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AGNIKARMA'S MULTIMODAL ROLE IN RESOLVING REFRACTORY KATIGATA SHOOLA (LUMBAR SPONDYLOSIS): A CASE STUDY

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ABSTRACT
Low back pain (Kati Shoola) is a prevalent global health concern, particularly in aging populations. Conventional management – including pharmacological analgesics and physical therapy – often provides only transient relief, especially in cases linked to lumbar spondylosis. Agnikarma, a classical Ayurvedic parasurgical intervention involving the controlled application of heat, has been traditionally used to manage chronic pain conditions. This case study examines the therapeutic efficacy of Agnikarma in a refractory case of Katigata Shoola resistant to standard treatments. Post-treatment outcomes demonstrated substantial improvements in pain relief, mobility, and functional independence. These findings underscore the potential of Agnikarma as a valuable adjunct in integrative pain management, warranting further clinical research.

KEYWORDS: *Lumbar Spondylosis, Agnikarma Benefits, Katishoola,*

INTRODUCTION

Low Back Pain: A Growing Epidemic

Low back pain is among the top causes of disability worldwide, affecting over 540 million people at any given time (Vos et al., 2017). Lumbar spondylosis, a degenerative condition characterized by disc desiccation, osteophyte formation, and facet joint hypertrophy, is a common cause of chronic low back pain. Despite advancements in pain management and rehabilitative therapies, a significant percentage of patients experience refractory or recurrent symptoms, leading to decreased quality of life, dependence on analgesics, and functional limitations.

Ayurvedic Perspective on Katigata Shoola

In Ayurvedic literature, chronic low back pain is conceptualized as Katigata Shoola, primarily classified under Vataja Nanatmaja Vikara. The pathogenesis typically involves Vata-Kapha Avarana in the Vatavaha Srotas, causing obstruction in the flow of Vata, resulting in pain, stiffness, and restricted movement. When untreated or improperly managed, this condition may become chronic and debilitating.

The Role of Agnikarma

Agnikarma, mentioned in classical Ayurvedic texts such as Sushruta Samhita, is a parasurgical technique involving the application of controlled heat to specific sites using heated metallic instruments (Shalaka). This modality is particularly indicated for Ruja Pradhana Vyadhis (pain-dominant disorders), including musculoskeletal and neurological conditions. The procedure aims to pacify vitiated doshas, relieve obstruction (Avarana), and stimulate healing through localized thermal stimulation.

This case study aims to document and scientifically evaluate the multimodal efficacy of Agnikarma in managing a chronic, refractory case of Katigata Shoola due to lumbar spondylosis.

MATERIALS AND METHODS

Patient Profile

A 58-year-old female presented to the Shalyatantra OPD of Shri Sidharoodha Charitable Hospital attached to N.K. Jabashetty Ayurvedic Medical College Bidar, with complaints of persistent low back pain for over two years. The pain was localized to the lumbar region and radiated occasionally to the right lower limb. The patient reported limited mobility, dependence on analgesics, and disruption in performing daily activities. Patient has done MRI which confirms Lumar Spondylosis.

History of present illness

No history of hypertension, diabetes mellitus, tuberculosis, or any other major systemic illness.

Personal history

Diet: Mixed
Appetite: Good
Bowel movements: 1 vega/day, normal
Micturation: 5-6 times/ day

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Sleep: Disturbed

Clinical Assessment

- **General Condition**: Fair
- **Vitals**: Pulse – 78 bpm
- BP – 140/90 mmHg
- RR – 21/min
- Temp – 98.6°F
- **CNS/RS/CVS**: Normal systemic findings
- **Local Examination**:
  - Curvature of spine: Normal
  - No visible deformity, swelling, or scar marks
  - Tenderness at L1–L3 vertebrae
  - Gait: Limping
  - Range of motion: Severely restricted in forward bending and rotation
  - Straight Leg Raise Test: Positive at 60°, indicating nerve root irritation

Assessment Tools

- **Visual Analog Scale (VAS)**: 8/10, indicating severe pain
- **Oswestry Disability Index (ODI)**: 60%, signifying moderate-to-severe functional impairment
- **Range of Motion (ROM)**: Severely reduced in lumbar flexion and rotation

Diagnosis

Based on clinical examination and Ayurvedic assessment, the patient was diagnosed with **Katigata Shoola (lumbar spondylosis)** with **Vata-Kapha Avarana** pathology.



Fig.No.1: MRI report

Intervention: Agnikarma Protocol

Procedure

- **Sessions**: 3 sessions, weekly once.
- **Technique**: *Bindu Agnikarma* using a red hot **Panchadhatu Shalaka** till Samyak dagdha vrana lakshana obtained
- **Target Area**: Tender points (Paraspinal region around L1–L3)
- **Precautions**:
  - Avoided direct contact with nerves, blood vessels, and bony prominences
  - Ensured sterile conditions
- **Post-procedure Care**:
  - Application of **Aloe vera gel** for cooling and soothing effect
  - Advice on physical rest and gradual return to activitie



Fig No. 2: Performing Agnikarma

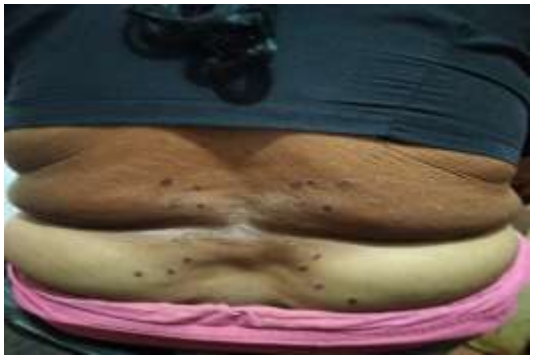


Fig No.3: Tender points

Palliative treatment

Syp. Dashamoolarista 10 ml BD with lukewarm water
Cap. Lumbago 1 cap BD
Sallaki liniment OD for L/A

Follow-Up Evaluation

- **Immediate post-treatment assessment**
- **Follow-up after 2 months** to check for recurrence or residual symptoms

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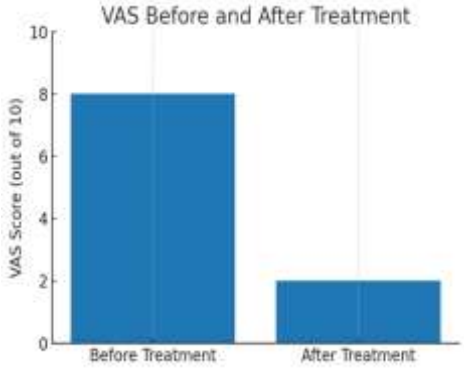
RESULTS

Symptomatology and Functional Improvement

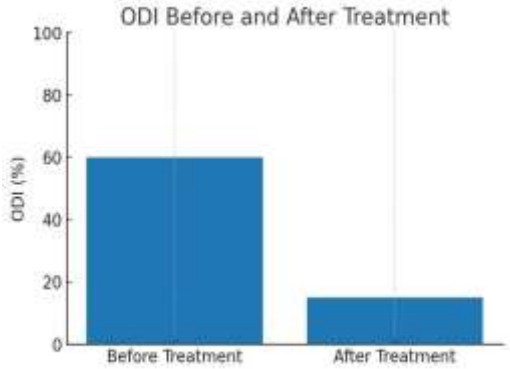
Parameter	Before Treatment	After 3rd Session	2-Month Follow-Up
VAS	8/10	2/10	1/10
ODI	60% disability	15% disability	Maintained at 15%
ROM	Severely restricted	Full lumbar flexion	Maintained
Gait	Limping	Normal	Normal
Analgesic Use	Daily (NSAIDs)	Discontinued	No recurrence

The patient resumed normal activities, including bending, walking, and climbing stairs, without discomfort or medication.

Graph No.1: VAS result



Graph No.2: ODI result



DISCUSSION

Mechanism of Action of Agnikarma

Agnikarma exerts its therapeutic effects through **multiple physiological pathways**, offering an integrative solution for pain management:

1. Dosha Pacification and Avarana Removal

The localized heat does kapha vilayana, clears the **obstructed Vata**, and restores normal flow in the **Vatavaha Srotas (removed avarana)**, due to Ushna, Teekshna, Sukshma and Ashukari Guna of Agni which are opposite to vata and kapha.

2. Analgesic Effect

The thermal stimulation is believed to **denature nociceptive A delta and C-fibers**, which transmit aching pain. This leads to immediate analgesia and neuromodulation.

3. Anti-inflammatory Action

Heat application downregulates **pro-inflammatory cytokines** and reduces local inflammatory mediators, thereby decreasing swelling and stiffness.

4. Enhanced Microcirculation

The local vasodilation induced by Agnikarma improves **tissue perfusion**, promoting healing and regeneration in the affected spinal segments.

5. Muscle Relaxation

Thermal inactivation of **gamma motor neurons** results in muscle relaxation, which alleviates spasms and increases range of motion.

6. Ama Pachana (Detoxification)

Burning localized metabolic waste (*Ama*) reduces stagnation and systemic toxins, contributing to long-term symptom relief.

The given oral medicines acted as :

The Syrup Dashamoolarista is helpful in pacifying vata and also acts as analgesics.

Cap lumbago is Antiinflammatory and analgesic in action.

Sallaki liniment is topical analgesic, anti inflammatory and helps in regeneration of cells.

Advantages of Agnikarma

- **Drug-Free**: Avoids side effects of long-term NSAIDs or corticosteroids
- **Cost-Effective**: Requires minimal infrastructure
- **Non-Invasive**: No surgical incision or anesthesia needed
- **Long-Lasting Relief**: Effects sustained even after 2 months
- **Holistic**: Addresses both symptoms and root cause per Ayurvedic principles

Limitations

- Requires **skilled practitioners** to perform safely
- May cause **mild discomfort or blistering** if not properly executed
- Not suitable for patients with **bleeding disorders, severe skin conditions**, etc.

CONCLUSION

This case study highlights the successful application of Agnikarma in a **refractory case of Katigata Shoola** due to lumbar spondylosis.

The intervention provided **rapid pain relief**, **functional improvement**, and **discontinuation of analgesic medications**. With its **vata-kapha balancing**, **analgesic**, **anti-inflammatory**, and **regenerative** properties, Agnikarma proves to be a valuable alternative in integrative musculoskeletal care.

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Further **randomized controlled trials**and **comparative studies** are recommended to establish its role in broader clinical practice.