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## To Evaluate the Efficacy of *Agnikarma* and Disciplined and Intelligent Person Diet in *Katigata-Sandhivata* w.s.r to Lumbar Spondylosis - A Case Report

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### ABSTRACT

**Background-** Lumbar Spondylosis is a degenerative condition which affects the lower spine. The Spine is compromised by a narrowing of the space between the vertebrae associated with growth of bone spurs (osteophytes). It is characterized by progressive loss of function and painful lumbar joint movements. Low back pain affects approximately 60–85% of adults during some point in their lives and it is responsible for about 10% of all the back pain condition. **Objective-**The present case report was conducted to evaluate the efficacy of *Agnikarma* and DIP diet in lumbar spondylosis pain by balancing local *Vata* and *Kapha Dosha* without any untoward effects within time constrain (30 days). **Case presentation-** A 51-year-old female, patient visited Shalya OPD with complaints of severe pain, stiffness and difficulty in forward and backward bending movement in lumbar spine for 2 years. She was diagnosed as a case of lumbar spondylosis. The patient was treated with *Agnikarma* and DIP diet. **Result-** The patient showed significant ( $p < 0.001$ ) improvement in lower back pain and thyroid stimulating hormone from 4.88 uIU/mL to 1.94 uIU/mL within time constrain (3 month). A significant response in various symptoms such as Pain, stiffness, forward and backward movement of lumbar spine was found. **Conclusion-**This case report highlights the potential of *Ayurvedic* management in lumbar spondylosis and provides the better pathway for this disease.

### KEYWORDS

*Katigata Sandhivata, Lumbar Spondylosis, Agnikarma, DIP Diet*



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## INTRODUCTION

Lumbar Spondylosis is a degenerative condition which affects the discs, vertebral bodies of the lower spine associated with growth of bone spurs (osteophytes) or bony bridges around a degenerating intervertebral disc in the lumbar vertebrae. In a patient with Lumbar Spondylosis, the spine is compromised by a narrowing of the space between the vertebrae, causing a variety of health problems ranging from back pain to neurological issues. Low back pain (LBP) affects approximately 60–85% of adults during some point in their lives. Lumbar Spondylosis is responsible for about 10% of all the back pain condition<sup>1</sup> This condition can be correlated with *Katigat SandhiVata*. Till date only symptomatic treatments are available like use of anti-inflammatory analgesic drugs, steroids injections, physiotherapy, exercise etc. But none of these provide satisfactory result. Long term use of anti-inflammatory, analgesic drugs and steroids injection are prone to adverse effects.

In Ayurveda *Snehana*, *Upanaha*, *Agnikarma*, *Raktamokshana*, *Katibasti*, *Virechana*, *Bhesaja Chikitsa* etc. have been recommended for management of *Vatik disorders*.<sup>2,3</sup> Among these Agnikarma is a well-known para-surgical procedure and has its own therapeutic

value for treatment of *Sandhigata Vata*(Lumbar spondylosis).<sup>4</sup> *Acharya Sushruta* has mentioned *Agnikarma* procedure as a best among all other procedures<sup>5,6</sup> (su.su 12/3) and in this study *Pancha Dhatu Shalaka* has been selected for *Agnikarma*.<sup>7</sup> It is suitable for heat transfer and to produce *Samyak Dagdha Vrana* (ideal therapeutic burn). A single case study of lumbar spondylosis is reported here in which vitiated vata *dosha* was pacified with - 4 sessions of *Agnikarma* with Bindu Dahan Vishesha by Pancha Dhatushalaka at the interval of 7 days along with DIP (disciplined and intelligent person's) diet<sup>8</sup> for a period of one month. After one month, patient got relief from pain, stiffness, and restricted movement in lumbar spine.

## CASE PRESENTATION

A 51 years middle-aged female patient was brought by her husband to Shalya Tantra OPD of All India institute of Ayurveda. Presenting with complaints of *shola* (severe pain), *stambha* (stiffness) and difficulty in forward and backward bending movement in lumbar spine for 2 years. History of present illness, according to the patient, she was asymptomatic for last 3 year and then she noticed severe pain in her back and difficulty in walking, for this she took





allopathic treatment from private hospital, but did not get any relief) She had a history of hypothyroidism last for last 4 years and for this she was on thyroid supplement (tablet thyronorm 50 mcg once in morning, empty stomach).

### Investigations

Hb- 11.8 gm/dl, CRP and RA - Negative and other hematological parameters were normal, renal parameters, blood sugar and urine investigation also within normal limits. On systemic examination League's test was positive on right leg as seen in table 1.

Diagnosis has been done on the basis of-

- X-ray of lumbar spine (AP & Lateral view) shows degenerative changes in the lumbar spine in form of marginal osteophytes formation.

After taking written informed consent and careful assessment (table 2), patient was treated with - 4 sessions of Agnikarma with *Bindu Dahan Vishesha* by *Pancha Dhatu Shalaka* at the interval of 7 days for 1 month and followed by DIP diet for 3 months (image 1,2,3,4,5). With this short duration of treatment protocol, patient got relief from pain and stiffness without any untoward effect.

During this diet patient has not to consume any animal-based product including milk products and packaged food manufactured

by any industry. All food was pure vegetarian (plant based).



Image 1-Instrument tray



Image 2-Mark the tender points



Image 3-Agnikarma with Panchdhatu Shlaka



Image 4-Apply aloe vera over burn mark



Image 5-Dusting of Haridra powder

**Table 1** General Examination

General examination	Systemic examination
Appetite-normal	Cardio vascular system- NAD
Bowel-regular	Respiratory system-B/L chest clear no added sound.
Bladder-normal	Gastrointestinal system-NAD
Sleep- normal	Locomotor system- difficulty in walking, limping gait. Straight leg raising test-positive in right legs at 20° and left leg at 50°. League's test was positive on right leg. Power in right lower limb was lesser than left side.
Temperature-normal	Central nervous system- Higher mental function: normal
Pallor, Icterus, Clubbing, Lymphadenopathy-absent	Motor function-normal Cranial nerves normal
Blood pressure-130/86mmHg	
Pulse-88 beats per minute.	
Tongue-clear	

## Treatment given

**Table 2** Procedure of Agnikarma

PURVA KARMA	PRADHANA KARMA	PASCHAT KARMA
1. Written informed consent was taken from the patient	1. <i>Bindu Dahan Vishesa</i> was done with help of <i>Pancha Dhatu Shalaka</i> at most painful and tender area of lumbar joints.	1. Dusting with <i>Haridra churna</i> was done over the site after <i>Agnikarma</i>
2. Information sheet was provided to patient at the time of enrolment.	2. 5 mm gap was left between two points of <i>Dagdha Vrana</i> and care was taken to produce <i>Samyak Dagdha Varna</i> .	2. Patient was advised to avoid water contact at least 24 hours.
3. <i>Snigdha Picchila Annapana Sevana</i> in form <i>Khichdi</i>	3. During <i>Agnikarma</i> crushed, <i>Ghruta Kumara Majja</i> was applied to relieve burning sensation.	3. Antiseptic dressing with <i>Shatadhuata Ghruta</i> was advised till complete healing of burnt wound.
4. Preparation of <i>Triphala Kashaya, Kumari Patra Majja</i>		
5. <i>Pancha Dhatu Shalaka</i> was heated up to red hot.		
6. Preparation of local part: local part was washed with <i>Triphala Kashaya</i> and wiped up with dry sterilized gauze and that area was covered with a cut sheet.		

## DISCUSSION

*In ayurveda Katigata sandhivata* is a disease described under *Vatavyadhi* and it resembles lumbar spondylosis in respect to etiology, pathology, and clinical features.

In this article a case is discussed which is a

known case of lumbar spondylosis. Based on the clinical presentation the patient was treated on the line of management of *Katigata Sandhivata* and the treatment was planned accordingly.

**Table 3** DIP diet

<b>Breakfast</b>
• In morning patient was advised to take seasonal fruits(10% of body weight) before his/her breakfast.
<b>Lunch</b>
• In afternoon patient was advised to take seasonal salad (10% of body weight) before his/her lunch.
<b>Dinner</b>
At night patient was advised to take salad (10% of body weight) before his/her dinner. And dinner should be finished by 8pm.



As per the *dosha-dushya* involvement and the physical condition of the patient, it was decided to treat with *Agnikarma* along with DIP diet. *Acharya Sushruta* has indicated *Agnikarma*, when severe pain occurs in *Twak*, *Mamsa*, *Sira*, *Snayu*, *Sandhi*, and *Asthi* due to *Vata Prakopa* and *Vata* vitiated in *Sandhi* is the main pathogenesis of *Katigata Sandhivata*. Till date only symptomatic treatments are available like use of anti-inflammatory analgesic drugs, steroids injection, physiotherapy, exercise etc. But none of these provide satisfactory results. *Agnikarma* (therapeutic heat burn) is one of the procedures which gives instant relief from pain by balancing local *Vata* and *Kapha Dosha* without any untoward effects. It has long term pain relief without any side-effect. It is OPD based procedure (no hospitalization required) and well –tolerated by patients, and cost –effective as well. In lumbar spondylosis, atherosclerosis can obstruct the arteries that feed the spine, and diminish blood flow resulting in disc degeneration. Any intervention reversing atherosclerosis will have the potential to halt and even reverse LS. Diet rich in fruits and raw vegetables with zero animal food/diary product (as in DIP Diet) has proven to reverse atherosclerosis<sup>8</sup> and also has shown reduction of symptoms of osteoarthritis<sup>9</sup>

(table 3). Ahara is said to be *Mahabhaisajya* by Acharya Kashyap (one is capable to make man disease free only with the food). *Agnikarma* along with DIP diet gives relief in all sign and symptoms within 1-month procedure with 3 months of follow up and thyroid report within in normal range as seen in figure 1 & 2. This highlights that *Kati Sandhivata vata* can be managed with *Agnikarma* and DIP diet and can be managed effectively without any medications.

Test Name	Result	Comment	Normal Range
T3	4.59		• 5.1 - 14.1 ug/dl.
T4	11.16 uIU/ml		• 0.27 - 4.2 uIU/ml
TSH	0.740		• 0.93 - 1.7 ng/dl

Figure 1 Investigation before DIP Diet



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Clinical Pathology Lab

Patient Name: Inglash Lab Ref. No. 06  
Age Sex: 57/F Consultant: Dr. S.K. Chakraborty  
OPD/Ward/IPD No: - UHID No. 3980821  
Sampling Date & Time: 14/02/2020 9:30 AM Reporting Date & Time: 14/02/2020  
Specimen: Blood

**LABORATORY REPORT – THYROID PANEL**

Test Description	Result	Unit	Reference Range
Tri-Iodothyronine (T3) (Method: CMIA Method)		ng/mL	0.87-1.78
Thyroxin (T4) (Method: CMIA Method)		µg/dL	6.09-12.23
TSH (Method: CMIA Method)	1.94	µIU/mL	0.34- 5.60

Prepared By: [Signature] (Lab Technician) 14/02/2020  
Checked By: [Signature] (Lab Quality Manager)  
Reviewed By: [Signature] (Consultant Biochemist)

Figure 2 Investigation after DIP diet

## CONCLUSION

This case report showed that Agnikarma Procedure along with DIP diet is safe, potent and effective in the treatment of Katigata Sandhi Vata (LS) and it also improved the quality of life by enhancing their daily routine. There was no any adverse effect found during and after the whole procedure in this case.



## REFERENCES

1. Frymoyer JW., Back pain and sciatica., *N Engl J Med.* 1988;318:291–300. [PubMed]; Geen J, Edelaar M, Janssen M, et al. The long-term effect of multidisciplinary backtraining: a systematic review, *Spine.* 2007;32(2):249–55.
2. Dr. Biswaroop Roy chowdhury, Diabetes educators success stories, Edition Aug 2016, published by Diamond Pocket Books.
3. Kunte AM., editor, Ashtang Hridaya, Chikitsa Sthana, Vatavyadhi Chikitsa 21/22 chaukhamba orientalia, Varanasi, edition 9<sup>th</sup>, 2005, p 724.
4. Bhaisajya Ratnavali written by Shri Govind Dasji Vol 2 Edited and Enlarged by Bhisagratna Shri Brahma Shankar Mishra commented upon by Shri Kaviraja Ambikadatta shastri, English translation by Dr. Anand K. Choudhary, Reprinted 2014, New Delhi, Chaukhamba Sanskrit Sansthan, Varanasi, Bhagna Roga Chikitsa Adhyaya 49, 15th verse, p.775.
5. Sushruta, Sushruta samhita, *Agnikarma Vidhi Adhyaya*, 12/8, edited by Vaidya Jadavji Trivikramji Acharya and Naryana Ram Acharya edition 2<sup>nd</sup> Varanasi Chaukhamba Surbharti Prakashan, 1990.
6. Vaidya Yadunandana Upadhyaya, Vagbhata, Ashtanga Hridayam, Sutrasthana, Kshara karma Vidhi Adhyaya, 30/40, Kaviraja Atrideva Gupta, Chaukhamba prakashan, reprint 2009.
7. *Agnikarma* technological innovations (treatment by therapeutic burning) by Prof. P.D.Gupta Prabha publication ,1<sup>st</sup> edition. Nagpur, Prabha publication; 2003, p.2.
8. Dr. Biswaroop Roy chowdhury, Diabetes educators success stories, Edition Aug 2016, published by Diamond Pocket Books.
9. Ornish D, Scherwitz LW, Billings JH, et al. Intensive lifestyle changes for reversal of coronary heart disease [published correction appears in *JAMA* 1999 Apr 21; 281(15): 1380]. *JAMA.* 1998; 280(23): 2001-2007.