



# “A Clinical Study To Evaluate The Efficacy Of Agnikarma By Loha Shalaka In Katigraha” – A Case Report”

<sup>1</sup>Dr Umar Shariff M Bellary, <sup>2</sup>Dr Chandrabhusahan Sinha

<sup>1</sup>Final Year PG scholar. <sup>2</sup> Assistant Professor

<sup>1</sup>Dept of PG and PhD studies in Shalya Tantra

<sup>1</sup>Ayurveda Mahavidyalaya and Hospital, Hubballi-580024, Karnataka.

**Abstract:** *Kati Graha* is a *vedanapradhanavyadhi*. Patient feels pain and stiffness in the lumbar region, which hampers the normal activities of the person. It is one of the *Nanatmaja vatavyadhi* mentioned by *Acharya Sharangadhara*. *Acharya Shodala* and *Bhavaprakasha* have mentioned *Katigraha*, as that characterized by *Ruja* (pain) and *Graha* (restricted movements) in *Kati Pradesh*, hence it is considered as a separate disease in the classical text *Gadani-graha*. *Agnikarma* has been given special place in surgery by *Sushruta* and it is believed that disease treated by *agnikarma* never reoccurs. *Agnikarma* is considered as a boon for *Sthanikavata* and *KaphajaVyadhi's* and is highly recommended in the management of pain in wide spectrum of disorders.

**KEY WORDS:** *Katigraha*, *Agnikarma*, Low back pain, *Lohashalaka*,

## INTRODUCTION

Back pain is the leading cause of disability and due to hasty lifestyle, the incidence of low back pain is raising gradually. About 80 percent of adults experience low back pain at some point in their lifetime<sup>1</sup>. It is mostly aggravated due to sedentary life style, travelling, straining at work place and also due to incorrect postural habits. Low back pain affects different age groups and hampers the routine of an individual, It ultimately disturbs the quality of life. There are several treatment options available for low back pain, although no single therapy meets the demand of the patient. Though it is a common diagnosis given to patients the treatment is mere symptomatic. Hence population who cannot afford costlier modalities are searching alternative, effective and economical remedies which are available in Ayurvedic system of medicine. A glance through Ayurvedic classics reveals the dominance of *Vata dosha* in producing pain, *Acharya Vaghbata* has mentioned *Katigraha* as a *Vridhdhava* karma. *Acharya Sharangadhara* considered *katigraha* as a *Vatajananatmajaata*<sup>2</sup> Hence it is considered as a separate disease in the classical text *Gadani-graha*. *Acharya Shodala* and *Bhavaprakasha* have mentioned *Katigraha*as, That characterized by *Ruja*(pain) and *Graha*(restricted movements) in *Kati Pradesh*, Where *Shuddha* or *Sama vata* enters into *Kati pradesha* and produces the symptoms like *Ruja* and *Stabhdhata* in *Kati Pradesh* it is termed as *katigraha*<sup>3</sup>.

Pain is the predominant symptom of *katigraha* which disturbs the normal routine of the patient. It is a classical fact that this pain is effectively relieved by the *Agni karma*. It is stated as the ultimate therapy in those disorders which are not curable with other measures,<sup>4</sup> It is considered as a boon for *SthanikaVata* and *KaphajaVyadhi's*, diseases treated with *Agni karma* do not recur<sup>5</sup> and there is no fear of putrefication and bleeding, and ultimately it produces balancing effect on vitiated *Vata Dosha*. To perform this procedure, many *dahana upkaranas* (devices) like *Pippali*, *Ajashakrit*, *Godant*, *Shara*, *Shalaka*, *Jambavoshtha*, *Madhu*, *Guda*, *Sneha* and different types of metals are used. As *Agnikarma* finds its utility in *Twak*, *Mamsa*, *Sira*,

*Snayu, Asthi and Sandhi vedana caused by Vatadosha.* Hence the present study it will be employed in *katigraha* to subside the pain caused by *Vata*. The study entitled as “A CLINICAL STUDY TO EVALUATE THE EFFICACY OF AGNIKARMA BY LOHA SHALAKA IN KATIGRAHA VIS-À-VIS TO LOW BACK PAIN”.

## II. A CASE STUDY

A 32-years aged male patient with complaints of severe low back pain, difficulty in forward bending since 15 days.

Name	Waseem Shaikh
Age/sex	32years/Male
Address	Hubli
OPD/IPD No	5333/252
Occupation	Microsoft Engineer
Marital status	Married
Socioeconomic status	Middle Class

### 2.1 PLACE OF STUDY

P.G and PhD studies, Dept of Shalyatantra, Ayurveda Mahavidyalaya and Hospital, Hubballi.

### 2.2 HISTORY OF PRESENT ILLNESS

Patient was apparently normal 6month back, gradually developed pain in the lower back region along with stiffness and difficulty in forward bending for which he consultant nearby doctor and took conservative treatment, and advise for back support belts, did not find relief, symptom got aggravated since 15 days, hence visited our hospital for further management.

### 2.3 PAST HISTORY

Patient was n/k/c/o HTN /DM/IHD/BA .No history of fall or trauma or any surgical intervention

### FAMILY HISTORY

All family members are healthy and have no H/O any other severe illness contributory to the patient condition

### 2.4 PERSONAL HISTORY

Appetite- Normal Bowel- One time/day  
Micturition- 3-4 time a day Sleep- Disturbed  
Habits- Smoking

### 2.5 GENERAL EXAMINATIONS

G.C - Fair  
Built - Moderate Weight - 62kg  
Blood Pressure -140/90 mmHg Pulse Rate - 80/min Respiratory Rate - 16/min Pallor – Absent

### 2.6 SYSTEMIC EXAMINATION

RS - NVBS +, no added sounds  
CVS – S1 S2 heard at left 5th I/C space, no murmurs  
CNS- Patient was conscious, well oriented to time, place and person.

### 2.7 LOCAL EXAMINATION

INCEPTION: No swelling/deformity/change in gait PALPATION: local temp raised/tenderness present on deep palpation CROSS OVER SIGN : “POSITIVE”  
SLR TEST: “POSTIVE”

## 2.8 INVESTIGATION

Hb%	13.5gm %
RBS	88.7 mg/dl
HIV	Negative
HBsAG	Negative
Blood Group	AB positive
ESR	20 mm/hr

## 2.9 DIAGNOSIS: KATIGRAHA (LUMBAR SYPONDOLISIS)

## 2.10 TREATMENT ADVISED: “AGNIKARMA WITH LOHASHALAKA”

## 2.11 PLAN FOR THE STUDY

The selected patient diagnosed as katigraha (lumbar sypondolisis) from O.P.D. of Shalyatantra Department of Ayurveda Mahavidyalaya and hospital, Hubballi was admitted to day care procedure with I.P.D. on 20/05/2023 with OPD/IPD No. 5333/252 Base line data collection and laboratory investigations were done and informed consent was taken before Agnikarma

## 2.12 PROCEDURE OF AGNIKARMA PURVA KARMA:

Routine investigations were within normal limits. Written informed consent of the patient was taken. The required materials i.e *lohashalaka*, *kumara*, *taila*, gas, gloves etc.. is kept ready. Local *Snehana* was done with *Sahacharaditailam* in the lower back region

## PRADHANA KARMA:

1. Patient is made to lie in prone position and the lower back region will be painted with betadine solution.
2. Draping was done with sterile cut sheets and the heated tip of *lohashalaka* will be touched on the marked tender points in the form of *Binduakruti* till *samyak dagdhalakshyanas* was seen.

## PASHCHAT KARMA:

1. *kumari pulp* is applied over the *Dagdhasthana*.
2. Patient was advised to avoid water contact at area of *Agnikarma* for 24 hours.

Procedure	- <i>Agnikarma with lohashalaka</i>
No. of sittings	- Four sitting
Locally	- <i>Sahacharaditailam for sthanika abhyanga</i>
Internally	- <i>Lakshadiguggulu</i>
Dose	- <i>Lakshadiguggulu</i> - One tablet of 500mg twice a day after food with <i>ushnodaka</i>
Duration	- Every week assessment for one month
Follow up	- Follow up after 14 days

## 2.13 PARAMETER OF THE STUDY

Subjective Parameter Pain  
Stiffness

Objective parameter Range of movement Lumbar flexion Lumbar extension  
Lumbar lateral flexion (right and left) SLR test  
Gait

### III. RESULT

Parameters	Before treatment	After treatment
Pain	Present	Absent
Stiffness	Present	Absent
Lumbar flexion	40 degree	80 degree
Lumbar Extension	30 degree	30 degree
Lumbar lateral flexion	Right – 20 degree Left - 15 degree	Right – 30 degree Left - 25 degree
SLR	40 degree	70 degree
Gait	Antalgic gait	Improved

### IV. DISCUSSION

Lumbar spondylosis may also lead to abnormal growths on the vertebrae. Pain can be produced when a neural for animal stenosis is formed, which comes from the formation of osteophytes. In some cases the degenerative changes in the lower back due to lumbar spondylosis can lead to compression of the spinal nerve resulting in lower back pain and pain that radiates to the buttocks and legs. In modern medicine, the disease in its early stage, it is managed by medications such as analgesics and anti-inflammatory drugs, muscle relaxants, corticosteroids, epidural steroid injections etc. but these drugs have lots of side effects and cannot be used for a long time; According to *nidana* and symptoms of disease *Katigraha* is near to Lumbar Spondylosis. *Vata* vitiation played an important role in initiation and manifestation of *katigraha*.

**Mode of action of Agnikarma:** After *Agnikarma*, the *Ushna* (hot) *Guna* of *Agni* pacifies the *Shita* (cold) *Guna* of *Vayu* and reduces the joint pain in the case of *Sandhi*. Acharya Charaka described that *Agni* is the best treatment for *Shoola*<sup>6</sup>. *Ushna Guna* of *Agni* helps to remove the *Avarana* effectively and stabilizes the movement of *Vata*, which provides relief from *Shoola*. As per modern medicine, therapeutic heat increases blood circulation at the knee joint, leading to the proper nutrition of the tissue. This induced circulation helps to flush away pain-producing substances from the affected site and ultimately reduces the local inflammation<sup>7</sup>. The heat application is indicated in cases of chronic inflammation<sup>8</sup>. Heat leads to vasodilatation, exudation of fluid, increase in white blood cells and antibodies. This response obtained on heating the tissues is an augmentation of these changes for a certain period and reduces the chronic inflammation. *Shita Guna* of *Vata* in the tissue and muscle is normalized by *Agnikarma*, the muscle spasm releases which improves flexion and extension of the knee joint. Acharyas have quoted that *Agnikarma* is superior in treating *Stambha*<sup>9</sup>.

### V. CONCLUSION

*Agnikarma* therapy is a result for *sthanika* involvement of *Vata* in disorders. The *agnikarma* procedure is a timeless procedure on day care bases and it is quite affordable. The *shalaka* was heated to red hot and the tip of the *Shalaka* was sufficiently pointed enough to create *Bindu Dahana Vishesa*. The patients were given four sittings of *Agni karma* in this study with an interval of 7 days between two sittings. The study shows a good result in the case of *vata* diseases. *Agnikarma* does the action at the level of muscle fibres causing relaxation of muscles thereby improving the range of movement. As the *loha* is *tridosahara* so the patient had much relief for checking the efficiency it should be performed on more in number of patients.

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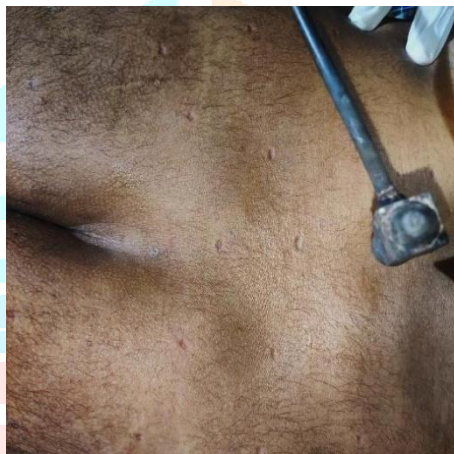
VII. PICTURE:



Site of Agnikarma



Marking of most tender point



Agnikarma over marked points



Kumari pulp lepa after agnikarma