

MANAGEMENT OF MANYASTAMBHA WITH AGNIKARMA USING SWARNA SHALAKA - A CASE REPORT

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ABSTRACT

Manyastambha is a very common encountered condition wherein the individual has pain and stiffness in the cervical region. As per the modern medical system, *Manyastambha* is always associated with musculoskeletal disorders like cervical spondylitis. Due to the derangement of *Vata* and *Kapha doshas* the obstruction in the cervical region of the spine results in the disease. *Agnikarma*, a para-surgical procedure described in Ayurveda, is effective in alleviating pain and stiffness by removing localized dosha vitiation through controlled thermal cauterization. This case report explores the efficacy of *Agnikarma* performed with *Swarna Shalaka* (gold rod) in managing *Manyastambha*. The benefits of *Agnikarma* therapy could be due to pacifying *Vata* and *Kapha* doshas, which also enhance local circulation to the tissues and stimulate the healing process. This case presents *Agnikarma* with *Swarna Shalaka* as a safe, effective, and minimally invasive therapy for *Manyastambha* and holds a promising alternative to conventional treatments for chronic cervical pain conditions. Standardized protocols and long-term outcomes need further studies. In this case report patient was treated with *Agni karma* with *swarna shalaka*, *Agnikarma* on day 0 and 5th and follow up on 10th and 15th day (interval of 5 days), which shows effective results in *Manyastambha*, which can be co-related with cervical spondylosis, a degenerative disorder manifested as structural and functional derangement in cervical bones.

KEYWORDS: *Manyastambha*, *Vatavyadi*, *Ruk*, *Stambha*, *Agnikarma*, Cervical Spondylitis.

INTRODUCTION

Lifestyle in this mechanical and monotonous Era is very fast and majority of the people encountering mental and physical stress so easily and finds little time to take care of their health. Shift duties, excessive travelling and irregular dietary habits, inappropriate postures along with the conditions of the roads and traffic made the man vulnerable for many neurological problems. These problems may be major or minor, do require permanent solutions. *Manyastambha*^[1] is one of the *Nantmaja Vatavyadhi* which is commonly found in today's practice. The symptoms of *Manyastambha* are *Ruk* (pain) and *Stamb* (restriction in neck movement) in *Manyapradesha*. During the era of *Sushruta*, *Agnikarma* has gained importance as a treatment for so many diseases. It was *Sushruta*^[2] who have earmarked the *Agni* as supreme in all the Para surgical procedures. The sign and symptoms of *Manyastambha* are quite like the sign and symptoms of cervical spondylosis. Maximum authorities of Ayurveda Acharya^[3] explained the symptoms of *Manyastambha* as *ruk* and *stambha* in

manyapradesha. *Manyastambha* i.e., Cervical spondylosis^[4,5] which is a degenerative disorder in which structural as well as functional derangement takes place. The problem is seen and manifests itself with different types of symptoms like Pain in the neck which radiates to shoulder; restricted neck movements, occipital headache, numbness of the upper extremity etc. are being chief symptoms. The problem is due to compression of the nerve roots at the cervical region because of the spondylitic changes in ligaments. Therefore, this study is undertaken to evaluate the efficacy of *Agnikarma* with *Suvarna shalaka*.^[6]

CASE DESCRIPTION

A 38 yr. male patient, complaining of pain over cervical region (*Ruja*), *Stambha* (Stiffness), *Graha* (restricted movements) of cervical joint. The patient has been suffering from this condition for the last 2 years. The condition has been recurrent and triggered by the long-term travelling and improper setting position. The patient had taken allopathic medicines these medications have

temporarily relieved; hence, the patient sought Ayurvedic treatment. The patient expresses the absence of co-morbid illness except for the presenting complaint.

Clinical Findings and Radiological investigations

On clinical examination (*Ashtavidha Pariksha*) observation obtained was *Nadi* - 74/min. *Shabda*-clear, *Mala* -normal, *Sparsh*- normal, *Mutra*- normal, *Druk*-normal, *Jiva*- *Ishat saam*, *Akruti*-thin, *Bala*- Madhyam. Blood pressure was 130/90 mm of Hg, Adequate sleep and Appetite was regular.

MATERIAL AND METHODOLOGY

Material used: Swarna shalaka for agni karma

Goniometer^[7]

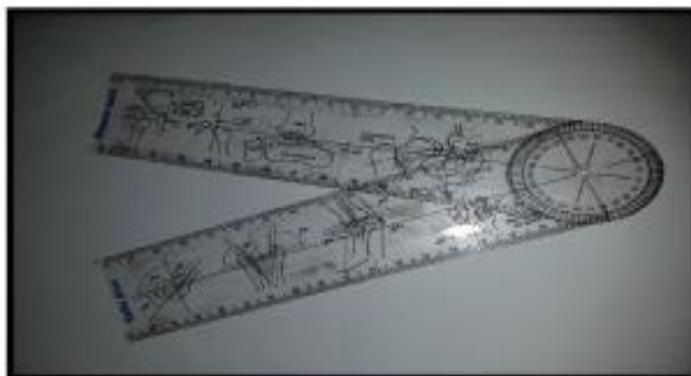


Figure 1



Figure 2

Properties of swarna shalaka^[8]

Rasa: Madhura, kashaya, tikta and katu.

Guna: Sheeta, guru, snigdha.

Virya: Sheeta.

Karma: Vrushya, balya, bruhana, rasayana, medhya, smritiprada, netrya, ayushya, papaghna, lekhana,

sukhakara, varnya, ojavardhana, bhavasukhakara, pavitra etc.

Effect on *Dosha: Tridoshaghna.*

Duration of Treatment and Clinical Assessment

Agnikarma on day 0 and 5th follow up at 10th, and 15th day.

Subjective parameters

1) Pain (*Ruja*)- Visual Analogue Scale- 0-10

Scale	Subjective parameter
0	No pain
1-3	Mild pain
4-7	Moderate pain
8-10	Severe pain

2) Stiffness (*Stambha*)

Scale	Subjective parameter
0	No stiffness
1	Mild stiffness (up to 1 hr)
2	Moderate stiffness (up to 2 to 4 hr)
3	Severe stiffness (> than 4 hr)

3) Other subjective parameters

Scale	Numbness	Tenderness	Occipital headache	Giddiness
0	Absent	Absent	Absent	Absent
1	Present	Present	Present	Present

4) Objective parameter: Goniometer scale readings

Angle grade	Score
> 45°	0
30°-40°	1
20°-30°	2
< 20°	3

Therapeutic interventions

Agnikarma Chiktitsa^[9,10] is also divided into 3 phases according to *trividha karma*

Poorvkarma

Was done by *Snehan* with *tila taila*, and *svedan* by *dashamula kwath Nadi sweda*. Procedure was explained to the patient in detail before the treatment and consent was obtained for the treatment. Advised to take *snigdha, pichchila aahara* prior to this procedure. Patient was made to seat or lying on the chair or table, bending his head on table with comfort. Preparation of the local part: *snehana* done at neck area with *tila taila*, and it was dropped with sterile towel. After *snehana, swedana* was done with *dashamula kwatha* by *nadisweda*. By using a marker pen, most tender full points were marked over the neck.

Pradhan karma (Agnikarma)

Was done by *suvarna shalaka* as *bindu dahan*. *Suvarna shalaka* was heated over the burning gas until it became red hot. *Samyak dagdha vrana* was made, at the marked points with the red hot *suvarna shalaka*, at the most painful and tenderness area of the neck as *bindu dahana vishesha*.

Agnikarma paschat

Ghrta and *madhu pratisaran* was done. Immediately after *Agnikarma*, the mixture of *go-ghrta* and *madhu* was applied over the site of *Agnikarma* to relieve burning sensation.

Sterile bandage was applied to avoid outside exposure. The patient was advised to remove the bandage after 3 hours. Burnt area should be avoided by contact with water for 24 hours. To avoid dietic regimen which aggravates *Vata*, like, brinjal, potato, pumpkin, groundnut etc.

Follow Up

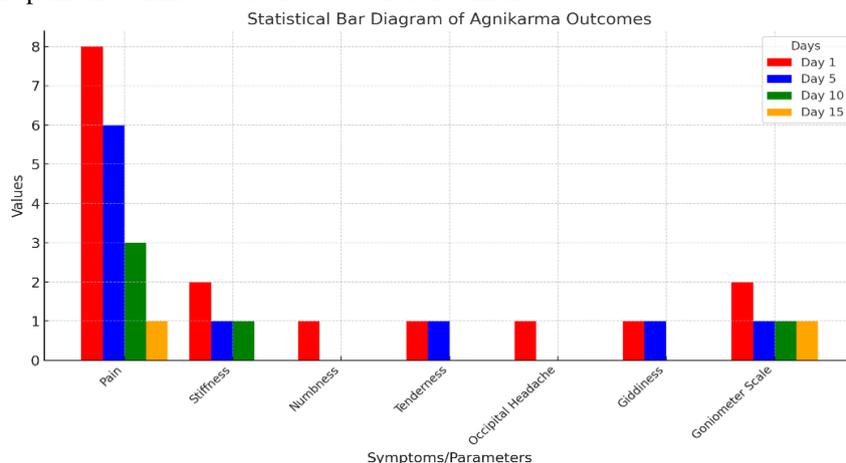
The follow-up of patient had been undertaken in this study at regular intervals of Five days, i.e., on 5th, 10th and 15th day. Pain was not reduced convincingly, Goniometer reading was not changed, and the second sitting of the *Agnikarma* was conducted on 5th day. As *Manyastambha* is a progressive disease, this study included the patient showing earlier and acute sign and symptoms of *Manyastambha*, thus follow-up should be kept for short duration.

OBSERVATION AND RESULTS

Table 1: Treatment protocol with timeline.

Sr. No.	Day1 (1 st setting of Agnikarma)	Day 5 (2 nd setting of Agnikarma)	Day 10 (Follow up)	Day 15 (Follow up)
1. Pain	8	6	3	1
2. Stiffness	2	1	1	0
3. Numbness	1	0	0	0
4. Tenderness	1	1	0	0
5. Occipital headache	1	0	0	0
6. Giddiness	1	1	0	0
7. Goniometer scale reading	2	1	1	1

It is observed that the pain and stiffness were reduced after treatment.



DISCUSSION

In *Agnikarma chikitsa shalaka* plays an important role. *Vata* and *kapha* possess *sheeta guna*, for this to neutralize the *vata* and *kapha dosha*, require opposite *guna* treatment that is *ushna chikitsa*. *Ushna guna* and *agni* having *anyonyasritabhava*, hence *Agnikarma* by virtue of its *ushna, tikshna, sukshma* and *laghu* property breaks *srotoavarodha*, which was produced by *vata* and *kapha dosha* in *Manyastambha*. Thus, *nirama kapha* and *vata dosha* are neutralized. The red hot *shalaka* carry heat from one end to another and during conduction of heat some heat stored in previous part is conducted to next part. When such a heated *shalaka* applied over skin tissue for *samyaka dagdha vrana*, stored heat is transferred from *shalaka* to skin tissue in the form of *ushna, tikshha, sukshma* and *laghu guna* neutralizes the *sheeta guna* of *vata* resulting in minimizing the severity of the pain. *Agnikarma* also acts like a *dosha dushya vighatanakaraka* because *ushna guna* performs two functions. Firstly, by stimulating *dhatvagni* and due to this action *sama dhatu* (Localized *ama*) is digested and secondly *ushna guna* dilates the channels of *srotas*. Hence *srotoavrodha* is removed (Cleaning the respective *srota* channel). *Agnikarma* may stimulates the sensory receptor lying in the muscle, sends message to the brain which stimulates the pituitary gland to release endorphin which in turn binds with opiate receptors in the pain cells to block the pain stimuli. Endorphin is a naturally occurring neuro peptide and like morphine and other opiates it has a marked propensity for binding on to the "opiate receptors" of the pain cell in the brain. Raising the temperature of damaged tissue through red hot *Shalaka* may speed up the metabolic process, improves circulation by vasodilatation, reduce oedema, accelerate repair, which can reduce painful stiffness in joints like arthritis. Thus, *Agnikarma* may help in reducing the pain and stiffness of the joints.

CONCLUSION

Agnikarma on *Manyastambha* by *Swarna Shalaka* was highly successful in presenting an improvement of symptoms due to pain, stiffness, and limited mobility. Intervention was effective, safe, and minimally invasive;

thus, the alternative promise to the traditional management of chronic cervical pain conditions might be shown through this case. The major drawback with this study, however is the number of participants which is few, as well as protocol that might use a non-standardized approach.

Patient's perspective

The patient was pleased with the result of treatment. Patient expressed relief in pain and stiffness in the cervical region along with improvements in his quality of life. Patient appreciated the holistic approach of Ayurveda and found the therapy beneficial for the root cause without any adverse effects.

Patient consent

The starting of the therapy was considered to have taken informed consent from the patient. He was very well explained by the procedure and its beneficial and deleterious impacts, to which he gave his assent and agreed upon *Agnikarma* therapy willing.

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