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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 para- surgical 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 Poquelin'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]

- *Snigdha* – 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 *Akrti*: [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/anoderms 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 sunbmucosal, 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 cautery. 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 cautery – 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 its 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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