Therapeutic extent of *Agnikarma* in haemorrhoids

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ABSTRACT:

*Sushruta* known as father of surgery has described various surgical procedures along with some parasurgical measures in Haemorrhoids. ‘*Agni karma*’ is one amongst these parasurgical procedures. In *Agnikarma* therapeutic burning with special tools are done on specific sites. *Agnikarma* though is a parasurgical procedure yet is indicated as a therapy of choice in many diseases and can be considered on its tremendous prophylactic potential to do away certain diseases and also developed as a precursor to ‘cauterisation’ of modern era. This paper deals with various aspects of *agnikarma* and its use in present context. *Sushruta samhita* and its commentaries are the main source of this review paper.

KEYWORDS: *Agnikarma*, Cauterisation, parasurgical measures,

INTRODUCTION:

Haemorrhoidal disease is one of the most common anorectal conditions encountered in daily practice by general practitioners, general surgeons and gastrointestinal surgeons in India. It has been projected that about 50% of the population would have haemorrhoids at some point in their life probably by the time they reach the age 50, and approximately 5% population suffer
from haemorrhoids at any given point of time [1,2]. Acharya Sushruta has mentioned different methods of management of haemorrhoids such as Bheshaja karma, Shastra karma, Kshara karma and Agnikarma [3]. Agnikarma means the application of agni or heat directly or indirectly to the affected part with the help of different materials to save the patient from disease or complication. Agnikarma holds a special place in surgery by Sushruta as it is believed that a disease once treated by agnikarma does not recur and does not get infected easily [4]. Even today, the modern science takes agnikarma into practice by advocating cauterisation in almost every surgical procedure to ensure sterilization and asepsis. Technique of cauterisation is the burning of part of a body to remove or close off a part of it in a process called cautery, which destroys some tissue, in an attempt to mitigate or remove an undesired growth. In modern science two types of heat source are described-Galvano Cautery and Poquilin’s thermo-cautery. Mere utilization of agnikarma, which is counted in anushastra, upayantra [5] and shashti upakarma, provides shalyatantra the unique position among the eight faculties of ayurveda. Agnikarma can be utilised as a preventive measure, as postoperative procedure and as haemostatic measure.

CLASSIFICATION OF AGNIKARMA:

According to dravyas used: [6]

- **Snigdh** – by means of madhu, ghrita, tailam to treat sira, snayu, asthi and sandhigat diseases.
- **Ruksha** – by means of pippali, shara, shalaka, godanta to treat twak and mansagat diseases.

According to site:

- **Stanika** – As in kadara, arsha, vicharchika
- **Sthanantariya** – As in visuchika, apache.

According to Akriti: [7]

- **Valaya** – Circular shape
- **Bindu** – Dot like shape
- **Vilekha** – Different shapes
- **Pratisarana** – Rubbing at indicated site.

INDICATIONS:

Around 50 diseases have been mentioned in the text where agnikarma can be performed. Here we consider only 1st and 2nd degree internal haemorrhoids.
Various para surgical measures[8,9,10,11]:

**INFRARED COAGULATION:**

In Infrared coagulation (IRC), the tissue is coagulated by means of infrared light. It produces infrared radiation from a tungsten halogen lamp via a polymer probe tip which acts like shalaka that penetrates the tissue and converts to heat, promotes coagulation of vessels and fixation of haemorrhoidal tissue[12]. It is recommended to place infrared probe for 1.5 sec to the apex of each internal haemorrhoids and repeated 3 times on each haemorrhoid. The amount of tissue destruction depends on the intensity and duration of the application[13].

**RADIOFREQUENCY ABLATION:**

It works on the phenomenon called cellular volatilization. The alternating current passes down from uninsulated electrode tip, which acts like shalaka and generates changes in the direction of ions in tissue fluid and creates frictional heat. The tissue heating drives extracellular and intracellular water out of tissue and causes the contacting tissue to be coagulated and evaporated.

**LASER THERAPY:**

It causes photocoagulation of endothelium of the veins and supportive connective tissue. First a small skin incision is taken about 1 – 1.5 cm distance from the anal verge concentrically for about 4 mm and have the perianal skin/anoderm tunnelled with the scissors to the edge of the anus. The pointed laser probe which acts like shalaka is then quickly driven submucosally until it has reached the area underneath the distal rectal mucosa. This is followed by about 6 pulses of approximately 30 joule per node, half of which highly submucosal, the other half high intranodal the tissues response can be clearly discerned by the light reduction: contraction is occasionally observed immediately.

**DISCUSSION:**

The use of cautery dates back as far prehistoric times, when heated stones were used to obtain haemostasis. With the advancement of science techniques of agnikarma improved by introduction of electricity. The use of electricity in medicine began in the 18th century [14]. Around 19th century medical uses for electricity began to be realized.

The main forms of cauterisation used today are electrocautery and chemical cauter. Electrocautery –
Electrosurgery has been described as high frequency electrical current passed through tissue to create a desired clinical effect[15]. Electrosurgical technology offers essentially 2 types of devices for energy delivery: monopolar and bipolar. The monopolar instrument, the bovie being the most common example, delivers current through an active electrode, which then travels through the patient and back to the generator through a conductive adhesive grounding pad applied to the patient before beginning the procedure. Bipolar instruments resemble surgical forceps, with both the active electrode and the return electrode functions being performed at the surgical site. The electrosurgical energy does not travel through the patient but is confined to the tissue between the forceps. Because of this configuration, bipolar delivery of energy clearly offers very little chance for unintended dispersal of current.

Another form of cauterisation is chemical cauterity – many chemical reactions can destroy tissue and some are used routinely in medicine, most commonly for the removal of small skin lesions or haemostasis. The disadvantages are that chemicals can leach into areas where cauterisation was not intended. For this reason, laser and electrical methods are preferable, where practical. Many researches are still going on to prove efficacy of Agnikarma in treatment of different diseases.

CONCLUSION:

Agnikarma and its uses are described in Ayurveda much earlier than it’s utility was discovered by surgeons of rest medicine branches. The technique and equipments have become advance but the basic principles are still the same.

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