A study in localizing site for Agnikarma in Gridhrasi:

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Abstract:
With the changing lifestyle of modern human being has created several disharmonies, advancement of such conditions, undue pressure to spinal cord thus producing low backache and sciatica ~ gridhrasi, In modern medicine for the management of Gridhrasi. Remains to be NSAIDS, Local anesthetic agents or surgical interventions i.e. hemi laminectomy and removal of protrusion, all these having their own limitation and produces a lot of complication viz. G.I. ulceration and bleeding. In Ayurvedic literature such as Ashtang hrudya, Charak Samhita, it is clearly defined that Agnikarma is one of the important and irreversible treatment in gridhrasi vyadhi, when another modality such as snehan, swedan etc fails. Though Agnikarma is one of the important procedures in grudhrasi but the exact site is not defined by any Ayurveda literature clearly. So, the present study is carried out to demark/ localize the site of Agnikarma in gridhrasi. Aim: To establish exact location for Agnikarma in Gridhrasi vyadhi. & To note any undesired effect of Agnikarma during trial.

Materials and Methods: The study was conducted on twenty patients who had reported for the treatment of Gridhrasi at an Ayurvedic hospital. Agnikarma was done on medial and lateral aspects between gulpha and kandhra as mentioned in Samita, patients were divided into 2 groups, group A and B each consisting of 10 patients. Group A & B- Medial & lateral aspect between gulpha and kandhra respectively, Study type – open random study in four settings (0, 7th, 14th and 21st day). The sign and symptoms, namely Ruka, Stambha were given scores depending on their severity. The patients were also assessed for straight leg raise (SLR) test, follow up was done at an interval of 7 days for three times and the scores were noted down before and after treatment & were Statistically analysed.

Result: Marked reduction in severity of mean scores of Ruja, Toda, Stambha was seen in the patients of Group A which was statistically significant. Conclusions: Agnikarma is the simple and effective treatment and Agnikarma on medial aspect gave better relief in patients thus reducing Ruka, Stambha in Gridhrasi.

Keyword: (Gridhrasi, Agnikarma, Sciatica)

Introduction:
Lifetime incidence of low back pain is 50-70% and incidence of clinically significant sciatica due to lumbar disc prolapse occurs
in 4-6% of the population. Low back pain and sciatica is major cause of morbidity throughout the world. There is only conservative treatment giving short-term relief in pain or surgical intervention with side-effect. There is need to find out quick relief from pain in today’s era as it affects physical as well as mental and social life of patients.

In Ayurveda, it is characterized by the onset of Ruja (pain), Toda (pricking), and Stambha (stiffness), initially in Sphika (gluteal region) and then radiating distally to Kati-Prishtha (low back), Janu (knee), Jangha (thigh) till Pada (feet). The patients suffering from Gridhrasi have restricted movements due to painful limb, affecting the daily routine activities, The line of Management of Gridhrasi according to Ayurveda [8]

Basti Karma, along with Siravedha, and Agnikarma in between Kandhra and Gulpha sandhi as mentioned by Acharya Charak. Agnikarma is thermal parasurgical procedure in which Agni is used for intentional burning as therapeutic purpose. It is effective to terminate the chance of recurrence of the disease. It does not cause any infection or secondary complication if properly done. In all Vata & Kaphaj ailments, doshas are vitiated due to sheet guna, this sheet is characteristic of doshas causes pain, stiffness and can be subsided with ushana guna thus, Agnikarma is extremely and instantly useful for relief from excruciating pain. In this study we are endeavouring to localise the exact site of Agnikarma in Gridhrasi Vyadhi to Set SOP.

**Aims and Objects:**
To establish exact location for Agnikarma in Gridhrasi vyadhi.
To note any undesired effect of Agnikarma during trial.

**Materials and Methods**
Study was conducted on 20 patients diagnosed with Gridhrasi ailment; Patients were randomly selected into two groups i.e. Group A & B.

**Source of data**- Patients were selected from OPD & IPD of Kayachikitsa department of Smt. K.G.M.P. Ayurvedic College & Hospital, Charni Road, Mumbai 02.

**INCLUSIVE CRITERIA**
- Patients irrespective of Gender.
- Age group between 20-70 yrs
- Patient with classical features of Gridhrasi mainly pain over the sphik (gluteal region), kati prushta (back region), uru (thigh region), janu (knee), jangha (calf region) radiating up to pada (foot) which is associated with stambha (stiffness), toda (pricking pain), tingling & numbness of limb, difficulty in walking were included in the study.
- Patients with positive straight leg raise (SLR) test.
- Patients with controlled Diabetes.

**EXCLUSIVE CRITERIA**
- Patients contra-indicated for Agnikarma
- Patients with diabetic neuropathy, Vascular disorder.
- Pregnant women.
- Patients with CA.

**ASSESSMENT CRITERIA**
Subjective symptoms presented by the patients were given score and were assessed before and after performing of Agnikarma.

*Graduation for Assessment parameter RUJA (PAIN)*

0: No pain
1: painful walks without limping
2: painful walks with limping but without support
3: painful walk can only with support
4: painful unable to walk

STAMBHA (STIFFNESS)
0: No stiffness
1: mild stiffness
2: moderate stiffness
3: severe stiffness
4: very severe stiffness

MATERIALS REQUIRED
Panchadhatu Shalaka (Tamra, Lauh, Yashada, Rajata, Vanga)
Marker
Lighter/ Flame Apparatus
Cotton Gauze
Yashtimadhu Ghrut

PROCEDURE
PURVA KARMA (Preoperative Procedure):
Educate the patient.
Obtained informed consent.
Ask the patient to satisfy Natural urges.
Check the Vitals.

PRADHAN KARMA (Main Procedure):
Before commencing the procedure SLR test of the patients was done, for this, patients were asked to lie down in supine position and raise their legs straight and the angle was noted. The patient was advised to lie in the prone position then, Keep Shalaka on Flame Apparatus, Exposing the site of Agnikarma as mentioned in Samhita, Mark the area with marker Medially aspect for Group A & Lateral aspect for Group B. Ensure Shalaka to be Red hot, Hold red hot shalaka Strongly in one hand and touch the previously marked point till dagdha Lakshana Appears, form Bindu Dahana.

PASCHAT KARMA (Postoperative Procedure):
Keep Shalaka aside to prevent any harm
Apply Yashtimadhu ghrut over burned site

The Same procedure repeated on 7th, 14th and 21st day.
Patients were asked to come for follow up after completion of 3 settings for the study of reoccurrence.

**Observation:**

Among 20 patients’ maximum patients belonged to 35-55 years of age group (56.84%), females (70.53%) and from low socio-economic class (68.2%). The maximum patients in this study were having *Katu Rasa* (61.43%) and *Ruksha Guna* (47.54%) dominant *Ahara* and having habit of *Vishama Cheshta* (unpleasant posture-63.20%) and *Diwaswapna* (day sleep-68.42%). Maximum patients had irregular bowel habit and passing hard stool (50%). The symptoms of *Gridhrasi* observed among 20 patients of both groups were *Ruja* (pain) in 100% patients, *Stambha* (stiffness) in 83.02% of patients.

**Result:**

Statistical data showing Group A showed better relief in symptoms such as pain and stiffness as compared with Group B.

In this Study there is no outward effects observed during the course of treatment. The treatment applied was simple, economical, and required no hospitalisation and could be done at OPD level.

**Discussion:**

*Gridhrasi* is one of the diseases included in vatavikara in all bruhatrayi, included under the 80 types of Nanatmaja Vata Vikara. Sciatica—a condition described in modern medicine resembles with *Gridhrasi*. In sciatica, there is pain in distribution of sciatic nerve which begins in the lower back and radiates through the posterior aspect of the thigh and calf and to the outer border of foot. Referring to previous study, in *Gridhrasi*, the main affected area was Sphik, i.e., gluteal region and Kati, i.e., lumbar spine. Acharya Charaka has described Agnikarma in the management.
of Gridhrasi Vyadhi. Acharya Sushruta has mentioned that diseases, which are not relieved by Snehana, Lepanadi, Siravyadhya therapeutic measures can be treated with Agnikarma. [1]

By localising the Site and performing Agnikarma on medial aspect ,that very site helps significantly more than Lateral since the course of sciatic nerve runs medially and due to Ushna, Tikshna, Sukshma, Ashukari Guna it removes the Srotavarodha, pacifies the vitiated Vata and Kapha Dosha and maintains their equilibrium. Secondly, it increases the Rasa Rakta Samvahana (blood circulation) to affected site. The excess blood circulation to the affected part flushes away the pain producing substances and patient gets relief from symptoms. Third, therapeutic heat increases the Dhatwagni, so metabolism of Dhatu becomes proper and digests the Amadosha from the affected site and promotes proper nutrition from Purva Dhatu. In this way, Asthi and Majja Dhatu become more stable. Thus, result is precipitated in the form of relief from all symptoms of Gridhrasi. Further it can be endorsed that the therapeutic heat goes to the deeper tissue like Mamsa Dhatu and neutralizes the Sheeta Guna of Vata and Kapha Dosha and in this way vitiated Doshas come to the phase of equilibrium and patients got relief from the symptoms.

**Conclusion:**

Agnikarma is a simple, cheap, safe and effective in the management of Gridhrasi but Agnikarma on Medial aspect between kandhra and gulpha sandhi is more effective than lateral aspect in relieving the main symptoms of the disease i.e. Pain and stiffness.

**References:**

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