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### Effect of *Agnikarma* in the Management of *Katigraha-A* Case Study

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#### ABSTRACT

*Katigraha* is the condition in which vitiated *vata* either alone or associated with *ama* gets lodged in *katipradesa* producing pain and stiffness along with restricted range of movements. In clinical practice, low back ache is a major issue nowadays which is felt in everyone's life at one or more times. Its prevalence in India is nearly 60% of the population and the incidence is rising day by day. In present era, many medical interventions such as NSAIDs, Steroids etc and surgical interventions like Discectomy, Lumbar laminectomy are available for the treatment of varied etiologies of low back ache but these are expensive, time consuming and often have serious adverse effects.

*Agnikarma* is an important *Anushastrakarma* explained by Acharya Sushruta and *atyugraruja* caused by *Vata* is one of its indications. Due to the *theekshna ushna* quality of *Agnikarma*, *vata* is eliminated and pain is relieved. *Agnikarma* gives quick result and is one among the cost effective treatment modality recommended in various musculoskeletal disorders. It is advocated that diseases treated by *Agnikarma* never recur.

Here in the case study, a male patient of age 45 years came to Shalya Tantra OPD on 25<sup>th</sup> January 2019 presenting with severe pain, stiffness in low back region and restricted movements since 4 months with no other co-morbidities. After doing *Agnikarma* with *panchalohashalaka* in the tendermost points of low back region, patient got marked improvement in pain and stiffness within couple of hours and moderate improvement in lumbar spine mobility.

#### KEYWORDS

*Agnikarma, Katigraha, Anushastrakarma, Lumbar spine mobility, Panchalohashalaka*



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## INTRODUCTION

Changing of life style of human beings has created much discordance in the biological system. Because of busy professional and social sedentary lifestyle, improper sitting postures, over exertion, jerking movements during travelling, sports etc create under pressure to spinal cord and hence play an important role in producing low back ache. Nowadays it is becoming a significant threat to the working population<sup>1</sup>. Low back ache is characterized by dull or sharp pain in the lower back associated with stiffness. Pain and stiffness in the lower back restricts the movements, reduces work capacity, quantity of enjoyment of living and causes great distress. Its prevalence in India is nearly 60% of the population and the incidence is rising day by day. It affects both men and women alike and is common in the age group of 25 to 60 years<sup>2</sup>.

The word *Katigraha* is originated from the union of two words ‘*kati*’ and ‘*graham*’. *Kati* is derived from the root “*kat in*” meaning *sareeraavayavavisesham*. In *Amara kosha*, the word meaning of ‘*kati*’ is “*katauvastravarana*”, the part of the body which is covered with clothes. ‘*Graha*’ means holding. It is originated from *dhatu* “*Grahaupadaane*”, one which gives support. Hence ‘*Katigraha*’ indicate a diseased condition of the lower back

associated with pain, stiffness and restricted movements. In *Ayurveda Samhitas*, *Katigraha* has been mentioned as both *anubandha* and *anubandhya vyadhi*. The etio-pathogenesis of *Katigraha* is suggestive of *Vata pradhana vyadhi*. When vitiated *shudha* or *samavata* enters in to *katipradesa* and produces the symptoms like *ruja* and *stabdhata* in *katipradesha*, that condition is called as *Katigraha*<sup>3</sup>.

In present era, many medical interventions such as NSAIDs, Steroids etc and surgical interventions like Discectomy, Lumbar laminectomy are available for the treatment of varied etiologies of low back ache but these may not be as much successful for its cure. Also these are expensive, time consuming and often have serious adverse effects.

*Agnikarma* is an important *Anushastrakarma* explained by Acharya Sushruta and *atyugraruja* caused by *Vata* is one of its indications. Due to the *theekshna ushna* quality of *Agnikarma*, *vata* is eliminated and pain is relieved. It gives quick result and is one among the cost effective treatment modality recommended in various musculoskeletal disorders. It is advocated that diseases treated by *Agnikarma* never reccur<sup>4</sup>. For this, we have used an *Agnikarmashalaka* mixing by five different type of metals in different proportions i.e Copper 40%, Iron 30%, Zinc



10%, Silver 10 % and Tin 10%. This *shalaka* can be used for superficial skin burn as well as for deep muscle burn. We have found that, this *shalaka* can also sustain heat for longer period, it is easy to handle and can perform the procedure in less duration<sup>5</sup>.

## MATERIALS AND METHODS

A male patient with average built of age 45 years, came to OPD, Department of Shalya Tantra, Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital Udupi on 25<sup>th</sup> January 2019 with chief complaints of severe pain, stiffness in low back region and restricted movements since 4 months with no other co-morbidities.

*On examination –* Patient was having antalgic gait. He was unable to sit or stand or remain in same posture for more than 10 minutes due to severe pain in his low back. SLR was 40 degree for both lower limbs and Braggard's test was negative. Tenderness was present in L4, L5 and S1 level. Blood pressure was 130/80 mm of Hg, Pulse rate was 78/min, Weight – 70kg and Height – 5.9”.

All routine blood investigations were carried out and were in normal limits. HIV, HBsAg, VDRL were negative. In plain X-

ray of LS spine, saw mild space diminished between L4 and L5 vertebral bodies.

### Clinical Examination (before Agnikarma) :

Pain – Grade 4

Tenderness- Grade 3

Stiffness – Grade 2

Lumbar spine mobility test:

Flexion - 40°

Extension - 10°

Lateral flexion - 15°

Rotation - 20°

### Method of Agnikarma:

After proper counselling, written consent was obtained from the patient. Tender most points on and around L4, L5, S1 vertebral bodies were marked with pen. Area was cleaned with spirit, *Agnikarmashalaka* was made red hot by burning it on LPG gas burner

(Figure 1).



**Figure 1** Preoperative procedure  
*Agnikarma* was performed in *bindu* manner (Figure 2).



**Figure 2** Operative procedure



8 dots were given at the marked area keeping 0.5 cm distance in between them. *Agnikarma* was done by putting red hot *shalaka* at the marked site till *samyaktwakdagdhakshan* were seen. As soon as the procedure was over, *kumari swarasa* (Aloe vera pulp) was applied over the burned site. After a minute, the part was cleaned and *shatadhautaghritam* was applied. The patient was advised to apply

**Table 1** Grading method

CRITERIA	GRADE 0	GRADE 1	GRADE 2	GRADE 3	GRADE 4
STIFFNESS	No stiffness	Mild	Moderate	Severe	
TENDERNESS	No tenderness	Says paining	winces	Withdraws part	Does not allow to touch
FLEXION	$\geq 80^{\circ}$	$79^{\circ}-60^{\circ}$	$59^{\circ} - 40^{\circ}$	$\leq 39^{\circ}$	
EXTENSION	$\geq 30^{\circ}$	$29^{\circ}-20^{\circ}$	$19^{\circ} - 10^{\circ}$	$\leq 9^{\circ}$	
LATERAL FLEXION (L) &(R)	$\geq 35^{\circ}$	$34^{\circ}-25^{\circ}$	$24^{\circ} - 15^{\circ}$	$\leq 14^{\circ}$	
ROTATION (L)&(R)	$\geq 45^{\circ}$	$44^{\circ}-35^{\circ}$	$34^{\circ} - 25^{\circ}$	$\leq 24^{\circ}$	



**Figure 3** Pain – VAS score

## RESULTS

Immediately after *Agnikarma* he got 50% relief in pain while walking. Mobility was also increased.

### On Day 1 (After Agnikarma):

Pain- Grade 2

Tenderness- Grade 3

Stiffness- Grade 1

Lumbar spine mobility test (**Figure 4**)

Flexion -  $70^{\circ}$

*shatadhautaghritam* twice a day continuous for a week and do not apply water on the *Agnikarma* site for next 24 hours. The condition of the patient was assessed before and after the treatment (1<sup>st</sup> day- BT and AT, 3<sup>rd</sup> day, 5<sup>th</sup> day, 7<sup>th</sup> day and 21<sup>st</sup> day). A standard grading method was adopted to assess the criteria (**Table 1** and **Figure 3**).

Extension -  $25^{\circ}$   
Lateral flexion -  $25^{\circ}$   
Rotation -  $35^{\circ}$



**Figure 4** Lumbar spine mobility after Agnikarma on Day 1

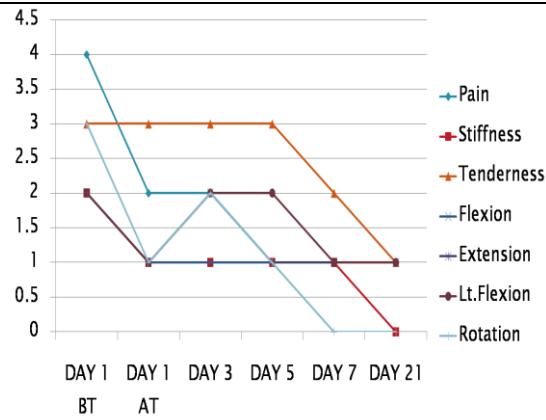


## ASSESSMENT AND FOLLOW UP

After 1 week of *Agnikarma*, patient has got marked improvement in symptoms like pain and stiffness and his range of

**Table 2** Assessment of parameters on day 1,3,5,7 and 21

CRITERIA	GRADING					
	DAY 1(BT)	DAY 1(AT)	DAY 3	DAY 5	DAY 7	DAY 21
STIFFNESS	2	1	1	1	1	0
PAIN	4	2	2	1	1	1
TENDERNESS	3	3	3	3	2	1
FLEXION	2	1	1	1	0	0
EXTENSION	2	1	2	1	1	1
LEFT LATERAL FLEXION	2	1	2	2	1	1
RIGHT LATERAL FLEXION	2	1	2	2	1	1
LEFT SPINAL ROTATION	3	1	2	1	0	0
RIGHT SPINAL ROTATION	3	1	2	1	0	0



**Graph 1**Assessment BT and AT

It was observed that hyperesthesia and burning sensation at the site of *Agnikarma* persisted for first 5 days. *Vrana* was completely healed within 10 days. No further aggravation or recurrence of symptoms was seen till the end of the study period i.e 21 days.

## DISCUSSION

### Probable mode of action of *Agnikarma*:

movements were improved. After 21 days, his stiffness was almost gone and pain was much less (**Table 2**) and (**Graph 1**).

*Agnikarma* due to its *theekshna ushna guna* is a boon for localized painful conditions caused by *Vata* and *Kapha*. Every *Dhatu* have its own *Dhatwagni* and diseases are manifested when this *Dhatwagni* becomes low. In this condition, *Agnikarma* increases the *Dhatwagni* by giving external heat and pacifies the aggravated *doshas*, as a result disease alleviates. The tissue metabolism is increased by local thermo therapy and leads to the excretion of the unwanted metabolites and toxins. Lateral spinothalamic tract is stimulated by the heat which in turn stimulates the descending pain inhibitory fibres and leads to the release of endogenous opioid peptides, which bind with opioid receptors at substantia gelatinosa rolandi and inhibit the



release of P-substance (Pre-synaptic inhibition), hence transmission of pain sensation is blocked<sup>6</sup>.

## CONCLUSION

This case report showed that *Agnikarma* is potent, safe and effective treatment in the management of *Katigraha*. No adverse effect was found during and after the procedure in this case except minimal scar at the *Agnikarma* site.



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