

ROLE OF AGNIKARMA IN SANDHIGATAVATA (OSTEO ARTHRITIS OF KNEE JOINT): A SUCCESSFUL CLINICAL CASE SERIES

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ABSTRACT

Sandhigata Vāta is a common and debilitating musculoskeletal disorder described in Ayurveda under the spectrum of Vāta Vyādhi. It occurs due to the aggravation of Vāta doṣa and its localization in the Sandhi (joints), leading to classical symptoms such as śūla (pain), śoṭha (swelling), and hanti sandhi gati (restricted movement of joints). Ancient Ayurvedic texts like Caraka Saṃhitā and Suśruta Saṃhitā provide detailed descriptions of the etiopathogenesis, symptomatology, and management strategies for Sandhigata Vāta. In modern parlance, the condition is closely correlated with osteoarthritis, a chronic degenerative joint disease characterized by progressive cartilage damage, stiffness, and functional impairment. Ayurveda offers a holistic approach to management, focusing not only on symptomatic

relief but also on restoring balance of the doṣas and strengthening joint health. Treatment modalities include snehana (oleation), svedana (fomentation), basti karma (therapeutic enema), upanāha (poultices), agnikarma (thermal cauterization), and administration of Vātahara aushadhis (herbal formulations pacifying Vāta) such as Rasna, Guggulu, and Dashamoola. These therapies aim to alleviate pain, improve joint mobility, and prevent further degeneration.

KEYWORDS: Sandhigata Vāta, Osteoarthritis, Vāta Vyādhi, Ayurveda, Joint disorders, Basti.

INTRODUCTION

Sandhigata Vāta is one of the important clinical entities of Vāta Vyādhi described in Ayurveda. It is characterized by the lodging of aggravated Vāta doṣa in the Sandhi (joints), leading to pain, swelling, and impaired movement. The disease is particularly significant in the context of degenerative joint disorders, often compared with osteoarthritis in modern medicine.^[1]

According to Caraka Saṃhitā, when Vāta gets aggravated due to factors like old age, excessive physical activity, fasting, trauma, or depletion of dhātus (tissues), it enters the empty channels of the body and localizes in the joints, causing śūla (pain), śoṭha (swelling), and prasarana-akunchana vedanā (pain during flexion and extension of joints).^[1] Suśruta Saṃhitā further describes that the disease hampers normal joint functions, producing crepitus, stiffness, and deformity if left untreated.^[2]

Clinically, Sandhigata Vāta manifests with sandhi-śūla (joint pain), sandhi-śoṭha (swelling), hanti sandhi gati (restricted mobility), and is commonly observed in knee joints (jānu sandhi), but can also affect other joints.^[3] In modern correlation, it is identified with osteoarthritis, a degenerative joint disease caused by the wear and tear of cartilage.

Osteo Arthritis (OA) is a degenerative joint disorder characterized by loss of articular cartilage & synovial inflammation. Joint stiffness, swelling, pain & loss of mobility being its hallmark symptoms. OA is the most common form of Arthritis & leading cause of chronic disability. For the management of OA patient has to depend upon Pain killers & some times steroidal medicines. Their continue use may produce adverse effects. Surgical therapy like Knee joint replacement is very costly & even after surgery patient has to continue some medicines for a long duration.

Agnikarma is a non pharmacological parasurgical procedure mentioned in Ayurveda. Acharya Susruta has mentioned its role in painful conditions of Twak (superficial pain), Mamsa (muscular pain), Sira (neurological pain), Snayu (tendinitis), Sandhi (joint pain) & Asthi (bony pains) (Su. Su.12/10).

Every Friday is a special OPD day at GAD Parnalla where patients suffering from painful conditions of joints come. Most of the patients belong to low socio-economic status who cannot afford surgery such as Knee replacement and taking pain killers daily puts upon their

pocket along with fear of side effects. Agnikarma Procedure is done free of cost in these patients to relieve their pain.

Among these patients 10 patients suffering from SandhigataVata (O.A. of Knee joint) who completed four sittings of Agnikarma with a gap of one week without break and followed Pathyapathya as advised were evaluated to know the “ROLE OF AGNIKARMA IN SANDHIGATAVATA (OSTEO ARTHRITIS OF KNEE JOINT)”.

FINDINGS

A. NIDAN(Causative Factors)

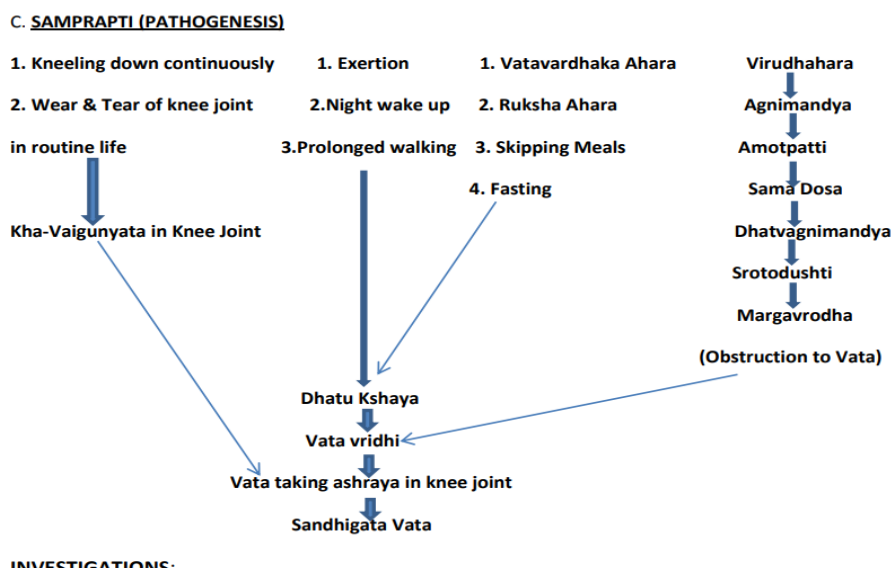
History of the patients revealed that the patients were indulging in Vata Prakopaka Ahara (diet) & Vihara (activities). Excessive exertion such as working hard continuously without rest, walking on foot long distance, Kneeling down continuously for a longer duration while working in fields (farmers), Kitchen (females). Vata Prakopaka Ahara (food devoid of proper nutrition due to low socio-economic status), Virudhahara, Skipping meals (while in work) & Fasting (especially females).

Aharaja	Viharaja
Rukshahara(food devoid of proper nutrition) & Virudhahara (junkfoods, bakery foods, cold & refrigerated food items, cold water etc.),	Atichankramana(Prolonged walking), Ratrijagrana (night wake up) Anashana (Fasting)Langhana (Skipping meals), Kneeling down continuously, exertion, wear & tear to knee joint.

B. LAKSHANA (Signs & Symptoms) Following Signs & Symptoms were observed in the patients

1. Shoola (Pain): All the patients complained pain that aggravated on exertion i.e during movements of joint & relieved by rest.
2. Shopha (Swelling): The second cordinal symptom was observed in all the patients. It was noted over the Patella & 2 inches above & below the patella.
3. Prasaran-Akunchan with vedana (Painful Movements): The movements of joint were restricted in all the patients due to pain.
4. Sparshasahyata (Tenderness): Observed in all the patients.
5. Atopa (Crepitus): Observed in all the patients.

C. SAMPRAPTI (PATHOGENESIS)



INVESTIGATIONS

All the patients were chronic and had already consulted various Orthopadicians & had their X-rays already done. In all the patients osteophyteformation & reduction in joint space was noticed (Aggravated Vata Dosa harming the bones & with its Rukshaguna produces loss of articular cartilage & synovitis i.e. Snigdha of joint causing space reduction).

TREATMENT METHODOLOGY: Agnikarma Procedure was performed in three stages.

A. PURVA KARMA All the patients were advised to come in the OPD after having Snigdha-Pichhila Ahara (like Khichadi & ghee, milk rice or curd rice etc) (Su. Su.12/6). The site of Agnikarma is cleaned with a gauze & Tender points were marked with a pen. Panchdhatushalaka Ghritkumari pulp, Cow's ghee were kept ready.

B. PRADHAN KARMA Dhanvantari Puja was performed & Patient was advised to pray the God he worships. The whole procedure was explained to the patient. His Satva (Mental status) was increased by all these & he was made calm & cool while undergoing procedure in order to achieve maximum benefits & to avoid any untoward effect from the procedure.

Panchdhatushalakawas heated Red hot & Agnikarma was done over already marked points. Minimum space was kept between two Agnikarma points in order to avoid overlapping. Ghritkumari pulp was applied immediately to relieve the burning pain.

C. PASHCHAT KARMA After wiping of Ghritkumari pulp cow's ghee & honey (madhu-sarpi) was applied (Su. Su.12/13) & Bandaging done. Patient was observed for 30 minutes after Agnikarma procedure & Pathya-apathya was advised. They were strictly advised not to allow water contact at site of Agnikarma upto 24 hrs.

PATHYAPATHYA (Do's & Don'ts): All the patients were strictly advised to

- 1- Avoid water contact at site of Agnikarma upto 24 hrs.
- 2- Apply Madhu-Sarpi (Ghee & Honey) daily over Agnikarma points.
- 3- Not to indulge in any activity or exertion & to take complete rest.
- 4- Avoid sleeping in day & waking up in the night.
- 5- Avoid contact with Direct air, heat & cold.
- 6- Take Light, easily digestible, nutritious & balanced diet (e.g. Vegetable & Dal soup, liquid rice or Khichadi with ghee, chapatti with ghee, hot milk, green vegetables, green gram dal etc.).
- 7- Avoid junk food, fried food, packed food, Hot-spicy-sour food, cold items, cold water etc. (Su.Su. 19).

Pathyahara	Apathyahara	Pathyavihara	Apathyavihara
Snigdha (unctuous), Ushna (warm), laghu (easily digestible) food such as hot soup (vegetable & dal soups), warm milk, warm water, rice, chapatti, dal, green vegetables etc.	Rukshahara (food devoid of nutrition) Virudhahara (junk foods, bakery foods, fried foods, cold & refrigerated food items), cold water etc.	Take Complete rest & proper sleep at night.	Ratrijagrana (Night wake up), Divaswapna (day sleeping), contact with direct air, heat & cold, Any kind of exertion

ASSESSMENT AND RESULTS

Patients were assessed based on their complaints before treatment & after treatment. Results were encouraging & all the 10 patients got relief from their major complaints. Swelling & Tenderness was absent in all 10 patients after completion of treatment. 8 Patients were completely relieved from pain where as 2 patients had mild pain. 6 Patients were able to flex Knee fully without pain while 4 patients were able to flex it with mild pain. All the patients were able to walk properly without any support.

S.No.	Signs & Symptoms	Before Treatment	After Treatment
1.	Pain	Grade 4 10 patients	Grade 0 8 Patients Grade 1 2 Patients
2.	Swelling	Grade 3 2 patients Grade 2 4 patients Grade 1 4 patients	Grade 0 10 patients
3.	Tenderness	Grade 2 6 patients Grade 1 4 patients	Grade 0 10 patients
4.	Movements of joint	Grade 3 2 patients Grade 2 8 patients	Grade 0 6 Patients Grade 1 4 Patients

Grading of Pain - Grade 0- no pain, Grade 1- occasional pain, Grade 2- Intermittent pain, Grade 3- frequent pain, Grade 4- continuous pain.

Grading of Swelling- Grade 0- no swelling, Grade 1- mild swelling, Grade 2- moderate swelling, Grade 3- severe swelling.

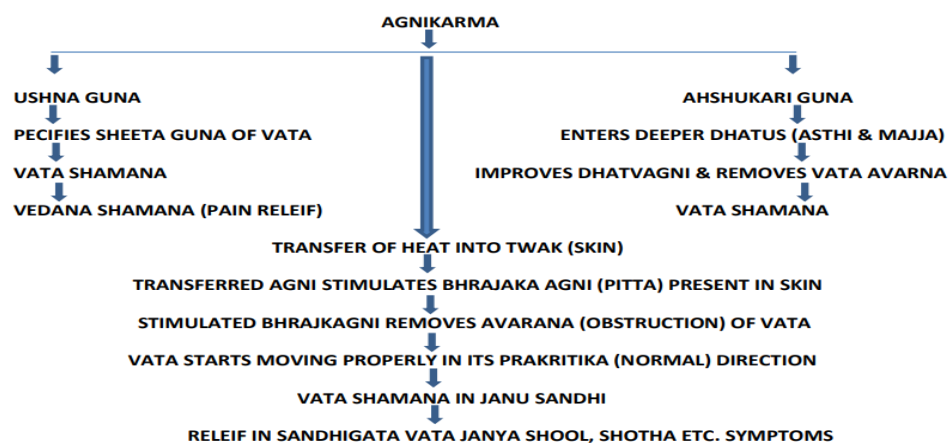
Grading of Tenderness- Grade 0- no tenderness, Grade 1- subjective experience of tenderness, Grade 2- wincing of face on pressure, Grade 3- wincing of face & withdrawal of affected part.

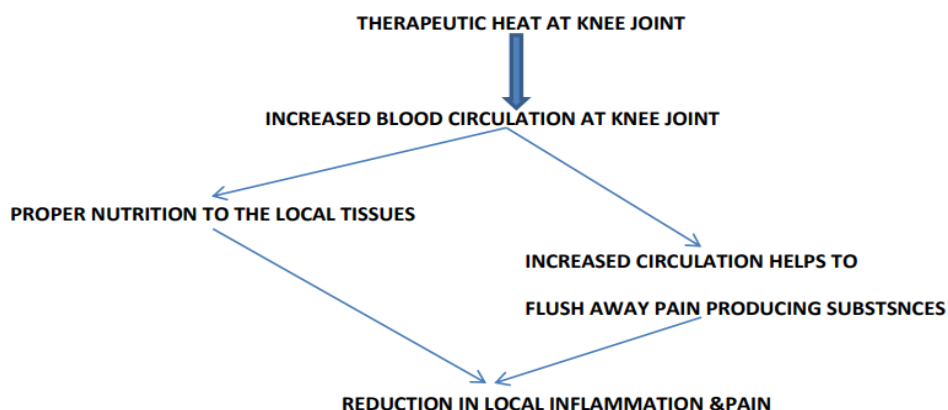
Grading of joint movements- Grade 0- full flexion of knee without pain, Grade 1- flexion of knee with mild pain, Grade 2- half flexion with severe pain, Grade 3- unable to flex knee.

PROBABLE MODE OF ACTION OF AGNIKARMA

AGNIKARMA

PROBABLE MODE OF ACTION OF AGNIKARMA:





CONCLUSION

From this study we can conclude that Agnikarma has a definite role in treating Sandhigata Vata. With its Ushna & Ashukariguna it pacifies Vata & brings about Samprapti-Vighatana of Sandhigata Vata. Agnikarma is a nonpharmacological, Parasurgical, OPD procedure. It is inexpensive & provides good results hence better option in low socio economic population of rural area. Patients give up Painkillers & save their Money as well as life from being spoiled. Due to limitation of number of cases & limitation of resources & manpower in the dispensary level the study was limited. There is a need to conduct a further study in this regard on a larger sample & results to be analysed statistically.

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