





## International Journal for Empirical Research in Ayurveda

### Emergency Management of Acute Traumatic Knee Pain: an Atyayika Approach Using Agnikarma and Viddha Karma – A Case Report Ranzunjare S.

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#### ABSTRACT:

Acute traumatic knee pain is a frequent musculoskeletal complaint in the elderly, commonly caused by sudden twisting injuries and characterized by severe pain, swelling, and restricted mobility. Conventional management mainly relies on non-steroidal anti-inflammatory drugs and supportive measures; however, immediate and sustained relief may not always be achieved. In Ayurveda, trauma is categorized under Agantuja Nidana and results in aggravation of Vata Dosha, described as Aghataja Vata. Severe pain (Vedana) and functional restriction (Cheshta Avarodha) indicate a Vata-dominant presentation. When intense and disabling, the condition may be considered an Atyayika Avastha, requiring urgent intervention. In the current case report, a 62-year-old female presented with acute left knee pain (VAS 10/10), swelling, and inability to lift the leg following a twisting injury. Managed as an acute Vata emergency, Agnikarma was performed at the most tender points around the knee, followed by Viddha Karma two anguli above Kshipra Marma, along with internal Vata-pacifying medicines. Pain reduced by nearly 90% within one hour (VAS 1–2/10), and complete recovery occurred within three days without adverse effects. This case was selected to highlight the rapid analgesic and functional benefits of Agnikarma and Viddha Karma in acute traumatic conditions, emphasizing their potential role in Ayurvedic emergency management.

#### Key words:

Agnikarma, Viddha Karma, Atyayika Chikitsa

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#### How to cite this Article:

Ranzunjare S. Emergency Management of Acute Traumatic Knee Pain: an Atyayika Approach Using Agnikarma and Viddha Karma – A Case Report.  
AYUSCRIPT 2026;5(1):69-74 DOI: <http://doi.org/10.55552/AYUSCRIPT.2026.5112>

**Introduction:**

Acute knee trauma is one of the most common orthopedic presentations in elderly patients. Twisting injuries during stair climbing frequently result in ligament strain, soft tissue inflammation, and acute synovitis. [1,2] Immediate pain relief is essential to prevent immobility and secondary complications.

In Ayurveda, trauma (*Aghata*) causes sudden aggravation of *Vata Dosha*, leading to intense pain (*Ati Vedana*), swelling (*Shotha*), and restricted movement (*Cheshta Avarodha*). [3] If inflammation and vascular congestion are present, *Rakta Dushti* is suspected. [4]

**Agnikarma**

Described in the *Sushruta Samhita Sutrasthana 12*, *Agnikarma* is indicated in disorders dominated by *Vata* and *Kapha* and is especially effective in severe pain conditions. It provides immediate and sustained relief and prevents recurrence. [5]

**Viddha Karma**

*Viddha Karma* is a minor surgical puncturing technique recommended for relieving obstruction and vitiated *rakta*. *Viddha* two *anguli* above *Kshipra Marma* is indicated in lower limb pain disorders. [6] The present case demonstrates the emergency application of these classical principles in acute traumatic knee pain

**Case report****Presentation of patient**

A 62-year-old female (OPD No. 26/G5363) presented to OPD in an acute and functionally disabling state, requiring urgent consultation. She complained of severe left knee joint pain of two days' duration following a twisting injury sustained while stepping on stairs. The pain was sudden in onset, progressively worsening, and described as excruciating in intensity, scoring 10/10 on the Visual Analogue Scale (VAS). It was associated with visible swelling around the knee joint and marked restriction of movement. It was aggravated by walking, standing, weight-bearing, and flexion-extension movements, with minimal relief on rest. The patient was unable to lift the affected

leg properly and experienced extreme difficulty in walking, necessitating physical support. Considering the intensity of pain (*ati-tivra vedana*) and significant functional incapacity (*cheshta avarodha*), the clinical presentation was assessed as an *Atyayika Vata Avastha* (urgent *Vata*-dominant condition) requiring immediate intervention.

**Past medical history**

No history of diabetes, hypertension, or systemic illness

**Clinical Examination****Table 1: Local Examination**

Parameter	Findings
Swelling	Present around anterior knee
Tenderness	Severe at medial joint line
Local Temperature	Mildly raised
Movement	Restricted flexion-extension
Gait	Antalgic

**Systemic Examination**

Pulse: 78/min

BP: 124/80 mmHg

**Samprapti Ghatak**

*Nidan-Aghata* (trauma)

*Dosha- Vata Pradhana*

*Dushya-Rakta, Mamsa*

*Srotas-Raktavaha, Mamsavaha*

*Adhsthana- Janu Sandhi* (Knee joint)

*Rogamarga- Madhyama Rogamarga*

*Diagnosis- Aghataja Vata vyadhi*

**Materials and Methods**

**Centre of Study:** PDEA's Ayurved Rugnalay and Snowbell Multispeciality Hospital, Nigdi, Pune

**Study Design:** Single case study

**Therapeutic Intervention****I. Agnikarma**

Instrument: Heated *Rajat Shalaka*

Site: Maximum tenderness points around knee

Type of *Agnikarma*: *Bindu*

Procedure: Multiple controlled thermal touches applied by conductive method of agnikarma

Rationale: According to *Charaka Samhita*, *Vata* disorders respond best to *Ushna* and *Tikshna* therapies [7]. *Agnikarma* provides: Immediate *Vata* pacification, removal of *Srotorodha*, enhanced local circulation and give analgesic effect

### III. Table 2: Internal Medication

Medicine	Dose	Frequency	Anupana
<i>Lakshadi Guggula</i>	500 mg	Twice a day	Luke warm water
<i>Dashmool Kwath</i>	20 ml	Twice a day	Luke warm water
Tab Sallaki MR	1 Tab	Twice a day	Luke warm water
<i>Vedana Amrut tail</i>	<i>Sthanik Abhyang</i>		
<i>Vedana Amrut Lep</i>	LA Twice a day		

**II. Viddha Karma at Kshipra Marma**  
Site: Two *anguli* above *Kshipra marma* (*leg*)

Purpose: Relieve *Rakta Dushti* and stimulate *Vyana Vayu*

Rationale: *Marma* stimulation regulates neuromuscular coordination and peripheral circulation.[8]



Fig. 1 अग्निकर्म



Fig. 2 विद्धकर्म

### Outcome Measures

Table 3: Pain (VAS Score)

Day	VAS Score
Day 1	10
Day 2	1-2
Day 3	0-1

Table 4: Swelling

Day	Observation
Day 1	Present
Day 2	Reduced
Day 3	Minimal

Table 5: Functional Assessment

Parameter	Day 1	Day 2	Day 3
Walking	Severe difficulty	Improved	Normal
Leg lifting	Not possible	Possible	Normal

### Results

The patient showed rapid and significant clinical improvement following the intervention. Within one hour of

*Agnikarma* and *Viddha Karma*, pain intensity reduced markedly. At 24 hours, pain decreased by approximately 90%, with the Visual Analogue Scale (VAS) score improving from 10/10 to 1–2/10. Functional mobility improved on the same day, and the patient was able to bear weight and ambulate without support.

Local swelling reduced progressively over the next 48 hours. By the third day, swelling had subsided significantly, joint movements were near normal, and no pain aggravation was observed.

Complete symptomatic recovery was achieved within three days, with restoration of normal gait and absence of tenderness. No adverse events or procedural complications were reported.

#### **Discussion:**

Acute trauma (*Aghata*) is a recognized etiological factor for sudden aggravation of *Vata Dosha* in Ayurveda. The twisting injury in the present case acted as an immediate *Nidana*, leading to localized *Vata Prakopa* at the *Janu Sandhi*. The severe pain and functional incapacity represent classical features of *Aghataja Vatavyadhi*. Without *Vata*, pain does not manifest in the body). This establishes *Vata* as the principal mediator of pain. The acute presentation with intense pain (*ati-tivra vedana*) and restricted movement (*cheshta avarodha*) justified management under *Atyayika Chikitsa*, where immediate intervention is essential to prevent progression and chronicity.

#### **Samprapti**

The sequence of pathogenesis may be described as:

***Aghata* → *Vata Prakopa* → *Rakta Dushti* → *Srotorodha (Raktavaha & Mamsavaha Srotas)* → *Shotha* + *Vedana* → *Cheshta Avarodha***

Trauma disrupts local vascular and muscular integrity, causing inflammatory swelling indicative of associated *rakta dushti*. As described in *Ashtanga Hridaya*, aggravated *Vata* localized in joints produces pain and movement restriction

#### **Samprapti Bhanga**

##### **Role of Agnikarma<sup>[9]</sup>**

*Acharya Sushruta* describes *Agnikarma* as superior among para-surgical procedures in certain conditions:

*Agnikarma* possesses *Ushna* and *Tikshna* properties that counteract the *Sheeta* and *Ruksha* qualities of aggravated *Vata*. The immediate analgesic response observed in this case is consistent with classical indications. The marked reduction in pain within one hour reflects rapid *Vata Shamana*, demonstrating a clear ***Atyayika therapeutic effect***.

Modern physiological explanation suggests that localized thermal stimulation induces vasodilation, enhances circulation, and promotes endorphin-mediated analgesia.<sup>[10]</sup>

Additionally, neuromodulatory effects via nociceptive pathway alteration may contribute to rapid pain reduction.<sup>[8]</sup>

##### **Role of Viddha Karma<sup>[11]</sup>**

In the present case, although the primary etiology was trauma (*Aghata*), the pathological events closely resemble certain components of *Vatarakta Samprapti*. *Vatarakta* is described as a condition where aggravated *Vata* becomes obstructed by vitiated *rakta*, leading to severe pain and inflammation.

*Acharya Charaka* describes *Vatarakta* as a disorder caused by the mutual vitiation of *Vata* and *Rakta*; in the present case, the *Samprapti* is similar, involving *Rakta*-induced obstruction of *Vata* leading to pain and inflammatory features.<sup>[12]</sup>

***Aghata* → *Vata Prakopa* → *Local Rakta Kshobha* → *Srotorodha* → *Shotha* + *Vedana* → *Functional restriction***

Thus, although the etiology was traumatic, the pathological sequence exhibited features comparable to *Vatarakta Samprapti*, particularly *Vata-Rakta* interaction and obstruction. Hence, *Kshipra Marma*—classically indicated in *Vatarakta*—was selected for *Viddha Karma* to facilitate peripheral circulation, regulate *Vyana Vayu*, and achieve rapid *Samprapti Bhanga*.

**Role of Internal Medication**

While *Agnikarma* and *Viddha Karma* produced immediate analgesic effects, internal *Vata* pacifying medications were administered to support systemic correction and prevent recurrence. Classical texts emphasize that sustained *Vata* disorders require internal *Shamana* therapy in addition to local interventions. Thus, while the para-surgical interventions achieved rapid *Atyayika* relief, the internal medications contributed to stabilization of *Dosha* equilibrium and ensured complete symptomatic recovery within three days. The combined approach reflects a comprehensive *Samprapti Bhanga* strategy addressing both local and systemic components.

**Modern Correlative Perspective**

Distal reflex stimulation in pain disorders is comparable to neurovascular modulation principles described in acupuncture literature<sup>8</sup>. Peripheral stimulation can influence central pain pathways and improve local circulation, supporting the analgesic response observed in this case.

**Conclusion:**

This case demonstrates a clear *Atyayika* therapeutic effect, with 90% pain reduction within 24 hours, restoration of gait, and complete recovery within three days. The combined use of *Agnikarma* and *Viddha Karma* effectively addressed *Vata* aggravation and *Rakta* involvement, resulting in rapid analgesia and functional improvement. Supportive internal medication aided systemic stabilization and prevention of recurrence.

These findings suggest that classical Ayurvedic para-surgical interventions may serve as safe, cost-effective, and minimally invasive options in the emergency management of acute musculoskeletal trauma. Further controlled studies are required to substantiate these observations.

**Acknowledgements:** Not applicable.

**Conflict of Interest:** The author declares no conflict of interest.

**Author Declaration:** All named authors have agreed to submission. Institutional permission obtained.

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**Authors Contribution:** All authors have contributed equally.

**Financial Support and Sponsorship:** None declared

**Conflict of Interest:** There are no conflicts of interest.

**Declaration of Generative AI and AI Assisted Technologies in the writing process:** The author has not used generative AI/AI assisted technologies in the writing process.

International Journal for Empirical Research in Ayurveda

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**IIFS Impact Factor:** 2.125