



VIDDHAGNIKARMA - A MARVEL REMEDY IN JANU-SANDHIGATA VATA (OSTEOARTHRITIS OF THE KNEE JOINT) - A CASE STUDY

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ABSTRACT

Viddhakarma is interpreted as ‘piercing’, while *Agnikarma* is understood as thermal cauterization. This approach modifies the concept based on various *agnikarma* procedures as developed by Acharya Sushruta, which advocates for the use of different instruments for *agnikarma* depending on the location being treated.^[1] Given that muscles, tendons, and ligaments are situated deep within the body, the heat generated needs to affect them through a medium that avoids direct contact with the skin to prevent burns; therefore, *viddhagnikarma* was introduced. *Agnikarma* is said to be the most successful treatment for painful conditions, particularly musculoskeletal disorders, and is recommended for *sira*, *snayu*, *sandhi*, and *asthigata* disorders (tendons, ligaments, joint and bone diseases).^[2] The alteration of *Agnikarma* is called *Viddhagnikarma*. Due to their similar signs and symptoms, *sandhigata vata* and osteoarthritis of the knee can be linked. The people of age group exceeding 40 years are most frequently affected by *sandhigata vata*, which manifests as knee joint pain, swelling, stiffness in the morning, and crepitus.^[3] Alternative therapies must take the place of the increasingly aggressive use of NSAIDs, topical analgesics, injection therapy, and many other treatments.^[4] This case study introduces a therapy for pain management in *sandhigata vata* that is minimal invasive with no side-effects and is cheap in a 54-year-old lady that was diagnosed as *Janu-sandhigata vata* (osteoarthritis of knee joint).

KEYWORDS: *Janu-sandhigata vata*, *Viddhagnikarma*, Osteoarthritis, *Agnikarma*, *Viddhakarma*.

INTRODUCTION

The condition known as *Sandhigata Vata* is more likely to appear in *Janu Sandhi* (the knee joint). All of the *Acharyas* in their classical texts provide a very clear explanation of *Janu-sandhigata Vata*, one of the *vata* diseases. Acharya Charaka quotes that the pathophysiology of *Janu-sandhigata Vata* demonstrates the dominance of *Vata dosha*. The symptoms of *Janu-sandhigata Vata* include *shoola* (pain) and *shotha* (swelling).^[5] Osteo-arthritis of the knee joint is comparable to this condition. Osteoarthritis (OA) is a degenerative joint disease that typically affects the elderly. It manifests as joint inflammation brought on by degenerative changes in the knee's cartilage. The patient feels pain when bearing weight, standing, and walking because there is less synovial fluid. Weight-bearing

joints like the hip, knee, spine, etc. are where OA is most frequently observed.^[6] In light of Acharya Sushruta's counsel, *Agnikarma* works well for *sandhigata vata* and is superior to *kshara* (Alkali), *bheshaj* (Medicine), and *shashtra* (Surgery) because the illnesses it treats do not recur.^[7] In the *sharira sthana* of the *Sushruta Samhita*, Acharya Sushruta has also described *Viddhakarma* as *Vyadhana* (to puncture). Acharya proceeds on to claim that *Siravyadhan* works efficiently when *lepa*, *snehan*-like procedures are ineffective at reducing pain.^[8]

About 22% to 39% of people in India have arthritis, which typically manifests as pain. The majority of these patients use NSAIDs, non-opioid or opioid analgesics, intra-articular steroid injection therapy, Visco supplementation, and topical analgesics with expensive,

side-effect-prone mechanical aids. *Viddhagnikarma* is inexpensive and has far fewer adverse effects.^[9]

In present study we performed *Viddhagnikarma* procedure for relieving pain in *Janu-sandhigata Vata*.

CASE REPORT

A 54-year-old lady who works as a social activist complained of pain, morning stiffness (lasting 15 minutes), and crepitus at her right knee joint. She also reported that she had been having trouble walking and climbing stairs for the past five months. She disclosed oral administration of NSAID'S as advised by her family doctor for 10 days but had no relief so visited the Shalyatantra OPD for further treatment.

Patient is not a known case of Hypertension, Diabetes mellitus or any major illness. She didn't undergo any type of surgery in past. Her physical examination revealed pulse rate- 80/min regular with normal volume, Blood pressure- 126/78 mm of Hg. Systemic examination revealed normality.

LOCAL EXAMINATION OF RIGHT KNEE JOINT

- **On inspection:** Absence of swelling, redness or scar at right knee joint area.
- **On palpation:** Crepitus and Tenderness was present; ROM of right knee joint was 100°.

Table 1: Observation based on parameters of palpation of knee joint.

Parameter's	Observation before treatment
Crepitus	Present
ROM of Right Knee joint	100° (Pain felt at 100° flexion)
Tenderness	Present
VAS Scale	7/10 (while standing up, walking and climbing stairs)

INVESTIGATIONS

1. X-ray Both Knee Joint: - Antero-Posterior view and Lateral view

Observations

- Osteopenia present.
- Osteophytes noted in bilateral patella and tibial end.

- No evidence of fracture seen.
- Bone alignment was normal but reduction in joint space was noted at both knee joint (Right → Left)
- Visualized soft tissues appears grossly normal.





Figure 1,2 and 3 describes the X-rays of bilateral knee joints in lateral and antero-posterior views.

CRITERIA FOR ASSESSMENT

1. Criteria and Classification of Osteoarthritis of Knee (ACR-American College of Rheumatology).

Table 2: Criteria and Classification of Osteoarthritis of Knee (ACR-American College of Rheumatology)^[10]

Knee pain	Present (daily)
Crepitus while walking	Present
Morning stiffness	Present (lasting for 15 minutes)
Age	54 years
Bony enlargement of the knee on examination	Absent

- Clinically OA is present as patient fulfills 4 parameters out of 5.

2. Clinical and Radiological Criteria

Table 3: Clinical and Radiological criteria.^[11]

Knee pain	Present (daily)
Osteophytes at joint margins	Present
Synovial fluid typical of OA	Absent
Age	54 years
Morning stiffness	Present (lasting for 15 minutes)
Crepitus	Present on movement

- Clinical and Radiological classification reveals OA of Knee.

NIDANA

Ahara- Ruksha ahara, sheeta peya along with repeated intake of stale food.

Vihara- Atichankraman, Vayu-atapa sevan.

Samprapti: Above *nidana* and profession (social activist) leads to *Vata prakopa* and later on *stansanshraya* (pathogenesis) occurred in knee joint due to long standing and walking leading to symptoms.

DIAGNOSIS: *Janu-sandhigata Vata* (Osteoarthritis of the knee)

MATERIALS AND METHODS

- Patient diagnosed as *Janu-Sandhigata Vata* was selected and treated with *Viddhagnikarma*.

METHODOLOGY^[12]

The procedure of *Viddhagnikarma* was carried out in following stages.

- **Purva Karma (Pre-operative Procedure)**

- Patient was explained the whole procedure
- Written informed consent was taken.
- Patient was advised to lay down in supine procedure.
- Right knee joint was draped with sterile sheets.

- **Pradhan Karma (Operative Procedure)**

- Right knee joint was cleaned with sterile swab.
- Most tender point on the knee joint was marked along with points marked at lateral, medial and anterior aspect of knee joint.

- 26 1-1/2 G needles were pierced on the marked points 1-2 cm deep.
- Then using a flame lighter, heat was transferred from proximal end of the needle to the distal part on the tissue side.
- This process was done until patient felt the heat at the site.
- Then the needle was removed using artery forceps and was discarded.

- **Paschat Karma (Post-operative Procedure)**

- *Shatadhauta ghrita* was applied on the site of procedure after ensuring hemostasis.
- Patient was kept under observation for 30 minutes.
- Dry Dressing was done under all aseptic precautions.
- Procedure was repeated after 7 days again.

Viddhagnikarma was administered for 2 sittings with an interval of 7 days.



Figure 4: demonstrates the needle insertion at most tender marked point at right knee joint.

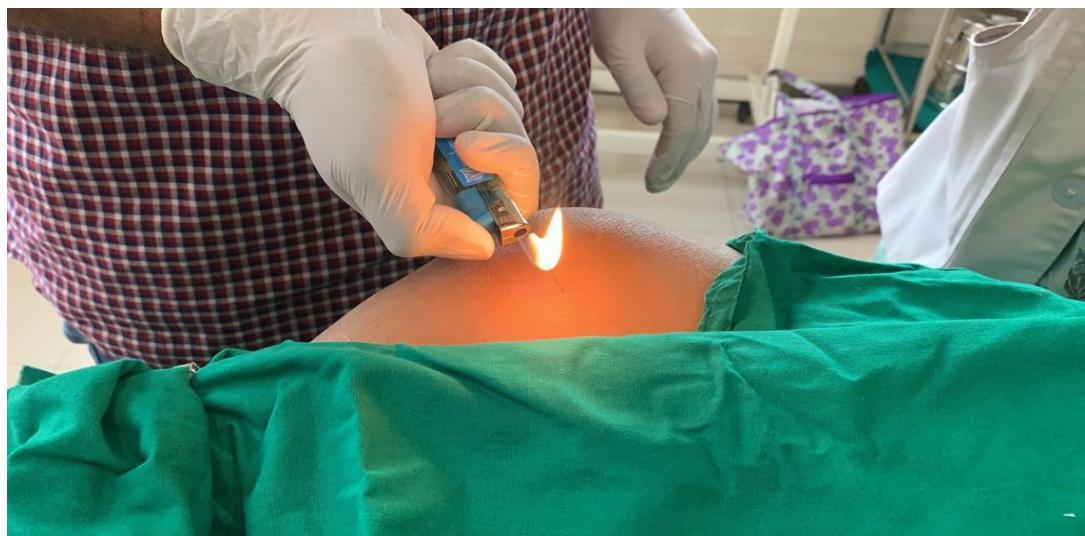


Figure 5: visualizes heat transferred by flame lighter on proximal end of needle at right knee joint.

OBSERVATION AND RESULT

Table 4: Observation based on before and after treatment parameters.

Parameter's	Before treatment	After treatment
Crepitus	Present	Present
ROM of Right Knee joint	100°	150°
Tenderness	Present	Absent
VAS Scale	7/10	1/10
Morning Stiffness	Present	Absent

Clinical examination of the patient reveals regression of the symptoms of about 50% after first sitting and total relief after second sitting.

DISCUSSION

Osteoarthritis of the knee has been linked to *Janu-sandhigata vata*. It is commonly known that the pathophysiology of *Janu-sandhigata vata* is caused by *vata*.^[13] According to the classical Ayurvedic *samhitas*, *viddhakarma* and *agnikarma* are the opposing treatments for *vata* diseases.^[14] For this reason, *Viddhagnikarma* is helpful in managing pain. *Acharya Sushruta* described how the apparatus above uses *Agnikarma* to heat deeper structures like muscles, ligaments, tendons, and bones.^[15] The idea behind this is the penetration power of *Agnikarma*, but since the patient's *bala* and *satva* are lower now than they were in the past, it may result in blisters and other burn symptoms. Therefore, *viddhagnikarma* was used in our study since it uses a needle to deliver heat directly to the affected muscle, avoiding the skin and subcutaneous tissue.^[16]

Mode of action from Ayurvedic viewpoint

Janu-sandhigata vata is primarily caused by vitiated *vata* and *kapha*, which manifest as *stambha* (stiffness) and *shoola* (pain) due to *agnimandya* of local *dhatwagni*.^[17] The *vata* and *kapha doshas* are in opposition to each other in *Agnikarma*. A local temperature increase follows heat penetration into deeper structures, enlightening the local *dhatvagni* to its normal function. Additionally, this normalized *dhatwagni* breaks down the vitiated *vata* and *kapha doshas*, resulting in significant pain and stiffness relief and a disease cure.^[18]

Mode of action from Modern viewpoint

As local tissue metabolism increases, toxins and undesirable metabolites are expelled. The lateral spinothalamic tract (SST) is stimulated by heat, which also causes the descending pain inhibitory factor (DPI) to be stimulated. releases an endogenous opioid peptide that binds to an opioid receptor, causing the release of a PP substance (presynaptic inhibitor) that prevents pain from being transmitted, resulting in the loss of pain perception. We carried out a case study while keeping the aforementioned idea in mind.^[19]

After applying *viddhagnikarma* to the most sensitive areas of the knee, we experienced significant pain relief on the first sitting and total pain relief by the second sitting, which was seven days later.

Thus, Ayurvedic principles aid in the development of new conceptual procedures. Therefore, *viddhagnikarma* is helpful for managing pain, stiffness and improving the knee joint movements.

CONCLUSION

The case study that was carried out has produced satisfactorily good outcomes for pain management. It is clear from clinical observation and discussion that *Viddhagnikarma* is an effective treatment for *Janu-sandhigata Vata* (knee osteoarthritis).

It was found to be inexpensive, free of side effects, and unlikely to cause the illness to recur.

FURTHER SCOPE OF STUDY

More number of sample size and original research study must be adopted on the topic for better evidences in treating *Janu-sandhigata vata* with *Viddhagnikarma*.

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