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Agnikarma - Pain Management Therapy in Musculoskeletal Diseases

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ABSTRACT

Pain is an unfavourable sensation that brings an individual to the physician due to a halt from his routine works. Pain can present in various ways as throbbing pain in toothache, eye ache or a colic pain which comes in spasm as in renal calculi, gnawing pain in abdominal discomfort, muscular pain as in sprain, sports injury, joint pain due to swelling and many more.

A wide range of symptomatic treatments are available such as use of anti-inflammatory analgesic drugs, steroids injection, physiotherapy, exercise etc. which have their own limitations and adverse effects. Long-term use of anti-inflammatory analgesic drugs and steroid injections are also not free from adverse effects. Till date, no satisfactory treatment is available for musculoskeletal pain. In Ayurveda, *Acharya Sushruta* has advocated various treatment modalities such as *Snehana*, *Upanaha*, *Agnikarma*, and *Bandhana* for *Vata*. Amongst these, *Agnikarma* seems to be more effective in providing distinct and instant relief if it is done perfectly.

A report of 100 patients having *vatajshool* with respect to musculo skeletal pain treated with *Agnikarma* is presented in this study to prove the role of *Agnikarma* in pain management.

KEYWORDS

Musculoskeletal pain, Vatajshool, Agnikarma



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INTRODUCTION

Pain can be described as any physical suffering or discomfort caused by illness or injury. No matter however mild the pain is anywhere in the body, it lands you in a state of discomfort and affects your day to day activities. Pain can present in various ways and our answer to this is a pain killer which on frequent usage also kills our resistance power¹.

Worldwide there is extensive morbidity due to musculoskeletal pain. This is problematic in developing countries due to the high cost and access to therapy².

Agnikarma is described in Indian system of Medicine – Ayurveda – for pain management. Its importance lies in its action, because of its ability to cure those diseases also which can't be cured by the *bheshaja, shastra and ksharakarma*³. Any procedure that involves the *Agni* directly or indirectly is considered under *Agnikarma*. It involves thermal cauterization (first or second degree burn) delivered precisely to the trigger point in the area of allodynia. It is also known by different names like *dahanakarma, dahakarma, dagdhakarma, jalanakarma and pachanakarma*, finds its role in the *vataja* and *kaphajavyadhi* involving the *dhatu* that are predominant with *pruthvi and aapmahabhutha*.

Agnikarma can be utilised as a preventive measure, as curative measure, as postoperative procedure and as haemostatic measure.

Hence considering these facts, the current study is presented to evaluate the efficacy of *Agnikarma* in the management of *vatajshool* with respect to musculoskeletal pain.

AIM

- 1) To prove the role of *Agnikarma* in pain management of *vatajshool* patients.
- 2) To establish a clinical evidence base to increase the value of *Agnikarma*.

MATERIALS & METHODS

Patients having pain, acute and chronic (irrespective of age and sex) were treated in clinic at Kamothe, Navi Mumbai with *Agnikarma* for only pain management along with the use of internal medication in muscular and joint diseases like

- 25 patients of *Janu Sandhishool* due to osteoarthritis
- 15 patients of *Katishool* due to lumbar spondylosis
- 15 patients of *Manyashool* due to cervical spondylosis
- 10 patients of *Gulfashool* due to Ligament sprain



- 15 patients of *Paadshool* due to Sciatica
- 10 patients of *Ansashool* due to Frozen Shoulder
- 10 patients of *Kurchashool* due to calcaneal spur

Procedure of Agnikarma

After taking written informed consent, *Triphala Kasaya* was applied at affected part with and wiped up with sterilized gauze piece.

A small rod of Gold with a blunt end, specially designed for this purpose was used in the form of *samyaktwakdagdha* (therapeutic superficial skin burn) was done with red hot *suvarnashalaka*. Appropriate precaution was taken not to produce *asamyakdagdhavrana* (neither

placed on the affected area and the heat was transferred through the other end by a candle or spirit lamp till the patient can bear the heat. *Agnikarma* was done on the point at tenderness.



Fig 1. Material for Agnikarma

superficial nor too deep burn). After completion of the procedure, *ghrita* and *madhu* was applied on the site⁴.

Agnikarma procedure in various musculo skeletal diseases:



Fig 2 Manyashool



Fig 3 Ansashool



Fig 4 Gulfashool



Fig 5 Kurcha shool



Fig 6 Kurcha shool



Fig 7 Janu sandhi shool



The entire procedure was repeated at the interval of 7 days as per need. Patient is advised to apply the paste of *madhu* mixed with *ghrit* at bed time till healing of *SamyakDagdhaVrana*.

Vatavardhakahara-vihar (diet and activities which aggravate *vatadosha*) was also restricted during the treatment and follow-up period. After procedure, *Pathyapathya* was advised as mentioned in *Sushruta Samhita* until the healing of *Samyak Dagdha Vrana*.

OBSERVATIONS

Total 25 patients of Osteoarthritis of knee joint (Fig no.7) were treated by *Agnikarma* with help of *suvarnashalaka* applied on the affected joint, at seven days interval for four weeks. After completion of treatment, it was noted that 82% relief in swelling, 85.70 % relief in painful restriction of movement, 92 % relief found in pain & tenderness and 100 % relief in joint crepitus was observed.

Total 15 patients of Cervical spondylitis (Fig no.2) were treated with *Agnikarma* at the cervical spine area. In this 95 % patients had good relief from neck pain, 66.66% patients got relief from neck stiffness and 65% patients got relief in restricted movement of neck. Total 15 patients of Sciatica were treated with *Agnikarma* with single sitting of

Agnikarma at 4 Angula above the ankle joint. Complete i.e., 100% relief was observed in features of *Stambha* (Stiffness), *Ruk* (Pain), *Toda* (Pricking pain) and *Gaurav* (Heaviness). 90% relief was found in *Spandan* (feeling of movement), 85% improvement in SLR.

Total 15 patients of Lumbar spondylosis were posted for *Agnikarma* with single sitting of *Agnikarma* at lumbar spine area. In this, 85 % relief in painful restriction of movement, 81% relief found in pain & tenderness was found.

Total 10 patients of frozen shoulder (Fig no.3) were treated with *Agnikarma* with the help of *suvarnashalaka* on the affected shoulder joint and 2nd sitting was done after 7 days intervals at the same site. On completion of the treatment, 95% relief in *Ruka* (pain), 68% relief in *Toda* (pricking sensation), 68% relief in *Stambha* (stiffness) was observed.

Ten patients with pain in heel (Fig no.5, 6) were treated with *Agnikarma* at 7 days interval. After completion of treatment, 96% relief was found in *Ruka* (Pain), and 62% patients got relief in *Graha* (Restricted movement).

Total 10 patients of ankle joint (Fig no.4) pain due to ligament sprain were treated by *Agnikarma* with single sitting of *Agnikarma*



at tenderness over ankle joint. In this, 90 % relief in painful restriction of movement, 75% relief found in pain & tenderness was found.

RESULTS

Hundred patients were treated with *Agnikarma* procedure. The cases contain 25 of knee joint pain, 15 of lumbar pain, 10 of shoulder pain & 15 of neck pain, 10 of heel pain and 10 of ankle pain. After *Agnikarma*, 95 patients had greater than 90 % instant pain relief, 80 patients had improved function, 90 had reduced stiffness, 90 patients stated that the benefit was still present at the end of the year.

There was instant relieve in pain after the *Agnikarma* and gradually the range of movement was found increasing. Many have reported that for the long term benefit, more number of sittings of *Agnikarma* may be required.

DISCUSSION

Many people have a false belief that Ayurveda is not good in times of acute pain, Ayurvedic medicines should only be consumed in chronic illnesses and it always gives very slow results but the thing is they are unaware of the wonder management. *Ayurveda* explains the origin of pain is due to vitiated *Vatadosha*⁵. Once

Vatadosha is treated efficiently, the pain subsides automatically.

Agnikarma usually done in painful conditions⁶ like pain due to cervical or lumbar spondylosis, spasmodic pain due to calculi, sciatica, frozen shoulder the procedure is done along the path of the nerve. It works effectively and gives immediate pain relief.

Agnikarma does not allow the diseases to reoccur, once they are treated by it. *Agnikarma* is superior *tokshara* by means of its action. It is always utilised as the ultimate measure among the *yantra*, *shastra*, *anushastra*, *kshara* etc. *Agnikarma* is the ultimate measure for the haemostasis among the four *raktastambhana* measures⁷.

Probable mode of action of *Agnikarma*:

After *Agnikarma*, the *ushna* guna of *Agni* pacifies the *shita* guna of *Vayu* and reduces the joint pain in the case of *Sandhigata Vata*. *Acharya Charaka* described that *Agni* is the best treatment for *shoola*⁸. *Ushnaguna* 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 joint leads to the proper nutrition of the tissue. This induced circulation help to flush away pain producing substances from affected site and



ultimately reduces the local inflammation⁹. The osteophytes was recorded unchanged after Agnikarma because it was a structural defect and it is difficult to correlate the impact of Agnikarma on osteophytes. The Ashukari (quick acting) property of Agni also provided improvement in the movement of joints resulted in relief of crepitus¹⁰. Shitaguna of Vata in the tissue and muscle is normalized by Agnikarma, the muscle spasm releases. Acharyas have quoted that Agnikarma is superior in treating stambha¹¹. The heat application is indicated in cases of chronic inflammation¹². Heat leads to vasodilatation, exudation of fluid, increase in white blood cells and antibodies. This response obtained on heating the tissues is augmentation of these changes for certain period and reduce the chronic inflammation which relieves pain.

CONCLUSION

Agnikarma is a quick pain management method which is very effective in cases of musculoskeletal diseases.

Agnikarma is a promising method all over the world without any side effects which is rapid, efficient to apply, well tolerated by patients.

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