



CASE STUDY: EFFECT OF AGNIKARMA IN SACROILIITIS (KATIGRAHA/SANDHIGATA VATA)

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ABSTRACT

Sacroiliitis is an inflammatory condition affecting one or both sacroiliac joints, characterized by low back pain, buttock pain, stiffness, and restricted mobility. In Ayurveda, the condition can be correlated with Katigata Vata or Sandhigata Vata involving the sacroiliac region. Agnikarma is a para-surgical procedure described by Acharya Sushruta and is widely used for pain management in Vata-Kapha dominant disorders. This case study evaluates the efficacy of Agnikarma in a patient diagnosed with sacroiliitis. Significant improvement was observed in pain, tenderness, stiffness, and functional mobility after treatment. Agnikarma has been reported to provide pain relief in various musculoskeletal disorders and inflammatory joint conditions.

KEYWORDS: Agnikarma, Sacroiliitis, Katigata Vata, Sandhigata Vata, Low Back Pain, Ayurveda.

INTRODUCTION

Sacroiliitis refers to inflammation of the sacroiliac joint and commonly presents with chronic low back pain, morning stiffness, and difficulty in walking or prolonged standing. It is frequently associated with spondyloarthropathies and mechanical stress disorders. According to Ayurvedic principles, symptoms such as Shoola (pain), Stambha (stiffness), and movement restriction indicate vitiation of Vata Dosha affecting the sandhi (joint). Agnikarma is considered superior in relieving Vata-induced pain and preventing recurrence in musculoskeletal disorders.

Case Presentation

Patient Information

Age: 33 years

Gender: Male

Occupation: Labourer

Chief Complaints

Pain over right sacroiliac region for 5 years

Morning stiffness for 30–40 minutes

Difficulty while sitting cross-legged

Pain aggravated by prolonged standing and walking

History

The patient had gradual onset of pain with no history of trauma. Previous treatment with NSAIDs provided temporary relief.

Examination

General Examination

Pulse: 78/min

BP: 118/76 mmHg

Local Examination

Tenderness over right sacroiliac joint

Positive FABER test

Restricted forward bending

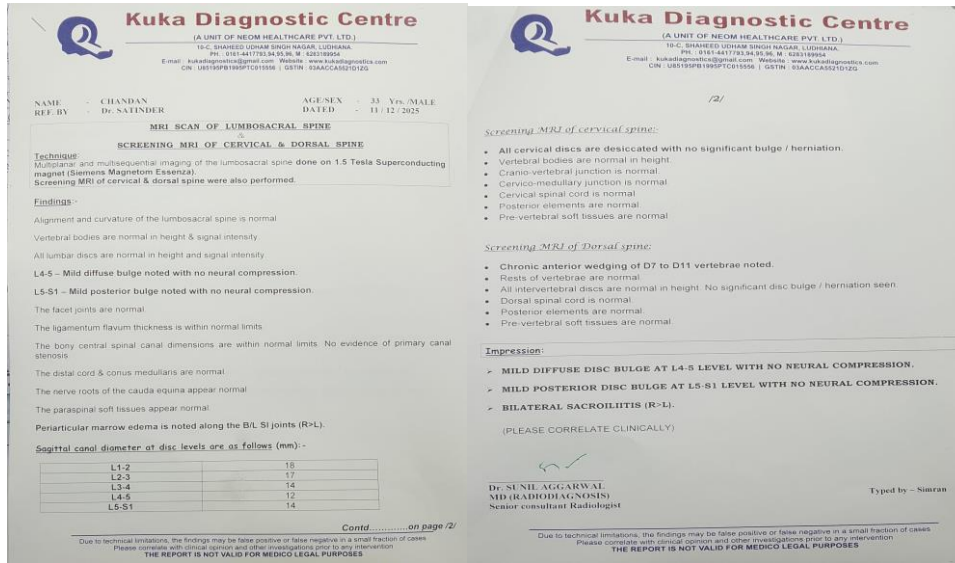
Investigations

ESR: 18 mm/hr

CRP: 7mg/dl

Rheumatoid factor-

MRI Sacroiliac Joint: Evidence of Bilateral sacroiliitis (R>L).



Ayurvedic Diagnosis

Katigata Vata / Sandhigata Vata involving Sacroiliac Joint

Treatment Plan

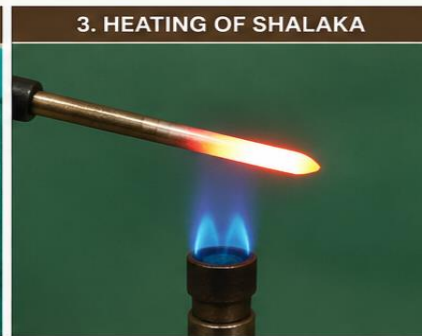
Agnikarma Procedure

Purva Karma

Informed consent obtained.
Local area cleaned with antiseptic solution.
Patient placed in prone position.



Marking of tender points over sacroiliac joint region

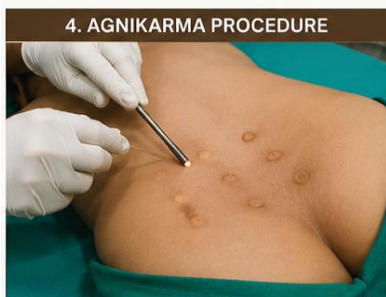


Panchadhatu Shalaka heating till red hot

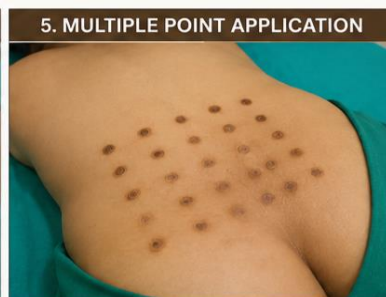
Pradhana Karma

Panchadhatu Shalaka heated until red hot.

Multiple Bindu Dagdha points applied over maximum tenderness area of sacroiliac joint.
Approximately 15–20 points applied



Application of red hot Shalaka on marked points (Bindu Dagdha)



Multiple Bindu Dagdha points over sacroiliac region



Application of Ghrita / Aloe vera gel after procedure

Paschat Karma

Application of Ghrita and Aloe Vera gel.
Advised to keep area clean and dry.

Treatment Schedule

4 sittings
Interval: 7 days between sittings

Assessment Criteria

| Parameter | Before Treatment | After treatment |
|-------------------|------------------|-----------------|
| Pain | 7 | 2 |
| Morning stiffness | 40 min | 5 min |
| Tenderness | Grade 3 | Grade 1 |
| Walking Capacity | 500 m | 2 km |
| FABER test | Positive | Mildly Positive |

RESULTS

Subjective Improvement
Significant reduction in pain.
Improved mobility.
Reduced stiffness.
Better quality of sleep.
Objective Improvement
Reduction in tenderness.
Improved range of motion.
Enhanced functional activities.

Pain reduction after Agnikarma is consistent with published reports demonstrating its usefulness in musculoskeletal pain disorders, sciatica, ankylosing spondylitis, osteoarthritis, and other Vata-dominant painful conditions.

DISCUSSION

According to Ayurveda, Agnikarma possesses Ushna, Tikshna, Sukshma, and Vyavayi properties which help alleviate aggravated Vata and Kapha. The generated heat improves local circulation, reduces muscle spasm, and may interrupt pain transmission pathways.

In sacroiliitis, chronic inflammation and stiffness impair normal joint movement. Controlled thermal stimulation through Agnikarma may reduce pain and enhance mobility by promoting local tissue metabolism and relieving Vata-induced obstruction. The observed clinical improvement supports the traditional indication of Agnikarma for painful musculoskeletal disorders.

CONCLUSION

Agnikarma demonstrated significant clinical improvement in a patient with sacroiliitis, particularly in reducing pain, stiffness, and functional disability. It appears to be a safe, cost-effective, and minimally invasive Ayurvedic intervention for managing sacroiliac joint pain. Larger clinical studies are needed to establish its efficacy and long-term outcomes.

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