

AGNIKARMA IN VATAVYADHIES-CASE SERIES

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ABSTRACT

Acharya sushruta the father of surgery has the unique and efficient contributions in the field of surgery as well as medicines. *Sushruta's* rationality in treating diseases is still remarkable and has put researchers in wonder. Among such types, introduction to *Agni karma*, its practical utility and indications are still appreciable. *Agnikarma* is one among parasurgical procedure, classified as a subtype in *anushastra* and *upayantra*.^[1] *Acharya charaka* also has quoted few references regarding utility of *agnikarma*.^[2] *Vatavyadhi* are the set of diseases where ayurvedic practitioners are playing a significant role than other system of medicine. *Acharyas* have referred this diseases as "*mahaagada*" which means difficult to cure among such challenges the indication of *agnikarma* is doing wonders. Here are the few cases of *vatavyadhi* namely-*Janusandhigarta vata*, *Apabhauka*, *Vatakantaka* treated successfully by *agnikarma*.

KEYWORDS: agnikarma, vatavyadhi, Anushastra and upayantra.

INTRODUCTION

▪ The word *agnikarma* comprises of two words namely *agni* means fire and *karma* is the procedure hence defined as "The treatment protocol done using fire or which is related to fire is called *Agnikarma*".^[3] As per *amarakosha*, The word '*Agni*' is derived from *dhatu 'Ang'* which means 'Gati' that explains about Movement/Transformation / spreading². The disease treated with proper *Agnikarma* has no chance of recurrence. It cures the disease which are not Managed with *Bheshaja karma*, *Shastra Karma* and *kshara karma*.^[4] **Hippocrates says** - "Those diseases which medicine do not cure, the knife cures, those which iron cannot cure, fire cures, and those which fire cannot cure, are to be reckoned wholly incurable". *Agnikarma* is mainly indicated in *Ruja pradhana*, *Vata* and *Kaphaja vyadhis*.^[5] It is of 2 types viz *Ruksha Agnikarma* (performed with dry substances) and *Snigdha Agnikarma* (performed with oily/sticky substances). *Pancha dhatu shalaka* is used on a regular basis for the purpose of *Agnikarma* irrespective of the structure involved or level of the pathology. But according to the classic, specificity of *Dahanopakarana* depends on the disease level concerned.

- *Vata Vyadhi* is a set of disease caused by vitiated *vata*. It is dominant in old age but in present time due to fast and busy life, stress, prolong sitting posture in working place, dietary habits, working late night, improper sleep etc. *Vata* get aggravated even in young individual. In Ayurvedic classics, number of reference are found where a detail description of *vata* and *vatavyadhi* is given. In *Vatavyadhi* concept the different system of diseases includes Neurological disorder, Neuromuscular, Musculoskeletal disorder and so on. When *Vatadosha* get vitiated and further vitiates *dushya* occurs *dosha dushyasamurcchana* and produces *lakshanas* in *Ekanga* or *Sarvanga*.^[6] Here are some set of diseases discussed. Where the predominant symptom is *shoola*(pain) and the direct indication of *agnikarma*. The *Ushna* (hot) *Guna* of *Agni* pacifies the *Shita* (cold) *Guna* of *Vayu* and reduces the pain. The cases are as follows.
- **Purva Karma** (Pre-operative preparation): Patient and attendants should be counselled and explained about the procedure in order to make them mentally aware about the procedure. Because *Agni Karma* being a pain full therapeutic procedure can create a fear or anxiety in the patient.

Agropharaniya- Before starting the procedure, a *Panchdhatu Shalaka*, artery forceps, sponge holding forceps, gauge piece, cotton, kumari pulp, Jatyadi- Taila, adhesive tape, cotton bandage etc. all should be kept ready. Most tender spot should be thoroughly cleansed with betadine solution.

Patient was advised to take some Pichhila ahara (unctuous).

Necessary preoperative investigations like RBS, Blood pressure were done.

▪ CASE-1

A 56 year old female patient with complaint of pain and swelling in bilateral knee joints since 1 year came to OPD of shalya tantra department of Sri kalabhyreshwaraswamy Ayurvedic Medical College, Hospital And Research Centre, Bengaluru on 23rd of January 2023. She had a history of trauma before 1 year, She visited a holy pilgrim where she sat on the floor for 2-3 hours, After a while when she tried to get up suddenly experienced catching type of pain in left knee, after which the pain persists in left knee joints to moderate level, She had neglected the pain and was climbing the stairs at her home and continued her day to day work, the pain increased gradually to both the knee joints and now experiences an intermittent type of pain along with swelling. She experiences stiffness of both the knee joint since 6 months which is more in left knee compared to right pain on extension and flexion is also felt since 6 months. She took oral analgesics (Tab.imol) by herself, whenever experiences pain since 1 year and found only temporary relief. She was diagnosed as *abhighatajanya sandhivata* (traumatic osteoarthritis). On examination different tests performed to elicit the site of injury. McMurray's test showed positive that indicated injury to the ligament. Under aseptic precautions *Agni karma* was performed marking the tender points on the knee joint followed by application of *shatadhouta* ghrita. The patient felt better after 1 day of performing *agnikarma* and follow up done on the 7th day where patient had no pain. Second follow up done after 15 days and patient was relieved.

CASE-2:

A 34 year old male patient with complaint of pain right elbow since 4 months came to OPD of shalya tantra department of Sri kalabhyreshwaraswamy Ayurvedic Medical College, Hospital And Research Centre, Bengaluru on 11th of February. The subject was a software engineer and has a history of working on computer for 8-9 hours in a day. He experienced pain on and off previously but since 1 month he is unable to do his regular activities and working on the computer. He had undergone the injection of hydrocortisone for 1 week on which found temporary relief. On examination tenderness felt on lateral aspect of the elbow, contraction of extensor carpi radialis brevis considered to be much painful. Hence the patient diagnosed as tennis elbow and *agnikarma* performed under aseptic precautions by marking the tender points. As soon as *agnikarma* was

performed patient felt relieved by the pain around 80-90 per cent. After 7 days pain was relieved. Further follow up was done after 15 days and patient was completely relieved by pain.

CASE-3:

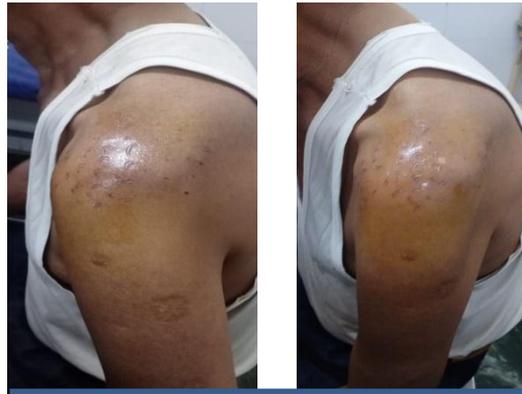
A 49 year old male patient with complaint of pain and stiffness in left shoulder since 1 year came to OPD of shalya tantra department of Sri kalabhyreshwaraswamy Ayurvedic Medical College, Hospital And Research Centre, Bengaluru. He was a farmer by his occupation and experienced on and off pain in the left shoulder and difficulty in sleeping on the left side. Gradually developed stiffness of the left shoulder since 2 months due to which he is unable to do his regular activities. He has taken painkillers for the same complaint and felt only temporary relief. Patient is a known case of diabetes mellitus since 2 years and under oral anti hyperglycemic drugs since 2 years. On clinical examination on inspection the arm was held by the side in adduction and internal rotation. No absolute atrophy of the deltoid muscle noted in this case. On palpation - Noted diffuse tenderness felt at glenohumeral joint and this extends to the trapezius and inter scapular. On movement there was much difficulty of external rotation. Patient was diagnosed as *apabahuka* (frozen shoulder). Hence under aseptic precaution, marking the most tender point's *agnikarma* was done followed by *jatyadi taila* application done. Patient was asked to keep the area dry and follow up done after 1 week. Patient had no pain and stiffness reduced. External rotation of the shoulder was possible with mild difficulty. Further follow up done on 15th day, no fresh complaints found.

CASE-4:

A 36 year old female patient with complaint of pain in left foot since 4 months came to OPD of shalya tantra department of Sri kalabhyreshwaraswamy Ayurvedic Medical College, Hospital And Research Centre, Bengaluru on 28th of June 2023. Patient experienced pain during walking and unable to walk. On clinical examination on inspection there were no signs of foreign body and inflammation. On X-RAY there was a bony growth of spur more than 2 mm of the calcaneal tuberosity. Diagnosis was done as *vatakantaka* (calcaneal spur). Hence marking the tender points following aseptic precautions *agnikarma* performed using the electric cautery followed by *ghita lepana* done. Follow up done on 7th and 15th day. Patient was absolutely relieved from the symptoms.



AGNIKARMA IN JANUSANDHIVATA



AGNIKARMA IN APABAHUKA



AGNIKARMA IN MAMSAGATA VATA



AGNIKARMA IN VATAKANTAKA

Agnikarma is considered as anushastra (Para Surgical Procedure) and *anuyantara* both. Its importance is explained by *sushruta* for eradication of various diseased conditions of *Sira, Snayu, mamsa, Asthi, and Sandhi*^[7] in which pain is a predominant symptom.

The reference as per classics as:

Snehopanaha agnikarma bandhana unmardanani cha, Snayu sandhyasti samprapte kuryat vayaavatandritaha. (Su. Chi. 4/8).^[8]

It is frequently indicated in many musculoskeletal disorders. The effect of this procedure in various painful conditions is very well known but the mode of action of this procedure in is suspicious, which should be understood with the knowledge of modern neuro-anatomical knowledge. The probable mode of action of *Agni Karma* can be explained on the following basis:

1. *Ayurvedic Basis* Pain is caused by vitiated *Vata Dosha* and *Agni Karma* counter acts on it due to its *Ushna Guna*, as it is exactly opposite to *Sheetaguna* of *Vata*.
2. *Modern Basis* Inhibition of pain transmission Intensity of injury may remain same, but different persons or the same person at different times may feel the pain differently. This is because our body has endogenous pain inhibiting system. If this system is over active, pain perception may be abolished altogether. The endogenous pain inhibiting system consist of

A. Gate control mechanism. B. Descending pain inhibiting system.^[9]

A. Gate control theory of pain the gate control theory of pain was proposed by Melzack and Wall in 1965 to describe a process of inhibitory pain modulation at the spinal cord level. When the painful stimulus alone is applied the pain is more intensely felt than the stimulus of same intensity is applied concomitantly with the tactile stimulus e.g. application of heat in the form of *Agni Karma*, in this cases.

2. Descending pain inhibiting system - PAG (periaqueductal gray) is an area round the aqueduct of Sylvius in the mid brain. From PAG a bunch of descending fibres arise which relays in magnus raphe nucleus (situated in the middle at the junction of pons and medulla). Next order neurons terminates at SGR (substantia gelatinosa Ronaldo situated at the tip of posterior horn of the spinal cord). This is descending pain inhibiting pathway. The first order neuron, which carries pain from the periphery is terminates at substantial gelatinosarolando. From SGR the second order neuron emerges and constitutes the lateral STT (spinothalamic tract) to terminate in the thalamus. The neurotransmitter (NT) at the synapse between terminal part of APC and beginning of STT is substance P.

HENCE THE ROLE OF AGNIKARMA IN EACH ABOVE CASES CAN BE UNDERSTOOD AS FOLLOWS:

VATAKANTAK

Nyaste tu vismam paade rujah kuryaat samirann a Vatakantak itiyesa vigyeya khudakashritah (Su.Ni.1/79),^[10]

Sushruta mentioned that the disease Vatakantaka is caused by vitiated *Vata Dosha* due to constant standing and walking on uneven surface resulting into pain in foot. It is characterized by *shoola* (pain) and *shotha*^[11] (Inflammation) in *khudak* (Heel) which is *Snayu Asthi Sandhi Ashrit*.^[12] *Bindu Vat AgniKarma* pattern done on lateral Aspect of heel. *Ghritha lepan* was done after procedure and followed up was taken on 7th and 15th day.

The *samanya samprapti* of *vatavyadhi* can be considered as the *samprapti* of even *Sandhigatavata*, in particular *Janu Sandhigatavata*. *Acharya Charaka* explains that by the intake of *Vata prakopaka ahara & vihara*, *vata* gets vitiated and takes *ashraya* in different *srotasas* which are lacking *snehadi gunas* and produces different types of *Vata vaydhi* either *Ekanga* or *Sarvanga*.^[13] In *Vruddha avastha* (Old age), *Vata Dosha* dominates in the body in turn leads to *Kapha kshaya*. Also *jatharagni* and *dhatvagni* get impaired, by which *dhatu* formed will not be of good quality. Degeneration of body elements takes place due to predominance of *Vata* by its *Rooksha*, *Khara*, *gunas* causes degeneration of bodily elements and qualitative as well as quantitative loss of *Kapha*. As the *Shleshmabhava* decreases in the body, *Shleshaka Kapha* in the joints also decreases in quality and quantity. As a specific line of treatment *Sushruta Samhita* and *Astanga Sangraha* have mentioned *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana*, *Unmardana* and *Svedana* for the management of *Sandhigata Vata*.^[14]

Apabahuka is one such disease which hampers most of the functions of the hand. Although any of the classics do not mention about the *Shoola* as a *Lakshana* of *Apabahuka*, it still is a feature practically seen in *Avabahuka* patients. *Chikitsa Sara Sangraha* and *Nidana Sara*, clearly mentions about *Svedana* as a predominant *Lakshana* of *Avabahuka* along with other *Lakshana*. It is often said that 'the pain is often severe enough to disturb the sleep'. *Amsa Marma* is primarily involved in *Avabahuka*, it is a *Snayu Marma* and one of *Vaikalyakara Marma*,^[15] any trauma to this will produce disability or deformity of the shoulder joint. Management of pain is facilitated by *Marma Chikitsa* i.e. *Nidana Parivarjana*, *Abhyanga*, *Swedana*, *Uttarabhaktika Snehapana*, *Vata Hara Oushadha Sevana*, *Marmabhighata Chikitsa*, *Brumhana*, *Nasya*, *Lepa*, *Seka*, *Nasya*, *Nasaapaana*, *Agnikarma*, *Siravyadha*,^[16] etc. *Apabahuka* being a *Nanatmaja Vata Vyadhi* is characterized by *Shoola* and *Stabdhatata* at *Amsa Sandhi*. *Charaka* used the word *Bahushosha* and *Bahusheersha Gata Vata* instead of *Avabahuka*.^[17]

In other *Samhitas* like *Sushruta*, *Vagbhata*, *Yogaratanakara*, *Vangasena*, *Bhavamishra* and *Sharangadara*, we get the detail explanation of *Nidana Panchaka* and *Chikitsa*.

CONCLUSION

As per the quoting of *acharya sushruta agnikarma* is *apunarbhava*. *Agnikarma* procedure is cost effective and easy to undertake in OPD level. Various researches proves its effectiveness in pain mostly caused by planter fasciitis or calcaneal spur; symptomatic relief occurs instantly and reoccurrence of symptoms are very less in average more than 5 sitting of *Agnikarma* in different pattern mentioned in texts. So it can be conclude that *Agnikarma* procedure provide instant pain relief in non-inflammatory conditions.

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