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Review Article

AGNIKARMA: THE SACRED FIRE OF HEALING - A COMPREHENSIVE REVIEW OF AYURVEDIC THERMAL CAUTERIZATION

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ABSTRACT

Agnikarma is one of the six classical para-surgical procedures described under *Shalyatantra*, the branch of Ayurveda concerned with surgical and instrumental management of disease. The technique involves the direct or indirect application of controlled heat to a diseased part and is traditionally favoured in disorders governed by aggravated *Vata* and *Kapha Dosha*. Acharya *Sushruta* places *Agnikarma* above *Kshara Karma*, noting that lesions treated by cauterization show a lower tendency to recur and that conditions unresponsive to medicine, surgical excision, or alkaline cautery may still respond to fire-based treatment. The present review draws together descriptions of therapeutic heat found across the Vedic corpus, the major *Brihatrayi* and *Laghutrayi* texts, later compendia, and a documented account from the Mughal era, in order to trace the continuity of this practice into modern cautery-based medicine. Attention is given to the derivation and definition of the term, the instruments selected according to the depth of tissue involved, the classical patterns of cauterization, the range of conditions in which the procedure has historically been indicated, and the classical criteria used to judge whether cauterization has been performed adequately. Parallels with modern electrosurgical and thermal techniques are outlined, along with the proposed haemostatic, antimicrobial, and analgesic basis of the procedure. The review suggests that the detailed classical framework surrounding *Agnikarma* provides a structured basis for further clinical and mechanistic research into thermal therapies.

INTRODUCTION

Shalyatantra, one of the eight clinical specialities recognised in classical Ayurveda, is concerned with the surgical and para-surgical management of disease. Six broad approaches are described under this speciality: *Bhaishajya Karma* (medicinal management), *Kshara Karma* (application of caustic alkalis), *Agnikarma* (thermal cauterization), *Shastra Karma* (sharp instrumentation), *Yantra Karma* (use of blunt instruments), and *Raktamokshana* (therapeutic bloodletting). Among these, *Agnikarma* occupies a distinct place because it combines the immediacy of a surgical intervention with a relatively simple procedural requirement, and because classical authors describe it as particularly suited to localized conditions arising from vitiated *Vata* and *Kapha*.[1]

क्षारादग्निर्गरीयान् क्रियासु व्याख्यातः, तद्दग्धानां रोगाणामपुनर्भावाद्भेषजशस्त्रक्षारैरसाध्यानां तत्साध्यत्वाच्च||३|*(Su. Su. 12/3)*

Acharya *Sushruta* explicitly ranks *Agnikarma* above *Kshara Karma*. In his own words, disease treated by cauterization is said not to recur, and ailments that resist medicine, sharp surgery, or alkaline application may still be curable by fire[2] (*Sushruta Samhita*, *Sutrasthana* 12/3). This claim of superiority, together with the extensive procedural detail preserved in the *Sushruta Samhita* and later texts, has kept *Agnikarma* in continuous clinical use from antiquity to the present day, where its underlying principle survives in the form of surgical and electro-cautery.

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The purpose of this review is to consolidate the scattered classical references to *Agnikarma* -spanning the Vedic *Samhitas*, the *Brihatrayi*, the *Laghutrayi* and later compendia - into a single structured account of its terminology, historical development, instrumentation, technique, indications and rationale, and to relate these classical descriptions to comparable practices in contemporary medicine.[3]

MATERIALS AND METHODS

This is a literary and narrative review. Primary classical sources- the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Sangraha* and *Ashtanga Hridaya*, together with their principal commentaries (notably that of Acharya *Dalhana*)- were consulted for verses relating to *Agnikarma*, *Dahana Karma* and associated terminology. Vedic references were traced through the *Rigveda*, *Yajurveda*, *Samaveda* and *Atharvaveda*. Later compendia, including the *Yogaratnakara*, *Sharangadhara Samhita*, *Bhavaprakasha*, *Gadanigraha* and *Vangasena Samhita*, were reviewed for supplementary procedural detail. A historical account from the Mughal period, recorded by the Italian traveller Nicolao Manucci, was also examined. Contemporary peer-reviewed literature on cautery, electrosurgery, thermal wound healing and related topics was reviewed to draw correlations with present-day practice. Information gathered from these sources has been synthesised and reorganised thematically for the purposes of this review; the reference list at the end enumerates all classical and contemporary sources consulted.

Etymology and Definition

The Word *Agni*

The term *Agni* is traced to the root *Agi Gatou*, which conveys the sense of motion or upward progression; accordingly, *Agni* is understood as that which rises, spreads and remains perpetually active. In Vedic thought, *Agni* was not confined to physical flame but was conceived as a pervasive form of energy responsible for transformation, growth, maintenance and, where necessary, destruction, both within the body and in the surrounding environment, with the sun regarded as its primal cosmic source. Classical lexical sources offer several complementary explanations for the name - its flame naturally ascends; it is styled *Agrani*, the foremost among celestial forces; the *Atreya Brahmana* describes it as the channel through which oblations reach the deities; and the *Taittiriya Brahmana* and *Vajasaneyi Samhita* each describe it as pre-eminent among the gods. Taken together, these traditions present *Agni* as a principle of heat, light, movement and vitality, which in a clinical setting is harnessed in a controlled fashion to cauterize tissue, relieve pain and encourage healing.

Sanskrit lexicons such as the *Shabda Kalpadruma*, *Halayudha*, *Vachaspatyam* and *Brihat Paryayavachi* record a large number of synonyms for *Agni*- among them *Anala*, *Pavaka*, *Vahni*, *Dahana*, *Jvalana*, *Krishanu*, *Havyavahana*, *Vaishwanara* and *Chitrabhanu*- each reflecting a particular quality, function or form attributed to fire.

The Word *Karma*

Karma derives from the root *Kri Karane*, meaning to do, perform or execute. In general Sanskrit usage the term can denote several distinct types of action, including movement (*Spandana*), locomotion (*Gamana*), elevation (*Unamana*), expulsion (*Virechana*), union (*Samyoga*) and separation (*Vibhaga*). In the specific context of *Agnikarma*, however, *Karma* is used narrowly to mean a defined clinical procedure- the therapeutic action carried out with the aid of fire or heat.

Definition of *Agnikarma*

Combining the two roots, *Agnikarma* denotes a therapeutic procedure performed with the help of controlled heat. *Dalhana*, commenting on the *Sushruta Samhita*, offers two complementary readings of the compound: *Agnina Krita Karma*, an action performed directly by fire, and *Agni Sambandhi Karma*, an action performed indirectly through materials or instruments associated with fire. On this basis, *Agnikarma* may be defined as a procedure in which heat, applied either directly or through a heated medium, is used to achieve a specific local therapeutic effect- commonly cauterization of abnormal tissue, control of bleeding, relief of pain, or promotion of local healing.[4,5]

Synonyms of *Agnikarma*

Several near-synonymous expressions occur in classical literature to denote the same procedure, each emphasising a slightly different aspect of the intervention- treatment through fire, cauterization, or burning.

Table 1: Synonyms of *Agnikarma*

Synonym	Approximate Meaning
Agni Chikitsa	Treatment performed with the aid of *Agni* or heat
Agni Karya	Clinical action carried out by means of *Agni*
Dagdha Karma/*Dagdha Chikitsa*	Therapeutic cauterization or treatment through burning

Dahana Karma	Procedure involving controlled application of heat
Dambha Kriya	Procedure involving burning or thermal application
Pachana Kriya	Procedure intended to ripen, digest or resolve pathological tissue
Vahni Dagdha	Cauterization performed by fire

Historical Background

Vedic Period

The application of heat for therapeutic purposes appears to predate the systematised *Samhita* literature, with scattered references occurring throughout the four Vedas. In the *Rigveda*, fire is invoked in the management of gynaecological and obstetric conditions; hymns at *Rigveda* describe *Agni*, used together with appropriate adjuncts, as capable of destroying invading organisms within the vagina and uterus and thereby protecting the developing foetus - an early suggestion of a purifying or sterilizing use of heat.

The *Yajurveda* associates the therapeutic use of heat with *Sheeta*, or cold-predominant, conditions, implying that warmth was recognised as beneficial in disorders of this kind. Related heat-based procedures such as *Swedana*, performed in antiquity with warmed cloth, heated sand or bricks, may share a common rationale with *Agnikarma*: heated objects emit infrared radiation, and natural and artificial sources of infrared - sunlight, wood or coal fire, and later electrical heating - have long been associated with analgesic benefit, lending a plausible physical basis to these early practices.

The *Samaveda* devotes a distinct section, the *Agneya Kanda*, to the description of *Agni*, addressing it with elevated titles such as *Parameshvara*, *Atma* and *Vaishwanara*, and portraying it as a life-force pervading all beings. The *Atharvaveda* similarly treats *Agni* as a protective, almost divine, force capable of guarding the body against harmful organisms, with relevant passages at *Atharvaveda* 5.23.1, 3 and 5; here *Agni* is also referred to as *Rakshoha Agni*, indicating its role as a destroyer of harmful agents. Contemporary cauterization of abnormal skin lesions may be regarded as a direct clinical descendant of this ancient purifying principle.

The *Samhita* Period

The classical compendia of Ayurveda describe *Agnikarma* in considerable procedural detail. The *Charaka Samhita* addresses the topic within its sections on *Shastra Pranidhana* and in the management of specific conditions such as *Dvivraniya*, *Gulma*, *Bhagandara*, *Plihodara*, *Arsha*, *Visarpa* and *Ardita*. The *Sushruta Samhita* provides the most systematic treatment, with an entire chapter of the *Sutrasthana* - the *Agnikarma Vidhi Adhyaya*- devoted to the subject, in addition to references within the management of *Arsha*, *Ashmari*, *Bhagandara*, *Granthi/ Apachi/ Arbuda*, *Vriddhi/Upadansha*, minor ailments (*Kshudra Roga*), and snake envenomation. The *Ashtanga Sangraha* discusses *Agnikarma* in the fortieth chapter of its *Sutrasthana*, and the *Ashtanga Hridaya* in the corresponding thirtieth chapter.

Table 2: Representative Conditions Treated with *Agnikarma* in *Ashtanga Sangraha* and *Ashtanga Hridaya*

Disease (*Roga*)	*Ashtanga Sangraha*	*Ashtanga Hridaya*
Shiro Roga	Su. 40/3; U. 28/7	Su. 30/41; U. 24/8
Pakshmakopa	U. 12/12	—
Adhimantha	Su. 40/3	Su. 30/41
Linga Nasha	Su. 40/2	—
Medaja Ostha Roga	U. 26/7	—
Jalarbuda	U. 26/8	U. 22/10
Krimidanta	U. 26/16	U. 22/19–20
Danta Nadi	U. 26/30	U. 22/40
Danta Vidradhi	U. 26/26	U. 22/34
Arsha Roga	Su. 40/3	Su. 30/42
Bhagandara	U. 24/35	Chi. 8/6–8
Charmarda, *Tilakalaka*	U. 37/17	U. 32/13
Galganda	U. 26/50	—

Apachi	U. 35/19	U. 30/29
Granthi Roga	Su. 40/3	U. 30/17
Antravriddhi	Chi. 15/18–19	—
Shleepada	—	U. 30/10

During the *Sangraha Kala*, commentators such as *Chakrapani* (on *Charaka*) and *Dalhana* (on *Sushruta*) elaborated the terse *Samhita* verses, clarifying indications, technique and the intended clinical outcomes of thermal cauterization. Later compendia- the *Yogaratnakara*, *Sharangadhara Samhita*, *Bhavaprakasha*, *Gadanigraha* and *Vangasena Samhita* - continue to describe *Agnikarma*, retaining the essential principle while introducing minor variations in instrumentation and technique.

The Mughal Period

A notable historical account of cauterization from outside the strict Ayurvedic canon appears in the writings of the Italian traveller Nicolao Manucci, who served at the Mughal court. Manucci records the case of a woman confined to a fort who failed to respond to conventional treatment; a red-hot iron ring applied over the umbilical region was followed by relief of symptoms and resumption of intestinal movement. Manucci also refers to the use of similar cauterization in cholera-like illness, a parallel to Acharya *Sushruta*'s own mention of *Agnikarma* in *Vishuchika* (*Sushruta Samhita*, *Uttarasthana* 56/12). Together, these accounts suggest that heat-based intervention for abdominal complaints persisted well beyond the classical *Samhita* period.

***Agnikarma* in Contemporary Practice**

The underlying principle of *Agnikarma* continues in modern medicine in the form of surgical and electro-cautery. General and gynaecological surgeons rely on cautery for haemostasis and for the management of selected cervical lesions, while otolaryngologists employ thermal or electrical cauterization in conditions such as nasal polyposis. Although shifting social, religious, political and medical circumstances have influenced the visibility of *Agnikarma* as a distinct discipline, the therapeutic use of controlled heat has never disappeared from clinical practice.

Instruments used in *Agnikarma* (*Dahanopakarana*)

Classical texts direct the choice of cauterizing material according to the depth of tissue to be treated. *Sushruta Samhita Sutrasthana* 12/4 groups the available materials into three tiers- those suited to superficial skin lesions (*Twak Dagdha*), those suited to muscular tissue (*Mamsa Dagdha*), and those suited to veins, ligaments, joints and bone (*Sira*, *Snayu*, *Sandhi* and *Asthi Dagdha*).

अथेमानि दहनोपकरणानि भवन्ति-तद्यथा-
पिप्पल्यजाशकृद्गोदन्तशरशलाकाजाम्बवौष्ठेतरलौहाः
क्षौद्रगुडस्नेहाश्च | तत्र,
पिप्पल्यजाशकृद्गोदन्तशरशलाकास्त्वग्गतानां, जाम्बवौष्ठेतरलौहा मांसगतानां, क्षौद्रगुडस्नेहाः सिरास्नायुसन्ध्यस्थिगतानाम् ||४|| *(Su. Su. 12/4)*

Table 3: *Dahanopakarana* According to Tissue Depth[6]

Tissue Level	Representative *Dahanopakarana*
Skin (*Twak Dagdha*)	*Pippali*, goat excreta (*Ajashakrit*), cow's tooth (*Godanta*), arrow-tip (*Shara*), metallic probe (*Shalaka*)
Muscle (*Mamsa Dagdha*)	*Jambvostha Shalaka*, metallic rods/probes
Veins, ligaments, joints and bone (*Sira/ Snayu/Asthi/ Sandhi Dagdha*)	Honey (*Kshaudra*), jaggery (*Guda*), fats and oils (*Sneha*)

Classification of *Agnikarma* by Burn Pattern (*Dahanaakriti*)[7]

Sushruta Samhita describes four basic patterns in which cauterization may be executed, selected according to the shape, size and site of the lesion. Acharya *Vagbhata* adds three further patterns.

तत्र वलय-बिन्दु-विलेखा-प्रतिसारणानीति दहनविशेषाः ||११
(Su. Su. 12/11)

Table 4: Patterns of Cauterization (*Dahanaakriti*)

Pattern (*Dahanaakriti*)	Description	Typical Clinical Use
Valaya	Circular / ring-shaped burn	Well-circumscribed, rounded swellings
Bindu	Point or dot-shaped burn, single or multiple	Small, deeply situated lesions

Vilekha	Linear or scraping burn (straight, oblique or transverse)	Elongated lesions requiring linear coverage
Pratisarana	Controlled rubbing/frictional application	Broader areas needing uniform cauterization
Ardhachandra	Semicircular or crescent-shaped burn	Lesions with a curved contour
Swastika	Intersecting, cross-shaped burn	Lesions requiring treatment along more than one axis
Ashtapada	Grid-like pattern of intersecting lines	Broad or irregular areas needing multiple treatment points

Clinical Indications

Across the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Sangraha* and *Ashtanga Hridaya*, *Agnikarma* is described in a wide array of clinical settings, spanning disorders of the head and eye, oral and dental disease, anorectal conditions, glandular swellings, skin lesions, abdominal disorders, envenomation, and gynaecological complaints. A representative selection is presented in Table 5; entries marked '+' indicate that the text describes the condition as an indication for *Agnikarma*.

Table 5: Clinical Indications of *Agnikarma* Across Classical Texts

Condition	*Charaka*	*Sushruta*	*Ashtanga Sangraha*	*Ashtanga Hridaya*
Shiroroga (headache disorders)	–	+	–	+
Ardhavabhedaka (hemicrania)	+	–	–	–
Pakshma Kopa (trichiasis)	–	+	+	–
Adhimantha (ophthalmic condition)	–	+	+	–
Medaja Ostha Roga (lip lesion)	–	+	+	+
Krimidanta (dental caries)	–	+	+	+
Arsha (haemorrhoids)	–	+	+	+
Bhagandara (fistula-in-ano)	+	+	+	+
Kadara/Balmika/Jatumani/Mashaka/Tilakalaka / Charmakeela (skin lesions)	–	+	+	+
Sarpa Damsha (snake envenomation)	+	+	+	+
Galganda/ Gandamala (goitre / cervical lymphadenopathy)	–	+	+	+
Granthi / Arbuda (cystic swelling / tumour)	+	+	+	+
Antravriddhi (hernia) / *Shlipada* (filariasis)	–	+	+	+
Vishuchika (cholera-like illness)	–	+	+	+
Gulma (abdominal lump)	+	–	+	+
Yakrit-Plihodara (hepato-splenic enlargement)	–	–	+	+
Sonita Atipravritti (excessive bleeding)	+	+	+	–

This breadth of indication is consistent with the classical position that *Agnikarma* is not restricted to a single organ system, but is applied wherever a localized *Vata-Kapha* pathology, chronic swelling, bleeding tendency or infective process is judged to benefit from direct thermal intervention.

Proposed Rationale and Superiority Over *Kshara Karma*

Classical authors advance several reasons for preferring *Agnikarma* in appropriate cases[2]. It is technically simpler to perform than *Kshara Karma*, is associated with a lower rate of disease recurrence, and is described as a measure of last resort where medicine, alkali or sharp surgery have failed. Beyond these procedural claims, three broad mechanisms are commonly proposed for its therapeutic effect.

Sterilizing (*Nirjantukarana*) Effect

The heat generated during cauterization is believed to reduce the local microbial load, so that wounds produced by *Agnikarma* are considered less

prone to secondary infection. This antimicrobial property aligns with modern understanding that thermal exposure can denature bacterial proteins and disrupt microbial cell membranes.[8]

Haemostatic Effect

Localized coagulation induced by heat helps control bleeding, placing *Dahana* (cauterization) among the four classical methods of *Raktasthambhana*- alongside *Sandhana*, *Skandana* and *Pachana*- and regarded by many authors as the most definitive of the four. The statement *"दाहः सङ्कोचयेत् सिराः"* (*Sushruta Samhita*, *Sutrasthana* 14/40) describes the haemostatic potential of cauterization through contraction of vessels.[9]

Analgesic Effect

Thermal stimulation of the treated area is proposed to interrupt pain transmission and provide symptomatic relief, an effect classical texts describe as immediate. Modern physiology suggests this may involve reversible denaturation or desensitization of superficial nociceptive nerve endings, comparable to thermocoagulation and radiofrequency ablation techniques.

These three effects- antimicrobial, haemostatic and analgesic- together underlie the classical preference for *Agnikarma* in chronic, recurrent or bleeding-prone conditions that have proved resistant to gentler measures[10].

Assessment of Adequately Performed Cauterization (*Samyak Dagdha Lakshana*)

Sushruta Samhita describes tissue-specific signs by which the practitioner judges whether cauterization has been carried out to the correct depth - neither too superficial to be effective nor so deep as to injure surrounding structures[11].

तत्र, शब्दप्रादुर्भावो दुर्गन्धता त्वक्सङ्कोचश्च त्वग्दग्धे,
कपोतवर्णताऽल्पश्वयथुवेदना शुष्कसङ्कुचितव्रणता च मांसदग्धे;
कृष्णोन्नतव्रणता स्रावसन्निरोधश्च सिरास्नायुदग्धे,
रूक्षारुणता कर्कशस्थिरव्रणता च सन्ध्यस्थिदग्धे ||८|| *(Su. Su. 12/7–8)*

Table 6: Signs of Adequately Performed Cauterization According to Tissue Depth

Tissue Cauterized	Sanskrit Term	Features Indicating Adequate Cauterization
Skin	*Twak Dagdha*	An audible sound and characteristic odour during the procedure, with visible contraction of the skin
Muscle	*Mamsa Dagdha*	Pigeon-grey discoloration, mild swelling and pain, and a dry, contracted wound
Veins and ligaments	*Sira-Snayu Dagdha*	A raised, blackened wound with cessation of discharge or bleeding
Joints and bone	*Sandhi-Asthi Dagdha*	Dryness with reddish-brown discoloration and a firm, rough, stable wound

These classical criteria provide the practitioner with objective endpoints to assess whether the intended therapeutic effect has been achieved while minimizing the risk of excessive tissue injury.

Contemporary Correlates

The principle underlying *Agnikarma* finds several parallels in present-day medical practice. Modern electrosurgery, widely used in general, gynaecological and laparoscopic surgery, achieves haemostasis and tissue destruction through controlled electrical heating, functioning on a rationale analogous to classical *Dahana* - localized, targeted thermal injury for a specific clinical end. Reviews of electrosurgical safety highlight the importance of controlling depth and spread of thermal injury, a concern mirrored in the classical emphasis on *Samyak Dagdha Lakshana* as a safeguard against under- or over-treatment.[12]

Contemporary wound-care research has also examined thermal and related physical modalities in promoting healing. Silver- and copper-based dressings have been studied for their antimicrobial contribution to wound management, offering a modern counterpart to the sterilizing rationale historically attributed to *Agnikarma*. Work on thermal immunomodulation following surgical injury suggests that controlled heat exposure can influence local inflammatory and reparative processes, a line of evidence that may eventually help explain the healing-promoting effects long attributed to cauterization in Ayurvedic texts. Separately, studies of infrared-emitting heat sources support the plausibility of the Vedic-era use of warmed materials for analgesia, since infrared radiation from heated objects, sunlight or fire is an established modality for pain relief.[13]

A degree of caution is warranted in interpreting the analgesic and symptomatic benefits reported with *Agnikarma*, since therapeutic touch and expectation are known to produce measurable placebo analgesia in clinical trials of other interventions. Controlled clinical studies of *Agnikarma* itself, such as comparative work on different *Shalaka* metals in the management of *Gridhrasi* (sciatica), are needed to separate specific thermal effects from non-specific procedural benefit.[14]

DISCUSSION

The material reviewed here indicates that *Agnikarma* is not a marginal or isolated technique but a therapeutic principle with continuous textual attestation from the Vedic period through the classical *Samhitas* to documented medieval practice and, in modified form, into contemporary cautery-based medicine. Several features of the classical description are noteworthy from a present-day clinical-research perspective.

First, the tiered selection of instruments and materials according to tissue depth (Table 3) reflects an awareness that thermal effect must be matched to the target tissue - a principle directly analogous to the depth-control concerns of modern electrosurgery.

Second, the codified patterns of cauterization (*Dahanaakriti*, Table 4) suggest an attempt to standardise technique according to lesion morphology, comparable to the way modern cautery technique is adapted to lesion size and shape.

Third, the classical criteria for judging adequate cauterization (Table 6) function as an early clinical endpoint system, allowing the practitioner to titrate treatment in real time.

At the same time, the evidence base linking these classical descriptions to specific, mechanistically verified outcomes remains limited. Much of the supporting material- sterilization, haemostasis, and analgesia- is plausible in principle and has partial support in modern thermal-therapy and wound-healing literature, but direct, well-controlled clinical trials of *Agnikarma* itself, across its many described indications, are comparatively few. Case reports and small comparative studies, such as those on *Gridhrasi* and osteoarthritis of the knee (*Sandhigata Vata*), point to a promising but still preliminary evidence base. Future research would benefit from standardised reporting of instrument, pattern, depth and outcome measures, allowing the rich classical taxonomy summarised in this review to be tested systematically against contemporary clinical endpoints.

CONCLUSION

Agnikarma represents a structured, long-standing *Ayurvedic* approach to the use of controlled heat in disease management, with roots traceable to the Vedic period and a detailed procedural elaboration in the classical *Samhitas*. Its classical rationale rests on sterilizing, haemostatic and analgesic effects, and its instrumentation and technique are carefully matched to the depth and morphology of the target lesion.

The persistence of comparable thermal principles in modern surgical and dermatological cautery suggests that *Agnikarma* is best understood not as an obsolete historical curiosity but as an early, systematically described form of thermal therapy. Rigorous clinical evaluation of its classical indications, using contemporary methodological standards, would help clarify its place within an integrated approach to patient care.

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