ISSN:2320 5091

EVALUATION OF EFFICACY OF AGNIKARMA IN MANAGEMENT OF GRI-DRASI W.S.R. TO SCIATICA

Nikumbh Monika M¹. Dharne Vidya²

¹M.S. (Scholar), Dept. of Shalya Tantra, Y.M.T. Ayurved College, KhargharNavi Mumbai ²Assistant Professor, Dept. of Shalya Tantra, Y.M.T. Ayurved College, KhargharNavi Mumbai

ABSTRACT

Gridhrasi(sciatica) is one of the vatavyadhi caused by aggravated vatadoshas. Disease is characterized by radiating pain, tingling – numbness at posterior aspect of leg, which makes the patient difficult to walk. There is no specific curative remedy in modern medical science except pain killers. Agnikarma is indicated in vatavyadhiby acharyas. Sushruta has mentioned agnikarma as superior therapeutic procedure among others as it gives instant relief. Thus the objective of present study was to evaluate the efficacy of agnikarma in management of gridrasi. Open study was performed at OPD level in Y.M.T. Ayurved college and PG institute, kharghar, navi Mumbai. Data was collected and observations were made before treatment, 7th, 14th, 21st day of treatment. Observations were significant showing reduction in parameters like pain, walking distance ,SLR range .Verbal pain analogue scale was used for analysis of effect. Agnikarma gives instant relief in gridhrasi but other medicines are needed for overall samprapti bhanga of the disease.

Keywords: Agnikarma, Gridhrasi, Sciatica

INTRODUCTION:

Chronic back pain is one of the common cause for disability and disturbed routine. Backache is the global problem with 80% of world population suffer from it. 8 out of 10 people suffer from backache at some stage of their life. Functional disabilities, sleep disturbances, fatigue and medication abuse are seen in people suffering from CLBP (chronic low back pain). Backache is the 2nd most common cause for which people seek for the doctor. According to survey, the lifetime incidence of sciatica varies from 30-40% & has annual incidence of 5% in the world. It is observed that lumbar disc herniation is the commoner cause of sciatica and early surgery provided faster recovery than prolonged conservative care, but it is also found that 40% of surgeries fail or pain and disability reoccur after variable post operative period. Due to fear, high cost, post operative complications patients avoid surgeries and continue having analgesics for pain reduction which eventually produces G.I.T disturbances.

In ayurvedic sciences various modalities of treatment are explained for the management of *gridhrasi*. *Agnikarma chikitsa* is said to be superior. In *chakradatta* and *Yogratnakara* we find direct reference of *agnikarma* indicated in *grudhrasi* which is to be done on little toe. According to *aacharya sushruta* once a patient treated with *agnikarma*, disease never reoccurs. The process of *ag*-

nikarma is normally done by using gold, silver, pancha Dhatu, iron, metal coins, seeds of bhallataka, pippali, mrittikashalaka, godanta, madhu, grita, gudhaetc. The procedure of agnikarmadoes not have side effects, it is cost effective, minimal invasive and OPD based procedure.

Materials and methods:

The study was performed in the Shalya tantradepartment, Y.M.T Ayurved college, kharghar, new Mumbai.

We have selected 30 patients of clinically diagnosed gridhrasi on the basis of signs and symptoms given in ayurvedic texts.

Inclusion criteria:

patients having classical symptoms of gridhrasi –namely pain oversphik(waist), kati(back), prishta (thigh), uru (hip), janu **Study design:** Open controlled study

Table No 1

(knee), *jangha* (calf region), entendingupto*pada* (foot), *stambha* (stiffness), *toda* (pricking pain), tingling and numbness of limbs, difficulty in walking etc. were included.

Patients with SLR test +ve, chronic disease (at least 6 months)

Age group -18 to 70 were included

Exclusion criteria:

- Cases of spondylolisthesis, sacroiliac arthritis
- Known cases of tuberculoma, or cyst compressing the nerve root, diabetic neuropathies are excluded
- Patients having multiple wounds, fracture of vertebra, destructed vertebral bodies were excluded

Criteria for assessment : symptomes	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4	
Pain	No	occassional	cassional mild		severe	
Numbness	No	occassional	mild	moderate	severe	
Walking dis-	1 km without	500 m with-	250 m with-	Feels pain on	Can not stand	
tance	pain	out pain	out pain	standing		
Tingling sen-	No	Occasional	Mild	Moderate	Severe	
sation						
SLR test	Above 90 ⁰	75 ⁰⁻ 90 ⁰	60 ⁰ - 75 ⁰	45 ⁰ - 60 ⁰	Below 45 ⁰	

Methodology:

The procedure of *agnikarma*was conducted in minor OT. Material used: *Panch-lauha-shalaka*, *Grita*, Spirit lamp

Procedure:

- Poorva karma patients consent was taken after proper counseling prior agnikarma.
- Site of *agnikarma* was cleaned by *dash-moolkwath* .
- **Pradhan karma** Points having maximum tenderness were marked. *Agnikarma*done by *panchalauhashalaka* on multiple points depending on intensity of pain on path of sciatica *.Agnikarma*done till achieving *samyakdagdhalakshana* like *twaksankocha*, *Shabda pradurbhav*, *daurgandha*.
- Paschyat karma Gritapratisaran on points were agnikarma was done.

Table No 2 Observations: Demographic data

Age	frequency
<30	3
31-40	7
41-50	10
51-60	6
61-70	4
Sex	
Male	12
Female	18
Limb affected	
Right	11
Left	19

According to demographic data of this study, it is observed that maximum patients belongs to age group of 31-40yrs of age, there were 16 female patients and 14 male pa-

tients found in the study. Maximum patients showed left sided affected limb, occurrence of left limb involvement may not have specific reason behind.

Table No 3 **RESULTS AND DISCUSSION**:

Sign &symotoms	Mean	score	X	% of relief	SD	SE	t	P
	BT	AT						
Pain	3.4	0.4	3.0	88.23	0.9428	0.2981	10.06	< 0.001
Numbness	1.875	0.5	1.375	73.33	0.5175	0.183	7.5144	< 0.001
Walking distance	1.7	0.6	1.1	64.70	0.3160	0.1	11	<0.001
Tingling sensation	3.75	0.65	3.125	83.33	0.9910	0.3504	8.9188	< 0.001
SLR Test	3.1	0.4	2.7	87.097	0.9487	0.3	9	< 0.001

In this study effect of agnikarma shows highly significant results with p value <0.001 regarding all signs and symptoms. There was improvement in SLRT which also gives highly significant results wit p value <0.001. It is found that patients were clinically improved with the treatment of agnikarma with no side effects of the therapy. About 88.23% relief found in case of pain immediately after the treatment which is one

of the target symptoms due to which patients became very comfortable and mentally satisfied by the treatment. *Gridhrasi* is one of the painful condition which disturbs the daily routine of the patient. This diseases having predominance of *vata dosha* as it comes under 80 *vatajnanatmaj* vyadhi and may have *cough anubandha* with it. The radiating pain from lumbar region to the lower extremities may show stiffness in the lower limb and

hence patient got difficulty in walking or continuous standing even for short period. Ayurveda believes that being ushna *sampar-kaagnikarma* acts against the vata and cough doshas and hence *agnikarma* cures all the *vata-coughaja* disorders.

While describing the gridhrasiAcharya sushruta has given more emphasis on involvement of ligament of heel and toe afflicted with vata dosha which obstruct the movement of leg. In the chapter of vata vyadhi chikitsa ,aacharyacharak has mentioned process of agnikarma in case of gridhrasi so as to discontinue the reoccurrence and for samprapti vighatan hetu, patient should be given vata shamak medication.

Effects of Agnikarma:

Effect of heat on nerves: provided that the heat is not excessive, it appears to reduce the excitability (quick response to stimuli) of nerves.

Effect of heat on general rise in temperature: There may be generalize dilatation of the heated blood vessels on the centers concerned with regeneration of the body temperature. Heating affect the vasomotor centers causing general rise in temperature.

Effect on metabolism:

According to scientist Dr VenHanff.the place where heat burns the local tissue metabolism is improved, thus various metabolic and rejuvenating changes takes places at the site of heat burns, thus it leads to increase demand of oxygen and nutrients of the tissues at the site of heat burns. It also excretes the unwanted metabolites and toxins.

Effect on the blood circulation: After performing agnikarma the superficial sensory nerves gets stimulated which leads to dilata-

tion of local blood vessels, resulting in increased blood circulation. Apart from this it also decreases the viscosity of blood and thus leads to decreased blood pressure.

Effect on pain: Due to increased local metabolism, the waste products (metabolites) which are produced gets excreted, which normalize the blood circulation thus resulting in reduction in intensity of pain.

CONCLUSION:

Agnikarma therapy shows highly significant results in all signs and symptoms, especially in case of pain as it is one of the most undisturbingfactor for patient. The entire treatment was tolerated comfortably by the patient. There were no side effects noticed in any of the patients. The procedure was simple economical and can be done in OPD level gives instant relief to most of the patients. But still to avoid the reoccurrence of the disease and to break the *samprapti*. The patient has to continue on oral medication.

REFERENCES:

- Sushruta Samhita sutrasthan chapter 12/4– by Atmaram Sharma publishd by Chaukhamba Prakashan Varanasi
- Sushruta Samhita sutrasthan chapter
 12/3- by Atmaram Sharma publishd by-Chaukhamba Prakashan Varanasi
- 3. Sushruta Samhita Sutrasthan chapter 12/10– by Atmaram Sharma publishd by Chaukhamba Prakashan Varanasi
- 4. A.P.I Text book of medicine ,8th edition, vol-1, low back pain , pg numb-273
- Charak Samhita: Chikitsasthan chapter 28/101, by -VaidyaManorama, Hindi Commentary, edited by Aacharya Vidhyadhar Shukla and Ravidatta Tripathi, Published by -ChaukhambaBharati Prakashan, Varanasi

- VatvyadhiChikitasa, YogRatnakara with Vidyotini Hindi Commentary, 1st edition, 1998 by Dr Indradev Tripathi and drD.S.Tripathi, published by Krishnadas academy Varanasi.
- 7. Systemic review of global prevelance of low back pain, DamionHoyetal, arthritis and rheumatism, vol 64, june 2012

CORRESPONDING AUTHOR

Dr. Monika Milind Nikumbh
M.S. (Scholar) Dept. of Shalya Tantra,
Y.M.T. Ayurved College, KhargharNavi
Mumbai, Maharashtra State, India
Email: drmonikanikumbh@gmail.com