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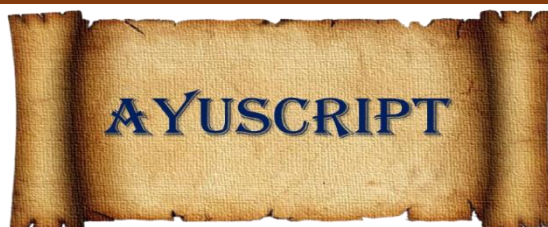
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यन्कल्पेन शरीरं समकल्पयन् ॥१॥ विश्वकर्मोणमाहूय पुरीहाटकानि  
 र्मेना ॥ तत्र खोडशसहस्रस्त्रीणां चैव वराधिकम् ॥११॥ भवभानिसनो ज्ञानि  
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 १॥ यथाभीरुभर्षस्य कल्पितभवा ॥ २२॥ अरिर्वादिष्यन्नासि यमिभ ॥ २३॥





## International Journal for Empirical Research in Ayurveda

### Ayurveda Aatyayik Chikitsa Agnikarma Procedure in Acute Pain Management Tayade V.<sup>1</sup>, Gulhane J.<sup>2</sup>, Borkar J.<sup>3</sup>

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**ABSTRACT:** Pain (Ruja) is a major clinical symptom of many diseases affecting quality of life. Pain can be described as any physical or mental suffering or discomfort caused by illness or injury. No matter however mild the pain is anywhere in the body it lands person in state of discomfort and affects day to day activities. Pain can present in various ways as throbbing pain in toothache, colic pain which comes in spasm as in renal calculi, muscular pain as in sprain, sport injury and joint pain due to inflammatory condition and many more. According to modern review today's era musculoskeletal and neuromuscular pain like pain of arthritis, sciatica, lumber spondylosis, migraine, etc are very common. Pain is also categorized as acute or chronic on the basis of duration. Our answer to pain is pain-killer medicines, which on frequent uses kills our resistance power. Aims and objectives: To study the Ayurvedic basis of acute pain management and review the classical texts and synthesize the role of Agnikarma procedure in acute pain management. Materials and Methods: Relevant Ayurvedic and Modern literature is the material of the paper. Ayurveda explains the origin of pain due to vitiated Vata dosha and once Vata dosha is treated efficiently, the pain subsides automatically. Many people have a false belief that Ayurveda is not good in curing acute pain and Ayurvedic medicines should only be consumed in chronic pain and it always give very slow result but the thing is they are unaware of the wonderful management of Ayurveda. To relieve this pain every person seeks such a treatment which has minimum side effects and maximum benefits. Discussion: Ayurveda para surgical procedure Agnikarma can also be useful in acute pain conditions. Conclusion: Here it may be concluded that Agnikarma a para-surgical procedure involving therapeutic application of controlled heat, is described in Ayurveda as an effective modality for immediate pain relief.

**Key words:** Agnikarma, Acute Pain management, Vata Vyadhi, Thermal Cauterization, Musculoskeletal Disorders, Para-surgical Procedure, Ruja, Shoola

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**Introduction:**

Pain (*Shoola/Ruja*) is one of the most common reasons for seeking medical care. According to international Association for the Study of Pain (IASP), pain is “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”<sup>[1]</sup> The word pain comes from the Latin word ‘Poena’, meaning punishment. Acute pain may result from trauma, inflammation, musculoskeletal disorders or nerve irritation. Conventional analgesics provide symptomatic relief but may produce adverse effects with long term use.

The word *Agnikarma* is combination of two words i.e., *Agni* and *Karma*, it means procedure done by the *Agni* to treat the disease. Application of heat directly or indirectly to the affected part of body. Sushruta mentioned the superiority of *Agnikarma* among all the para-surgical procedures and its importance explained in separate chapter in *Sutrasthan*. It has ability to cure the chronic diseases, which can't be cured by the *Bheshaja* (medicine), *Shastra* (Surgical interventions) and *Ksharakarma* (alkaline cauterization). It is mainly indicated in the diseases caused by *Vata* and *Kapha Doshas*. Diseases of *Twacha*, *Mamsa*, *Asthi* & *Sandhi* with severe pain caused due to vitiation of *Vata*. Also, in *Shiroroga*, *Netraroga*, *Vartmagata Vyadhi*, *Granthi*, *Arsha*, *Bhagandar*, *Arbuda*, *Shlipad*, *Charmakeela*, *Tilakalaka*, *Antravrana*, *Nadivrana*, and in the diseases of the joints.<sup>[2]</sup> According to Sushruta, if *Agnikarma* is performed in above diseases, will be less chances of recurrence and successful in curing the diseases<sup>[3]</sup> Acharya Charak has not described details about *Agnikarma* but mentioned as one of the treatment measures in different *Vatavyadhi* such as *Gridhrasi*<sup>[4]</sup> In Sushruta Samhita different *Dahanopakaranas* and shapes are mentioned for *Agnikarma* as follows; *Twakadagha* (gypsum), *Shara* (arrow),

*Shalaka* (metal rod), *Mamsadagha-Jambhavsta shalakla* and other metals. For *Sira*, *Snayu*, *Sandhi* and *Asthidagha* - *Kshaudra* (honey), *Guda* (jaggery) and *Sneha* (oil).<sup>[5]</sup> Shape of *Agnikarma*: According to Sushruta, *Valaya*: (round shaped), *Bindu*: (dotted), *Vilekha*: (linear cauterization) and *Pratisarana*: (irregular shape).<sup>[6]</sup> and according to Vagbhata three more types *Ardha Chandra*, *Swastika* and *Astapada*.

**Aims:**

To review the role of *Agnikarma* in acute pain management and evaluate available clinical and classical evidence.

**Objectives:**

1. To review the research work related to *Agnikarma* for acute pain management on different musculoskeletal disorders.
2. To analyse the collected data and study the efficacy of *Agnikarma* on acute pain management in various musculoskeletal disorders.

**Materials and Methods:**

This narrative review is based on:

1. Classical Ayurvedic texts:
  - Sushruta Samhita
  - Ashtanga Hridaya
  - Charaka Samhita
2. Peer-reviewed clinical studies evaluating *Agnikarma* in musculoskeletal disorders.
3. Modern medical literature explaining pain physiology and thermal therapy mechanisms.
4. Databases were screened using keywords including “*Agnikarma*,” “*Ayurvedic* cauterization,” “acute musculoskeletal pain,” and “thermal therapy.” Relevant English-language full-text publications, various dissertations, from search engines like Google Scholar, PubMed, etc were synthesized.

**Review Of Literature**

Pain in Ayurveda - In Ayurvedic texts various terms such as *Ruk*, *Ruja*, *Vedana*, and *Shoola* are commonly used for pain; however, ‘*Shoola*’ is the most commonly used and appropriate term amongst all.

Sushruta mentions *Shoola* as a condition where the patient experiences the sharp intensity of pain as if pierced with *Shanku*. It has been further elaborated that out of *Tridosha*, vitiated 'Vata' is the main causative factor responsible for all painful conditions. This vitiation of *Vata* occurs in two ways, viz. *Dhatukshyajanya Vata Prakop* and *Margavarodhjanya Vata Prakop* (channel obstruction).<sup>[7]</sup> Furthermore, the 'Ruksha' and 'Chala' Guna of *Vata* are mainly involved in the manifestation of pain.

**Classification of Pain** - <sup>[8]</sup> Pain is a protective body mechanism. Pain can be classified as per duration (acute, subacute, and chronic); nociceptive pain; neuropathic pain; psychogenic pain; breakthrough pain (ex., oncological pain); and pain asymbolia (ex., diabetic neuropathy). Nociceptive pain is caused when noxious stimuli are perceived by the free nerve endings of the afferent sensory nerve axon. From an anatomical point of view, nociceptive pain can be classified as per the axons involved in perception of pain as fast pain (mediated by A fibre), which is sharp, and slow pain (mediated by C fibre), which is diffuse, dull aching. Apart from A $\delta$  and C fibres, A $\beta$  fibres carry non-noxious stimuli. From a locational point of view, nociceptive pain is classified as somatic (superficial and deep) and visceral. From the receptor point of view, nociceptive pain is classified as thermal (a transducer such as TRPV1), mechanical (receptors responding to excess pressure), chemical receptors responding to chemicals like capsaicin), silent (receptors responding only when inflammation sets in), and polymodal (many neurons performing a single function). Neuropathic pain is caused by damage or disease affecting any part of the nervous system involved in bodily feelings. Neuropathic pain may be divided into peripheral, central, or mixed (peripheral and central) neuropathic pain. Peripheral neuropathic pain is often described as burning, tingling, electrical, stabbing, or pins and needles. Some manifestations of neuropathic pain

include traumatic neuropathy, painful diabetic neuropathy, and post herpetic neuralgia. Psychogenic pain, also called somatoform pain, is caused, increased, or prolonged by mental, emotional, or behavioural factors. Headache, back pain, and stomach pain are sometimes diagnosed as psychogenic. Breakthrough pain is transitory pain that comes on suddenly and is not alleviated by the patient's regular pain management. It is common in cancer patients. Pain asymbolia, such patients report that they have pain but are not bothered by it; they recognize the sensation of pain but suffer little, or not at all.<sup>[9]</sup>

*Atyayika Chikitsa* in *Ayurveda* encompasses the treatment and prevention of acute health conditions, focusing on emergency management. It involves immediate treatment procedures tailored for acute scenarios, ensuring effective handling of health emergencies. This approach highlights the importance of timely interventions and strategies designed to address urgent medical needs within the framework of *Ayurveda*, making it crucial for managing acute health situations effectively.<sup>[10]</sup>

In *ayurveda* *Atyayik chikitsa* (Acute Care) for pain is *Agnikarma* treatment. It is a para surgical procedure explained by Sushruta.<sup>[5]</sup>

#### Emergency Kit:

Emergency medicines available for *Agnikarma* Procedure-<sup>[11]</sup> For management of complications occur during and after *Agnikarma* procedure, following drugs are routinely used.

1. To subside (*Daha*) burning sensation and pain at *Agnikarma* site: Application *Kalka* of *Kumara Patra* (*Aloevera* pulp), *Shatdhaut Ghrita*.
2. For management of deep burn: Application of honey with plain *Ghrita*, *Yashtimadhu Ghrita*, *Shatdhaut Ghrita*, *Jatyadi Ghrita*, *Madhuchisthaadi lepa*, *Panchvalkal kwath* and *Triphala kwath* are used.
4. To relive burnig sensation: *Triphala Guggulu*, *Godanti*, *Kaishor Guggulu*.

**Indications of Agnikarma:**

A number of diseases and conditions have been explained in text where *Agnikarma* as therapeutic measure has been indicated as below: If there is excessive pain due to *Vataprakopa* in *Twak* (Skin), *Mansa* (Muscles), *Sira* (Veins), *Snayu*, *Sandhi* (Joints), *Asthi* (Bones), *Granthi* (Lymph nodes), *Arsha* (Piles), *Bhagandara* (Fistula in Ano), *Apache* (lymphadenitis), *Shlipad* (Filariasis), *Charmakil* (Warts), *Tilkalaka* (Pigmented moles), *Antravrudhi* (Inguinoscrotal Hernia), excessive bleeding from *Sandhi* (Joints), *Sirachchheda* (Cutting of veins), *Nadivrana* (Sinus). [12]

**Contra-indications for Agnikarma:**

*Agnikarma* should not be done in the *Pitta Prakriti*, *Bhinna Kosta*, *Daurbalya*, *Vridha* [13], *Vrana* of *Snayu*, *Marma*, *Netra*, *Kushtha* and *Vrana* with *Visha* and *Shalya* [14], who is contraindicated for it. *Ksharkarma*. [15]

**Suitable Season for Agnikarma:**

*Agnikarma* can be done during all the seasons except *Grishma* and *Sharada*. 2.4.

**Types of Agnikarma:** [16] • *Valaya*-Circular, ring like. • *Bindu* - Dots done with *Shalaka*. • *Vilekha* - Straight lines. • *Pratarana* - Wide spread, flat lines. • *Ardhachandra* - Semicircular. • *Ashtapada*- Having eight branches. • *Swastika*- Cross lined.

**Poorvakarma :** Patient is made aware of the procedure with written/ informed consent. Thereafter, patient is allowed to sit comfortably, and the most tender and painful point is marked with the marker. Before starting the procedure, the desired site where *Agnikarma* is to be done was properly cleaned with distilled water allowed to dry.

**Pradhan Karma:** After cleaning the site, Burn the candle and then with the help of probe holder *Suvarna Shalaka* applied on marked site.) the *Samyak Dagdha Agnikarma* is done intermittently on affected site as marked and thus, *Bindu* (dot) type of *Agnikarma* is performed. The

*Shalaka* (tip of probe) is kept in contact of skin.

**Pashchat Karma: (Post Agnikarma procedure):** Soothing *Yastimadhu Ghrita* is applied to the patient at the site of *Agnikarma* for relieving post burn discomfort as it has *Vednasthapak* (Analgesic) and *Vranropak* (healing) property as mentioned in classical text of *Sushruta Samhita*. The site of *Agnikarma* should be water-proofed to prevent wound infection.

**Mode of action of Agnikarma:**

*Agnikarma* is considered as the method of choice to treat pain due to aggravated *Vatadosha* in *Vatavyadhi samprapti* as it relieves pain and provides easy pain less movements of the related body part. The heat advocated via the medium of gold bar brings the aggravated *Vata Dosha* to normalcy and thus normalizes the equilibrium between dosha. The qualities of *Agni* being *Ushna*-hot, *Laghu*-light, *Sukshma*-penetrating, *Ashukari*- fast spreading, *Amapachaka*- digestive to auto toxins and *kriyakashtata*- restricted movements of the joint which are strictly opposite to *Vata & Kaphadosha* qualities which are particularly vitiated in *Vatavyadhi*. *Vata Dosha* normalizes due to effect of heat produced by *Agnikarma*. Also *Agni* helps in digestion of *Ama*-auto toxins to remove the *margavarodha* pathway obstruction which also is a major event in the etiology of *Vatavyadhi*. The effect of *Agni* also reaches the deepest and smallest structures of the body system to improve *Dhatvagni*.

**Effects of Agnikarma:** It increases metabolism, blood circulation, decreases pain, stimulates nerves, relaxes muscles, decreases infection, decreases joint stiffness and inflammation.[17]

**Results and Observations:**

Reviewed clinical studies demonstrate:

- Statistically significant reduction in Visual Analogue Scale (VAS) scores.
- Improvement in joint mobility and tenderness grading.
- Symptomatic relief commonly within 1–3 sittings.

- Low recurrence rates.
- Minimal adverse events.

Thermal stimulation may modulate nociceptive transmission through peripheral and central pathways. Increased blood flow and reduction in inflammatory mediators contribute to tissue healing. [18] However, methodological constraints such as small sample sizes, absence of control groups, and limited blinding reduce the strength of available evidence.

### Discussion:

*Agnikarma* acts through:

- Pacification of aggravated *Vata Dosh*
- Removal of *Srotorodha* (channel obstruction)
- Restoration of local metabolic activity

The *Ushna* and *Tikshna* properties directly oppose the pathophysiological qualities of *Vata*. [19]

Different types of metal and non-metal materials i.e., *Dahanopkarana* were used for *Agnikarma* procedure, *Shalaka* (metal rod) like *Suvarna Shalaka* (gold rod), *Rajat Shalaka* (silver rod), and *Tamra Shalaka* (copper rod), *Lauha Shalaka* (iron rod) and *Panchadhatu Shalaka* (rod made of five types of metal). Non-metal materials like *Pippali* (Piper Longum), *Ajashakrut* (goat excreta), *Kshaudra* (honey), *Guda* (jaggery) and *Sneha* were used in various painful disorders. *Agnikarma* were done in Multiple (*Twakadagdha*) which is important in *Agnikarma*. Non-metals material like *Pippali* found less effective because of its low temperature retention capacity and it burns only superficial layer of skin. Different *Shalakas* were used in various musculoskeletal disorders but result was statistically same in different articles. Sushruta has described *Agnikarma* ineffective when there is *Atyugraruja* (intense pain) in *Snayu Sandhi-Ashti* immediate i.e., musculoskeletal disorders. [20] *Agnikarma* was useful for pain relief and same was observed in above different research

papers. **Probable mode of action of *Agnikarma*** - *Agnikarma* acts on a multi-factorial level in the body and its importance lies in its action. Exact mechanism action of *Agnikarma* still remains unsolved. Some theories can be adopted to explain these mechanisms but their action varies according to the condition. According to Ayurveda it acts against *Vata* and *Kapha Dosh* by its *Ushna* (hot), *Tikshna* (penetrating), *Sukshma* (minute), *Laghu* (small), *Vyavayi* (quick acting), and *Vikasi* (quickly spreading) *Guna* and it breaks *Srotoavarodha*, produced due to *Vata* and *Kapha*, results in relieving pain and inflammation at that site. [19] The heat therapy, which is given at the local or affected area, increases the local blood circulation by vasodilatation, local metabolic process speed up, waste products get excreted, reduce edema, accelerate repair, and which resulting in decreased intensity of pain. *Agnikarma* may stimulates the sensory receptor lying in the muscle, by sending a message to the brain which stimulates the pituitary gland to release endorphin which in turn binds with opiate receptors in the pain cells to block the pain stimuli. Endorphin is a naturally occurring neuro peptide and like morphine and other opiates it has a marked propensity for binding on to the “opiate receptors” of the pain cell in the brain. [21]

The pain receptors in the skin and other tissues are all having free nerve endings, due to hot *Shalaka* there is destruction of the free nerve endings and it causes, closing the “gate” and prevent the sensory transmission of pain. [21]

### Biomedical Correlation:

Thermal micro-cauterization may exert its analgesic effect through:

- Vasodilation and improved microcirculation [22]
- Reduction of inflammatory mediators
- Disruption of the pain–spasm–pain cycle

- Neuromodulation consistent with the Gate Control Theory [23]

Modulation of central sensitization processes [24]

Compared to long-term NSAID therapy, *Agnikarma* provides localized intervention with minimal systemic involvement.

Nevertheless, future multicentric randomized controlled trials with standardized protocols are essential for stronger evidence generation.

### Conclusion:

*Agnikarma* is a procedure frequently indicated in many *Vata* and *Kapha* predominant conditions. It is very effective procedure for acute pain management by inhibiting the pain pathways.

For knee joint pain, painful heel like plantar fasciitis, calcaneal spur, tennis elbow, sciatica, frozen shoulder, corn etc. *Agnikarma* is most simple and fast effective procedure which can easily administered on O.P.D. level.

From this review can be concluded that *Agnikarma* with different kind of *Shalaka*s is found significantly effective in pain management in musculoskeletal disorders in almost all the studies. It can be performed in combination with other supportive oral medications.

It is simple, cost effective, convenient and non troublesome procedure which relieves pain instantly from the affected sites.

No wound, bleeding, scar or after marks of the procedure is visible on the body.

More scientific and Molecular studies are required to know the exact action and its applicability on the large scale.

*Agnikarma* is a classical Ayurvedic para-surgical intervention with promising therapeutic potential in acute musculoskeletal pain management.

It offers rapid analgesic effect, improved functional outcomes, and low recurrence rates.

Although preliminary evidence is encouraging, rigorous scientific validation through well-designed clinical trials is necessary before broader integration into mainstream pain management strategies.

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### Ethical Statement:

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### References:

1. <https://pubmed.ncbi.nlm.nih.gov/32694387>
2. Dr. Kaviraj Ambikadutt Shastri, Ayurveda commentary, *tatvasandipikahindi Sushrut sensory transmission of Samhita of Shushruta Purvardha, Sutrasthana 12/9 10; Varanasi; Chaukhamba Sanskrit Sansthan; 2016, Page 52.*

3. Dr. Kaviraj Ambikadutt Shastri, Ayurveda tatvasandipika hindi commentary, Shushrut Samhita of Shushruta Purvardha, Sutra sthana 12/3; Varanasi; Chaukhamba Sanskrit Sansthan; 2016, Page 50.
4. Harishchandra VKS. Chikitsasthan 28/56. In: Charak Samhita, Part 2. Varanasi, India: Chaukhambha Orientalia; 2012. page 720. International Journal of Multidisciplinary Health Sciences Page 16 A ROLE OF AGNIKARMA IN PAIN MANAGEMENT IJMHS; Vol. VIII, Issue: III, JUL-SEP 2022
5. Dr. Kaviraj Ambikadutt Shastri, Ayurveda tatvasandipika hindi commentary, Shushrut Samhita of Shushruta Purvardha, Sutrasthana 12/4; Varanasi; Chaukhamba Sanskrit Sansthan; 2016, Page 51.
6. Dr. Kaviraj Ambikadutt Shastri, Ayurveda tatvasandipika hindi commentary, Shushrut Samhita of Shushruta Purvardha, Sutrasthana 12/11 Varanasi; Chaukhamba Sanskrit Sansthan; 2016, Page 52. 2.
7. Acharya Vidyadhar Shukla, Prof. Ravi Dutt Tripathi, Caraka Samhita of Agnivesa, elaborated by Caraka and redacted by Drdhabala, Vaidyamanorama Hindi Commentary, Vol.II, Chikitsa sthana, Adhyaya 28, Vatvyadhichikitsaadhyay, Verse 59, Chaukhamba Sanskrit Pratishthan, Varanasi, Reprinted 2013, p.6993.
8. <https://en.wikipedia.org/wiki/Pain> .
9. International Journal of Ayush; 2023; 12 (6); 104-114 107 Vd. Archana A. Kulkarni And Vd. Prashant P. Amrutkar Pain Management Through Ayurveda
10. <https://www.wisdomlib.org>
11. <https://aiia.gov.in> Emergency kit
12. Kaviraja Ambikadutta Shastri, Sushruta samhita of Sushrut, Part I, Sutrasthana, Adhyaya-12, Agnikarmavidhi, Chaukhmbha Sanskrita Sansthan, Varanasi, Reprint 2012, p.50-56
13. Dwivedi and Lakshmanan, Agnikarma: A Reference Manual for Ayurvedic Physicians - Information Directly Extracted from Approximately 3000 Years Old Literature, Ayurvedic, VRI Press, Vedic Research, Inc. USA, Volume 2, Issue 2, November 2015, p.19-2816.
14. Kaviraja Ambikadutta Shastri, Sushruta samhita of Sushrut, Part I, Sutrasthana, Adhyaya-12, Agnikarmavidhi, Chaukhmbha Sanskrita Sansthan, Varanasi, Reprint 2012, p.50-56 17.
15. Dwivedi and Lakshmanan, Agnikarma: A Reference Manual for Ayurvedic Physicians - Information Directly Extracted from Approximately 3000 Years Old Literature, Ayurvedic, VRI Press, Vedic Research, Inc. USA, Volume 2, Issue 2, November 2015, p.19-2816.
16. Kaviraja Ambikadutta Shastri, Sushruta samhita of Sushrut, Part I, Sutrasthana, Adhyaya-12, Agnikarmavidhi, Chaukhmbha Sanskrita Sansthan, Varanasi, Reprint 2012, p.50-56
17. Patil SS, et al, A conceptual study: Role of Agnikarma in Shoola with special reference to acute pain WJARR, 2022, 16(02),1192-1195
18. Shinde P, et al, A Role of Agnikarma in Pain Management IJMHS; Vol.VIII, Issue:III, JUL-SEP 2022, Page 11-17 <https://www.ijmhsjournal.in>
19. Dr. Shekokar AV, Borkar KM. Role of Agnikarma in the management of chronic plantar fasciitis. IJAM, 2013; 4:421-5.
20. Dr. Kaviraj Ambikadutt Shastri, Ayurveda tatvasandipikahindi commentary, Shushrut Samhita of Shushruta Purvardha, Sutra sthana 12/20; Varanasi; Chaukhamba Sanskrit Sansthan; 2016, Page 54.
21. Dr. Vinodkumar K. Bhorale, Dr.M. R. Hungundi. A Clinical Evaluation of Agnikarma in the management of Greeva SandhigataVata w.s.r. to

- Cervical Spondylosis. JAIMSci, 2019; 4:65-70
22. Guyton AC, Hall JE. Textbook of Medical Physiology. 13<sup>th</sup> ed. Philadelphia: Elsevier; 2016
23. Woolf CJ. Central sensitization: implications for diagnosis and treatment of pain. Pain. 2011; 152(3 Suppl): S2-15
24. Melzack R, Wall PD. Pain mechanisms: a new theory. Science. 1965; 150(3699): 971-9.

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