

## A REVIEW ARTICLE ON AGNI KARMA W.S.R TO SAMHITA

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**INTRODUCTION**

“Agnikarma” is one of the most important procedures in Shalya Chikitsa (surgical treatments). It comprises two words i.e. Agni and Karma. The derivation and description are as follows- The word Agni has derived from the Dhatu “Angati Vyapnoti” and formed as “Agi Vyaptou Angati Vyapnoti Iti Agni”.

**CONCEPT OF KARMA**

This act is called Karma. Through which the action takes place is also called Karma. AGNIKARMA (Procedure of Branding by Fire/Thermal Cauterization) The two words Agni and Karma combined form a unique term or procedure i.e. Agnikarma which means “the action / Karma takes place by upward spreading nature of Agni”. When Samyak Dagdha Vrana is produced by Agni with the help of various Dravyas it is called Agnikarma.

**Types**

- Dalhana, the commentator of „Sushruta Samhita“, has given the following description regarding the Agnikarma. “Agni Krita Karma”-the Karma/action done/carried out by Agni. Here Agni is used directly i.e.-direct manner of application of Agni 2. „Agni” Sambandhi Karma“- the Karma or action related to Agni. The Agni-related things/media are used i.e. indirect manner of application of „ Agni” So the identical character in both the statements is the presence of Agni, whether it is used directly or indirectly through media.

Effects- Hence, we can assess the effect of Agnikarma as follows.

1. Sthanika Karma-local action.
2. Saarvadaihika Karma- the action takes place all over the body.
3. Vishishta Karmas- special kind of actions.

**Classification of Agnikarma**

1. According to Dhatu: Twak Dagdha & Mamsa Dagdha, Agnikarma is not contraindicated for blood vessels, ligaments, joints, and bones.
2. According to Dravya: Snigdha -is done by Madhu and Ghrita and it is indicated for Sira, Snayu, Asthi, and Sandhi Vikaras.

Ruksa -Louha, Pippali etc. -indicated for Twak Dagdha and Mamsa Dagdha.

They are classified as follows according to various Acharyas.

**According to Area**

Local (Sthanika) - Sandhivikara, Granthi etc.  
Distant part - Antravridhi, Apachi.

**According to disease**

Agnikarma is to be done after surgical excision e g; Kadara. Nadivrana, Bhagandara. Agnikarma is to be done in Krimidanta after the filling of Guda.

**According to Dahana Vishesha**

Valaya, Bindu, Vilekha, Pratisarana, Swastika, Ardachandrakara and Ashtapada

1. Items useful for Twak Dagdha are:

- a. Pippali(Piper login)
- b. Ajashakrut (feces of goat)
- c. Godanta (Moon stone)
- d. Shara (arrow-like device)
- e. Shalaka (rod of metal)
- f. Suryakanta and Varti (mentioned by Vagbhata)

**Items useful for Mamsa Dagdha are**

Jambaustha (device resembling like Jambu) and other metallic instruments Madhu (honey), Guda (jaggary), and Sneha (oil/ghee) (Vagbhata).

**Items useful for Sira, Snayu, Asthi, and Sandhi are**

- a. Madhu(honey), Guda (jaggary), and Sneha (oil/ghee).
- b. Jambaustha mentioned by Vagbhata.

**Dahana Upakaranas** – Dahana Upakaranas are the instruments used to produce therapeutic burns (Samyaka Dagdha) during Agnikarma.

Dahana Upakarana	Sushruta [45]	Charaka [46]	A.S [47]	A.H [48]
Pippali A.H [48]   -   } --	+	-	+	-
Aja Shakrit	+	-	+	-
Godanta	+	-	+	+
Share	+	+	+	+
Shalaka	+	-	+	+
Jambaustha	+	-	+	+
Dhatu	+	-	-	-
Madhu	+	+	+	+
Madhuchhishta	+	+	+	+
Guda	+	-	+	+
Vasa	+	-	+	+
Ghrita	+	+	+	+
Tailam	+	+	+	+
Yastimadhu	+	-	-	-
Suryakanta		--	+	-

### Dahana Shalaka<sup>[49]</sup>

The Loha Shalaka becomes cool soon after making it red hot and once heated only once Samyak Dagdha Vrana can be made. Ideally once heated a Shalaka should be able to produce 20-30 Samyak dagdha Vrana. So Loha Shalaka was found useless. When Tamra Shalaka was used Atidagdha Vrana develops. This might be due to the quick transfer of heat due to Tamra (copper). So it is also not ideal. While using Rajata Shalaka, the transfer of heat was found very quickly & Vrana was made very fast. So it is also not ideal. Pancha Dhatu Shalaka was found as ideal since 20-30 Samyak Dagdha Vrana could be made satisfactorily.

### Dahana Vishesha

Dahana Vishesha implies the type of shape produced in the skin after Agnikarma. Acharya Sushruta has mentioned four types of Dahana Vishesas.

- 1) Valaya – Figure of Circle
- 2) Bindu– Figure of dot shape
- 3) Vilekha – Figure of parallel line
- 4) Pratisarana – Figure after rubbing

Acharya Vagbhatta has mentioned extra three varieties of Dahana Visheshas.

- 1) Ardhachandrakara- Semilunar shape
- 2) Swastika - four tailed mark
- 3) Ashtapada -eight-tailed mark

### Clinical features of Agni Dagdha

- Plusta Dagdha (Scorched burn): - This is the discoloration of skin and contraction on the part (losing its normal color). Vagbhatta has named it Tuchha Dagdha and given one additional symptom e.g. more burning sensation without vesicle.
- Durdagdha (Blistered burn)-This is characterized by the formation of a blister, severe pricking pain, burning sensation, and redness which takes a long time to subside.
- Samyak Dagdha (Superficial burn) -These are the Samanya Lakshana (common symptoms) produced in any type of Dhatu. This is characterized by

- Anavagadha Vranata (Wound which is not deep)
  - Talaphala Varnata (color of the palm fruit)
  - Susamsthita Vrana (Without elevation or depression)
- Vagbhatta has mentioned the production of sound and watery secretion after proper stoppage of bleeding. The color will look like Pakwa Talaphala or Kapota Varna.

### BURNS- REVIEW OF MODERN LITERATURE

A burn is a wound in which there is coagulative necrosis of the tissue. According to the depth of the necrosis, burns are classified into 3 degrees.

For

**First-degree** burns the simply hyperemia of the skin with slight edema of the epidermis. Superficial layers of the epidermis are destructed which are soon replaced from the basal layers so that no scarring will be there.

**Second-degrees** the entire thickness of the epidermis is destroyed. Blebs or vesicles are formed between the epidermis and dermis.

**Third-degree** destruction of the epidermis and dermis with irreversible destruction of the dermal appendages. Another classification to describe the severity of the burn.

**Partial thickness burn-** here superficial layers of the skin i.e. whole of the epidermis and superficial part of the dermis become destroyed so that spontaneous regeneration of the epithelium is expected. Here sensation of the skin remains.

**Full-thickness burn-** here whole thickness of the skin is destroyed. Spontaneous regeneration is impossible with the development of scar tissue and contractures. The sensation is lost here since sensory nerves are destroyed.

### ELECTROSURGERY or DIATHERMY

In modern medicine, there is no use of therapeutical heat i.e. Samyak Dagdha Chikitsa whereas it is used for coagulation and tissue destruction.

Cauterization: -Cauterization is a medical term describing the burning of the body to remove or close a part of it. The main forms of cauterization used today are electro-cautery and chemical cautery. Cautery can also mean the branding of a human, either recreational or forced. Hot cautery was applied to tissues or arteries to stop them from bleeding. Cauterization was used to stop heavy bleeding, especially during amputations. For that, a piece of metal was heated over fire and applied to the wound. This would cause tissues and blood to heat rapidly to extreme temperatures and in turn cause coagulation of the blood thus controlling the bleeding, at the cost of extensive tissue damage.

Cautery is described in the Hippocratic Corpus. The cautery was employed for almost every possible purpose in ancient times: as a „counter-irritant“, as a hemostatic, as a bloodless knife, as a means of destroying tumors, etc. Later, special medical instruments called cautery were used to cauterize arteries. These were first described by Abu al-Qasim al-Zahrawi (Abulcasis) in his *Kitab al-Tasrif*. He was specialized in curing the disease by cauterization and used in about 50 operations. Abu al-Qasim al-Zahrawi also introduced the technique of ligature of the arteries as an alternative to cauterization. In chapter 51, he describes about a specially designed cautery for dependent drainage of pus. He describes in chapter 56 “on cauterization in hemorrhage arising from a cut artery”. This method was later improved and used more effectively by Ambroise Paré.

#### DIATHERMY

The basic principle is to deliver high-frequency current to the human body using an active electrode and this after passing through the tissue to be diathermized returns via a return electrode. The intense heat produced by the passage of current destroys it in different ways depending on the type of current used. The cutting current is undammed and produces a cutting effect secondary to intense heat generation within the tissue. It is hemostatic also and no bleeding can occur. Coagulating current is highly damped and coagulates by tissue dehydration and its effect is mainly hemostatic. Blended current is a combination of two types of waves introducing both cutting and coagulating effects. Most new surgical units deliver low-voltage cutting or blended current from a solid-state generating unit through an isolated bipolar system which is considered the safest.

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