WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.453
Volume 14, Issue 14, 516-522. Case Study ISSN 2277–7105

INTEGRATION OF AGNIKARMA WITH ELECTROCAUTERY FOR PAIN MANAGEMENT IN CERVICAL SPONDYLITIS (MANYASTAMBHA): A CASE STUDY

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Article Received on
26 May 2025,

Revised on 15 June 2025,
Accepted on 05 July 2025

DOI: 10.20959/wjpr202514-37160

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ABSTRACT

Cervical Spondylitis is a degenerative condition of the cervical spine that manifests as neck pain, stiffness, and restricted movement. In Ayurveda, these symptoms correlate with *Manyastambha*, a condition caused by the vitiation of *Vata* and *Kapha* doshas. Agnikarma, a para-surgical Ayurvedic procedure, has been traditionally employed for pain management in musculoskeletal disorders. This case study presents the successful management of a patient with chronic cervical spondylitis using Agnikarma performed with Suvarna and Rajat Shalaka tips, modified by integrating modern electrocautery for precision and safety. The patient experienced significant relief in pain and improved neck mobility after six sittings of Agnikarma. This case highlights the potential of combining traditional techniques with modern tools in managing chronic pain conditions effectively.

KEYWORDS: Agnikarma, Cervical Spondylitis, Manyastambha, Electrocautery, Suvarna Shalaka, Rajat Shalaka, Pain Management, Ayurveda, Integrative Therapy.

1. INTRODUCTION

Cervical spondylosis is a common degenerative condition affecting the cervical vertebrae, intervertebral discs, and surrounding structures. It often presents with chronic neck pain, stiffness, radiculopathy, and limited range of motion. It predominantly affects individuals over the age of 40 and is aggravated by sedentary lifestyles, poor posture, and prolonged screen exposure.

In Ayurvedic literature, these symptoms are closely related to Manyastambha, a Vatavyadhi where stiffness and pain in the neck region are the primary complaints. Vata dosha, being responsible for movement and neurological functions, when vitiated and associated with Kapha, causes obstruction and pain.

Agnikarma is an ancient para-surgical procedure described in Sushruta Samhita, recommended for Shoola (pain) and Stambha (stiffness) due to its Ushna (thermal) and Tikshna (sharp) qualities. Traditionally, metals like Suvarna (gold), Rajat (silver), and Loha (iron) are used as Agnikarma instruments.

This case study explores a novel integration of Agnikarma using Suvarna and Rajat-tipped Shalaka with a modern electrocautery machine to manage chronic cervical spondylitis. The objective is to achieve therapeutic precision, uniform heat distribution, and enhance patient compliance while adhering to Ayurvedic principles.

2. CASE PRESENTATION

Patient Information

A 52-year-old female presented to the outpatient department with complaints of persistent neck pain and stiffness for the past eight months. The pain was insidious in onset, gradually progressive, and occasionally radiated to the shoulders. She reported difficulty in neck movements, especially while working on a computer and during early morning hours. The patient also complained of disturbed sleep due to pain and occasional giddiness while changing posture.

MEDICAL HISTORY

- No history of trauma or systemic illness
- No significant family history of spinal disorders
- Previously on NSAIDs and physiotherapy with partial, temporary relief

Clinical Findings

- Tenderness over the C4–C6 vertebral level
- Stiffness and restriction in lateral flexion and rotation of the neck
- Spurling’s test: Mildly positive
- VAS (Visual Analog Scale) score: 8/10
- No neurological deficit

INVESTIGATIONS

- **Not Required**

DIAGNOSIS

- **Modern Diagnosis:** Cervical Spondylitis.
- **Ayurvedic Correlation:** Manyastambha – a Vatavyadhi involving Vata-Kapha vitiation.

3. INTERVENTION

The patient was planned for Agnikarma therapy using a modern electrocautery unit in combination with Suvarna (gold) and Rajat (silver) tipped Shalaka. The integration aimed to achieve precise thermal application while maintaining the Ayurvedic therapeutic intent of Agnikarma.

Agnikarma Protocol:

Instruments Used:

Electrocautery unit with temperature control (monopolar mode) Suvarna-tipped and Rajat-tipped Shalaka attachments.

Aloe vera gel and Shatadhauta Ghrita for post-burn care Sterile gloves, cotton swabs, antiseptic solution.

PROCEDURE

The patient was placed in a Sitting position, and the cervical region was cleaned with antiseptic.

The area over the cervical spine and Manya marma region was marked with reference to the site of pain and trigger points.

The Suvarna and Rajat Shalakas were connected to the electrocautery unit, pre-heated to a controlled therapeutic temperature.

Quick touch-and-lift applications of the hot Shalaka were performed over 10–12 sites on both sides of the cervical spine.

Each touch lasted less than a second to avoid deep burns, creating superficial blistering at specific pain points (approx. 3–5 mm in diameter).

Post-procedure, the area was cooled and cleaned with cold cotton pads and Aloe vera gel. Shatadhauta Ghrita was applied to aid healing.

Session Details

Total of 5 sessions over 5 weeks (1 sittings/week)

No oral analgesics were given during the treatment period No Supportive Ayurvedic medication.

Patient Instructions

Avoid direct water contact on the treated area for 24 hours
No massage or fomentation for 3 days post-session
Mild dietary regulation (Vata-Kaphahara diet)

4. RESULTS

The patient exhibited a marked improvement in both subjective and objective parameters over the course of treatment.

Pain and Function Assessment:

VAS (Visual Analog Scale):

Before treatment: 8/10 After 3 sessions: 5/10 After 6 sessions: 2/10

Range of Motion

Improved cervical flexion, rotation, and lateral flexion

No pain during passive movements by the end of therapy

Sleep quality: Significantly improved by the second week

Activities of Daily Living (ADL): Patient resumed daily routine without discomfort

Observation of Burn Sites

Superficial blisters healed completely within 5–7 days

No signs of infection, scarring, or adverse skin reactions

Minimal discomfort during and post-procedure

Follow-Up

On day 45 follow-up showed sustained relief No recurrence of stiffness or pain reported.

Patient satisfaction was high, and no analgesics were required during or after treatment.

5 DISCUSSION

Cervical spondylitis is primarily a degenerative disorder, often managed conservatively through analgesics, physiotherapy, and in chronic cases, surgical intervention. However, such approaches offer temporary relief and are often associated with side effects or recurrence. This case study highlights the promising role of Agnikarma, specifically using electrocautery with Suvarna and Rajat Shalaka tips, in managing Manyastambha (cervical spondylitis) effectively and safely.

Ayurvedic Perspective

According to Sushruta Samhita, Agnikarma is indicated in Shoola (pain) and Stambha (stiffness) due to its Ushna, Tikshna, and Ashukari (immediate action) qualities. In Manyastambha, the vitiated Vata and Kapha doshas obstruct Srotas, causing pain and immobility. Agnikarma helps in Srotoshodhana, liquefying Kapha and pacifying Vata, thereby reducing the pathology.

- **Suvarna** possesses Vedanasthapana (analgesic), Rasayana (rejuvenative), and Vatahara properties.
- **Rajat** is Shothahara (anti-inflammatory) and effective in Vata-Kaphaj disorders.
- The combination of both enhances local circulation, reduces inflammation, and alleviates pain.

Modern Scientific View

Thermal therapy has been known to activate nociceptors and modulate pain perception through the gate control mechanism. Electrocautery allows precise and uniform thermal application, reducing the risk of excessive burns or tissue damage. The heat application may:

- Promote local vasodilation and metabolic activity
- Disrupt pain signal transmission
- Stimulate release of endorphins and improve muscle relaxation

The use of electrocautery instead of traditional fire enhances safety, reduces the risk of deep burns, and improves the practitioner's control during the procedure.

Integration Advantage

This integrative approach demonstrates that combining traditional Ayurvedic wisdom with modern tools can enhance therapeutic outcomes while ensuring safety and precision. It also increases acceptability among patients hesitant to undergo conventional Agnikarma using open flame or heated rods.

5. CONCLUSION

This case study demonstrates that the integration of Agnikarma with electrocautery, using Suvarna and Rajat Shalaka tips, can serve as a safe and effective non-invasive therapeutic approach for managing chronic cervical spondyllitis (Manyastambha). The patient showed significant reduction in pain, improved mobility, and enhanced quality of life without the use of oral analgesics. This integrative method bridges Ayurvedic principles with modern precision technology, potentially opening new avenues for conservative management of musculoskeletal disorders. Further clinical studies on larger populations are warranted to validate and standardize this approach.

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