



“The role of Agnikarma in the management of Katishool

by *Pancha Dhatu Shalaka*”

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Abstract

Agnikarma is one Of the important para-surgical procedure described in Ayurved Samhita. Charak, Sushrut and Waghbata. Waghbata even termed it is the best among all kind of therapeutic procedure in Ayurved armory because of non-recurrence. Katishool is one of the localized Vat vyadhi in which Prakupit vayu affects sandhi. According to Anshansh Kalpana of the katishool. The Vat viated due to ruksha and shit gun which leads to katishool. For the treatment of katishool to avoid the recurrence agnikarma by Panchadhatu Shalaka is used as alternative treatment.

Key words: *Agnikarma, Katishool, Panchadhatu Shalaka*

Introduction

Each and every human being desired to leave happy and comfortable life. But is not possible having to multiple factors

related with changing the lifestyle, environmental factors etc. as per the data available 80% of population in modern society experiences musculo scelatal pain, mostly lumber pain i.e. katishool and backache. Fortunetlu in some cases it's subside within month by using NSID orally and tropically as well as by using Ayurvedic panchakarma like snehan swedan, katibasti etc. but these pain recurs again about 70% of cases. Out of these many of them converted in to major or chronic condition as time passes.

All type of lumber pain i.e. katishool is intractable physical complaints which carry little threat of life but it inter form greatly with living people suffering from these infection cannot walk properly, cannot sleep properly, cannot enjoy life properly. Lumber pain continuously draws one's attention and also disturb daily routine. According to modern science lumber pain

i.e. katishool mostly occur in lumber Spondilosis, lumber spondylitis, lumber disk disease due to abnormal posture and ageing. And according to Ayurveda lumber pain i.e. katishool is one of the vat rog janit shool and the treatment of vat prakop in Snnayu, Sandhi and Astigat Vat is Snehan, Swedan, Upnaha, Agnikarma, Bandhan and Mardan.

स्नेहोपनाहाग्नीकर्मबंधनोन्मर्दनानि

स्नायुसंध्यास्थिसंप्राप्ते कुर्योव्दायावन्द्रितः।

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In treating lumber pain i.e. Katishool many of the patients taking Shehan, Swedan, Upnaha, Bandhan etc. but complaints reappears after some time which leaves the scope to search alternative treatments.

Method

The outcome of agnikarma procedure is evaluated clinically on 20 patients having Katishool.

Panchadhatu Shalaka is made by:

- Tamra 40%
- Loha 30%
- Yashad (Zink) 10%
- Rajat 10%
- Vanga (Tin) 10%

Procedure

Agnikarma was perform in three stages as

1. Purvakarma

- Patient was advised to take Snigdha and pichchhila diet on the day of agnikarma.
- Informed consent of the patient was taken
- The local part of the patient was painted with triphala Kwatha

2. Pradhan karma

- At the site of Katigat Pradesh where pain is localized, 15 to 30 Bindu (Bindu Type) of Samyak dagdha vana were made
- ½ angul (aprox – 1 cm.) space between two samyak dagdha was maintained.

3. Pashat karma

- Gel of Kumari on Samyak dagdha vana was applied to get rid of instant burning sensation.
- Dusting of yastimadhu churna was done on Samyak dagdha vana and it was covered with sterilized gauze piece.

Frequency of Agnikarma:

Total six sitting of agnikarma were done with a gap of seven days between two subsequent sittings.

Follow up was done up to one month period.

Assessment criteria

The graduation of symptoms such as Pain, Tenderness, and Stiffness was done and were assessed before and after completion

of treatment. The assessment was done on the basis of relief found in the signs and symptoms of the disease. To assess the effect of agnikarma therapy on objective parameters all the sign and symptoms were given number of scoring depending upon there severity ranging from 1 to 3.

Observation:

Agnikarma done with panchadhatu shalaka, total 20 patients were registered. Among them 18 patients completed the treatment.

It was observed that maximum number of patient (60%) belonged to the age group up to 40 to 60 years and 58.62% patients were females.

In this study it was noted that 97% patients were married and 87% of patients were from middle economical class. 52.27% patients were house wife. 81.23% were from urban area. 43% were having more than two year's history of disease. 80% of the patients were having katu dravya atiseven. Maximum patients were suffering from chinta. 52% of the patients having history of trauma and found to overweight i.e. obese.

Discussion:

Highest incidence of the disease was reported in age group 40 to 60 years. Which is vata prakopak kal. According to modern science there is a progressive decrease in the degree of hydration of intervertebral disc with age which leads to

the degenerative changes leads to lumber pain.

Higher incidence was observed in females probably because of the fact that they do not take proper care of themselves while doing their routine work like lifting weight, bending, sitting and sustained non – neutral posture which predisposed them to lumber pain. Two years chronicity should in adequate attention towards their health. Apart from all these factors multupal pregnancy, bad obstractive histry, cronic constipation and histry of trauma support the hypothesis that the presence of prior kha – vaigunya increased the incidence of aquering disease of that strotas.

Conclusion:

Agnikarma therapy is result oriented for sthanik involvement of vata in vataj disorder. It is an ambulatory treatement modality and affordable to the common people. Patients were given six sittings of agnikarma in this study with an interval of seven days between two sittings. It is further suggested that more number of sittings may be required depending upon chronicity and sevarity of disease.

The study showed that agnikarma by pancha dhatu shalaka provided better result in many aspects of signs and symptomatology of katishool in compared to all other treatment i.e. snehan, swedan, mardan, bandhan etc.

The Agnikarma was found to be best treatment in Katishool.

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