

EFFECT OF AGNIKARMA THERAPY ON JOINTS PAIN – A REVIEW ARTICLE

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Article Received on
31 May 2022,

Revised on 20 June 2022,
Accepted on 10 July 2022

DOI: 10. 20959/wjpr202210-24898

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ABSTRACT

In *Ancient Books*, the word pain can be co-related with *Shoola*, which is caused due to variation of *vata*. Use of *Agnikarma* therapy for various ailments was found in *Ayurvedic treatise*. There are various treatment in *Ayurveda*, which are described by *Acharyas*, *Agnikarma* (heat therapy) is one among them. In *Sushruta Samhita*, *Agnikarma* is used in various disorders such as *Arsha*, *Bhagandar*, *Arbuda*, *Antravidhi* etc. as para surgical procedure. *Acharya Sushruta* also described different materials for *Agnikarma* therapy according to *Dhatu* and various parts of body (as skin, muscles, blood vessels and ligaments) such as *Pippali*(Piper longum), *AjaSkakrut*(goat excreta), *Godanti*(Gypsum), *Shara* (arrow), *Shalakh*(metal rod),

Kshaudra(honey), *Guda*(jaggery) and *Sneha*(oil/fat). Many allopathic drugs such as non-steroidal Anti-inflammatory drugs, relieving from pain of body but if they are used for longer duration, they can cause potential side effect on the body, hence in present era there is a need for re-establishment of *Agnikarma* therapy in *shool* management. In this article, an attempt has been made to search the researchers conducted on *Agnikarma* related to Joint pains.

KEYWORDS: *Agnikarma*, Pain, Para-surgical, *shool*.

INTRODUCTION

Pain is the fundamental symptoms of musculo-skeletal dis-orders. Pain is defined as "An unpleasant sensory and emotional involvements, which is generally associated with actual and potential tissue damage". Pain can effect the routine and quality of life; hence its conservative measure is of primary importance in care of health. In *Sushrut Samhita*, the

word pain is described as *shool*. There are various treatment modalities in *Ayurveda*, which are mentioned by *Acharyas*, in which a para-surgical procedure *Agnikarma* (Cauterization) is one among them. *Acharya Charak* described *Agnikarma* as one of treatment in various *Vatavyadhi* such as *Gridhrasi* (Scatica). It is a procedure, in which heat is given to affected part of body by various materials in controlled manner. According to *Acharya Sushruta*, in which disease *Agnikarma* Parasurgical procedure used, their will be less chances of their recurrence. Some diseases which are incurable by drugs and surgery, in these diseases *Agnikarma* therapy increases chance of curability. This review article aimed as analyzing the Role of *Agnikarma* para-surgical procedure in *shool* of various joints pain.

Definition of Pain

“Pain is a mutually recognizable somatic experience that reflects a person’s apprehension of threat to their bodily or existential integrity.”

(International Association for the Study of Pain) definition of pain

“An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.”

Pain is always subjective parameters. Many person feel pain in the absence of tissue damage or any likely pathophysiological cause; usually this happens maybe for psychological reasons. There is usually no any way to distinguish their experience from that due to tissue damage if we take the subjective report. If they regard their experience as pain, and if they report it in the same ways as pain caused by tissue damage, it should be accepted as pain.

Nociceptive vs neuropathic pain

What is nociceptive pain?

- (1) Pathological process in peripheral organs and tissues.
- (2) Projection of pain into a damaged body part or referred pain.

What is neuropathic pain?

- (1) Pathological process in the somatosensory system.
- (2) Projection of pain into the transition zone.

Taking into account the durations of symptoms, pain can be divided into groups:

Acute pain: duration < 3 months, acts as a warning-

Acute pain: Duration <3-month serve as a warning defensive (post-operative pain, painful, associated with medical procedures).

Chronic pain: Duration > 3 months, does not fulfill the role of warning and protective, as the symptom and nature of the disease are perceived by themselves, and have a multi-therapeutic activity.

Survived pain: Most often occurred as a result of improper treatment of acute pain, persists even after recovery, the damage to which causes intense pain.

Division of pain

Anatomic pain: May be physiological receptor-functional (protective) or pathological, as a result of local change.

Physiological pain: superficial pain, caused by irritation of the skin receptors, mucous membranes and cornea by a damaging factor.

- Pathological pain – caused by chronic irritation of pain

Pathological Pain: Caused by chronic irritation of pain receptors by pain mediators released from damaged tissues.

Deep pain: is pathological, can be caused by blood vessels, bone and joint system, muscles or organ structure.

Vascular pain: caused by stimulation of mechano- and chemo- pain receptors, located in the outer membrane of large arteries and veins. Stretching of the vascular vessels causes pulsating, tension headaches.

Bone and joint pain: the source of pain is stimulation of the pain receptors of the joint capsule and periosteum.

Myalgia: caused by irritation of the receptors in muscles and fascias by accumulated metabolites, when they are over-load and tired.

Organ pain: include biliary and renal colic.

Wired pain: arises as a result of direct stimulation of the nerve fibers or pathways. Includes neuralgia, causalgia, radicalgia and phantom pain.

Neuralgia: applies to the trigeminal nerve, sciatic, femoral and lateral femoral cutaneous nerve.

Radicalgia: exacerbated by coughing and radiating movements to the appropriate areas of the skin.

Causalgia: neuralgia with an autonomic component, results from large nerve injuries, with many of the sympathetic nerves. Pains are burning with dystrophic changes – cyanosis, oedema, muscle atrophy.

Convolutional pain: the result of compression on the nerve plexus, caused by cancer or inflammatory changes in the neck, top of the lungs, lower pelvis.

Phantom pain: occurs in patients after amputation and relates to pain in the amputated limb. Incidence of this pain explains the existence of chronic pain of embedded memory.

Classification of Agnikarma: On basis of used *dravya*.

- 1) *Snigda Agnikarma:* It is performed with *honey, gritha* and *oil*. These materials are used for treatment of diseases situated in *sira, snayu, sandhi* and *asthi*.
- 2) *Ruksha Agnikarma:* It is performed with *Pipali, kshara, shalaka* and *godanta*. These materials are used in treatment of those diseases which are situated in *twaka* and *mansa dhatu*.

According to the site

- 1) Local site for *Agnikarma:* used in *Kadar* and *Arsha*.
- 2) Systemic site for *Agnikarma:* used in *Visuchika* and *Gridhrasi*

According to Shape (*Akruti*)

- 1) *Valay:* Circular in manner.
- 2) *Bindu:* As Dot like shape.
- 3) *Vilekha:* According to direction of lines of action different in shape.
- 4) *Pratisaran:* Their r no specific shape for this.
- 5) *Ardhachandra:* Crescent in shape.
- 6) *Swastika:* *Swastika yantra* like in shape.

7) *Ashtapada*: Distinctive shape in which the eight limbs are separately handed.

Materials used for Agnikarma

1-Metallic and other materials:

2-*Panchadhatu shalaka* made of *Tamra, loha, Yasada, Rajata* and *Vanga*

3-Plant origin: *Pipali, Yashtimadhu, Haridra, Sneha* and *Taila*

4-Animal origin: *Ajasakrit, Godanta*.

INDICATIONS

1-Agnikarma is indicated in *vata* and *kapha* related diseases.

2- It is used after excision of cyst, mass, wart, tumour and fistula for the treatment of disease like *Arsha, Bhagandar, Arbuda, Apache, Shlipada, Charmakila, Gulma, Nadvirana* and *Shiroroga, Gridhrasi*.

CONTRAINDICATIONS

1-Agnikarma is contraindicated in *pitta* related diseases

2- Children

3- Old age person

4-Pregnant women

5- Anemic person

6- Perforated abdominal condition.

7- Patient suffer from Bleeding disorders

METHOD OF AGNIKARMA

Purva karma

It includes proper assessment and preparation of patient and instruments required for procedure. Informed consent of the patient should be taken prior to procedure. Routine investigations should be performed.

Pradhan Karma

Confirmation of the site for *Agnikarma* (cauterization) is done by choosing site where there is more pain and tenderness.

Proper cleaning of the area.

Deep *dagda* at tendered region and superficial *dagda* on effecting site. *Agnikarma* is performed at the site until *samyaka dagda lakshana* appears proper space should be maintained between two *samyak dagda vranas*.

Paschata karma: *Gritha* and *madhu* should be applied on *samyaka dagda vrana* for instant relief from pain and proper healing of the *vrana*. Proper diet should be advice to the patient. *Pathya-apathya* should be advised to the patient. Complete healing of the *vrana* should be observed.

Assessment of Agnikarma

- i. *Twaka dagda*: Production of crackling sound, bad odour and contraction of skin.
- ii. *Mansa dagda*: Peigon like colour, mild swelling, mild pain, and dry contracted wound.
- iii. *Sira snayu dagda*: Black colourations, elevation of site and no discharge.
- iv. *Sandhi asthi dagda*: Dryness, darkred colouration, roughness and stability of the part.

DISCUSSION

According to *Ayurveda*, any joint pain, that is, *shool* is caused due to vitiation of *Vata dosha*. In various conditions such as *Opisthotones*, *Sciatica*, *Monoplegia cruralis*, *Calcaneal spun*, *Osteoarthritis*, *cervical spondylosis*, *frozen shoulder* their is predominat involvement of *vata* and *kapha doshas*. In the Process of *Agnikarma*, heat is given at site of Pain and the property of *Agni* is *Ushna*(hot), *Tikshna*(Penetrating), *sukshma*(minute), *Laghu*(small), *Vyavayi*(quick acting) and *vikashi*(quickly spreading) etc. These properties of *Agni* are opposite to property of *vata* and *kapha* so use of *Agni* decreases the abnormal function of *vata* and *kapha*, there by relieving from pain.

According to *Ayurveda*, every *Dhatu*(tissue) has its *Dhatva-agni*(digestive fire of tissues) for its *Poshan*(nourishment), if there is any *Dhatva-agni vishamata*(deviation in digestive fire) lead to *Vikar* of that Porticular *Dhatu*. *Sandhi-gata shool* (joint pain) might be due to *Mansa*(muscle), *meda*(fat) and *Asthi-dhatu*(Bone) *Agni-mandya*. In the procedure of *Agnikarma* therapy, heat given to local area due to this increase of *Rakta-pravahan* of that *sthana*, which is improving *Dhatva-agni-mandya*.

According to modern medical science, by the heat, which is given at local area increases the blood circulation with metabolism by causing vasodilation, also increases elasticity of muscular tissue and exudation of fluid. Heat also improve health by increasing white blood

cells and antibodies. By heat phenomena tissue metabolism rate is increased also help in local metabolism, the waste products that one generated get excreted, which normalize the blood circulation, decreasing the intensity of pain.

According to some modern authors, heat may stimulate lateral spinothalamic tract, which causes stimulation of descending pain inhibitory fibres, which again causes release of endogenous opioid peptide that binds with the opioid receptors to substantia gelatinosa Rolandi, leading to inhibition of release of P-substance with Blockage of transmission of Pain sensation.

CONCLUSION

Agnikarma therapy is para-surgical procedure acts as a result-oriented treatment for localized *Vataja* and *kaphaja* diseases. It is a low-cost treatment in hospital for Outpatient department. *Agnikarma* therapy helpful mainly in local pathological diseases. During *Agnikarma* procedure, it will not do with excessive pressure unless due to mis-management *Atidagdha vrana* formed or some time characters of disease increases. Scar of *SamyakDagdha Vrana* produced by *Agnikarma* Procedure may disappear within three weeks. Number of sitting of *Agnikarma* Procedure (Cauterization) depends on upon chronicity and severity of the disease. *Agnikarma* therapy is a potent and minimally invasive para-surgical procedure which has wide application in chronic conditions as well as in emergency management. Its applications are widely practiced in modern surgical practice-viz. cauterization, laser, radiation etc. It has a wide number of applications which may be substantiated with numerous theories. Thus from this article it can be concluded that *Agnikarma* procedure proves to be one of the easiest way to reduce the musculo-skeletal shool.

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