

**EFFECT OF AGNIKARMA AS PAIN MANAGEMENT IN KATISHOOL
(LOWER BACKACHE) – A CASE STUDY**

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ABSTRACT

Pain is a subjective Phenomenon. Many patients worry about the pain rather than pathology of the disease. Back pain (Katishool) is a frequent reason in many diseases. Now a days many techniques are used to treat this type of back pain but it does not work. Nanatmaja vikara is explained in Charaka Samhita, Katishool is one of the nanatmaj vikara. Most commonly noticed in female and young population. It is not a harmful disease but it affects large population. In Ayurveda, Agnikarma is the treatment by application of heated rod of specific qualities to treat various types of diseases. Agnikarma or thermal microcautery is a rare practice today; it is a para-surgical treatment mentioned in classical text of Sushruta Samhita. It is an invasive procedure that induces controlled, pointed & therapeutic burns over the regions that are tender or painful. Panchdhatu shalaka & madhu (Honey) are the most common and accessible instruments used for Agnikarma. It is cost effective, time consuming, and on a daily basis provides fine state relief of pain management. All clinicians get positive results over this therapy. Apunarbhava (No recurrence) action of Agnikarma replaces all treatment modalities.

KEYWORDS: Agnikarma, backache, madhu, panchdhatu shalaka, katishoola.

INTRODUCTION

In the present era the lifestyle is gradually changing. Lifestyle changing from healthy living to sedentary lifestyle, improper sitting posture, travelling for a long period of time, heavy weight lift on back, improper movement of joint etc. Due to this lifestyle change muscle and ligament may tear cause intense pain. Pain is the distressing feeling. Pain is defined as unpleasant sensory or emotional experience associated with actual or potential tissue damage. Back pain is common among people working in unfavorable environment or exercising in a poorly maintained gym.^[1]

Lower back pain is originate from the muscles, nerves, bones, joints, or any structure present in the spine. Back pain is one of most common condition that the person missed their work due to this pain. Men & women affected equally but more common in female between age of 30 to 50. Lower back pain can be sudden onset or it will be chronic or persistent or intermittent. This pain may radiate from one position to other or into the feet. It may be dull ache or sharp or may include tingling weakness or numbness.

Acharya sushrut says that snayu, sandhi, asthigata vikara should be treated by sneh, upnah, agnikarma, bandhan and mardan karma. Agnikarma is the para-surgical procedure. It destroy the disease completely. The process which is performed by the agni for treating the disease related pain called Agnikarma. It is important therapeutic measure mentioned in sushrut Samhita.^[2] Agni-karma is the best among kshar-karma, shastra – karma & bhesaj. Agni-karma treats disease from its root i.e. Diseases treated by agnikarma do not occur (apunarbhavat) In the severe pain in skin, muscles, ligament, bony joints & bones caused by aggravated vata. Agnikarma has been broadly classified into two groups twakdagda & mansadagda. Twakdagda is indicated for twachasthita & mansasthita vyadhis & mansadagda for sira, snayu, asthi & sandhisthita vyadhis. The instruments for agni-karma are enlisted in classics & instruments are chosen in particular acute or chronic stage. Agni-karma is also divided into on the basis of shapes i.e bindu (Dot), lekha (line), valaya & pratisarana. These shapes apply with the help of panchdhatu shalaka or Suvarna shalaka on twak (skin), Mamsa (Muscles), Sira (veins), Snayu (nerves), sandhi(joints) & asthi (bones). Agni-karma therapy is understood as apurnavbhava if followed by classical purva, pradhana, & paschata karma. Pain, tenderness, weakness, stiffness are the various features of musculocutaneous pains. These symptoms are increase as with greater tissue injury &

inflammation resulting in chronicity of the condition. Katishool(low back pain) is common musculocutaneous pain.^[3]

AIMS AND OBJECTIVE

- To conduct conceptual study on katishoola & Agnikarma
- To evaluate the role of Agnikarma in management of low back pain.

MATERIAL AND METHODS

1. Panchdhatu shalaka
2. Aloe vera gel
3. Ghrita
4. Madhu
5. Triphala Kashaya
6. Foreceps

Study design – The present study is a single case study conducted in the department of Kaychikitsa IPD of GAC & Hospital Osmanabad.

CASE REPORT

A. Year old male patient present with the complaint of severe katishool for last one year. patient came kaychikitsa OPD of GAC & H Osmanabad, Maharashtra with the above complaint.

History of present illeness – Patient was healthy before one year. Gradually he develops katishool without any other condition and which is getting aggravated day by day.

Personal history – Ahara – tea (7-8 times in a day), drink (3-4 time in a week), bakery product, spicy & fried food.

Vihara -Sedentary lifestyle, bike travelling 15- 20 km in a day, extra weight lifting on back

Behavioural habits – could not tolerate warmth

Bowel habit – irregular, constipation problem from last 2-3 year

Micturition – normal

Family history – there was no positive family history.

Medicinal history – patient had taken modern medicine treatment for a period of 6 month without any definite improvement.

General examination

GC – fair

Temp – afebrile

Pulse – 88/min

BP – 110/70 mmHg

RR – 20/min

Built – moderate

Height – 165 cm

Weight – 60 kg

Ashtavisha Pariksha

Nadi – kapha-vata pradhan

Mala – Samyaka

Mutra – Samyaka

Jivha - Sama

Shabda – Spashta

Sparsha – Samshitoshna

Druk – Prakrut

Aakruti – Madhyam

Srotasa Parikshana

Asthiwaha srotas – kati pradeshi shool, tenderness present

Majjawaha srotas

Systemic examination

RS- AEBE Clear

CVS -S1S2 Normal

CNS – Conscious & Oriented

Local examination

Redness - absent

Temperature - Absent

Pain intensity

No pain	0
No pain at rest, but pain occurs on normal activities	1
Mild pain at rest, prevent some activities	2
Moderate pain at rest interferes activities with concentration	3
Severe pain at rest, intolerable pain, prevent daily activities & verbal communication	4

Tenderness Intensity

No tenderness	0
Mild/ tolerable tenderness on deep palpation	1
Pain on ordinary Palpation, patient not prefer to tolerate	2
Move intolerable pain on light palpation	3
Mild/ tolerable tenderness on deep palpation	4

SAMPRAPTI GHATAK

Dosha – vata – kapha

Dushya – ras -rakta

Adhisthana – kati

Treatment Plan – AGNIKARMA

The procedure of Agnikarma can be divided into 3 phases –

- Poorva karma
- Pradhana karma
- Paschata karma

Purva-karma

Agnikarma should be done in well prepared room with all equipment mentioned by acharya sushruta. Proper consent in standard format is being taken. Patient in prone position. Area was cleaned & Prepare Triphala Kashaya for prakshalan on kati pradeshi. The shalaka was heated upto becomes red hot on fire.

Pradhana karma

In katishool, it is easy to do agnikarma in prone position as it is good & comfortable for patient. Panchdhatu shalaka was heated upto becomes red hot on fire & then it was apply on most tender part, bindu size twaka vana was spotted on tender point till samyaka dagdha lakshanas are produced. this same procedure repeated at multiple points where more tender & painful point.

Paschat karma

After producing samyaka dagdha lakshanas aloe vera gel was applied on burn wound immediately to get relief from burning sensation. Removed this aloe vera gel after sometime with the gauze piece. & no contact of water upto 24 hr.

Medicinal Treatment

1) Deepana – pachana

2) Shodhana

1) Shodhana basti

2) Bruhana basti

Table No. 1.

Day	Deepana- pachana	Aahara
1 st	Hinguvastaka churna with ghrita	Varan, bhat, bhaji, poli
2 nd	Hinguvastaka churna with ghrita	Varan, bhat, bhaji, poli
3 rd	Hinguvastaka churna with ghrita	Varan, bhat, bhaji, poli

Shodhana basti - Basti is one of the major treatment that comes under yuktivyapashraya chikitsa.

Basti (Yogbasti Schedule)

Niruha basti by Erandaa mooladi kvatha.

Anuvasna basti by sahachar tail and dashmoola tail.

Yogbasti schedule consisting of 8 number of basti in which first basti was anuvasana basti(oil enema) followed by alternate administration of three anuvasana basti and three niruha basti (decoction enema) and lastly two anuvasana basti.

Contain of Eranda Mooladi Niruha basti

1. Eranda moola

2. Rasna

3. Ashvagandha

4. Atibala

5. Guduchi

6. Punarnava

7. Aragvadha

8. Devadaru

9. Madana phala

10. Laghu panchamool (bruhati, kantkari, gokshru, salparni, prisnaprni)

Day	Basti	Quantity
1	Anuvasana Basti	80 – 100 ml
2 nd	Niruha Basti	650 – 700 ml
3 rd	Anuvasana Basti	80 – 100 ml
4 th	Niruha Basti	650 – 700 ml
5 th	Anuvasana Basti	80 – 100 ml
6 th	Niruha Basti	650 – 700 ml
7 th	Anuvasana Basti	80 – 100 ml
8 th	Anuvasana Basti	80 – 100 ml

2. Bruhana basti

Bruhana basti was given by panchtikta kshir-basti is Contain madhu, saindhav lavana, panchtikta kwath, panchatikta ghrita, kshira.

The contents of kwatha was guduchi, nimba, patola, vasa and kantakari. Panchtikta kshir basti given 5 days.

Day	Basti	Quantity
1 st	Panchtikta kshira Basti	100-120 ml
2 nd	Panchtikta kshira Basti	100-120 ml
3 rd	Panchtikta kshira Basti	100-120 ml
4 th	Panchtikta kshira Basti	100-120 ml
5 th	Panchtikta kshira Basti	100-120 ml

Observation – The assessment of relief of sign & symptoms was done after completion of treatment by following pain & tenderness graded parameters.

	Before Treatment	1 st setting	2 nd setting	3 rd setting
Pain	Severe pain at rest, intolerable pain, prevent daily activities	Pain decreased at rest state, daily activities done easily	No pain at rest, but pain occurs on normal activities	No pain
Tenderness	Severe pain may caused by even stimulus like a sheet, patient dose not allow touch affected part	Moderate pain was present after stimulus	tolerable tenderness on deep palpation	Mild tenderness preasent

“Bastivatharanam”, As per acharya charaka it means, basti treatment best for vat dosha. Further, erandmuladi yog basti specially selected for Kati-prustha shool. It works on avaranjanya vata dosha and induced free movement of vata dosha. Due to this reduction in pain, numbness and tenderness. Basti and tikta rasa should be given asthipradoshaj vikara.^[4]

Bruhana basti is one of the type of anuvasna basti. Ksheera basti serves dual function that is niruha and anuvasna basti, hence it act as shodhana as well as snehana. Ksheera basti releavs margavarodha and produces bruhana effect.^[5]



RESULT AND DISCUSSION

“Kati-shoola” being most common disease in clinical practice. It is not explained as vyadhi in bruhatrayis, but it is explained as symptoms in different diseases. Acharya bhela has classified vata vyadhi into two groups, Sarvanga roga & Ekanga roga. Bhela explained katishool in Ekanga roga. In Gada -Nigraha katishoola is treated as a separate disease in vata vyadhi & various formulation is explained for kati-shool treatment.

By observing above references it can be understand that katishoola should be treated as a vyadhi. Lifestyle causes such as sitting posture, excessive physical exercise, extra weight on back, excessive jerk to the body, excessive pressure or rubbing of bone on body, constant used of vata aggravating factor are the causative factor for dhatu kshaya & kha vaigunya in kati region due to that vata & kapha pain is present to patient. Katishool is caused by imbalance of vata dosha. The involvement of kapha dosha along with vata the chronicity & severity of pain increases.

Agni-karma is a para-surgical procedure used of panch-dhatu shalaka. Panch-dhatu shalaka is red hot on fire & located on different soft tissues, due to thikness of Panch-Dhatu shalaka it can retain heat for longer period of time. Agni produced ushna, tikshna, sukshma & ashukari gunas. Due to this inherited property of agni it will removed stroto-avrodh which may occurred due to kapha over vata. It also increases ras-rakta circulation to the localized pathology. Agni increases the dhatwagni so dhatu becomes proper & digest aama dosha from

localized site. Thus the result is precipitated in the form of relief from all symptoms of katishool.

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