



## SNEHA AGNIKARMA IN THE PAIN MANAGEMENT OF JANU SANDHIGATA VATA – A CASE STUDY

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## ABSTRACT

**Introduction:** Pain is the predominant symptom of *Janu Sandhigata Vata*, or osteoarthritis of the knee joint. *Agnikarma* is a para-surgical procedure which is indicated in intense pain. Various instruments or *Dahanopakaranas* are mentioned for carrying out *Agnikarma*. Among them, *Sneha Agnikarma* is indicated in diseases of the joint. So, in the present case study, *Sneha Agnikarma* was carried out with *Tila Taila* (sesame oil) in a patient suffering from *Janu Sandhigata Vata*. **Materials and methods:** A 51-year-old female suffering from knee joint pain and diagnosed with osteoarthritis of the left knee joint was treated with four sittings of *Sneha Agnikarma with Tila Taila*. **Results and conclusion:** After the 4<sup>th</sup> sitting of *Agnikarma*, pain reduced, and the WOMAC score reached 12 from 38. Thus, *Sneha Agnikarma* may give promising results in managing *Janu Sandhigata Vata*.

**Keywords:** Agnikarma, Janu Sandhigata Vata, Knee osteoarthritis, Sneha, Tila Taila

## INTRODUCTION

Osteoarthritis, or Degenerative Joint Disease (DJD), is characterised by progressive degenerative changes in the articular cartilage over the years. The balance in cartilage degradation and its production is lost in osteoarthritis. This process produces abnormal sclerotic subchondral bone and overgrowths at the joint margins called osteophytes. Osteoarthritis affects multiple joints, causing mechanical pain with movement and loss of function. Joint pain with movement, short-lived morning joint stiffness and functional limitation along with crepitus, restricted movements, bony enlargement, joint effusion and variable levels of inflammation with bony instability and muscle wasting are the signs and symptoms.<sup>1</sup> Osteoarthritis is more common in weight-bearing joints such as the knee joint. It is found that 3.8 % of the world population suffers from symptomatic knee joint osteoarthritis, while the prevalence of knee joint osteoarthritis in rural parts of India is 3.9% and that in Urban parts is 5.5 % respectively<sup>2</sup>. In contemporary science, this condition is treated with NSAIDs and corticosteroids, which might lead to gastric irritation and in advanced conditions, uni-compartmental or total knee replacement surgeries may be advised.

Pain, being the predominant symptom in osteoarthritis, may be correlated to *Sandhigata Vata* in *Ayurveda*. *Sandhigata Vata* is a condition where *Vata* seated in the joints destroy them and cause pain and crepitus.<sup>3</sup>

*Acharyas* have mentioned various internal medications and external therapies for *Sandhigata Vata*. *Agnikarma* is one of the external therapies mentioned by *Acharya Sushruta*.

*Agnikarma* is a para-surgical procedure which is indicated in *Atiyugra Rujā* caused due to *Vata*. *Acharya Sushruta* has mentioned various kinds of *Dahanopakaranas* or instruments to perform *Agnikarma*. Among them, *Kshaudra* (honey), *Guda* (jaggery) and *Sneha* are discussed explicitly for diseases affecting the *Sandhi*. In the present case study, *Tila Taila* was

used to perform *Sneha Agnikarma* in a patient diagnosed with *Janu Sandhigata Vata*.

## CASE REPORT

### PATIENT INFORMATION

A 51-year-old female working in a clerical job visited the OPD of Shalya Tantra of Sri Jayendra Saraswathi Ayurveda College and Hospital with pain in the left knee joint for one year. She also had difficulty walking and standing for a longer duration.

### HISTORY OF PRESENT ILLNESS

The patient was well before one year. She gradually developed pain in the left knee joint, which aggravated and caused difficulty in walking and standing for more than 10 minutes. She consulted a nearby clinic and was prescribed NSAIDs. She discontinued the medicines due to chest burn after consuming tablets for some days.

### HISTORY OF PAST ILLNESS

H/O gastritis on taking allopathic medications. Symptoms subsided on discontinuing the medicines.

### SURGICAL HISTORY

Nothing specific

### FAMILY HISTORY

Nothing specific

### PERSONAL HISTORY

**Appetite** – Normal

**Bowels** – Normal

**Micturition** – Normal

**Sleep** – Disturbed

**Addictions** – Coffee – 5 cups per day

### GENERAL EXAMINATION

Height – 152 cm

Weight – 56 Kg

BMI- 24.2

BP – 130/90 mmHg

PR – 76 bpm

RR – 19 bpm

### MENSTRUAL HISTORY:

**Age of menarche:** 12 years

**Age of menopause:** 49 years

**SAMPRAPTI GHATAKAM**

**Nidana:** Excessive work  
**Dosha:** Vata  
**Dushyas involved:** Asthi, sandhi  
**Lakshanas:** Pain in the left knee joint for one year  
**Srotos involved:** Asthivaha srotas  
**Rogamarga:** Madhyama Rogamarga  
**DASHAVIDHA PARIKSHA:**  
**Prakriti** – Vata-pitta  
**Vikriti** – Vata  
**Sara** – Asthisara  
**Samhanana** – Madhyama  
**Pramana** – Madhyama  
**Satmyam** – Sarvarasa  
**Satvam** – Avara  
**Vayah** – Madhyama  
**Ahara Shakti** – Madhyama  
**Vyayama shakti** – Avara  
**ASHTAVIDHA PARIKSHA**  
**Nadi** – Vata-pitta  
**Mala** – Normal  
**Mutra** – Normal  
**Jihwa** – Nirlipta  
**Shabda** – Spashta

**Sparsha** – Anushnasheeta  
**Drik** – Prakruta  
**Aakriti** – Madhyama

### CLINICAL FINDINGS

O/E left knee joint  
 Swelling – absent  
 Crepitus – present  
 Flexion – restricted movement  
 WOMAC score: 38  
 Pain – DVPRS – 6

### CLINICAL INVESTIGATION

X-ray of the left knee joint revealed narrowing of joint space and osteophyte formation. Figure 1 shows the X-ray of the patient.

### THERAPEUTIC INTERVENTION

Four sittings of *Sneha Agnikarma* were administered to the patient. Figure 2 shows the administration of *Sneha Agnikarma*.

### TIMELINE

The timeline of the patient’s history and the intervention administered is mentioned in Table 1.

**Table 1 – Timeline**

Date	History and intervention
December 2023	Consulted a nearby clinic for knee pain and was advised investigations
13 <sup>th</sup> December 2023	X-ray left knee revealed joint space narrowing and osteophyte formation.
December 2023	She was prescribed NSAIDs.
13 <sup>th</sup> January 2024	Visited our hospital for further management. 1 <sup>st</sup> sitting of <i>Sneha Agnikarma</i> .
20 <sup>th</sup> January 2024	2 <sup>nd</sup> sitting of <i>Sneha Agnikarma</i>
27 <sup>th</sup> January 2024	3 <sup>rd</sup> sitting of <i>Sneha Agnikarma</i>
3 <sup>rd</sup> February 2024	4 <sup>th</sup> sitting of <i>Sneha Agnikarma</i>
17 <sup>th</sup> February 2024	Follow up

### SNEHA AGNIKARMA PROCEDURE

#### Materials required:

- Tila Taila
- Vessel for heating oil
- Gas stove
- Dropping pipette
- Gauze piece
- Aloe vera

#### Poorva Karma:

Informed consent was taken from the patient.  
 Materials required for *Sneha Agnikarma* were kept ready.  
 The patient's vitals were noted, and the patient was made to lie in supine position.  
 The left knee joint was exposed.  
*Tila Taila* was heated till the appearance of smoke.

**Pradhana Karma:**

A painful area was noted and was surrounded by gauze pieces.

Hot *Tila Taila* was taken in a dropping pipette and dropped over the left knee joint till the patient had a pulling effect in the knee joint.

**Paschat Karma:**

*Aloe vera* was applied over the site of *Sneha Agnikarma*.

The patient was asked to avoid water contact for the next 24 hours.

The procedure was repeated once a week for the next three weeks.

**OBSERVATION, FOLLOW UP AND RESULT**

It was observed that the patient was free from pain while walking, and flexion of the left knee joint was normal after the 4<sup>th</sup> sitting of *Sneha Agnikarma*. The observations during the treatment and in the follow-up are mentioned in Table No. 2

**Table 2-Parameters and Observation**

Parameters	Before treatment	After 1 <sup>st</sup> sitting	After 2 <sup>nd</sup> sitting	After 3 <sup>rd</sup> sitting	After 4 <sup>th</sup> sitting	Follow up
Pain while walking -DVPRS	6	5	4	2	0	0
WOMAC pain	7	6	4	3	1	1
WOMAC stiffness	1	0	0	0	0	0
WOMAC physical function	30	28	22	16	11	11
WOMAC Total	38	34	26	19	12	12
Range of movements	Restricted	Restricted	Restricted	Normal	Normal	Normal
Crepitus	Present	Present	Present	Absent	Absent	Absent

**DISCUSSION**

In *Janu Sandhigata Vata*, the vitiated *Vata* gets localised in the knee joint. Through the administration of *Agnikarma*, the *Ushnatva* (hot property) of *Agni* helps combat the *Sheeta Guna* (cold property) of *Vata*, thereby reducing pain. As *Taila* is considered the best for treating *Vata* disorders and *Tila Taila* is the best among *Taila Varga*, *Sneha Agnikarma* with *Tila Taila* helps pacify the vitiated *Vata*.

Devising *Sneha Agnikarma* in joint pain is indicated as *Sneha* has a high heat retention capacity, which results in good heat penetration.<sup>4</sup> When hot *Tila Taila* is dropped over the knee joint, it acts as a non-toxic substance and closes the gate to painful input, reducing pain.

*Sneha Agnikarma* leads to vasodilation, thereby increasing the blood circulation at the knee joint. It increases the temperature at the applied site, which reduces nerve reflexes, thus resulting in the relaxation of muscles and causing a reduction of symptoms.

When performing *Sneha Agnikarma*, the cells get exposed to heat and express HSPs or stress proteins. It is found that HSP70 helps to protect chondrocytes, which results in delaying the progression of osteoarthritis.<sup>5</sup>

**CONCLUSION**

*Sneha Agnikarma* is a simple and cost-effective procedure in the management of pain. As *Janu Sandhigata Vata* involves deeper dhatu, administration of *Sneha Agnikarma* using *Tila Taila* helps in deep penetration of heat, resulting in relief of pain. Thus, *Sneha Agnikarma* can give promising results in the pain management of *Janu Sandhigata Vata*.

**PATIENT PERSPECTIVE:**

The patient felt good relief from pain from the 2<sup>nd</sup> sitting of *agnikarma*. She could stand or walk only for 10 minutes before the treatment. After the completion of the procedure, she was able to walk and stand for a longer duration of up to 40 minutes.

## INFORMED CONSENT:

Informed consent was obtained from the patient before the commencement of the treatment.

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Figure 1 – X-ray of left knee joint



Figure 2 – Administration of Sneha Agnikarma