



# CLINICAL EFFICACY OF AGNIKARMA WITH SWARNA SHALAKA IN THE MANAGEMENT OF JANU SANDHIGATA VATA (A CASE STUDY)

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## ABSTRACT

In different text of Ayurveda, Janu Sandhigata Vata is described under Vata Vyadhi<sup>1</sup>. In Modern Janu sandhigata Vata<sup>2</sup> is correlated to Osteo arthritis of Knee joint. Asthi and Sandhi is the place of Vata. Acharaya Susruta described different types of treatment of Vata diseases. Agnikarma is one of them which gives instant pain relief by pacifying Vata dosa<sup>3</sup>.

**KEYWORDS:** - Agnikarma, Janusandhigata Vata, Knee Joint Arthritis, Swarna Shalaka.

## INTRODUCTION

Osteoarthritis also known as degenerative arthritis in which inflammation of joints, caused by abnormal wearing of cartilage that covers and acts as a cushion above the bone of the joints. Due to the decrease in the quantity of synovial fluid, patient experiences pain upon weight bearing on joint during walking, standing and doing daily works.

Sandhi Gata Vata (Osteoarthritis) is common amongst the elderly and obese persons. The dominance of Vata dosha in old age is seen in the pathogenesis of Sandhigata Vata. The symptoms of Sandhigata Vata described in Sushrut Samhita are Sandhi vedana (Joint pain) and Shotha (Swelling), due to these symptoms stiffness and crepitus develop, which may be correlated with disease osteoarthritis in modern<sup>4</sup>.

Sushruta mentioned Agnikarma as para-surgical procedures in Sandhi gata Vata treatment modalities. The common indications of Agnikarma include pain relief, stiffness, muscle spasm and inflammatory conditions<sup>5</sup>. These symptoms are observed in the patients of Janu sandhi gata vata.

The word *Agnikarma* is combination of two words i.e., *Agni* and *Karma*, it means procedure done by the *Agni* to treat the disease. Application of heat directly or indirectly to the affected part of body. *Sushruta* mentioned the superiority of *Agnikarma* among all the para-surgical procedures and its importance explained in separate chapter in *Sutrasthana*. It has ability to cure the chronic diseases, which can't be cured by the *Bheshaja* (medicine), *Shastra* (Surgical interventions) and *Ksharakarma* (alkaline cauterization). It is mainly indicated in the disease caused by *Vata* and *Kapha Doshas*. Diseases of *Twacha*, *Mamasa*, *Asthi & Sandhi* with severe pain caused due to vitiation of *Vata*. Also, in *Shiro Roga*, *Netra Roga*, *Vartma Gata Vyadhi*, *Granthi*, *Arsha*, *Bhagandar*, *Arbuda*, *Shlipad*, *Charmakeela*, *Tila Kalaka*, *Antra Vrana*, *Nadi Vrana*, and in the diseases of the joints. According to *Sushruta*, if *Agnikarma* is performed in above diseases, will be less chances of recurrence and successful in curing the diseases.

Acharaya Susruta has indicated different types of material according to site of agnikarma.

1. Twak Dadga<sup>6</sup> – Pippali, Ajasakrud, Godanta, ara, Salaka
2. Mansa Dadga<sup>7</sup> – Jambhavsta Shalaka and other Metals.
3. Sira, Sanayu, andhi, and Asthigata – Madhu, Jggery, and Sneha.

## Indications

Siro roga, Granthi, Apachi, Arbuda, Antarbridhi, Nadivrana, Gulma, Upadansa, Arsha, Bhagandara etc.



### **Contraindications**

Internal Haemorrhage, Ruptured Visera, Unextracted Foreign body, Paitika Constipation, Child, Old, Timid, affected with multiple wounds and those who are contra indicated for Sudation<sup>8</sup>.

### **A CASE STUDY**

A patient named XYZ, aged about 60 years came to OPD of Gopabandhu Ayurveda Mahavidyalaya with complaints of pain in both knees associated with swelling and crepitus. She had taken several allopathic treatment but not got any remarkable results.

### **History of Present Illness**

The patient was apparently normal before 1 year. Gradually she developed mild pain on B/L knee joint. She was also complaining of morning stiffness. After some months the pain gradually increased in both knee joint.

### **Relevant Occupation**

She is a house wife and she used to do house hold work as she lives in a joint family.

### **Social Economy**

She belongs to a middle class family.

### **Personal Details**

Diet – Non-vegetarian

Sleep – 7-8 hours a day

Bowel – once a day

Urination – 6-7 times a day

Exercise – Nil

### **Vital Examination**

BP – 124/82 mm of Hg

Heart Rate – 76/min

Nadi – Vata-Kapha

Prakuti : Vata-Kapha

Kostha : Krura

Agni : Visamagni

### **Sytemic Examination**

RespiratorySystem: NAD

CardiovascularSystem : NAD

CentralNervousSystem : NAD

Digestive System: NAD

UrogenitalSystem: NAD

On examination it was found that the patient is of vata-kapha prakruti with Madhyama kosta. On local examination of knee joint raising temperatue if found with restricted flexion of 90<sup>0</sup> and restricted extension of 120<sup>0</sup>. On investigation X-Ray revealed there was narrowing of joint space in both knee joint.

### **TREATMENT GIVEN**

Agnikarma with Swarna Shalaka was done on a gap of every 7 days on both knee joint assessment was done.

### **MATERIAL AND METHODS**

Triphala Kwath, Aloe vera, Swarna Shalaka, Candle, Turmeric powder.

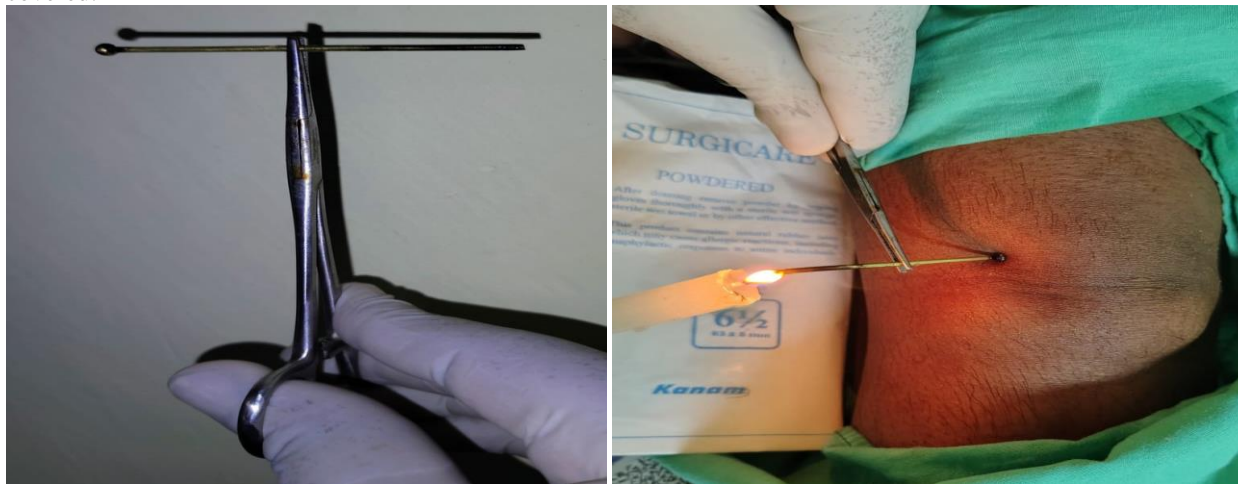
Final Dagnosis – Janu Sandhigata Vata (Knee joint Arthritis)

**Poorva Karma**

The patient was sat on OT table in a comfortable position.the most tender points were marked with a marker or pen. Then the area was sterilized by cleaning the part with trifala kwath for about 5 minutes in the anuloman directions. Before the procedure the patient was advised to take picchila diet. Then the patient was taken for pradhan karma.

**Pradhan Karma**

The one end of Swarna Shalaka was placed on the most tender point. The other end of Swarna Shalaka was heated by Candle. Almost after 40 to 50 seconds the patients felt warm. Then the Swarna Shalaka was shifted to another tender point. Like wise 8 to 10 points are covered.



**Paschat Karma**

After the completion of the procedure the vrana was dressed by Ghridakumari pulp and Turmeric powder. Then it was covered by gauze pieces with light bandage. Then the patient was carefully observed for some time for any complication.

**ASSESSMENT OF OBJECTIVE AND SUBJECTIVE PARAMETERS**

**ASSESSMENT CRITERIA**

**A. Subjective parameters**

**1.Pain**

| Grade | Pain  |
|-------|---|
| 0     | No pain   |
| 1     | Mild pain (pain exaggerated by movement but subsided by rest)                             |
| 2     | Moderate pain (not relieved by rest but not disturbing sleep or routine activities)       |
| 3     | Severe pain (disturbing sleep & other routine activities but relieved by oral analgesics. |

**2.Tenderness**

| Grade | Tenderness  |
|-------|---|
| 0     | No tenderness   |
| 1     | Mild tenderness (patient feels pain on pressure but doesn't withdraw joint) |
| 2     | Moderate tenderness (patient feels pain and on touch withdraws the joint)   |
| 3     | Severe pain (patient doesn't allow to touch the joint)                      |



**3. Stiffness**

| Grade | Stiffness  |
|-------|--|
| 0     | No stiffness   |
| 1     | Mild stiffness (Stiffness relieved by walking)             |
| 2     | Moderate stiffness (Stiffness relieved by oral analgesics) |
| 3     | Severe stiffness. (Analgesics not responding)              |

**B. Objective Parameters**

• **Crepitus**

| Grade | Crepitus                              |
|-------|---------------------------------------|
| 0     | No Crepitus                           |
| 1     | Mild Crepitus                         |
| 2     | Palpable Crepitus.                    |
| 3     | Pt. c/o of sound from the knee joint. |

• **Girth measurement of knee joint**

| GRADE | Swelling                   |
|-------|----------------------------|
| 0     | None                       |
| 1     | Slightly oblivious         |
| 2     | Covers the bony prominence |
| 3     | Much elevated              |

• **Goniometric measurement of angle of Knee Joint**

| GRADE | Angle of Extension (using a Goniometer) |
|-------|---|
| 0     | 180 <sup>0</sup>                        |
| 1     | 170 <sup>0</sup> - 130 <sup>0</sup>     |
| 2     | 120 <sup>0</sup> - 90 <sup>0</sup>      |
| 3     | < 90 <sup>0</sup>                       |

| GRADE | Angle of Flexion (using a Goniometer) |
|-------|---------------------------------------|
| 0     | 140 <sup>0</sup>                      |
| 1     | 120 <sup>0</sup> - 100 <sup>0</sup>   |
| 2     | 100 <sup>0</sup> - 80 <sup>0</sup>    |
| 3     | < 80 <sup>0</sup>                     |

|                           | B.T | 7 <sup>TH</sup> DAYS | 14 <sup>TH</sup> DAY | 21 <sup>ST</sup> DAY | 28 <sup>TH</sup> DAY |
|---------------------------|-----|----------------------|----------------------|----------------------|----------------------|
| <b>Pain</b>               | 3   | 2                    | 0                    | 0                    | 0                    |
| <b>Tenderness</b>         | 2   | 1                    | 0                    | 0                    | 0                    |
| <b>Stiffness</b>          | 1   | 0                    | 0                    | 0                    | 0                    |
| <b>Crepitus</b>           | 3   | 2                    | 2                    | 1                    | 1                    |
| <b>Swelling</b>           | 2   | 2                    | 2                    | 1                    | 1                    |
| <b>Angle of Extension</b> | 1   | 1                    | 0                    | 0                    | 0                    |
| <b>Angle of Flexion</b>   | 2   | 1                    | 0                    | 0                    | 0                    |

**ADVICE TO PATIENT**

The Patient was strictly advised not to allow water contact at *Dagdha Vrana* site for 24 hours.

She was advised to take oral medicine for one month.

She was advised to avoid exertion and trauma on both knees.

She was advised to take Vatahara Ahara and Vihara

She was called after 7 day for follow up and next sitting. Four sitting was done at the interval of 7 days. After first sitting her pain was slightly less but after four sitting the pain is was totally subsided. She can walk and can do her daily works easily.



## PRESENT CONDITION

The patient is on regular follow up and her pain has subsided totally. There were some scar of the procedure but it disappeared after some days of applying Satadhauta Ghrita. She can walk freely and can do her daily works without any difficulties.

## DISCUSSION

- In *Agnikarma*, the *Ushna* (hot) *Guna* of *Agni* pacifies the *Shita* (cold) *Guna* of *Vayu* and reduces the joint pain.
- Acharya Charaka described that *Agni* is the best treatment for *Shoola* (pain). *Ushna Guna* of *Agni* helps to remove the *Avarana* effectively and stabilizes the movement of *Vata*, which provide relief from *Shoola*.
- As per the modern medicine, therapeutic heat increases blood circulation at knee joint leads to the proper nutrition of the tissue.
- The *Ashukari* (quick acting) property of *Agni* will also provide improvement in the movement of joints resulted in relief of crepitus. Thus heat application is indicated in cases of chronic inflammation.
- Restricted movement caused by *Kapha* dosa is removed by *Ushna guna* of *Agni* with results improvements in movements of knee joint.
- Acharyas have quoted that *Agnikarma* is superior in treating *Stambha* (stiffness).
- Gold as a *dhatu* is *Ayurveda* is *bruhaniya* in nature<sup>9</sup>. So it gives nourishment to the knee joint and helps in improving the health of knee joint<sup>10</sup>.

## CONCLUSION

*Agnikarma* is one of the effective mode of treatment for *Janu Sandhigata Vata*. And when it is done done with *Swarna Shalaka* its result is even better and it gives faster relief.

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