

Cautery looked through the prisms of shapes, types and methods: a critical appraisal

Running Title: Cautery, shapes, types and methods

ABSTRACT

Background: Traditional cautery (in Arabic **Kaiy**) is an ancient practice and used in a variety of diseases with variable efficacy around the world. **Objective:** This review aimed to describe critically and synthesize the literature on shapes, types and methods of cautery therapy. **Methods:** Electronic searches of four databases (PubMed, MEDLINE, **GoogleScholar**, and OvidSP) using the Boolean **operatorsand** keywords were conducted and a number of pertinent articles and abstracts (N=10256) were retrieved for extensive appraisal by two independent reviewers. Finally 90 articles were included in this paper. **Results:** Cautery is described in the **literaturehaving** multiple shapes, types, application marks, precautions and methods and efficacy supported by single case reports and case series with evidence level 4 & 5. Traditional cautery with specific shape **andtype** is used in particular diseases together with a precise procedure but underlying mechanism of actions and effects are not well elucidated. **Conclusion:** Cautery a recognized **complementaryand** integrative therapy having different instrument shapes, types, application marks, methods and procedures and anatomical sites is used in many recommended diseases. Cautery is a safe therapy when used cautiously by expert trained complementary and alternative medicine (CAM) **practitionersandtrained** health professionals around the world. Unlike modern cautery, traditional cautery is mostly recommended as a last choice in the management of difficult-to-treat medico-surgical conditions but this rule is not followed by health seekers characterized by low education, rural background, parental influence and strong religious convictions. This study calls for continuous cautery training programs directed towards CAM practitioners and conducting rigor basic research and randomized clinical trials for elucidating the underlying

mechanism of actions and effects and effectiveness of cautery therapy in various indicated diseases around the world.

Keywords: Traditional cautery, definitions, Kaia, instrument shapes, types, procedures and application marks

1. INTRODUCTION

The historical use of traditional cautery therapy is recognized in diverse ancient cultures, however, the earliest reference is found in Surgical Papyrus (1550BC) in Egyptian culture[1-4].Cautery is reported to have checkered history and was partially diminished in early 1800 century but revived in late 1800-1900 AD across the world [5]. Several ancient cultures around the world have recognized fire as a powerful remedy, its multiple therapeutic advantages in numerous diseases and worshipped it as their rituals[5, 6].A range of diseases which are treated by cautery therapy include warts, wounds, infections, bleeding, fatigue, stress disorders, gastrointestinal tract (GIT) diseases, fibromyalgia, musculoskeletal pains, eye diseases, ear, nose and throat conditions, neurological conditions, children diseases, women health conditions and diverse cancers [6-10].

1.1 Local Scenario of Cautery Use

The prevalence of cautery therapy is variable globally. In a study from Saudi Arabia, honey was the most used CAM treatment among the participants (39.0%) followed by herbs use (31.8%), bloodletting (13.5%) and cautery (3.4%).Nearly 76.6% CAM users were satisfied with alternative treatments to help control their disease. CAM use was significantly associated with family traditions [11]. In another study from Riyadh city, participants (n=1408) selected randomly reported to use Quranic therapies most (50%), followed by honey (40%), black seed (39%), myrrh (35%), fenugreek (25%), herbs (19%) and cautery (7%). Females were the largest users of traditional therapies (59% to 8% versus 37% to 5%)and this trend was attributed to perceived failure of modern treatment and success of CAM, a choice of natural products and long appointment intervals to see a physician[12].Further details of cautery and other traditional therapies are available here [13].Overall cautery therapy has been used safely in many diseases with therapeutic benefits in the Eastern world.

1.2 Aim of the Study

The aim of this review was to critically analyze and synthesize the pertinent literature on multiple bio-clinical perspectives of cautery especially contributions of ancient healers, types, shapes, application marks and sites, mechanisms, case reports and efficacy, care seeking pathways, treatment of scabs, **significanceand** research. The significance of this study is that it will support and scale up the precise practice of cautery along with a focus both on relevant research and training directed towards patients, traditional healers and health professionals. Furthermore, this review will bridge the knowledge and treatment gap of traditional healers and health professionals along with application of safety measures, proper treatment requiring suitable shape, type and aseptic procedures concerning cautery. Another important point is that this critical review of bio-clinical perspectives of cautery from Saudi Arabia will fully update the knowledge of concerned complementary and integrative medicine (CIM) practitioners around the world.

2. METHODS

2.1 Search Strategy

The relevant literature published in English prior to 2018 was searched in PubMed, MEDLINE, Google Scholar, and OvidSP databases. The Boolean operators and keywords used in multiple electronic searches were “Cautery **AND** cauterization sites OR Kaiy OR Amal-i-Kaiyy OR ancient healers OR types OR shapes OR application marks OR methods OR precautions OR mechanism of action OR research OR modern cautery OR reasons for seeking cautery OR case reports OR use of catheter OR efficacy OR significance”. The search strategy and the keywords were modified as appropriate according to the searched database. In addition, references included in full text articles, some traditional medicine (cautery) books and treatises on cautery were reviewed for inclusion in this review.

2.2 Search Results

More than 10256 articles were retrieved and reviewed by two independent researchers (NAQ & SMS). Our focus was on full articles describing multiple clinical perspectives of cautery therapy. However, we also reviewed articles that gave specific descriptions of ancient contributors to the development of cautery, mechanisms of action, case reports and efficacy, seeking pathways to cautery, its significance, sites of cauterization, types, shapes, application marks, procedures and precautions in various diseases and modern cautery. These brief snapshots were reviewed critically and their important contents were incorporated in this review. The additional inclusion criteria were free access to full articles, papers containing aforesaid salient detailed related to multiple perspectives of cautery therapy. Furthermore all

types of studies, such as systematic reviews and meta-analyses, randomized clinical trials, prospective and retrospective observational studies, case series and single case reports along with professorial opinions were included in this narrative review. After removal of duplications (n=5979), unrelated articles (n=1708), no abstract (n=209), non-English articles (n=30), incomplete papers (n=219) and full articles not accessible (n=1762), only 349 papers were left for further assessment and eligibility. A number of articles (n=259) were excluded because of duplications of clinical information (n=194) and containing irrelevant information (n=65). Finally, both reviewers agreed to include 90 published studies, including some traditional books on cautery in the present narrative review. Finally the total number of included studies is 90 (Fig.1).

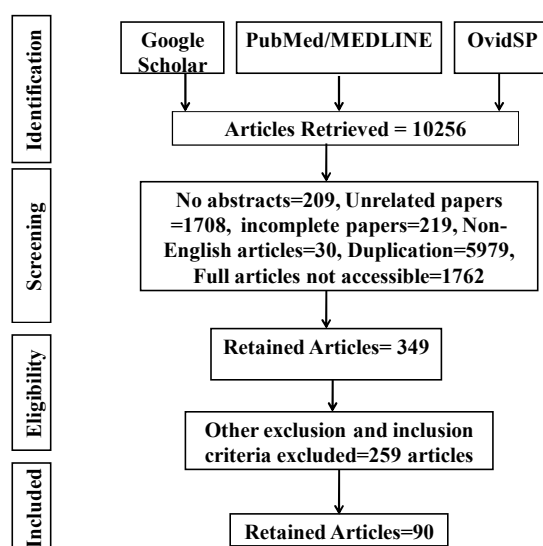


Figure 1 The flowchart of selected articles

3. RESULTS

3.1 Contributions of Ancient Healers

There were progressive improvements in cautery therapy since ancient times and many physicians and surgeons contributed to this accomplishment. Hippocrates (Buqrat) around the 4th century BC recommended the use of cautery in many health conditions including hemorrhoids, abscess, dropsy, enlarged lymph nodes in plague, trachoma and sciatica [1, 14-16]. Later Albucasis, Marcus Aurelius Severinus, and Ambroise Parry, and Percy in his book (Pyrotechnia Chirurgicale) supported the use of fire and cautery in various diseases with good benefits [9]. Aulus Cornelius Celsus significantly contributed to the achievements of cautery,

and he advised its use in the management of gangrene, fistulas, inward grown eyelashes (Trichiasis), droopy eyelids, and discharge from eyes, blood and pus exuding ulcers. Celsus also introduced a cauterizing knife in the treatment of abscess [17, 18].

In Indian System of Medicine, Sushruta (800 BC) used Agni (means fire) therapy (called Agnikarma therapy) for cauterizing the affected veins and tendons for various body ailments [1,19-21]. Agnikarma is still used in various health conditions in diverse cultures of India. Healing practitioners of Traditional Chinese Medicine (TCM) also practiced cautery (moxibustion) for treating many diseases since antiquity. Later on moxibustion (heating therapy using Moxa/Mugwort) disseminated from China to other neighboring countries including Mongolia. The Arab ancient cautery is considered similar to moxibustion whereby moxa - a dried herb - is burned, either directly on the skin, or just above the skin, over specific acupuncture points related to a medical condition. There is indirect moxibustion which uses moxa sticks resembling large cigars or incense sticks. Ancient Chinese teachings advise that the formation of a blister by moxibustion is essential for healing to take place in any disease [7]. Arab world healers also used this important religious therapy (cautery) for many medico-surgical health conditions including controlling bleeding [7] before and after arising Islam. Arab physician Hunain Ibne Ishāq contributed to cautery by writing a book (“Ikhtiyār-ul-Adviā Al Muharriqā”) that contained various herbs and non-herbal drugs used as cauterizing agents in various diseases [1]. In the same vein, Ibn Sina (980-1037 AD) and Abul Qasim Al Zahrawi (Albucasis d. 1013 AD) in their famous books (Kitab al-Qanoon-The Canon & Al-Tasrif li-man ‘ajaza’ an al-ta’lif) recommended practice of cautery in health conditions. Notably primitive cautery was mainly practiced by Bedouins and laymen healers but Moslem physicians had better scientific knowledge of human body and cautery therapy. Further detailed historical descriptions of aforesaid three Arab authors and their contributions to cautery therapy are provided here [7, 22]. The editor of the book (Al-Tasrif li-man ‘ajaza’ an al-ta’lif by Zahrawi) stated that “The hot iron was one of the earliest and most popular means of treatment. Hippocrates speaks of it as a well-established way of opening a liver abscess; and every later writer gives plenty of room to the subject of the cautery therapy” [7]. Qasim Zahrawi comprehensively described cautery including its possible risks and illustrated diagrams of organs affected by diseases and necessary instrument for each disease. For example, for the treatment of ptosis he devised crescent or semi-circular shaped instruments. Ibn Sina in *The Canon of Medicine* reported a number of advantages of cauterization including prevention of destructive lesion, dissemination, rectification of cold

temperament, breaking up putrefactive matters embedded in a tissue, removing dead flesh and restraining bleeding along with suggestion to healers not to expose nerves, fascia or ligaments. For controlling haemorrhage, immense heat is required to produce a firm thick eschar which will not readily come off [23]. Unani scholars equally contributed to the development and sustainment of cautery therapy. Ibn al-Qaf Masihi (1233-1286 AD) and Ali Ibn Abbas Majusi (930-994 AD) and others practiced and propagated cautery during ancient times. Furthermore the Unani ancient surgeons provided antiseptic guidelines regarding cautery [14]. In sum, cautery therapy is developed progressively and sustained over centuries mainly attributed to the continuing efforts of traditional healers, professional practitioners and religious scholars of the Eastern world.

3.2 Defining principles of Cautery

Cautery is termed as **Amal-i-Kaiyy**, Kai or wasm in Muslim world but elsewhere as cauterizare, kauteriazein, or cauterization [1, 14]. Kai is derived from Unani word Kaiein which means to burn [1]. Agnikarma (in traditional Indian system) and moxibustion (in Traditional Chinese Medicine) and Amal-i-Kaiyy (in Persia) reflect "burning or branding with a hot iron", "burning or branding iron", and "I burn" [24-26]. Amal-i-Kaiyy is the practice of burning the affected flesh, stopping bleeding or, removing unwanted skin or creating an entry point into the skin. Cautery is categorized under Ilaj-bit-Tadbir (**regimental therapy**) [1,14,27-29]. In another way, cautery is the application of hot metal or caustic drug over the affected site for the purpose of treatment so that the heat in effect, may correct the deranged condition of the affected area [27]. In sum, cautery is defined in several ways since ancient times and was used for several purposes, such as a 'counter-irritant', or a haemostatic, or a bloodless knife, or a means of destroying tumors or to dry the excessive fluid, to stop bleeding, and to remove the putrefied flesh [1,30].

3.3 Types of Cautery

Many types of cautery were developed by ancient healers for treating a variety of specific diseases in diverse cultures of the world. These cautery forms are based on materials used in heating the cautery instrument; fire cautery (heat by fire), oil cautery (heat by boiled oil), acidic and alkali cautery (heat by corrosive materials), herbal cautery (burn by herbal drugs), cupping-fire cautery (combined type) and currently electric current - electrocautery [1,5-7,10,14,24,25,27]. In addition, "Thermie" therapy a folk remedy in Japan has been used to relieve pain, common cold, ileus and its adverse effect include 'Thermie Dermatitis'

characterized by pigmented lesions [31]. Traditional cautery, i.e., treatment by fire is a traditional practice by healers and its use dates back to ancient times, possibly time after the discovery of fire [1]. Fire and cautery have intangible relationship and a lot is written about the therapeutic power of fire. Goldberg, an influential physician emphasized on healing power of herbs, songs, prayers and fire [32]. Chemical cautery uses corrosive (medicinal) drugs or acidic or alkali materials for burning diseased body tissue [1,10]. Herbal cautery uses herbs to destroy the affected tissue on the body surface [5,7]. In Unani medicine, Amal-i-Kaiyy uses Kāvvi Mādda (corrosive matter), or red hot metal rod, or electric current to burn a specific afflicted part of the body for therapeutic purposes. The instruments used for Amal-i-Kaiyy are called Mikwāt (Cautery) and the place of the body which is used for cauterization is called Kaiyya. The performer of Amal-i-Kaiyy is a Kawwa (Cauterist) [1].

Actual cautery means the metal device heated in flame and then applied to the damaged tissue [9,14,27]. ~~Other form of cautery is the combination of cupping with Hijamah (cupping therapy Hijamah) especially used for opening infected abscess followed by cauterization of the bare vesicle [27]. This technique is under used at the present time because of increased cost, patient choice, and practitioners' skills.~~ In specific cases like in bleed of posterior nose, cautery is combined with cupping for better outcome [33]. Branding is another form of cautery that is used in humans, either recreational or forced purposes [32]. Silver nitrate cautery is used in nose bleeds with good outcome in 13% to 54% of patients [34]. Other olden times cautery instruments include fire-drill and localized cranial vault burning [35] for the treatment of head tumors and hot lance-for cauterization of injured vessels for controlling bleeding [36]. In short, cautery is known by different names corresponding to its types. Currently traditional cautery with better techniques and procedures including aseptic means is used by healers and professionals for the treatment of a variety of diseases across the world [5, 6].

3.4 Modern Cautery

Currently many forms of cautery and cautery devices are used in medical sciences which are electrocautery- or thermal cautery-unipolar and bipolar [37] (Figure 2), chemical cautery - uses silver nitrate, trichloroacetic acid and cantharidin, and electrosurgery - electrocoagulation, electrofulguration, electrodesiccation, radiofrequency and electrosection [38, 39]. Now electrocautery has been widely used for cauterization [40]. Radiofrequency is

used for removing moles, skin tags, warts, seborrheic kerratosis called wisdom spots, syringoma-harmless tumors within sweat glands, facial telangiectasia, i.e., thread veins, and resurfacing chicken pox and acne scars, perioral lines, and rhinophyma, i.e., bulbous appearance of nose due to rosacea in men. Comprehensive details of electrocautery and other related advanced devices used in various local or systemic diseases are available here [38, 39]. Furthermore a comprehensive paper on modern cautery is forthcoming soon. Overall cautery is an authentic safe therapy in the armamentarium of complementary and integrative medicine around the world.



Figure 2 Electrocautery [37]

3.5 Cautery Shapes

Since ancient times, cauteries with different shapes and tips (Figure 3) are developed, and are reported to be used in various diseases [1,10, 41-43]; however, each one for a specific disease and their details are summarized in Table 1.

Table 1 Shapes of cautery and corresponding recommended condition

S. No	Shape of cautery	Used in recommended conditions
1.	Olive-shaped	Disease of phlegm, epilepsy, coxalgia, gout, sciatica, arterial bleeding
2.	Claviform-shaped	Acute migraine, nasal diseases, toothache, lungs diseases, cough, bronchial asthma, hoarseness of voice, stomach diseases, dislocation of joint, ascitis, anal fissure, diseases of kidney, urinary bladder & uterus, lumbago, hernia, boils
3.	Knife-shaped	Chronic migraine, facial paralysis, sciatica
4.	Crescent-shaped	Ptosis, entropion, and trichiasis
5.	Hollow-cautery	Bleeding/oozing ulcers, scrofulous tumors (enlarged neck lymph nodes)*
6.	Two-Prongs	Dislocation of shoulder, diseases of spleen
7.	Three-Prongs	Diseases of spleen
8.	Solid- cautery	Diseases of joints
9.	Saw-shaped	Dislocation of shoulder
10.	Bowel-shaped	Coxalgia, sciatica
11.	Probe-shaped	After the operation of hemorrhoid to prevent fistula formation.
12.	Triangular- shaped	Hernia
13.	Punctate-shaped	Earache, low backache, gout, sprain, scoliosis
14.	Ring-shaped	Diseases of stomach, cancer

15.	Lenticular-shaped	Ulcers including oral, and hernia,
16.	Circular-shaped	Disc prolapse
*Tuberculous in nature		



Figure 3 Traditional cautery (Wasm nail) [44]

3.6 Materials Used for Cautery

Different materials-metals and non-metals- were used progressively in the development of cautery since olden times. Unani scholars preferred gold for cauterization [40,45,46]. Razi in his Famous book ‘Al-Hawi’ stated that the use of cautery made of gold is better for crushed wound. Silver or copper made cautery is preferred for the treatment of non-healing ulcers and different malignant growths. Razi quoted statement of Jalinoos in Al-Hawi “gold is best in cautery and does not cause vesicle formation and heal rapidly”[40]. Overall iron cautery is most commonly used in numerous diseases since historic times, but other cauteries made of different materials such as medicinal herbs, chemicals (acidic and alkali), drugs and wood were also used for the purpose of cauterization.

3.7 Why People Seek Cautery Therapy

It is believed that certain medical and surgical problems were not treated by available means in olden days and this is also true at present time. This trend drives patients to seek different modes of therapies. For example, parents supported by other senior close relatives take their children to first consult traditional practitioners for cautery therapy or vice-versa [47,48]. Parental belief system in folk therapy is equally important reason to consult CAM professionals for cautery treatment [49]. More often parents also seek cautery therapy from traditional practitioners for their own ailments not cured by modern medicine. However, the parental understanding of their children diagnosis is unsurprisingly unscientific and rarely matches with hospital diagnostic formulation [47]. Patients with chronic diseases including cancers often search for integrative medicine treatment including cautery therapy [5, 6].

Other factors underpinning traditional health seeking pathways include increasing use of CAM and integrative medicine therapies globally, cost-effectiveness, easy access, efficacy, no appointment required, and no waiting time, preserving once culture, values and beliefs, gender, socioeconomic status, rural background, illiteracy and low adverse consequences when cautery and other CAM therapies are used in indicated patients by trained and experienced CAM practitioners [1, 2, 5, 6, 50]. Overall health seeking pathways are manifolds addressing biopsychosocial and cultural needs of children and adolescents, adults and older population living with a variety of ailments [51-56] and their care givers including family members. Parents who are less educated (70%) behave like an expert guide to their kids for cauterization. Surprisingly mother or father tends to cauterize their children [47]. In sum, though cautery is recommended for the treatment of resistant cases since ancient times, yet its use in simple diseases by traditional healers is commonplace in villages.

3.8 Anatomy of Skin-Sites for Cauterization

Skin, an important anatomical component of the integumentary system, is the largest organ of the body because of its surface area. We describe anatomy of skin because it is of high importance for traditional and CAM practitioners of cautery. Skin consists of epidermis, dermis and subcutis (Figure 4). Skin performs several important functions which are: protecting the internal organs from diseases, regulating the body temperature, moisture retention, removal of toxins and vitamin D production and providing a sense of touch [57]. Cautery practitioners need to know basic anatomical structures of skin because of its many implications in cautery practice. Concerning the structure of skin, the epidermis made up of keratinocytes and melanocyte cells is the outermost layer which as a barrier between internal body parts and the external milieu prevents the entry of harmful foreign agents into the body. Melanocytes that contain melanin determine the color of the skin. Lying beneath the epidermis is the dermis containing hair follicles, sweat and sebaceous glands, nerve endings, tiny blood capillaries and elastin and collagen proteins. Small blood capillaries and nerve endings provide a constant supply of oxygen and nutrients to the skin cells and touch sensations, respectively. The innermost layer of the skin is subcutis containing fat that acts as an energy store and insulator.

Cautery needs to be applied superficially without injuring nerve endings and tiny capillaries as far as possible (cutaneous cautery). However this fundamental principle of cauterization does not work at all times. If most painful area in which nerves and capillaries are also affected and caged in infected fluid, such as chronic wounds and ulcers, the cautery may be

applied slightly deeper. However, it is much better to curettage the wound first and then apply cautery to burn the bleeding capillaries and to remove infected fluid and muscles. It is wise to know that there are many areas where cautery is done other than skin (deeper cautery) based on the nature of the ailments [45,46]. While performing cautery therapy, practitioner must never puncture any internal organ. We have comprehensively described the indications and sites of cauterization elsewhere [5,6] and we suggest that CAM practitioners must choose the exact site for cauterization in a particular illness.

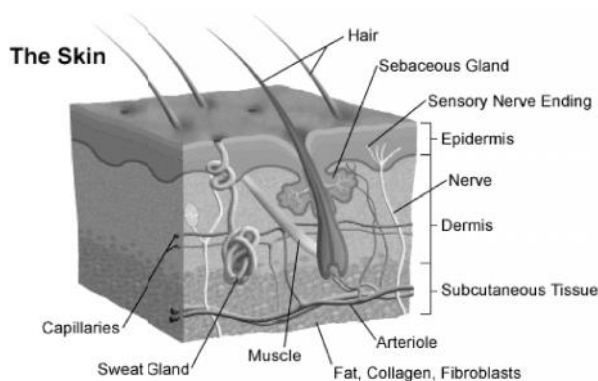


Figure 4 Anatomical Structure of skin [57]

3.9 Cautery Techniques and Procedures

There are many procedures concerning cautery use in specific health conditions. Prehistoric man discovered a variety of methods and medicaments for treating numerous types of wounds and diseases, though it is difficult to infer how such methods were developed at that time. Some of these wound healing techniques and medicinal therapies included various minerals such as clay, herbs and vegetables such as honey and animal materials such as egg white and milk, and cautery for stopping bleeding [58]. Cautery was considered as the last choice to burn the bleeding vessels in olden days. According to Forrest, cautery was substituted for suture in the Middle Ages [58]. Ibne Sina discussed in detail about the **proceduresand** techniques of Amal-i-Kaiyyin his treatise "*Al-Qānoon fit Tibb*" [1]. Other Unani eminent physicians also documented their experiences about cautery and its procedures in their respective writings [14]. Maunoir also wrote about fire and cautery, its techniques, procedures, effectiveness in difficult-to-treat cases, and immensely helped in the revival of cautery practice [9].

For stopping hemorrhage, Celsus [First century AD] reported a procedure; if hot iron applications are ineffective against the profuse bleeding, the vessels which are pouring out

blood are to be seized, and round the wounded spot they are to be tied in two places and cut across between...." When circumstances do not even admit of this, the vessels can be burnt with red-hot iron" [59]. Aulus Cornelius Celsus [17, 18] guided that "the place (of gangrene) should be burnt by cautery until no more Khilt (humour) escapes from it". In case of hemorrhage, cauterization is to be done extensively at affected area that may cause high grade fever. Cauterization will be considered ineffective if fever does not develop. Notably thick plaques with fever signify congestion of blood in the affected part which signifies an unsafe condition [40]. Therefore, extremely hot cautery instrument needs to be applied in hemorrhage to produce a very thick clot [40, 46]. Hippocrates stated in 'Kitabul Al-Ahwiya Wal-Baldaan' as quoted by Razi in "Al-Hawi" cauterization is not advisable in extreme hot and cold weather [40].

The second century physician Jālinūs (Galen, 131–199AD) described in his treatise "On Tumors Against Nature" the process of cauterization for burning the roots of a tumor that is called Karkinos or karkinoma, which was infrequently associated with negative results including bleeding [1, 60, 61]. Buqrat (Hippocrates) around the 4th century BC also advised a technique in which "heat the iron rod red-hot for burning hemorrhoids until it becomes dried up and no part may be left behind". Buqrat (Hippocrates) also suggested the use of cautery for treating the abscess either by making surgical incision or opening by heated cautery in order to let the infected material (pus) comes out or burn it. Buqrat also suggested the management of dropsies by opening fluid build-up under the skin by cautery therapy, in addition to treatment of sciatica where bone has come out of its socket [1, 10, 14, 59].

The traditional healers of Muslim world utilized cautery made of mostly metal sticks or iron nails. The cautery instrument is about 20cm long which is either bent at the top or narrowed to a point [Figure 2]. The procedure is like this: stick is heated over hot charcoal until it becomes as red (or white) as the hot charcoal [7]. Then, the practitioner places the hot metal tip over a specified, most painful location over the affected skin for a few seconds depending on complaints, disease types, sex and age of the patient [29, 62]. Iwasaki described the technique of "Thermie therapy" which is rubbing the skin with special instruments in Japanese culture [31].

The number of heated cautery application in one session varies between one to seven and even more, and this is because of several factors, such as age, sex, nature, types and severity of disease and complaints and sociocultural habits. Superficial lesions, for example a boil will require few numbers of cautery application and results in superficial marks. However chronic deeper ulcers will require heated cautery multiple times in several sessions often followed by

gross big scars (Figure 5) [29,62]. In case non-healing deep ulcers or sub-dermal lumps, the cautery instrument should be conical in shape, and to be passed to the area for cauterization. Rub the area intended to cauterize with rough cloths so that burned material sloughed off. Then cauterize the area till it reached to muscles or more up to bones if also involved [46].

According to Albinali, cautery therapy is also used at different places away from the affected internal organs. For example jaundice due to liver disease, the cautery is applied to the left hand. If the patient complains of chest pain with shortness of breath, which could be angina or myocardial infarction or embolism, cautery is applied to skin overlying the 4th and 5th anterior or posterior ribs on the same side of the pain [7]. The patient is usually instructed to avoid wetting the burnt area for few days after the procedure. Similarly, the patient is also advised not to use perfumes or eat food that produces gut gases [7]. For sciatica, it could be from one to 17 cautery burns at different locations. In a qualitative study, Ghazanfar specified more details of cautery types, techniques, indications, specific sites of application on the body corresponding to the specific diseases [29].

Children are often exposed to multiple cautery sessions with increasing number of cautery applications because of their complicated, neurodevelopmental diseases [47,48]. Children were cauterized very frequently, from birth to year 1 (26 times) to 2 to 5 years (5 times). The most important cautery sites included anterior chest wall for respiratory diseases and abdomen and abdominal wall around umbilicus for gastrointestinal disorders. Furthermore, the numbers of superficial cauterization more than 100 times were done on different areas concerning neurological diseases, splenomegaly, liver disease, and kidney ailments with generalized edema [47].

In Arab world, cloth or palm leaves or boiling oil instead of heated metal were rarely used for cauterization [7, 63]. The boiled oil was mainly used to cauterize bleeding vessels from cut limbs especially right side, which was a legal punishment for thieves especially in Arabian Peninsula. Now it is nearly extinct including from Saudi Arabia. Unlike ancient practitioners who suggested spring is the best time for cautery application, Al-Zahrawi differed and recommended that cautery could be used at all times [7,23]. Furthermore Al-Zahrawi criticized earliest physicians' belief that once a patient treated with cautery never relapse or complain of old or new symptoms. Hence, cautery is associated with permanent cure only in some diseases, mostly skin diseases. Al-Zahrawi developed special cautery instruments for individual eye diseases, acute migraine attacks and lung medical conditions [7, 23]. Notably, Nikhat and Fazil have described comprehensively specific procedures of cauterization in various diseases as recommended by ancient healers including Persian, Arab and Greek-

Roman practitioners [14]. However the advent of ligatures and tourniquets to control bleeding and the use of antiseptic measures in infected wounds helped decline clinical applications of cautery. Modern cautery developed with the invention of electrical diathermy. This form of cautery produces heat in a controlled way [64]. This technique became a very common practice to date for stopping bleeding during surgery. In sum, there have been continuing developments in cautery instruments and procedures and its use in diverse diseases since ancient times and yet traditional cautery is used in some parts of the world because of multiple dynamic reasons including sociocultural values and religious significance.

3.10 Cautery Precautions

All treatment interventions need certain precautions and guidelines for their better use and efficacy along with minimal adverse effects. Like medico-surgical professionals, CAM practitioners must take all necessary precautions while performing cauterization concerning a specific disease. Cauterization should be done superficially on the affected skin or skin overlying a diseased organ. Deeper cauterization is needed only when putrefied or dead material involves tissues other than skin-such as muscles. Cautery application should not reach spinal cord and brain in any way. Cautery should also avoid burning ligaments, tendons and bones [46]. Traditional healers must avoid injuring or burning normal arteries, veins, lymphatic vessels, and nerves whenever possible. Deeper cauterization of skin overlying diseased organs should be done rarely and only in indicated cases, because such practices, may be wrong at first place, and tends to cause disfigurement forever due to sizable skin marks [65] and other serious to fatal complications including tubal pregnancy, spread of viral hepatitis and HIV infections, and death [50,66]. Notably several adverse effects of traditional cautery observed in the distance past were attributed to multiple reasons: no use of aseptic methods, serious diseases, unqualified practitioners and wrong place for cauterization. Like in surgical practice, traditional cautery practitioners must use antiseptic measures pre-, peri- and post- cauterization [67, 68] and select specific, most painful or afflicted place for cauterization in a particular systemic or local disease [69]. Evidently modern cautery and body piercing similar to cautery are associated with serious adverse effects and complications [70-74], which are preventable if necessary steps especially regarding aseptic means along with appropriate indications are taken into consideration.

With special reference to some clinical cases, the practitioners must avoid accidental burns using special cautery shapes, catheter, insulating materials, techniques and precautions, and these diseases may relate to nose, ear, rectum, and uterus [40, 45, 46, 75,76]. In epistaxis, the

posterior nasal passage of the nose present a greater challenge to the cautery practitioners compared to anterior bleeding points, and standard cautery techniques limit simultaneous use of other equipment in the narrow posterior nose. However, a novel device combines suction, cautery stick and sheath for insulation in one single-handed instrument for cauterizing bleeding in posterior nose passage enables successful treatment by a single CAM practitioner who is even not skilled [33, 40,45,46]. By the same token, cauterization of breast cancer needs special care, precautions and consideration of several factors to avoid spread of cancer cells to axilla lymph nodes [44]. Other related details of traditional healing practices are found here [77, 78]. In nut shell, CAM practitioners should take maximum precautions when using cautery therapy in a patient with a systemic or local disease in order to achieve better results and prevent its adverse effects and complications.

3.11 Possible Mechanisms

The ancient healers from all cultures and societies provided some primitive insights into the mechanisms of action concerning cautery therapy. Nonetheless, healers were short of explaining how cautery works to bring about clinical improvement among patients with medical illnesses. However certain postulations were described; humoral theory, stagnation and qi energy, imbalance between Yin and Chang, religious and social belief system, distraction model, counter-irritation concept, placebo effect and self-remission theory (self-limiting) since antiquity. But these theories were rarely subjected to scientific rigorous investigations. According to Maunoir, the practitioners of 18-19th century believed that the putrefying principle or venom (detoxifying theory) was extracted with the infected fluids that were dried up by the hot cautery. Cauterists thought likewise that the separation of the sloughs was assisted by cauterization and they imagined that the life of the part was quickened, by drawing the spirits to it, and freeing it of all humid materials [9]. Apparently earlier views regarding cautery mechanisms were a mix of detoxification, removal of putrefying tissue, drying up the affected part, rejuvenation of leftover tissue, and spiritual beliefs.

~~Recently researchers have explored various mechanisms of Hijamah (cupping and moxibustion) therapy across the world, and our research team described various theoretical mechanisms of action and effects in light of modern medical advances. We assume that those theories might also apply to cautery therapy as heat distribution across energy channels, pain reduction, burning and evacuation or sucking of toxic materials, evoking neurohumoral and neuroimmunological pathways are common denominators underlying therapies, Hijamah and~~

cautery [79]. Briefly these modern biological mechanisms are described as “Pain-Gate Theory”, “Diffuse Noxious Inhibitory Controls” and “Reflex zone theory”, which clarify pain reduction and changes in biomechanical properties of the skin. Furthermore “Nitric Oxide theory” elucidates muscle relaxation, changes in local tissue structures and increase in blood circulation. In addition, “activation of immune system theory” sheds light on immunological effects and hormonal alterations along with their tuning. Lastly, “Blood Detoxification Theory” underpins releasing of toxins and removal of wastes and heavy metals through sucking or moxibustion or burning. It is a challenging task to show precise contributions or variance of each theory to therapeutic benefits of cautery in individual disease. We presume that presently more than one biological or psychosocial mechanism tends to operate underlying its effectiveness in diverse ailments and wellbeing of people with no disease. ~~Therefore, biopsychosocial and cultural, rigor researches need to be conducted concerning cautery to prove or refute our extrapolation from studies done on biological mechanisms of cupping therapy (Al-Hijamah) or moxibustion around the world.~~

There are other mechanisms of action concerning cautery. For example, children with chronic debilitating diseases and self-remitting ailments get cauterized repeatedly due to parental beliefs and hope (theory of hope) that child will improve with cautery. In diseases with self-remitting course such as viral throat infection, cutaneous cautery works like analgesics to reduce sore throat and pain through humoral and counter-irritant effects. According to this study, heat leads to coagulation, drying and sterilization, and, thus, fire and heat have therapeutic worth in various ailments [47]. Overall, cautery works through multiple mechanisms which need extensive research in future for collecting evidence-based data. From the perspective of experimental studies, veterinary doctors used herbs and cautery to treat many animal diseases including infections and inflammatory conditions caused by various microorganisms [80]. In a study, conversely cautery was found to depress immune system and, hence, increases animals’ susceptibility for infections [43]. Overall, the research avenue of underlying mechanism of actions and effects concerning cautery therapy is challenging and needs global concerted efforts of researchers to clearly explore them in future.

3.12 Case Reports and Effectiveness

Cautery is an integral part of CAM therapies. Evidently it is because of its cultural values and efficacy in many diseases [14]. In addition, ancient healers and now CAM practitioners narrated amazing clinical case series and single case reports with therapeutic benefits, and better outcome in various diseases. Albinali’s reflections concerning cautery are very

authentic. According to Albinali, his father witnessed a dramatic incident about Sultan AlMannai who was about 60 years old when he had severe chest pain, dyspnea, and sweating while walking with him. His father sent him to a local traditional doctor who cauterized Sultan over the xiphoid area and left lower ribs using charcoal heated metal sticks. Sultan became calm and slept for one hour. When he woke up, he had no more chest pain. It was temporary therapeutic benefit as this patient had recurrent pain subsequently and died later [7]. Albinali's own mother had several cauteries at different times for several symptoms including at one time for dizziness, nausea and vomiting and sleep disturbance. She was cauterized on the top of her head. She fell asleep immediately after the procedure and all her symptoms improved after three days [7].

According to Hana, one of her patients reported: "The intense heat pain of cautery made the original pain seemed less . . . while the excitement about the impending cure made me forget the cautery pain fast" [63]. Another patient stated: "I was semi-crippled with sciatica. I could not stand to pray. Medical doctors treated me for months . . . but when my father cauterized me . . . as soon as I felt the cautery pain . . . I stood up and ran" [63].

The report of several cases treated by Maunoir using cautery is highly authentic [9]. This section will not be completed without briefly describing those cases. Maunoir treated a chronic case of Scrofula (cervical tuberculous lymphadenitis caused by tubercular infection of the neck lymph glands) who initially used a dozen of traditional treatment including silver nitrate, exercise, dietary supplements and artificial sea-bath without any benefit. Then Maunoir used actual cautery and burned the glandular ulcers one by one followed by sloughing and cicatrization after two cautery treatments, and the patient improved completely within 6 months. The second case effectively treated by Maunoir was of chronic sinuous ulcers situated between skin and muscles of left thigh. This adult patient initially treated by half a dozen traditional interventions but in vain. However the multiple applications of olive-shaped cautery resulted in complete improvement of all sinuous ulcers and fistulae. Another case unsuccessfully treated by various remedies including carious teeth extraction was of a scirrhus tumor, which caused enlargement of inner lining of cheeks and gums but not related to a fungus or scorbutic etiology. The patient was prescribed olive-shaped actual cautery three times, and each time with twenty applications at an interval of two weeks resulted in sloughing and suppuration followed by complete recovery. The 4th case concerning a surgeon with localized chronic ulcer of lower lip earlier treated with best remedies but no benefit. Maunoir applied deep cauterization to the ulcer followed by another cauterization of its hard part, twelve days apart with sloughing and complete cure. The 5th bedridden case was of

rheumatism involving lumber region extending to sacrum and spinal area with weakness of both legs treated by Maunoir using cautery applied to six sites at lumber region resulting in sloughing and recovering strength in both legs. This patient developed swelling in left iliac fossa with fluctuation, which tracked down to leg muscles near trochanter. Maunoir applied pressure below the swelling and decided not to operate it. The swelling improved within two months but left with a hard lump near little trochanter not adversely affecting his walking. No symptom of rheumatism recurred till his death. Maunoir partially treated using fire a female patient of fungus haematodes with bleeding ulcers involving her shoulder and an independent tumor. Furthermore Maunoir treated a series of cases bitten by mad dog with heated actual cautery applied on wounds with complete success. Maunoir also treated successfully a series of cases with caries of teeth with fire. Maunoir suggested that white heated iron cautery needs to be used carefully minimizing the damage to healthy tissue. Overall these difficult patients effectively treated by Maunoir in late 18th and 19th centuries using cauterization provided evidenced-based data (evidence level 4 & 5) about iron cautery in various diseases, and iron cautery is now used mostly as complementary therapy in resistant cases not responding to modern treatments [7,81]. Although case studies are important researches, this review calls for conducting comparative studies of cautery therapy in various diseases in future.

3.13 Cautery Application Shapes (Marks)

Application shapes and size of cauterization marks may differ across the board. According to Ghazanfar, iron cautery is applied on the affected and most painful skin or site in three shapes: a plus (+); (b) in a straight line, approximately 2cm in length (-); and (c) in a sign of period [or point or full stop] (.). The last two marks are used more commonly [29]. However, cautery application shape and size may differ from the above classification (Figure 5 a & b) because of nature of diseases, chronicity and number of treatment sessions done on a patient and healers' experience. Shapes of cautery applications and corresponding diseases and conditions are summarized in Table 2.

Table 2 Cautery (Wasm) application shapes used for diverse diseases

Diseases and conditions	Wasm application shape
Abnormal growth of child	As (b) (-), on the back between the shoulders
Anterior fontanelle (infants)	As (c) (.), along the splits on the forehead
Boils on the head or elsewhere	As (b) (-), on the blood vessel near to the boil
Bronchitis, with severe cough and phlegm	As (b) (-), three on the right side of the chest and two at the same level at the back
Crying baby, colic	As (c) (.), on the right and left of the umbilicus

Diarrhea; diarrhea with blood	As (b) (-), below the anus; as(c) (.), above and below and the right side of the umbilicus
Earache with pus and to cure snoring	As (b) (-), in front of both ears
Eye problems;	As (b) (-), on the upper part of the forehead;
Weak eyesight	As (c) (.), with needle on top of the nose
Headache	As (b) (-), on the forehead
Headache with pain spreading to the face and nose	As (c) (.), near the tear duct, the patient's eyes are covered with a paste made from dates
Hernia	As (b) (-), above and below the place of hernia or on the veins right or left of the hernia
Inflammation of the testis	As (c) (.), on the scrotum
Inflammation of the throat	As (b) (-), on the back about the level of the second vertebra
Jaundice (yellow) with eyes, face and tongue yellow with weakness, loss of weight and difficulty in urination and white jaundice with eyes, face and tongue white and red urine	As (b) (-), on the upper arms, ca. 10 cm above elbow on the upper side or on top of the head for males and below the breast for females
Meningitis with pain in the head	As (b) (-), on the abdomen
Mumps	As (c) (.), with a needle on the swelling
Pain in the back and thorax muscles	As (b) (-), at the site of the pain
Pain in chest with difficult breathing and fever	As (c) (.), two on the chest, one on the forehead and one at the back
Pain, abdominal with cramps or stomach-ache	As (c) (.), above and below the umbilicus
Pain in the lower limbs	As (c) (.), ca. 10 cm above the left foot or below the ankle with the patient standing
Pain in the upper limbs	As (b) (-), on the shoulder and arm
Pain in the spleen	As (b) (-), on the site of the pain
Pain in the lower back after miscarriage or childbirth	As (b) (-), on the right lumbar region
Pain in the spine region	As (c) (.), on the back, at about the level of the 6th thoracic vertebra
Paralysis or weak muscles of limbs and face	As (b) (-), on joints and along the back bone; for facial paralysis on the back of the head or on the hand between the thumb and index finger and on the outer side of both feet
Pimples with pus	As (c) (.), on the back at the level of the second vertebra or on tip of the nose
Prolapse of the uterus	As (c) (.), on the coccyx
Toothache; tooth decay, carries	As (b) (-), for pain in the lower jaw wasm under the lobe of the same ear, for pain in the upper jaw wasm on the head above the ear on the side of the pain, for tooth decay a piece off rank incense is placed on the bad tooth and burned using a hot needle
Trachoma	As (b) (-), on the forehead
Weakness	As (b) (-), on the forehead between the eyes
Venereal diseases for males; rashes on penis or blood or pain during urination	As (b) (-), on the big toe of both feet or as (c) (-) on the glans .
Whooping cough, chest pains, tuberculosis, pneumonia	As (b) (-), at the location of the pain or between the ribs
Vomiting	As (c) (.), below the sternum

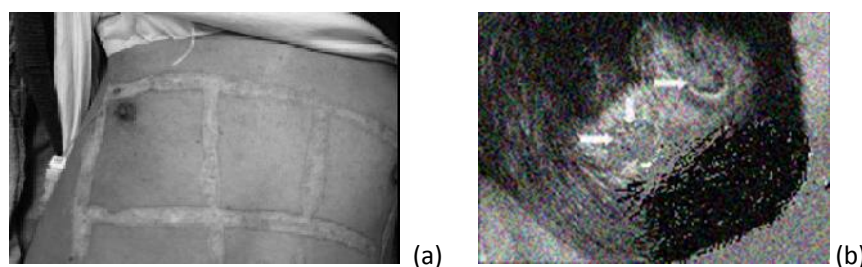


Figure 5a & b. Cautery shape-marks on the abdomen and the occipital region [50, 82]

3.14 Use of Catheter

Some diseases require the simultaneous use of white hot cautery and catheter for safely reaching the site for cauterization and protecting the healthy tissue in the passage. Razi in ‘Al-Hawi’ instructed to insert catheter first in hollow organs like nose, mouth, uterus and anus. Then allow passage of instrument down the way through the catheter to cauterize the targeted area of the organ. [40, 46]. Modern technique such as endoscopic guided cauterization is just an advancement relating to the concept of Razi. He also stated that wide catheter should be used to cauterize lower palate [40]. Razi also advised to wrap cold wet cotton around the catheter. This prevents the catheter to warm up and, hence, does not affect adversely the non-intended part. Ibne Sina in ‘Al-Qanoon’ advised to apply abrak (mica), gaeru dipped in vinegar (sirkah) on catheter (qalib) first. Afterward, a cloth has to be wrapped around and then chilled with rose (Gulab khoora) and then inserted in to the intended area of cauterization [46]. In sum, proper size catheter needs to be used for cauterizing diseases not easily accessible to cautery instruments.

3.15. Management of Cautery Burn Scab

Scab is formed on the skin following a burn or cauterization of the skin and it may be dry and wet or oozing. Ancient healers advised effective traditional methods for the management of scab from cautery burn. Razi advised local application of paste, made up from wheat flour, water and olive oil (Roghan-e-Zetoon) to slough off the burn scab. In addition, Razi also advised application of Marham basliqoon after grinding with *Apium Graveolens* Linn (Persian name-karaf or Indian name - ajwan-ka-patta) with antimicrobial activity [40,60,83], or *Doronicum Hookeri* (in Persian- Daronaj aqrabi & in English “Leopard’s bane”) with antibacterial property [84] considered highly effective in scab sloughing [40,60]. Munbit-ul-Leham adviyah, i.e., drugs which promote scabbing were also recognized in olden times: Irsa

(Iris ensata root, or Japanese iris), Zarawand (Curcuma zedory or white turmeric), shehad (bee honey), and Ghee (clarified butter). A paste made with grinding the mooli (Raphanus sativus, radish) with vinegar (sirkah) and its local application eradicates the after-effect of cauterization including scabs [27]. Currently the biological stages of wound healing have been identified in *Drosophila* larvae which are similar to mammals [85, 86], and guide surgeons how to manage surgical wounds. In addition, modern medicines and surgical approaches including dressing and drug treatment methods are very effective in the management of burn wound and scab [87].

3.16 Cultural Significance of Cautery

Cautery is a traditional method of treatment and a powerful vehicle to propagate cultural and religious values and beliefs of individual country since olden days. In a Hadith narrated by Al-Tirmidhi, Prophet Mohammed (SAW) cauterized Anas (Rade Allah Anho) for managing sepsis of his finger. On another occasion, the Prophet (SAW) cauterized Sa'd bin Mu'adh on his medial arm vein to stop bleeding. However, Prophet (SAW) allowed the use of kayi (cautery) only in difficult-to-treat cases; he was not in favor of this procedure as a routine practice [88]. The Prophet never prohibited the use of cautery but of course the use of direct fire. Despite this notion, the ancient Arab and Persian physicians and surgeons had great faith in the therapeutic values of fire. The Prophet discouraged the use of (direct) fire for treating various diseases. One probable reason given for that was his awareness of the Arab's strong trust in cautery as curative therapy. Besides keeping this conviction lively and sustained, he wanted Muslim healers around the world to keep their faith in God as the ultimate healer, not cautery or fire. Another reason may be that he did not want man to be subjected to the pain of fire, which will be used for the punishment of sinners in life after death [89]. From other perspective, cautery provided basic tenets and effectiveness evidence for its further progressive developments by modern healers and professionals resulting into modern devices associated with better management of many diseases worldwide, i.e., new light (advances) through old window (traditional cautery) will certainly attest to its significance. Overall, currently qualified and experienced CAM practitioners use cautery in many diseases with good results and its sustainment will carry cultural values of diverse nations from generation to generation.

3.17 Cautery and Research

The research based data that support biopsychosocial mechanisms and clinical efficacy are the two most important vehicles to carry on the use of cautery in various diseases, and this principle applies to all traditional and modern therapies. The ancient traditional healers ~~and the Prophet Mohammad (PBUH) guidance inspired the Muslim scholars to further globally the science of cautery.~~ Significant academic and clinical researches especially case series were performed and documented in several textbooks during the Middle Ages that contributed greatly to knowledge buildup and, thus, helped to preserve the essential aspects of cautery (kayi) for future reference and use. Among the earliest Muslim physicians to research on kayi (cautery) was Rabban Tabri (770–850 AD) and used kayi in the treatment of sciatica as evidenced in his famous treatise *Firdaus al-Hikmah* [90]. Later, based on his extensive clinical expertise, opinion and experienced (evidence level 4 & 5), Zakariya Razi (865–925 AD) contributed tremendously to the effective use of cauterization in several ailments including hemorrhoids as documented in his illustrious book [40,60,91]. Another famous physician with research interests, Abul Hasan Ahmad Bin Mohamed Tabri (d. 985AD) was also a proponent of kayi and described its use in various disorders [92]. Ibn Rushd advocated the use of cauterization and documented some drugs that “act like fire” [26]. Abul Qasim Zahrāwi further strengthened the scope of research in and clinical uses of cautery therapy and, thus, greatly helped in establishing kayi as a mode of treatment in various disorders [93]. Later, a Turkish physician, Şerefeddin Sabuncuoğlu (1385–1468) improvised the art of cauterization including its techniques, diagrams and clinical uses documented in his book “*Cerrahiyetül Haniye*” (Imperial Surgery) [94]. The Unani surgeons and physicians also contributed to the research pool on cautery and the documented results were encouraging [14]. Notably ancient healers preserved the use of cautery based on their clinical experience and expertise (Level 4 & 5) rather than sophisticated researches. Currently the use of cautery in different advanced forms- electro- and galvanocautery-is advocated by modern healers and practitioners in various diseases, supported by contemporary research conducted around the world. However the experience of recent years has attested few things including modern therapies have also failed to treat certain diseases and cautery therapy requires less sophisticated instruments, cost-effective and suitable in low-and middle-income countries. Relevant researches are certainly needed concerning actual cautery because till now research evidence is simply based on single case reports and case series along with practitioners’ opinion and experience (Level 4 & 5).

4. DISCUSSION

This narrative review described critically the several clinical aspects of cautery since ancient times along with progressive developments in its classification, shape, marks, procedures and techniques, precautions, anatomy of skin, health seeking pathways, case series and case reports and research. In addition, continuous contributions of ancient physicians, surgeons, healers and religious scholars concerning cautery are appraised in this review. Evidently, there were developed its several shapes [1,10,41-44], types [1,5-7,10,14,24-27,31-36], application marks [29,50,62,65,82], procedures and techniques most suitable for a particular local and systemic disease [1,7-10,14,17,18,31,40,46,58-64] together with use of catheter [40,46]. The therapeutic efficacy of cautery was documented through single case reports and case series [7,9,14,63] and most of patients completely recovered. The biopsychosocial mechanisms of cautery were postulated [9,43,47,79] along with recommendations concerning protective measures and precautions [33,40,45,46,67-69,75,76]. We suggest that the basic translational researches need to be conducted on priority basis to explore the biological mechanisms of cautery. The management of burn/cautery scab [6,27,40,83-87], sociocultural impact and values [5,6,88,89], and researches [14,26,40,60,91-94] related to cautery therapy were discussed critically. Overall traditional healers and professional practitioners continuously remained engaged in improving cautery therapy since ancient times despite persistent opposition to its clinical applications in many diseases. Mother-traditional cautery- an influential source for innovation and advancements concerning modern cautery- should never be forgotten. Most importantly cautery is a powerful means of transportation to propagate sociocultural values, beliefs and traditional medical system of diverse cultures and societies across the world. Cautery, one of the three religious therapies (others are honey and Hijamah), is safe and effective in many diseases provided it is used by qualified and trained CAM practitioners.

This review has some limitations. It is not comprehensive and systematic. Publication and selection biases are apparent because all relevant published papers were not accessible due to multiple reasons including high subscription charges of journals and high price for buying individual articles. The strength of this review is that it deals with some important bio-clinical perspectives of cautery including shapes, types, application marks, procedures and techniques, case reports and series reflecting efficacy, treatment and dressing of burn scab, mechanisms of action, along with necessary precautions and brief description of related research and modern cautery. Training programs, integration into mainstream integrative

medicine and campaigns directed towards traditional healers, untrained professionals and health consumers may result in improving the status of cautery globally. These strategies will further help establish its efficacy as well as validity in perpetuating the use of cautery in indicated medico-surgical conditions around the world.

5. CONCLUSION

In summary, the ancient healers, religious scholars, surgeons and physicians mainly of eastern world contributed to the progressive development of cautery therapy and provided its numerous definitions, shapes, types, application marks, procedures and techniques, theoretical mechanisms, evidence of efficacy, and scanty research inputs. The CAM therapy has been widely practiced by traditional healers, scholars and professionals since antiquity. Concerning research, cautery remains one of the largely unexplored areas not only in ancient times but also in modern days. Besides exploring underlying biological mechanisms of cautery, scientific rigor studies especially randomized clinical trials need to be conducted in future.

Consent: Not required

REFERENCES

1. Nayab M. History of Amal-i-Kaiyy (Cauterization) and its indications according to the shapes of instruments: A review. *International Journal Medical Health Research*. 2017;3(3):60-61.
2. Allen, James P. *The Art of Medicine in Ancient Egypt*. New York/New Haven: The Metropolitan Museum of Art/Yale University Press. 2005.
3. Ebbell B. *The Papyrus Ebers*. Publisher Levin C & Munksgaard. Oxford University Press: London, 1937.
4. Ebers G. *Ebers Papyrus*, 2nd edn. Leipzig: Bei S Hirzal, 1889: pp 108, 872 CVIII.
5. S. M. Alsanad, A. A. H. Asim, I. M. A. Gazzaffi, N. A. Qureshi. History of Cautery: The Impact of Ancient Cultures. *Journal of Advances in Medicine and Medical Research*. 2018; 25(9): 1-17.
6. N. A. Qureshi, S. O. Salem, I. M. A. Gazzaffi, S. M. Alsanad. Cautery Looked through the Lens of Clinical Perspective: Indications, Contraindications, Adverse Effects and Complications. *Journal of Advances in Medicine and Medical Research*. 2018; 26 (9): 1-16.
7. Albinali H. Chairman's reflections. Arab Gulf traditional medicine: cautery. *Heart Views*. 2004;5(4):178-183. Available at: <http://www.drhajar.org/English/index.php/articles/history-of-medicine/29-arab-gulf-traditional-medicine-cautery>. Accessed on February 13, 2018.
8. Wong CSM, Strange RC, Lear JT. Basal Cell Carcinoma. *British Medical Journal*. 2003; 327(7418):794-798. Available at: <http://www.jstor.org/stable/25457400>. Accessed on January 12, 2018.

9. 9. Maunoir JP. On the use of the actual Cautery as a remedy for the Cure of Diseases. *Medico-Chirurgical Transaction*.1818; 9(Pt 2):364-381.
10. Farooqui AN. *Amal-i-Kaiyy*. Sherwani Publication New Delhi.2008, 12-20.
11. 11.Al-Zahim AA, Al-Malki NY, Al-Abdulkarim FM, Al-Sofayan SA, Abunab HA, AbdoAA. Use of alternative medicine by Saudi liver disease patients attending a tertiary care center: Prevalence and attitudes. *Saudi Journal Gastroenterology*.2013; 19:75-80.
12. Al-Faris E, Al-Rowais N, Mohamed A, Al-Rukban M, Al-Kurdi A, Al-Noor MB, Al-Harby S, Sheikh A. Prevalence and pattern of alternative medicine use: the results of a household survey. *Annals Saudi Medicine*.2008;28(1):p.4.
13. Qureshi NA, Asim Abdulmoneim, Saud M. Alsanad. Spiritual and religious healing practices: some reflection from National Center for Complementary and Alternative Medicine, Riyadh. *Journal Religion and Health*.2018; 31:1-25.DOI:10.1007/s10943-018-0677-0.
14. Nikhat S, Fazil M. Kayi (cauterization): A tribute to Unani scholars. *Medical Journal Islamic World Academy of Sciences*.2013; 109(892):1-8.
15. Hippocrates. *Hippocratic Writings*, Translated and Edited by Francis Adams P, 151.
16. Hippocrates. Lucas Verhoofd. *The Aphorism of Hippocrates* P, 131, 151, 139.
17. A. Cornelius Celsus. *De Medicina*. Vol-II. Loeb Classical Library Edition P. 113:104-105.
18. A. Cornelius Celsus. *De Medicina*. Loeb Classical Library Edition. 7:339-345.
19. Champaneria MC, Workman AD, Gupta SC. Sushruta: father of plastic surgery. *Annals Plastic Surgery*.2014; 73(1): 2-7.doi: 10.1097/SAP.0b013 e31827ae9f5.
20. Bakhashi B, Gupta SK, Rajagopala M, Bhuyan C. A comparative study of Agnikarma with Lauha, Tamra and Panchadhatu Shalakas in Gridhrasi (Sciatica). *Ayurveda*.2010;31(2):240-244.doi:10.4103/0974-8520.72408.
21. Priyadarajan R. Medicine as it evolved in Ancient and medieval India. *International Journal Health Sciences*.1970; 5 (1): 86-100.
22. Albucassis: *On Surgery and Instruments*, London: Welcome Library of Medicine, 1973.
23. *The Canon of Medicine of Avicenna: The Classics of Medicine Library*. London: Luzac & Co., 1984.
24. Robinson V (editor). *Actual Cautery. The Modern Home Physician, A new encyclopedia of medical knowledge*. WM.H. Wise & Company. New York, 1939; 16.
25. Hamilton W. *The History of Medicine, Surgery, and Anatomy: From the Creation of the World, to the Commencement of the Nineteenth Century*. H. Colburn and R. Bently; 1831.
26. Ibn Rushd. *Kitab Al-Kulliyat* (CCRUM, trans). 1st ed. New Delhi: CCRUM, 1980: 223-224.
27. Sultana A, Ansari S. Medical and scientific basis of cauterization (Kai). *International Journal Current Research*.2016; 8(5): pp 31942-31944.
28. Begum N, Ansari AA. Venesection (Fasd). *Hamdard Medicus*.2012; 55(1): p7.
29. Ghazanfar SA. Wasm: a traditional method of healing by cauterisation. *Journal of Ethnopharmacology*.1995; 47(3):125-128.

30. Surgical Instruments from Ancient Rome. Historical Collections at the Claude Moore Health Sciences Library, University of Virginia.
31. Iwasaki J, Aki T, Yoshida Y, Yamamoto O, Tajima S. "Thermie" and friction therapy performed using a special instrument. *The Journal Dermatology*.2007;34(7):486-489.
32. Goldberg D. Lesions from standing rock- of water, racism, and solidarity. *The New England Journal Medicine*.2017.376; 15:1403-1405.
33. Judd O. Novel method for safe cauterisation of posterior epistaxis. *Journal Laryngology & Otology*.2009; 123(8):910-911.
34. McGarry MG. Nosebleeds in children. *British Medical Journal Clinical Evidence*.2011; 2011.0311.
35. Richards GD. Earliest cranial surgery in North America. *American Journal Physical Anthropology*.1995; 98(2):203-209.
36. Sullivan R. The identity and work of the ancient Egyptian surgeon. *Journal Royal Society Medicine*.1996; 89:467-473.
37. Cauterization. Available at: <https://en.wikipedia.org/wiki/Cauterization>. Accessed on September 12, 2018.
38. Holmes WD, Sloan SB. Electrosurgery. *Medscapy*.2015.Available at:<https://emedicine.medscape.com/article/1997619-overview>. Accessed on February 15, 2018.
39. Brodman M. Electrocautery devices: The way they work-Grasping how these surgical tools work can bolster your skills--And could keep you from being 'burned' by potential dangers. *Contemporary OB/GYN*. 2007:85.
40. Razi, Z. Al-Hawi, 2004. Urdu translation, Central Councilfor Research in Unani medicine. New Delhi. Ali Corporation.13; 99-101.
41. Ibn-ul-Quf Maseehi. *Kitab-ul-Umda fil Jarahat*; Vol-II. Central Council for Research in Unani Medicine, New Delhi, P No. 169-183.
42. Zahrawi AQ. 'Jarahiyat-e-Zahrawia, *Kitab Al-tasreef*, CCRUM, New Delhi, 2012; 4, 5, 7-18, 20-30.
43. Al-Nasser AN, Al-Aska AK, Al-Twajjri A. Depression of phagocytic activity of the immune system following traditional cautery in experimental animals. *Annals Saudi Medicine*.1991; 11(1):80-86.
44. Al-Lawati T, Mehdi I, Al Bahrani B, Al-Harsi K, Al Rahbi S,Varvaras D.Does Alternative and Traditional WASAM (Local cautery) Therapy Facilitate anEarly and More Extensive Loco regional Metastasis of Breast Cancer? *Gulf Journal Oncology*.2016;1(22):37-42.
45. Ahmad W. *Ilm-ul-Jarahat* (2001). Kai/Daagdena/Cauterization. New Delhi. Aijaz Publishing House. 5th edition.324-326.
46. Sina Ibne. *Al Qanoon Fil-Tibb*1992. (Gh. H. Kinturi, Trans). Lahore: Book Printers. Vol. 1& 2. 284.
47. El Awad ME. Skin cauterization means of remedy in Asir. *Saudi Medical Journal*.1991;12(4): 294-297.
48. HG Watts, *Cutaneous Cautery (Al-Kowie): A Study in a Pediatric Outpatient Clinic in Central Saudi Arabia*. 1989; 9(5): 475-478.

49. Elaobda Y, Abu-Hamad M, Treister-Goltzman Y, Peleg R. Traditional Cautery for Medical Treatment among the Bedouins of Southern Israel. *Journal of Immigrant and Minority Health*.2016; 18(1):34-41.
50. Farid MK, El-Mansoury A. Kaiy (traditional cautery) in Benghazi, Libya: complications versus effectiveness. *The Pan African Medical Journal*.2015; 22:98. doi:10.11604/pamj.2015.22.98.6399.
51. Al Mansour MA, Al-Bedah AMN, AlRukban MO, Elsubai IS, Mohamed EY, El Olemly AT, Khalil AAH, Khalil MKM, Alqaed MS, Almudaiheem A, Mahmoud WS, Medani KA, Qureshi NA. Medical students' KAP of complementary and Alternative Medicine. A survey of pre- and post-exposure to CAM curriculum in Majmaah University, Saudi Arabia. *J Advanced Medical Education and Practice* 2015; 6: 407-420.
52. Mansour MK, Al-Bedah AMN, AlRukban MO, Elsubai IS, Mohamed EY, El Olemly AT, Khalil AAH, Khalil MKM, Mahjoub GI, Alqaed MS, Almudaiheem A, Mahmoud WS, Medani KA, Qureshi NA. Medical students' perceptions of complementary and Alternative Medicine. A survey of pre- and post-exposure to CAM curriculum in Majmaah University, Saudi Arabia. *African Journal Traditional, Complementary Alternative Medicines*, 2016. 13(1):6-16. <http://dx.doi.org/10.4314/ajtcam.v13i1.2>.
53. Srebnik D, Cauce AM, Baydar N. Help-seeking pathways for children and adolescents. *Journal Emotional Behavioral Disorders*.1996;4(4):210-20.
54. Rogler LH, Cortes DE. Help-seeking pathways: a unifying concept in mental health care. *The American Journal Psychiatry*.1993;150(4):554-561.
55. O'connor PJ, Martin B, Weeks CS, Ong L. Factors that influence young people's mental health help-seeking behaviour: A study based on the Health Belief Model. *Journal Advanced Nursing*. 2014;70(11):2577-2587.
56. Sarker M, Mohammad D, Paul S, Akhter R, Islam S, Biswas G, Hossain A, Islam A. Lost in care pathway: a qualitative investigation on the health system delay of extra pulmonary tuberculosis patients in Bangladesh.*BMC Health Services Research*.2017;17:240. doi:10.1186/s12913-017-2181-8.]
57. Anatomy of the skin. Available at https://www.hopkinsmedicine.org/healthlibrary/conditions/dermatology/anatomy_of_the_skin_85,P01336. Accessed on September 12, 2018.
58. Forrest RD. Early history of wound treatment. *Journal Royal Society Medicine*.1982; 75: 198-205.
59. Cope Z. The treatment of wounds through the ages. *Medical History*.1958; 2:163-174.
60. Razi Z. *Kitab Al-Hawi* (CCRUM, trans.) New Delhi: CCRUM 2004;11:31, 90, 108, 125, 179, 181-2, 188.
61. Papavramidou N, Papvramidis T, Demetriou T. AncientGreek and Greco-Roman Methods in Modern Surgical Treatment ofCancer. *Annals Surgery Oncology*.2010;17:665–667
62. Al-Qattan MM, Al-Zahrani K. A review of burns related to traditions, social habits, religious activities, festivals and traditional medical practices. *Burns*.2009;35(4):476-81.

63. Hana NS. Al Tib Al Shabi fil Khaleeg. GCC Folklore Center.1998.
64. .MacCallum JE. Military medicine: from ancient times to the 21st century. California: ABC-CLIO; 2008; p 63.
65. Mohammad A, Nielsen B, Hawash F, Fortunate F, Addulhamin I, Abdu K, Pedersen L, Halberg P, Fayed SM, Hassan T, Kassim I. Skin cauterisation marks on patients in Saudi Arabia. *Lancet*.1983; 1(8326 Pt 1):714.
66. Nnochiri A, Warwick AP. Tubal pregnancy four months after cauterisation of the vaginal vault: One year following a vaginal hysterectomy. *Journal Obstetrics Gynaecology*.2007; 27(8):863-872.
67. No authors: Cleaning and Disinfecting Thermal Cautery Equipment. Available at: <http://www.engenderhealth.org/res/offc/safety/ip-ref/indexhtml>.
68. Concha-Rogazy M, Andrighetti-Ferrada C, Curi-Tuma M. Aseptic techniques for minor surgical procedures. *Revista Medica Chile*.2016; 144(8):1038-1043.
69. Afridi SP, Rahman SU. Burn therapy for pain. *Journal College Physicians Surgeons Pakistan*.2010; 20(11):776. doi: 11.2010/JCPSP.776776.
70. Moreira CM, Amaral E. Use of Electrocautery for Coagulation and Wound Complications in Caesarean Sections. *The Scientific World Journal*.2014; 2014:6pages. <https://doi.org/10.1155/2014/602375>.
71. Tweeten SS, Rickman LS. Infectious complications of body piercing. *Clinical Infectious Diseases*.1999; 26: 735–740.doi:10.1086/514586.
72. Mahant S, Reddy CM, Mahant S, Singh MP. Hot iron rods branding, its complications: Still continue in central India. *CHRISMED Journal Health Research*. 2017; 4(4):264-67.
73. Pugatch D, Mileno M, Rich JD. Possible transmission of human immuno-deficiency virus type 1 from body piercing. *Clinical Infectious Diseases*.1998; 26: 767–768.doi:10.1086/517124.
74. Hayes M, Harkness G. Body piercing as a risk factor for viral hepatitis: An integrative research review. *American Journal Infection Control*.2001; 29:271–274.doi: 10.1067/mic.2001.114402.
75. Badran K, Jani P. How to avoid accidental burns during anterior nasal cautery. *Clinical Otolaryngology*.2006; 31(3):236-237.
76. Rafferty J, Tsikoudas A, Davis BC. Ear candling: should general practitioners recommend it? *Canadian Family Physician*.2007; 53(12):2121-2122.
77. Struthers R, Eschiti VS, Patchell B. Traditional indigenous healing: Part I. Complementary therapies in Nursing and Midwifery.2004;10(3):141-149.
78. Struthers R, Eschiti VS. Being healed by an indigenous traditional healer: sacred healing stories of Native Americans. Part II. Complementary Therapy in Clinical Practice.2005; 11(2):78-86.
79. Abdullah M.N. Al-Bedah, Ibrahim S. Elsubai, Naseem Akhtar Qureshi, Tamer Shaban Aboushanab, Gazzaffi IM Ali, Ahmed Tawfik El-Olemy, Asim AH Khalil, Mohamed KM. Khalil, Meshari Saleh Alqaed. The medical perspective of cupping therapy: Effects and theoretical mechanisms of action. *Journal Traditional and Complementary Medicine*.2018 Available at: [https:// doi.org/10.1016/j.jtcme.2018.03.003](https://doi.org/10.1016/j.jtcme.2018.03.003).

80. Basheir BO, ElMalik KH, Abdelgadir AE, Gameel AA. Traditional and modern practices in the diagnosis, treatment and prevention of animal diseases in South Kordofan State, Sudan. *Journal Cell Animal Biology*.2012; 6(15):213-225.
81. Qureshi NA, Al-Amri AH, Abdelgadir MH, El-Haraka EA. Traditional Cautery among Psychiatric Patients in Saudi Arabia. *Transcultural Psychiatry*.1998; 35: 175-183.
82. Shenoy R, Bialasiewicz A, Khandekar R, Al Barwani B, Al Belushi H. Traditional medicine in Oman: its role in ophthalmology. *Middle East African Journal of Ophthalmology*.2009; 16(2):92-96.
83. Ali Esmail Al-Snafi. The Pharmacology of *Apium Graveolens*. A Review. *International JournalforPharmaceuticalResearchScholars*.2014; 3(I-1): 671-675.
84. Gupta D, Bleakley B, Gupta RK. Phytochemical analysis and antioxidant activity of herbal plant *Doronicum hookeri* Hook f. (Asteraceae). *Journal of Medicinal Plants Research*.2011; 5(13):2736-2742. Available at: <http://www.academicjournals.org/JMPR>.
85. The Molecular Biology of Wound Healing. *PLoS Biology*.2004; 2(8): e278. <http://doi.org/10.1371/journal.pbio.0020278>.
86. Galko MJ, Krasnow MA. Cellular and genetic analysis of wound healing in *Drosophila* larvae.2004; DOI: 10.1371/journal.pbio.0020239.
87. How to Get Rid of a Scab? Available at: <https://www.wikihow.com/Get-Rid-of-a-Scab> (accessed on September 10 2018).
88. Al-Jauziyah Q. Healing with the medicine of the Prophet (SAW). 2nd ed. KSA, Riyadh: Maktaba Darus-Salam, Jun, pp 63, 66-67, 2003.
89. Albinali H. Arab Gulf Traditional Medicine: Cautery. Available at: <http://www.drhajar.org/English/index.php/articles/history-of-medicine/29-arab-gulf-traditional-medicine-cautery>.
90. Tabri R. Firdaus Al-Hikmat (Md. A. S. Sambhali, trans.) Pakistan, Lahore: Sheikh Mohd, Basheer and Sons. p 292, 1996.
91. Razi Z. Kitab Al-Hawi (CCRUM, trans.) New Delhi: CCRUM 2004; 12:85, 130, 132, 136.
92. Tabri M. Al-Moalijat Al-Buqratiyah (CCRUM, trans) New Delhi: CCRUM 1995; 1:429.
93. Zahrawi AQ. Al-Zahrawi (N. A. Alvi, trans). Kanpur: Daar- ul-Isha'at; May, pp 3-36, 1947.
94. Naderi S, Acar F, Arda MN. History of spinal disorders and Cerrahiyetül Haniye (Imperial Surgery). *Journal Neurosurgery (Spine 3)*.2002; 96:352-356.