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Management Of Janusandhigata Vata (Knee Osteoarthritis) By Viddha-Agnikarma(Locally) Along With Panchatikta Ghrita Guggulu(Orally) -A Case Study

Dr.Dwivedi Amarprakash [1], Dr.Batra Khushbu [2]

[1]Professor,Department of Shalyatantra, School of Ayurveda,D.Y. Patil deemed to be University, Navi Mumbai, India.

[2]MS scholar, Department of Shalyatantra, School of Ayurveda,D.Y. Patil deemed to be University, Navi Mumbai, India

Corresponding author: Dr. Khushbu Batra

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Abstract

Introduction-Knee osteoarthritis (OA) is a chronic, degenerative joint disorder characterized by progressive loss of articular cartilage, subchondral bone changes, and synovial inflammation. Clinically, it presents with pain, tenderness, stiffness, swelling, crepitus, and restricted mobility. The overall prevalence of knee osteoarthritis is approximately 28.7%, with higher incidence in women (25%) compared to men (16%), and the risk increases with age. Conventional treatments—such as analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, muscle relaxants, physiotherapy, and surgical interventions like arthroscopy, osteotomy, or arthroplasty—provide symptomatic relief but are often associated with side effects, complications, high costs, and lack a definitive cure.In *Ayurveda*, knee osteoarthritis can be correlated with *Janusandhigata Vata*, a condition where vitiated *Vata dosha* localizes in the knee joint (*Janusandhi*, a *Marmasthana*), resulting in structural damage and functional impairment.*Ayurvedic* management includes therapies like *Sthanik Snehana*, *Swedana*, *Sthanik Lepana*, *Janubasti*, *Panchatikta Ghrita kshir Basti*, *Raktamokshana*, *Agnikarma*, and internal medications such as *Yograj Guggulu*, *Rasnadi Guggulu*, *Ashwagandha*, and *Dashmoola Ghanvati*,etc. Similarly, *Viddha-Agnikarma*, a combination of *Viddhakarma* and *Agnikarma*,can offer an alternative therapeutic approach. **Methodology-**In this single case study, a 48-year-old female patient presented with pain, tenderness, and restricted joint mobility was diagnosed with *Janusandhigata Vata* (Knee Osteoarthritis). She was treated with two sittings of *Viddha-Agnikarma*, performed at 15-day intervals at specific tender points around the knee joint under aseptic precautions, along with oral administration of *Panchatikta Ghrita Guggulu* 250mg 2 tablets BD for one month.Clinical outcomes were assessed using the Visual Analogue Scale (VAS), tenderness grading, stiffness, crepitus, and range of motion (goniometric measurement) before and after the intervention. **Results-**The patient showed marked clinical improvement with this specific treatment regimen. Pain reduced from moderate to no pain by the second sitting of *Viddha-Agnikarma*. Similarly, tenderness decreased from moderate to absent and stiffness improved from moderate to mild. Range of motion improved from partial limitation to full, pain-free mobility.**Conclusion-** The findings suggest that *Viddha-Agnikarma* (locally) along with *Panchatikta Ghrita Guggulu* (internally) is an effective, economical, and minimally invasive intervention for *Janusandhigata Vata* (knee osteoarthritis), providing both symptomatic relief and functional improvement However, studies involving a larger sample size are recommended to further validate the efficacy of *Viddha- Agnikarma* in the management of *Janusandhigata Vata*.

Keywords – *Viddhakarma, Agnikarma,Vidhha-Agnikarma, Panchatikta Ghrita Guggul, Janusandhigata Vata,* Osteoarthritis.

Introduction :

Osteoarthritis is the most common degenerative, non-inflammatory joint disorder, primarily affecting weight-bearing joints such as the knees. It is characterized by progressive degeneration of articular cartilage, with subsequent exposure of the underlying bone, synovial inflammation, and capsular thickening. These changes lead to pain, stiffness, tenderness, swelling,erythema restricted mobility.[1] The overall prevalence of knee osteoarthritis is approximately 28.7%, with a higher incidence in elderly individuals and females (25%).[2] Conventional management includes analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, calcium and vitamin D supplements, chondroprotective agents (such as glucosamine and chondroitin sulfate), viscosupplementation with sodium hyaluronate, and supportive physiotherapy measures. Although these pharmacological and conservative approaches offer symptomatic relief, they may cause complications such as gastritis, gastroesophageal reflux disease (GERD), gastric ulceration, nephrotoxicity, and hepatic dysfunction. In advanced cases, surgical options like osteotomy, joint replacement, or arthroscopy may be indicated, but these carry higher risks, including postoperative infections (e.g., osteomyelitis), neurological involvement, and other surgery-related complications.[3] In *Ayurveda*, Knee Osteoarthritis can be correlated with *Janusandhigata Vata*, a type of *Vatavyadhi* described by Acharya *Sushruta* in *Nidanasthana*. [4] The pathogenesis can be explained as, when vitiated *Vata dosha* lodges in *Janusandhi* (*Marmasthana*) it destructs *Janusandhi* and manifests *Janusandhigata vata*. When it combines with vitiated *Kaphadosha*, there will be *Stambha* and *Gaurava*. [5] *Acharyas* have recommended various treatment modalities for *Sandhigata Vata*, including *Panchakarma* procedures like *Sthanik Snehana* (local oleation), *Swedana* (sudation), *Janubasti*, *Sthanik Lepa* (Local herbal paste application), *Panchatikta Ghrita kshir Basti*, *Raktamokshana*, *Agnikarma* as well as internal medications such as *Yograj Guggulu, Rasnadi Guggulu, Ashwagandha* , and *Dashmoola Ghan*vati aiming to pacify the vitiated *Vata* and *Kapha doshas* and nourish the *Asthi Dhatu*. Furthermore, *Acharya Sushruta* has explained that *Agnikarma* can be performed in conditions of severe pain occurring in *Twak*, *Mamsa*, *Sira*, *Snayu*, *Sandhi*, and Asthi.[6] Similarly, the eight Shastrakarmas described by him, *Viddha* Karma is one, wherein sterile hollow needles are pierced at specific points of the body.[7] Another technique called *Vidha-Agnikarma* is practiced. This procedure represents a combination of *Vyadhana Karma* (puncturing) and *Agnikarma* (therapeutic cauterization).The analgesic effect of *Viddha Agnikarma* can be hypothesized through the activation of various bioactive chemicals that modulate pain at peripheral, spinal, and supraspinal levels.[8] In the present case study, a patient with knee osteoarthritis was treated with *Viddha-Agnikarma* (locally-2 sittings at interval of 15 days) as an adjuvant to *Panchatikta Ghrita Guggulu* (internally for 30 days). This combination regimenwas found to be effective in alleviating the symptoms of knee osteoarthritis, such as pain, tenderness, restricted movements, and stiffness of the knee joint.

Case Description :

Patient information :

A 48-year-old female patient presented to Outpatient Department with complaints of bilateral knee joint pain (more severe in the left knee) and stiffness in the left knee joint, persisting for approximately two years. The onset of symptoms was insidious and gradually progressive. Initially, she experienced mild stiffness and discomfort in the left knee, which over time extended to the right knee joint. She had previously visited allopathic hospitals and was prescribed oral medications, which offered temporary relief; however, the pain would recur. Over the past 8–9 months, her condition worsened, making it increasingly difficult to walk, climb stairs, and perform daily activities. There was no history of any past injury, medical illness, or surgical intervention. Family history is not significant. The patient follows a mixed diet predominantly consisting of *Katu* and *Tikta Rasa* (pungent and bitter tastes). Lifestyle habits include prolonged sitting (*Ati Asana*), lack of physical activity (*Avyayama*), daytime sleeping (*Diwaswapna*), and staying awake at night (*Ratri Jagarana*). The digestive fire (*Agni*) is weak (*Mandagni*), and the bowel nature is soft (*Mrudu Koshta*) with constipated stool (*Samhata Mala*). Urination occurs 4–5 times a day with yellow-colored urine (*Peeta Varna*). Sleep is reduced (*Alpa Nidra*), mainly due to pain.

Clinical findings :

General and systemic examination-

On general examination, the patient was conscious, oriented, and haemodynamically stable. Pulse was 72/min, respiratory rate was 18/min, and blood pressure was 120/70 mmHg. There was no pallor, icterus, clubbing, cyanosis, oedema, or lymphadenopathy. Systemic examination showed no abnormalities in cardiovascular system,respiratory system,and central nervous system.Blood investigations were within normal limits. Radiological examination (X-ray – AP and lateral view) of both knees showed degenerative changes with narrowing of joint space and mild osteophyte formation. The clinical findings of the general examination, along with laboratory investigations, are mentioned in Table 1.

General Examination	Laboratory Investigations
Pulse – 72/min	Hb-10.9 g%
Respiratory Rate – 18/min,	TLC-4600/cumm
B. P. – 120/70 mm Hg.	Platelet count-2.25 lakhs/cumm
SpO2-99%	ESR-40 mm/hr
Bowel habit- 1-2 times/day	Sr. Uric acid-4.1 mg/dL
Micturition- 5-6 times/day	RA factor-Negative
Weight-62 kg	RBS- 83 mg/dL

Table 1: Showing Clinical findings of general examination along with laboratory investigations.

Local examination-

To systematically evaluate the patient's clinical condition and monitor the response to treatment, assessment criteria were established. These criteria focused on core symptoms such as pain (*Sandhishool*), tenderness (*Sparshasahatwa*), crepitation, stiffness (*Sandhigrah*), and joint movement (*Sandhi Akunchan Prasaranvedana*).

Each parameter was graded on a scale ranging from Absent (0) to Severe (+++), providing a standardized framework for both baseline and follow-up assessments. Pain was evaluated using the Visual Analogue Scale (VAS), while the range

of motion (ROM) was measured using a goniometer to asses flexion and extension capabilities of the knee joint. The findings of the local examination are presented in Table 2.

Local examination	Local examination
Right knee joint	Left knee joint
1. Inspection: No erythema, Swelling, Localized Temperature	1. Inspection: No erythema, Swelling, Localized Temperature
2. Palpation: Tenderness ++ (Medial aspect of knee) Crepitation ++	2. Palpation: Tenderness ++ (Medial aspect of knee) Crepitation ++
3. ROM: Flexion and Extension-Mild pain, complete can walk without support + Flexion: 130°, Extension: 10°	3. ROM: Flexion and Extension-Mild pain, complete can walk without support + Flexion: 130°, Extension: 10°

Table 2: Showing Local examination findings.

Diagnosis- The diagnosis of Knee Osteoarthritis (*Janusandhigata Vata*) was confirmed after thorough clinical examinations and relevant investigations.

Assesment parameter-

To evaluate the effectiveness of the treatment, a structured assessment was conducted based on key clinical symptoms. The severity of each complaint was graded using a standardized scoring system, ranging from Absent (0) to Severe (+++), according to its intensity and effect on function. The following parameters were assessed: pain (*Sandhishool*), tenderness (*Sparshasahatwa*), crepitations, stiffness (*Sandhigrah*), and range of motion (*Sandhi Akunchan Prasaranvedana*) using a Visual Analogue Scale (VAS) and goniometric measurements. A detailed summary of the assessment findings is presented in Table 3.

Sr. No.	Complaints of patient	Absent	Mild	Moderate	Severe
1	Pain in knee joint (Sandhishool) VAS Scale (0-10 score)	0	+ (0-3)	++ (4-7)	+++ (7-10)
2	Tenderness around knee joint (Sparshasahatwa)	0 No tenderness	+ Mild painful on pressure, bearable	++ Moderately painful on pressure, bearable	+++ Severe pain on touch,bearable
3	Crepitations	0	+	++	+++
4	Stiffness in knee joints (Sandhigrah)	0 No stiffness	+ Occasionally present	++ After long sitting and walking	+++ Whole day and night

Sr. No.	Complaints of patient	Absent	Mild	Moderate	Severe
5	Knee joint movements (Sandhi Akuncha n Prasaran vedana) Goniometer-ROM	0 Complete movement without pain Flexion :140°, Extension: 0°	+ Mild pain, complete can walk without support Flexion: 105°–140°, Extension: 0°-30°	++ Painful, incomplete, can walk with support Flexion: 90°–105°, Extension: 30°–60°	+++ Painful restricted movements, unable to walk Flexion: <90°, Extension: 60°-90°
6	X-ray-AP and lateral view (Both knee joints)	Before treatment findings		X-ray-AP and lateral view (Both knee joints)	

Table 3 : Showing assessment parameters

Treatment Plan and Procedure-

The patient was planned for local therapeutic intervention using *Viddha Agnikarma* along with oral administration of *Panchatikta Ghrita Guggulu* (250 mg, twice daily after food) for 30 days.

1. Local intervention (*Viddha Agnikarma*)

A total of two sittings were scheduled at 15-day intervals to achieve optimal therapeutic benefit.

Informed consent- Written informed consent was obtained from the patient after explaining the treatment protocol in brief.

Standard Operating Procedure (SOP) for *Viddha-Agnikarma*

Specifications-

- 26-gauge needles (½ inch)
- Sterile gauze
- Spirit lamp
- Normal saline
- *Yashtimadhu Ghrita*

Procedure-

Step 1:

The patient was positioned comfortably with the knee joint flexed to allow proper access to the treatment site. The most tender points were identified through palpation and marked using a pen. The marked area was then cleansed thoroughly with normal saline to maintain aseptic conditions before the procedure.

Step 2:

Six hypodermic needles of size 26-gauge (½ inch) were heated until red hot using a spirit lamp. Immediately after heating, the needles were inserted one by one into the pre-marked tender points avoiding superficial blood vessels. Each insertion point was

maintained at approximately1 cm from the others. The needles were inserted to a depth of 5mm through the skin of the affected area.[9,10]

Step 3:

After maintaining the needles in situ for five minutes, they were gently removed and safely discarded after single use.[11] Any bleeding points were managed by applying gentle pressure with sterile gauze until hemostasis was achieved.

Step 4:

Following removal of the needles, *Yashtimadhu Ghrita* was applied to the site of *Viddha-Agnikarma* using a sterile gauze piece.

medication-Panchatikta Ghrita Guggulu– 250 mg, twice daily after food for 30 days

Figure : 1

Figure : 2

Figure : 3

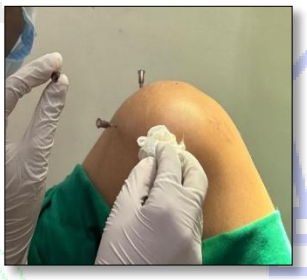

Figure : 4

Observations and Results :

After the first sitting of *Viddha-Agnikarma*, the patient reported a significant reduction in knee pain, with the Visual Analogue Scale (VAS) score decreasing from 4 (moderate) to 2 (mild). Associated symptoms also showed marked improvement. Tenderness, previously graded as moderate (++), was reduced to mild (+). Joint stiffness, which had interfered with daily activities—particularly after prolonged sitting or walking—was alleviated, improving from moderate (++) to mild (+). The range of motion (ROM) of the knee joint, measured using a goniometer, also improved after the first sitting, increasing from limited flexion of 125° and extension of 5° toward near-normal mobility.By the second sitting, the patient achieved complete pain relief (VAS 0), with full resolution of tenderness and stiffness. The knee joint regained complete, pain-free movement, with flexion restored to 140° and extension to 0° . No adverse effects were observed throughout the treatment or follow-up period, and the patient expressed complete satisfaction with the therapy. Further, Knee x-ray was done before and after treatment, but no change was observed. The detailed observation and follow-up of clinical parameters are presented in Table 4. This case further supports the efficacy of *Viddha Agnikarma* as an adjuvant to *Panchatikta Ghrita Guggulu* in the management of *Janusandhigata Vata* (osteoarthritis of the knee joint).

Sr. No.	Symptoms	Day 1 (before treatment)	Day 15 (after first sitting)	Day 30(after second sitting)
1	Pain in knee joint(*Sandhi shool*) VAS Scale (0-10 score)	4 (++)	2 (+)	0

Sr. No.	Symptoms	Day 1 (before treatment)	Day 15 (after first sitting)	Day 30(after second sitting)
2	Tenderness around knee joint (*Sparshasahatwa*)	++Moderately painful on pressure, bearable	+ Mild painful on pressure, bearable	0 No tenderness
3	Crepitations	++	++	++
4	Stiffness in knee joints (*Sandhigrah*)	+ + After long sitting and walking	+ Occasionally present	0 No stiffness
5	Knee jont movements (*Sandhi Akunchan Prasaranvedana*)	+ Mild pain, complete can walk without support Flexion: 130°, Extension: 10°	+ Mild pain, complete can walk without support Flexion: 135°, Extension: 10°	0Complete movement without pain Flexion :140° Extension: 0°
6	X-ray-AP and lateral view (Both knee joints)	Before treatment- Degenerative changes with narrowing of joint space and mild osteophyte formation.	After treatment- No change.	

Table 4: Showing Therapeutic Outcome.

Discussion:

In this case study, a patient with *Janusandhigata Vata* (knee osteoarthritis) was treated with *Viddha-Agnikarma* locally (two sittings at 15 days interval), along with *Panchatikta Ghrita Guggulu* internally (250 mg 2 tablets BD after food). The therapy provided significant relief in pain, tenderness, stiffness, and restricted knee movements, though no radiological changes were observed. Clinical improvement was evident from the first day and sustained throughout the treatment, with complete relief from pain reported by Day 30.From an *Ayurvedic* perspective, pain arises due to *Vata* vitiation. The *Ushna* property of *Agnikarma* pacify *Vata* and *Kapha*, reducing pain and stiffness, while *Viddhakarma* relieves *Srotorodha* (obstruction).[12] *Panchatikta Ghrita Guggulu* supports this effect by reducing inflammation, nourishing cartilage, and preventing degeneration through the combined *vata-shamana*, *rasayana*, and *shodhana* properties of *Panchatikta dravya*, *ghrita*, and *guggulu*, thereby improving joint mobility and function.[13]

Probable Mode of Action of *Viddha-Agnikarma* – The probable mode of action of Viddha Agnikarma can be understood through a combination of mechanical, thermal, neurophysiological, and *Ayurvedic* principles. The needle puncture involved in *Viddhakarma* may cause mechanical disruption of local *Vata Avarodha* (obstructions due to aggravated *Vata*), thereby restoring the free flow of *Vata* and other elements through micro-channels (*srotas*) around the joint. This helps relieve stiffness and improve mobility.[14]The local heat generated during *Agnikarma* induces vasodilation, which increases blood circulation to the affected

area. This enhanced perfusion aids in the removal of inflammatory mediators, toxic metabolites, and cellular waste products, leading to reduction in pain, swelling, and tissue congestion. Additionally, the thermal and puncture stimuli are believed to trigger the release of endogenous opioids such as endorphins, while also suppressing pain-related neurotransmitters like Substance P. This dual mechanism inhibits pain transmission at peripheral, spinal, and supraspinal levels.[15]From an *Ayurvedic* perspective, the *ushna* (hot) and *teekshna* (sharp) qualities of the treatment pacify the vitiated *Vata* and *Kapha* doshas, which are typically involved in *Janusandhigata Vata*. This not only alleviates symptoms such as pain, stiffness, and heaviness, but also helps reestablish *doshic* balance at the local site. Moreover, the heat energy is thought to stimulate *Dhatvagni* (metabolic activity at the tissue level), which assists in digesting *Ama* (metabolic toxins) and promoting nourishment of deeper tissues—especially *Asthi* (bone) and *Majja* (marrow). This contributes to long-term structural stability of the joint.[17]Pain modulation may also occur through the gate control mechanism, wherein the mechanical and thermal stimulation preferentially activates non-nociceptive Afibers which"close the gate" in the dorsal horn of the spinal cord, thereby reducing pain signals transmitted by slower-conducting C-fibers. Additionally, descending inhibitory pathways from the brain may be activated, further suppressing nociceptive transmission and enhancing analgesic effect.[15,16]The anti-inflammatory properties of local heat are supported by evidence of reduced levels of pro-inflammatory mediators such as prostaglandins and cytokines, along with decreased edema in periarticular tissues. Muscle relaxation is another benefit, as the heat helps reduce local muscle spasms and improves joint biomechanics by decreasing mechanical stress on the articulating surfaces.[19,20]*Agnikarma* may stimulate the piezoelectric electricity of bone, creating localized electric signals that encourage deposits in damaged bone or joint areas, which helps resist deformity, prevent further damage, and restore normal function. [17]Reflex and autonomic responses may also be triggered, such as stimulation of sweat glands and enhanced systemic detoxification, contributing to a more holistic therapeutic effect. In some cases, minor oozing or bleeding at the puncture site acts as a form of micro-bloodletting, assisting in the elimination of localized *Dushta Rakta* (vitiated blood). [14,18]Over the course of repeated sessions, the combined mechanical, thermal, vascular, neural, and metabolic effects of *Viddha-Agnikarma* help to "reset" the local joint environment, breaking the chronic cycle of pain, immobility, and degeneration.

Probable Mode of Action of *Panchatikta Ghrita Guggulu*-[21,22]

Panchatikta Ghrita Guggulu likely acts in *Sandhigata Vata* through its combined metabolic, anti-inflammatory, and tissue-regenerative mechanisms. The *Tikta Rasa* (bitter taste) and *Ushna Virya* (hot potency) enhance *Dhatvagni* (tissue metabolism), preventing *Dhatukshaya*—particularly of *Asthi* and *Majja Dhatus*—and promoting tissue nourishment. Its *Deepana-Pachana* (digestive and metabolic) and *Lekhana* (scraping) properties reduce *Kapha-Meda* accumulation, alleviating stiffness and pain. The *Ghrita* base, acting as a *Yogavahi*, improves

bioavailability of active constituents and maintains *Vata-Pitta* balance, while *Guggulu* (*Commiphora mukul*) contributes potent anti-inflammatory and immunomodulatory effects. Collectively, these actions result in analgesic, anti-stiffness, and joint-restorative benefits, supporting its therapeutic efficacy in osteoarthritis (*Janu Sandhigata Vata).*

Conclusion :

The treatment with *Viddha-Agnikarma* as an adjuvant to *Panchatikta Ghrita Guggulu* resulted in complete pain relief, resolution of tenderness and stiffness, and restoration of full, pain-free range of motion in the affected knee. *Viddha-Agnikarma* is a minimally invasive, cost-effective, and time-efficient procedure that can be conveniently performed on an Outpatient Department basis. It provides rapid pain relief and improves joint function. This technique may serve as an effective *Ayurvedic* treatment modality for pain management and represents a promising alternative approach for degenerative osteoarthritis (*Janu Sandhigata Vata*). However, its efficacy needs to be further validated through clinical studies on larger sample sizes to potentially establish it as a first-line adjuvant treatment modality.

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Declaration :

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