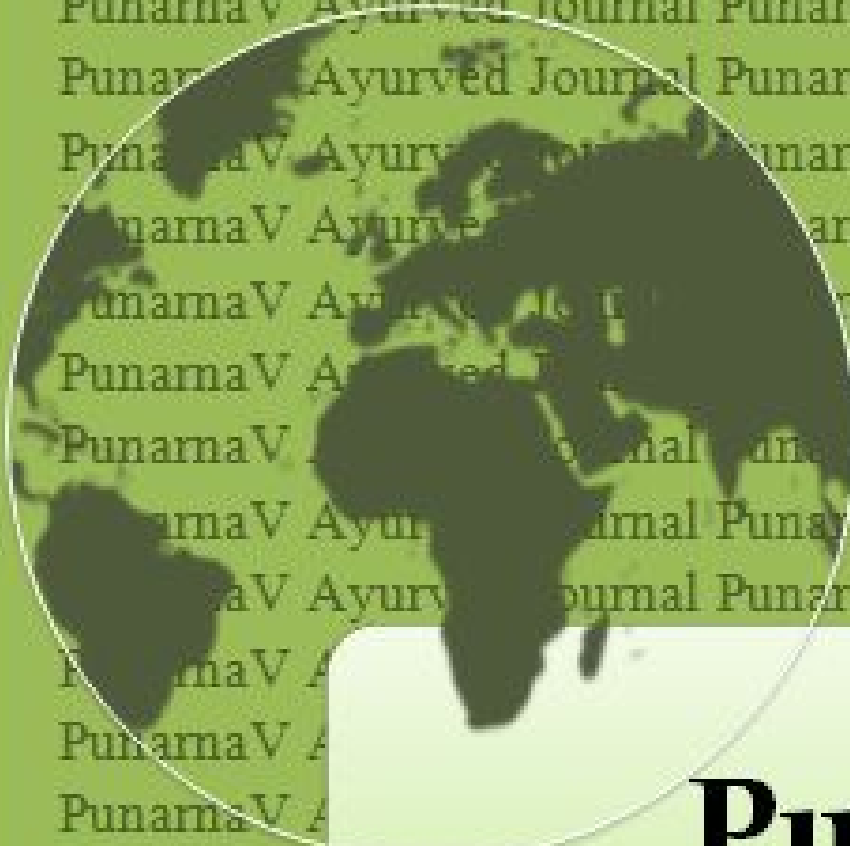


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AGNI KARMA FOR MANAGEMENT OF ANKLYSOING SPONDLYTIS: A CASE STUDY

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ABSTRACT:

Ankylosing spondylitis, a chronic inflammatory arthritis having cardinal symptoms as frequent pain and stiffness in the lower back and buttocks, this comes on gradually over the course of a few weeks or months. Agnikarma is the procedure indicated by Acharya in Vatavyadhi. Sushrut mentions Agnikarma as superior most than other therapeutic procedures as it gives instant relief in pain. Thus the objective of present study was to evaluate the efficacy of Agnikarma in case of Anklyosing Spondylitis & thus improve the daily routine of affected individual. There was a highly significant reduction in the parameters like pain, walking distance, stiffness. Visual Pain Analogue Scale was used for analysis of overall effect of treatment. Management of Ankylosing spondylitis by Agnikarma gives instant relief in pain but oral Shaman medicine has to use to break the Samprapti of the disease & to check the recurrence.

Keywords: *Ankylosing spondylitis, Agnikarma*

INTRODUCTION

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Ankylosing spondylitis usually develops in the second or third decade of life, affecting young men more frequently than young women, the estimated male-female ratio ranging from 2.5 to 5:1. The sacroiliac and hip joints are the most affected. Prolonged occurrence of the disease leads to ankylosis of the spine leading to kyphosis and other spinal abnormalities. Traditional disease-modifying anti-rheumatic drugs (DMARDs) used for rheumatoid arthritis (RA) are ineffective in the typical AS patient with disease limited to the axial skeleton, including hip and shoulder joints. Agnikarma Chikitsa is said to be superior. Several researches have shown that Agnikarma Chikitsa is more effective compared to the other treatments such as oral drugs or even surgeries etc. The approach of Agnikarma has been mentioned in the context of diseases like Arsha, Arbuda, Bhagandar, Sira, Snayu,

Asthi, Sandhigata Vata Vikaras and Gridhrasi. Here I present the case of a 33-year-old male patient, whose early diagnosis of AS permitted successful management according to Ayurvedic principles. Though initially bed-ridden due to severe pain, he returned to normal life.

CASE HISTORY

A 33-year-old male patient visited the O.P.D of YMT Ayurvedic Medical College, Kharghar, Navi Mumbai with complaints of *shoola* (severe pain), *stambha* (stiffness) at right hip for 7-8 days which were relieved after taking pain killers for 5-6 days. But after few days pain developed at left hip which lasted for almost 4-5 months and faced difficulty in daily activities while walking, movements were restricted and then was hospitalized for above complaints. There was no history of trauma. After thorough examination, he was diagnosed as having ankylosing spondylitis.

After careful assessment and examination, patient was treated with *Agnikarma*

EXAMINATION

Vitals – pulse 86/min, regular, full volume, BP 120/90 mmHg (right arm sitting), temperature 99.4°F (oral, 9 am), and respiratory rate – 22/min. The nervous system, cardio-vascular system, and respiratory system were within normal

limits (WNL).

Per abdomen examination was normal.

Spine – mild scoliosis was observed in the thoracolumbar region toward right, lumbar lordosis obliterated, and tenderness over L2, L3, L4, L5 region, also tenderness over bilateral sacroiliac joints. Other joints – tenderness over bilateral knee joints and tenderness in the both hip. Movements were restricted and painful.

PATHOLOGICAL INVESTIGATIONS & FINDINGS

Blood Hb 12.6 g/dl, ESR 60mm/h, TC 15,300. DC: N 79%, L 18%, E 2%, B 01%.

Random Blood Sugar 110 mg/dl, CPK 138 U/L, Serum Creatinine 1.0mg/dl.

Human leukocyte antigen (HLA) – B27 by flow cytometry – **positive**.

HLA B27 by PCR (polymerase chain reaction) – detected.

Urine examination was within normal limits except for pus cells 4–5/HPF.

RADIOLOGICAL INVESTIGATIONS & FINDINGS

X-ray LS spine revealed bilateral sacroilitis (grade 2) and obliteration of lumbar lordosis.

MRI lumbar spine revealed altered marrow signal (hypo-intense on T1 and hyper-intense on T2 weighted MRI) involving left sacral ala and iliac bones

adjacent to sacro-iliac joints indicating bilateral sacroilitis, more on the right.

TREATMENT

Procedure of Agnikarma

After taking written informed consent, *Agnikarma* was done. The LumboSacral region(L2,L3.L4) were maximum pain,swelling,tenderness was identified and wiped up with sterilized gauze piece also maximum pain at knee joint was marked and the dahan karma was done.

Agnikarma in the form of *samyak twak dagdha* (therapeutic superficial skin burn) was done by making a *vilekha dahana vishesa*(multiple dots in a three straight lines) with red hot *pancha dhatu shalaka* covering about 05 cm length with dotted spot of burn by sparing gap of 0.5 cm between two dots. Another two lines of the same *vilekha dahana vishesa* were made, 0.5 cm apart from and parallel to the first line. Cotton swab soaked in panchatikta ghrut(medicated ghee) was applied just after making each dot. Appropriate precaution was taken not to produce *asamyak dagdha vrana* (neither superficial nor too deep burn). The entire procedure was repeated three times at the interval of 7 days. Patient was advised to apply the paste of *Haridra* powder mixed with coconut oil at bed time.

OBSERVATION & RESULT

Even though the claim cannot be made that the patient is completely cured of

the illness by Agnikarma, as of now he is symptomatically normal.

	Symptoms	Before treatment	After treatment
1.	Sandhishool (Pain)	++++	+
2..	Sandhigraha (stiffness)	+++	+
3.	Restricted movement of joints	++++	+

Assessment of Shotha

Shotha can be measured with the help of measuring tape, Hence it is an objective parameter. In this study Shotha of Janu Sandhi was measured at 3 levels in cms. Level A – 2 inches (5.08cm) above mid patellar point. Level B – at mid patellar point. Level C – 2 inches (5.08cm) below mid patellar point.

All measurements were taken. Mean was calculated and effect of a trial is calculated in terms of difference between the Shotha before treatment and after treatment.

The average janu sandhi shotha three times at the interval of 7 days is as follows:

Average Sandhishotha	Janu	Before Treatment	After Treatment	F/U (16 th Day)
Sandhishotha		37.46	35.44	35.06

DISCUSSION

The first step in initializing Ayurvedic treatment is to arrive at as precise a diagnosis as possible based on its principles. Rather than making an explicit correlation of Ayurveda’s classification of vyadhis (diseases) with those of modern medicine, it is always better to formulate an Ayurvedic diagnosis based on the

presenting features of the particular patient. As per Ayurvedic concept, this condition may develop with the vitiation of *vata* with *anubandha* of *kapha dosha* (one of the responsible factors for production of *fama* and *srotovaigunya*). *Vata* and *kapha doshas* have been considered the important factors for

causation of *shoth* (inflammation) and *shoola*(pain) in the body. To treat such condition, *Agnikarma chikitsa* is indicated as a best treatment modality. Therefore, to pacify the vitiated vataand kapha dosha, Agnikarma was done which helped to

reduce the shoth and shoola by virtue of its opposite qualities such as ushna (hot),tikshna (sharp), sukshma (finest), and ashukari (quick acting).

CONCLUSION

The Pain relief provided by Agnikarma presents a window of opportunity in the clinical management of ankylosing spondylitis. Further studies may be conducted by taking more samples with more number of sittings. Agnikarma is

also known to be effective in other cases of musculoskeletal disorders such as osteoarthritis, cervical spondylosis, lumbar spondylosis, sciatica, frozen shoulder, calcaneal spur, plantar fasciitis, carpal tunnel syndrome, trigger thumb, etc.

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