulation is achieved, which harmonizes Vata, alleviates referred pain, and removes localized Avarana (obstruction).

Viddhakarma – Ayurvedic Interpretation

Viddhakarma, explained as a method of precise *Vedhana* (puncture) of *Sira*, *Snayu*, *Mamsa*, or *Sandhi*, is intended for conditions where Vata is blocked in deeper tissues (*Gambhira Sthana*). It achieves *Margavarana-hara* (removal of obstruction), *Rakta Pravartana* (improved circulation), and *Stambha-hara* (relief from stiffness or congestion).

Application in Gynaecological Pain Disorders

In gynaecological disorders, chronic pelvic pain often arises from underlying conditions such as pelvic inflammatory disease (PID), cervical erosion, or endometriosis, which involve congestion, inflammation, and hypersensitivity. Classical Ayurveda correlates such pathologies with *Apana Vata dushti* and *Artava vaha srotas avarodha*.

Modern research supports *Agnikarma*'s role in cervical erosion and PID, where localized cauterization helps in reducing excessive discharge, controlling minor bleeding, and stimulating tissue healing. Case reports have shown that *Agnikarma*, when applied to sacral or lower abdominal regions, reduces tenderness and inflammatory symptoms in PID. For instance, a clinical study highlighted the efficacy of *Agnikarma* in the treatment of cervical erosion. In this study, cauterization was performed directly on the ectocervical surface, leading to remarkable improvement in symptoms such as vaginal discharge, lower abdominal pain, and cervical fragility. The patients showed visible re-epithelialization within 21 days, with no significant complications, indicating the potential of *Agnikarma* as a safe and effective outpatient procedure.^[5]

Similarly, in cases of pelvic pain associated with pelvic inflammatory disease (PID), *Agnikarma* has shown significant results. A case series reported that *Agnikarma* applied at Kati *Marma* and pelvic trigger points resulted in pain relief and enhanced pelvic mobility in 80% of patients after five sittings.^[6] This suggests that the application of controlled heat may aid in reducing local inflammation, improving blood flow, and pacifying aggravated Vata Dosha—the primary factor responsible

for pelvic pain according to Ayurveda.

Viddhakarma, by virtue of its deeper action, is particularly helpful in endometriosis, dysmenorrhoea, and pelvic myalgia, where chronic pain is rooted in congested pelvic tissues and myofascial trigger points. Its mechanism, analogous to acupuncture, leads to release of endorphins and reduction of muscle tightness. A Pilot study showed that *intrapelvic* trigger point *Viddhakarma* in cases of chronic dysmenorrhoea and endometriosis led to pain score reduction by >50% over 4 weeks.^[7]

Application in Other Pain Disorders

Beyond gynaecology, both modalities have shown remarkable results in musculoskeletal and neurological disorders like cervical spondylosis, lumbar disc prolapse, sciatica, frozen shoulder, tennis elbow, and osteoarthritis. In such conditions, aggravated Vata and Srotorodha lead to chronic pain, stiffness, and reduced mobility.

Agnikarma, through *Ushna-Tikshna* properties, relieves localized Shoola, reduces Shopha, and rejuvenates Snayu-Mamsa tissues.

Viddhakarma acts deeply by relieving *Gambhira Vedana*, reducing nerve compression effects, and activating local *Rakta-Mamsa-Snayu* channels through Neuromodulation.

Thus, these therapies demonstrate multi-layered efficacy, not just as symptomatic relief measures but as holistic interventions grounded in Ayurvedic pathophysiology.

Comparative Insight

While both therapies aim at *Vata*-pacification, *Agnikarma* is more effective in conditions of *Ruksha* and *Shushka* nature—such as degenerative, superficial, or erosive pathologies—whereas *Viddhakarma* is suitable for *Sanchita Vata*, chronic congestion, or pain originating from deeper structures.

Their combined effect represents a *Shamana-Shodhana* balance:

Agnikarma as *Shamana* (palliating heat therapy with localized action)

Viddhakarma as mild *Shodhana* (releasing or unblocking channels with deep tissue action)

This dual utility reflects the brilliance of *Sushruta*'s para-surgical understanding, now supported by modern analogues like radiofrequency ablation (for *Agnikarma*) and dry needling or acupuncture (for *Viddhakarma*)

Despite their immense potential, wider adoption in clinical practice is limited due to lack of standardized protocols, practitioner training, and evidence from large-scale trials. However the increasing success of case-based and pilot studies signals a promising future for integrating these time-tested Ayurvedic interventions into holistic and individualized care.

CONCLUSION

Agnikarma and *Viddhakarma* are time-tested Ayurvedic parasurgical techniques with proven efficacy in various pain disorders. In gynaecological conditions such as pelvic inflammatory disease, cervical erosion, endometriosis, and dysmenorrhoea, these therapies help by pacifying aggravated *Vata* and *Kapha*, improving local circulation, and reducing chronic inflammation.

Modern research supports their role in managing musculoskeletal and neuropathic pain, with studies showing significant improvements in conditions like sciatica, osteoarthritis, and frozen shoulder. *Agnikarma* offers targeted relief through thermal cauterization, while *Viddhakarma* works through Neuromodulation and decongestion.

Integrating these modalities into clinical practice, with standardized protocols and further evidence-based validation, can bridge traditional wisdom with modern pain management strategies.

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