

EFFICACY OF AGNIKARMA *CHIKITSA* IN THE MANAGEMENT OF TRAUMATIC ANKLE STRAIN

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ABSTRACT

Ayurveda is not merely a medical science but an art of living. It aims at prevention of disease and treating the diseased ones. Due to changing lifestyle and way of living, more people are getting prone to injuries. Traumatic ankle injury being one of the most prevalent among them. Ayurveda considers Shalyatantra as one of the important branch of Ashtanga Ayurveda. Agnikarma is the pain speciality of Ayurveda. Agnikarma being fast acting and convenient is used as a pain reliver in Traumatic Ankle Injury.

KEYWORDS: Agnikarma, Traumatic ankle injury, Panchadhatu shalaka.

INTRODUCTION

In *Ayurveda* application of *Agnikarma* is prescribed in *Ayurveda* for management of musculoskeletal pain. *Acharya Sushruta* mentioned *Agnikarma* in chapter *Vatavyadhi Chikitsa*. As Ankle strain is an injury, occurring quite easily just quick, sideway or twisting movement is all it takes to strain an ankle. Athletes (Sport injury) are not the only once at risk; in common people everyday activities can lead to this ankle strain. An uneven surface or clumsy step while walking, improper body mechanism with any activity e.g. lifting heavy object, over stretching, that can include Mechanical trauma or injury, it can lead to this most common ankle injury. Ankle strain is *Agnikarma* because of simple and safe management in muscle /tendon/ligament/joint/bone pain (i.e. musculoskeletal pain); no side effect; which is performed by special pointed metallic instrument known as *Shalaka*. It is heated and applied tender pointed mark over the sprain of ankle.

स्नेहोपनाहाग्निकर्मबन्धनोन्मर्दनानिच ।

स्नायुसन्ध्यस्थिसंप्राप्तेकुर्याद्वायावतन्द्रितः ॥

(सु.चि ४/८)

CASE RECORD

29 year old male patient having complaint of Pain, Tenderness, Restricted Movement of the Ankle Joint, Intolerance of standing for erect position, Since 2- 3 days.

Patient came in our OPD.

No H/O HTN, DM or any major illness.

Samanya Parikshan

Nadi	80/min	Druk	Prakruta
Mala	Samyak	Akruti	Madhyam
Mutra	Samyak	Dehabhar	62 kgs
Jivha	Alpa Saama	Raktabhar	120/80 mm of Hg.
Shabdha	Prakruta	Dehoshma	37.2 C
Sparsha	SamashitaUshna	Kshudha	Prakruta
Trishna	Prakruta	Aahar	Mixed
Nidra	Alpa	Vikruta Strotas	Asthivaha, Majjavaha, Mamsavaha.

SAMPRAPTI GHATAK

Dosha- Vata

Dushya- Asthi

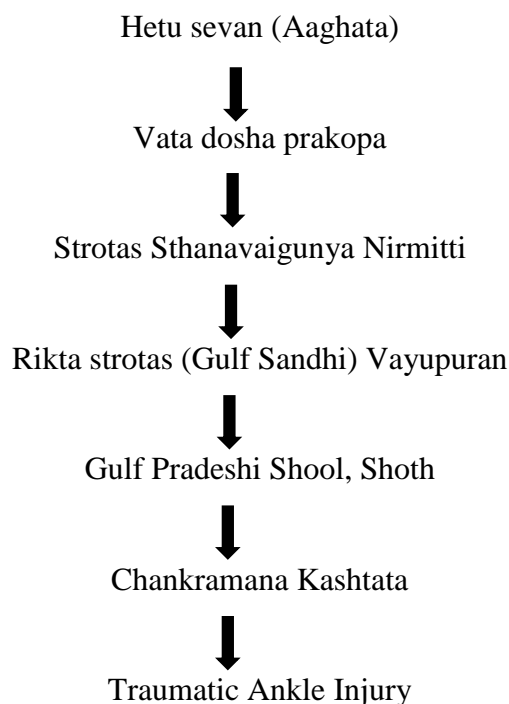
Updhatu- Snayu

Strotas- Asthivaha

Strotodusti- Sanchaya vrutti

Adhithana- Asthi, sandhi

Vyaktasthana- Gulf Sandhi

SAMPRAPTI

- **Laboratory investigation (Objective parameters)**

1. CBC
2. X-ray plain AP & lateral of ankle

MATERIALS AND METHODS***Agnikarma over Ankle Joint******Purva Karma***

1. Informed written consent was obtained from patient,
2. Clinical examination with all the vitals checked.
3. The patient was taken in *Agnikarma* room on operation table.

Pradhana Karma

- 1) The affected part was cleaned with *Triphala Kashaya*.
- 2) Then it was wiped with dry sterilized cotton gauze.
- 3) *Panchadhatu Shalaka* was heated on gas stove till up to red hot.
- 4) Then 5-10 *SamyakaDaghdhaVrana* were made by red hot *PanchadhatuShalaka* with *BinduDahanvishesh* which penetrated upto *Mans Dhatu* over Ankle Strain region.
- 5) During entire procedure *Kumari Swarasa* (fresh pulp of Aloe vera) was applied after application of red hot *Shalaka*.

Pashchat Karma

1) Patient was advised to apply Aloe Vera pulp if pain will be at *Dahan* site.

Precaution

1. In above procedure spirit was not used because of its flammable property causes *Atidagdha*.
2. The entire procedure for 3 times at an interval of 7 days for desirable results was undertaken.

OBSERVATIONS		Day 0 (BT)	DAY 7	DAY 14
1.	Pain	+++	++	-
2.	Tenderness	+++	++	+
3.	Restricted Movement of the Joint	++	+	-
4.	Intolerance of standing for erect position	++	-	-

RESULT

After completion Agnikarma for 14 days, the patient observed no pain, tenderness, restricted movement of joints subsided, standing in erect position was tolerable.

DISCUSSION**Probable mode of Action of *Panchadhatu Shalaka***

Agni being *Ushna* act against the qualities of *Vaata* and *Kapha Doshas* hence cures all *Vataj* and *Kaphaj* disorders, keeping this property of *Agni* in mind; *Agnikarma* has been designed by our *Aacharyas*. When we see the *Nidana* of *Gulpha sandhi shotha and shula*, *Vatta* and *Kapha* are the chief *Doshas* responsible for its manifestation. Thus, potentially, the use of *Agnikarma* can be rationalized in the treatment of *Gulphasandhisnayuvikara* without *Paka* and its nonoccurrence in future. *Agnikarma* increases local *Dhatwagni* and thus helps curing disease as well as reducing the chance of recurrence. By *Agni Tapta Shalaka* when *Agnikarma* is performed there will be no fear of *Paka*. *Agnikarama* can be utilized as a preventive measure, as a curative and post-operative procedure and as a haemostatic measure.

CONCLUSION

Agnikarma therapy shows highly significant results in all signs and symptoms, especially in case of pain as it is one of the most uncomfortable factors for patient. The entire treatment

was tolerated comfortably by the patients. There were no side effects noticed in any of the patients.

Agnikarma therapy is oriented to local *Vataja* and *Kaphaja* disorders. *Agnikarma* had a definite role in pain relief in the patient of *Ankle strain Vedana (Pain)*, *Sparshasahatva (Tenderness)* can almost completely relieved after *Agnikarma* procedure. Recurrence of disease after *Agnikarma* is negligible if *Vyadhi* involvement is *Sthanik. (Apunarbhava)*. In pain relief, *Panchadhatu Shalaka* provide better result. *Agnikarma* is OPD procedure, required minimum equipment, so that it can be used for pain management as well as to cure *Ankle strain*. It enables the patient to do his or her daily routine activities within few minutes of *Agnikarma* procedure. Therapy is cost effective as compared to surgical excision with respect to number of post excision dressing, Antibiotic, Analgesic and Anti Inflammatory and wound healing promoting drugs. *Agnikarma* procedure is cost effective thus poor patients can easily afford it.

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