

# WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

SJIF Impact Factor: 5.922

Research Article ISSN 2455-3301

**WJPMR** 

# A CLINICAL PILOT STUDY ON CONDUCTIVE METHOD OF AGANI KARMA (RAJATA SHALAKHA) ON KATIGATA VATA

Dr. Samir Suneri<sup>1</sup>\* and Dr. Sadhana Mishra<sup>2</sup>

<sup>1</sup>Assistant Professor Kayachikitsa Departmaent of Bharti Ayurved Medical College Durg Chattisgarh. <sup>2</sup>Associate Professor, Kayachikitsa Department of Sadar Patel Ayurvedic College and Hospital Balaghat (M.P.).



\*Corresponding Author: Dr. Samir Suneri

Assistant Professor Kayachikitsa Departmaent of Bharti Ayurved Medical College Durg Chattisgarh.

Article Received on 26/07/2024

Article Revised on 16/08/2024

Article Accepted on 06/09/2024

#### BACKGROUND

Ayurveda is the everlasting supreme science of medicine because it deals with promotion of health and curing the diseases. The aim of Medical Science is to provide better health to every human being. To achieve this goal the pathy should be able to eliminate the disease and that to be without any side effects. Ayurveda have shaman and Shodhan chikitsa. Varity of medical procedure mentioned in Ayurved samhita it as like ksharkarma, lepanam etc. Agni Karma is one of the important procedure described in Ayurveda. In this fast lifestyle patients need instant result on all pain. Agni Karma is one of the fast procedure to reduced vedana (pain). The aim is to evaluate the efficacy of rajata shalaka on katigata vata (conductive method). Many samhitas have description of AgniKarma. From meaning to indication, contraindication, its superiority all information included in charak, sushrut, vagbhat it as amhita. Acharya Dalhana have given explanation regarding the shapes of AgniKarma in his commentary. This pilot study will help to all to gain best knowledge about AgniKarma on katigata vata.

KEYWORDS: Agani karma, Rajat shalkha, Ksharkarma.

# INTRODUCTION

Agani karam means procedure done with fire. References about Agani Karma are available in almost all classical text of Ayurveda. kati gata vata is santhna sansharya of vata at kati Pradesh (pelvic gardel) due to this there is restricted movement in that region kati gata vata is also describe in nanatamaj kata vayadhi. The cardinal feature included is ruk (pain), toda (pin and needle sensation) stambhan (stiffness), muhuspandana (twitching and cramping) in the sphik (buttock) region.

The recent advances and researches in Ayurved have not only promoted its utility but also established its importance in the medical field. In today's modernized world, shift duties, stressful life, eating of unhealthy foods makes people more prone to diseases. The five types of Vata dosha owing to causes get vitiated and manifest in places all over the body. In old age Vata doshas vitiation occur and this causes joint pain in old age. In case of females this may start after menopause stage. This problem commonly encountered in daily practice. So in this study a attempt is made to see the efficacy of again karma on kati gata vata roga.

**Aim:** A Clinical pilot Study on Conductive Method of AGANI KARMA on Katigata Vata.

**Objective:** Direct method of Agnikarma with Rajat Shalaka on Kati gata vata.

## MATERIALS AND METHODS

# 1) Literary Source

Literature of *Ayurveda*, Modern Medicine and Research Articles related to *Agani karma* and *Rajata Shalakha*.

## 1) Clinical source

The Patients were randomly selected from *O.P.D* Rajat Shalakas for conductive of Agnikarma, lamp, raw Aovera.

All patient were selected by

### **Inclusion Criteria**

- 1. Patients of either sex in the age group of 40 60 years.
- 2. The cardinal feature included is ruk (pain), toda (pin and needle sensation) stambhan (stiffness), muhuspandana (twitching and cramping) in the sphik (buttock) region.

## **Exclusion criteria**

- $1.\ Patients$  suffering from Tuberclulosis, AIDS and Carcinoma.
- 2. Pregnant and Lactating women.

# Withdrawal criteria

1. If any unwanted effects observed.

www.wjpmr.com Vol 10, Issue 10, 2024. ISO 9001:2015 Certified Journal 171

- 2. If the symptoms aggravated.
- 3. If patient no more willing to continue the treatment.

**Follow up:** Follow up was done on 3<sup>th</sup>, 5<sup>th</sup> and 7<sup>th</sup> day during treatment.

## Purva karma

Written Consent taken.

Position- patient is made to sit in comfortable position on examination table, Proper draping of part was done, Marking of points near Kati Pradesh for Agnikarma and most painful points are marked by skin marker pen.

**Pradhana karma:** One end of Rajat shalaka is placed on marked point perpendicular to surface and other end was heated with lamp will be transferred slowly from heating end it other end which is in touch with the patient, till patient says he feels the heat.

Same process is repeated on other marked painful points.

#### Pashchata karma

Raw Aloe Vera pulp is applied at the site of Agnikarma. Patient will be observed for 10 min after procedure. Repeat procedure is done after every 3<sup>th</sup>, 5<sup>th</sup> and 7 days.

This setting to performed till patient get relief from above pain.

## ASSESSMENT CRITERIA

**Pain:** Pain will be assessed on the basis of visual analogue scale.

**Tenderness:** Tenderness will be assessed on grading given below: No Tenderness - 0

Deep Tenderness -1

Mild Tenderness - 2

Moderate Tenderness – 3

## OBSERVATIONS AND RESULTS

Following Observations are found after each sitting and on  $5^{\text{th}}$  and 7th day

I had taken total 40 patients in my study and following observation are seen.

There were 24 patients which got relief on 5 day of again karma procedure. 11 patients on 7th day while 1 patients on 3rd day. 5 patient were not regular Hence they were drop out.

According yo assessment criteria obseravatio were found to be

- 1) Pain (ruka): The average pain significantly reduced from 7 to 4 as measured on VAS scale after very first procedure of Agnikarma and gradually reduced completely on third sitting. The average pain significantly reduced at after treatment compared to the before treatment (P-value<0.05). The average post reatment 100 % change in pain level.
- 2) Tenderness (toda): The average Tenderness significantly reduced at 3.5 after treatment compared to the before treatment (P-value<0.05).

3) Burn Mark: There was no burn marks seen on 7th day i.e. after 7th day of last procedure of Agni karma.

#### DISCUSSION

Agani karma kind of Para surgical procedure i.e Anushatra. Most it is done on sira sanayu asthi and sandhi vikar the mecanizam of again karma can be difine in three ways

- 1) First due to ushna, tikshna, sukshama guna it removes shrotavarodha, pacifies the vitiated vata and kapha dosha and make equilibrium.
- 2) Secondaly it increase the Rasa Rakta Dhatu samvahana (blood circulation) to affected site. the excess blood circulation to the effected part flushes away the pain producing substance and patient get relief from symptoms like, toda (pin and needle sensation) stambhan (stiffness), muhuspandana (twitching and cramping) in the sphik (buttock) region.
- 3) Third it increases the dhatagani so metabolism of dhatu becomes proper and digest the amadosha from affected site and promotes proper nutrient from purva dhatu. hence rasa adi sapta dhatu becomes stronger and more nutrient.

Agani karma is having property of sira sankochana by that quality even its help for raktasthambhan.

Diseases treated by Agnikarma (conductive method) may not recur again & very useful in treating deep seated disease of Snayu, Asthi, Sandhi like kati gata vata vayadhi. According to modern science; the therapeutic heat increases blood circulation & provide nutrition to kati pardesh. As during Agnikarma procedure complications like Atidagdha [extreme burn] is to be avoided which is possible with conventional therapy of direct method which is avoided in conduction method of Agnikarma where controlled heat can transmit more thermal energy to deeper tissue with minimum tissue injury. [12,13]

Rajata Shalaka is good conductor of heat and well tolerated by subjects. Number of sessions are decided as till patient get complete relief with 3, 5, 7 days interval as the symptom's get decreased. This conductive procedure relieve the pain and increases the mobility of joint, still concurrent local and systemic treatment for reversing the pathology of inflammation of kati pradesh space should be included as per need to improve patients quality of life.

## **CONCLUSION**

Pain is caused anywhere in body is due to vata dosha. skin is one of the cite of vayu: Agani karma is peformed to release the sangha of vayu. being an ushna chikitsa it pacifies vata dosha at kati Pradesh. hence pain get relief immediately.

Agni karma is the prime para surgical procedure. Diseases treated by agni karma will have less percentage of recur again.

172

#### REFERENCES

- Golwalla AF, Golwalla SA. Medicine for Students. 21<sup>st</sup> ed. Mumbai: Asia Publishing House, 1970;
  - Green GA. Understanding NSAIDs: From aspirin to COX-2. Clin Cornerstone, 2001; 3: 50-60.
- Acharya JT, editor. Sushruta Samhita of Sushruta, Chikitsa Sthana, Ch.4, Ver. 8. Reprint ed. Varanasi: Chaukhamba Surbharti Prakashan, 2009; 420.
- Acharya JT, editor. Sushruta Samhita of Sushruta, Sutra Sthana, Ch. 12, Ver. 10. Reprint ed. Varanasi: Chaukhamba Surbharti Prakashan, 2009; 52.
- Acharya JT, editor. Sushruta Samhita of Sushruta, Sutra Sthana, Ch. 5, Ver. 3. Reprint ed. Varanasi: Chaukhamba Surbharti Prakashan, 2009; 18.
- 5. Shastri AD, editor. Sushruta Samhita of Sushruta (Part I), Sutra Sthana, Ch. 19, Ver. 9-24. 12th ed. Varanasi: Cahukhambha Sanskrit Bhavan, 2001;
- 6. Acharya JT, editor. Sushruta Samhita of Sushruta, Sutra Sthana, Ch. 12, Ver. 6. Reprint ed. Varanasi: Chaukhamba Surbharti Prakashan, 2009; 51.
- 7. Tamra and Panchadhatu Shalakas in Gridhrasi (Sciatica). Ayu., 2010; 31: 240-4. [PUBMED]
- 8. Bakhashi B, Gupta SK, Rajagopala M, Bhuyan C. A comparative study of Agni karma with Lauha.
- 9. Felson DT. Epidemiology of hip and knee osteoarthritis. Epidemiol Rev., 1988; 10: 1-28.
- 10. Acharya JT, editor. Charaka Samhita of Agnivesha, Sutra Sthana, Ch. 10, Ver. 17. Reprint ed. Varanasi: Chaukhambha Prakashan, 2009; 67.
- 11. Mahajan A, Tandon V, Verma S, Sharma S. Osteoarthritis and menopause. J Indian Rheumatol Assoc., 2005; 13: 21-5.