



## ROLE OF MARMA THERAPY AND AGNIKARMA IN THE MANAGEMENT OF KATIGRAHA: A CASE REPORT

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## ABSTRACT

Katigraha is a condition associated with an imbalance of Vata, commonly presenting as varying levels of lower back pain, ranging from mild to severe. This pain can significantly affect daily activities. Marma Chikitsa and Agnikarma are specialised treatments related to Shalyatantra that have proven effective in managing acute pain. In a recent case involving a male patient with acute lumbosacral pain, the pain's severity was assessed using the Visual Analog Scale (VAS) and Oswestry's Low Back Pain Disability Scale. The treatment plan included Marma stimulation and manipulation, along with Agnikarma using Pancha loha shalaka on tender points. The patient was also administered Shamanaushadis, including Rasnasaphaka kwatha, Trayodashanga guggulu, Alva's Painex balm, and Avipattikara churna, throughout 7-days. The patient's progress was evaluated every two days for pain levels, disability, and tenderness and by the end of the seven days, there was a significant reduction in pain. Marma Chikitsa, even though not widely explored in Ayurveda, is a cost-effective and rapid method for managing acute conditions, either on its own or alongside other therapies.

**Keywords:** Katigraha, Marma chikitsa, Agnikarma

## INTRODUCTION

*Katigraha* is a condition developed due to *Vata* and exacerbated by *Kapha*; it typically manifests with symptoms such as pain and stiffness in the lower back region. This condition has become increasingly common due to modern lifestyle factors such as sedentary behaviour, lack of physical activity, poor posture, unhealthy foods, synthetic mattresses, and the pursuit of quick, universally accepted remedies. Many olden manuscripts have mentioned *Katigraha* sporadically, attributing it to *Vataja vyadhi* localised in the lower back area, influenced by disturbances in the *Annavaha srotas*. This imbalance gives rise to various symptoms, including *Katigraha*<sup>1</sup>. *Katigraha* in aged people is mainly considered as *apatarpana janya vikara*<sup>2</sup>. It is mentioned as a distinct *vyadhi* in *Gada nigraha*, *vata rogadohikara* with symptoms like *chestanasha* in *Katipradesha*, *Vedana* and *Stambha*.<sup>3</sup> The *shamba* produced in the *Kati* will hamper the *gati* of *vayu*, resulting in *kha vaigunya* and pain and stiffness of the lower back region.

Low back pain is not a singular condition but a common issue arising from various underlying problems of differing severity. It is often linked to non-serious muscular or skeletal issues like sprains or strains. Physical causes can include conditions such as osteoarthritis, spinal disc degeneration, herniated discs, vertebral fractures, or, in rare cases, spinal infections or tumours.

*Marma Chikitsa* is a traditional practice that traces back to the Vedic period. It focuses on manipulating particular vital points in the body. This therapy aims either to treat diseases affecting these *marma sthana* or to manage injuries sustained in these areas. There is a total of 107 *marmas*<sup>5</sup> identified in this traditional system of medicine. *Agnikarma* is considered best among *shaadi karmas* because of its *apunarbhavavata*.<sup>6</sup>

### **CASE REPORT:** -

On May 27, 2023, a 30-year-old man presented to the outpatient department of Alva's Ayurveda Medical College and Hospital, Moodbidri, with primary com-

plaints of lower back pain affecting both sides of the lumbosacral region, persisting for the last two days. He also reported stiffness in the lower back, pain worsening during prolonged sitting, difficulty passing stool while squatting, and disrupted sleep at night.

**Personal history:** The patient, a lecturer by profession, usually has regular bowel movements but has been constipated for the past two days. His appetite is standard, with disturbed sleep. Micturition is routine and has an average build. He doesn't exercise regularly and has a varied diet, with no history of specific habits or addictions.

**History of Presenting Illness:** The patient reported that his symptoms began approximately two days after lifting a heavy object. Since then, he has been experiencing pain and stiffness in his lower back, without any radiation to his legs. The pain worsens when he stands or sits intermittently while changing positions.

**Past medical history/Past surgical history:** The patient has no history of similar complaints, no other medical conditions, and has never undergone any surgical procedures.

**On examination:** -

BP: - 120/82 mmhg, PR: - 96 bpm, R/R: - 24/min, Spo2: - 100%, GRBS: - 118mg/dL

Weight: -76 kgs, Height: -180cm, BMI: - 23.5kg/m<sup>2</sup>

**General physical Examination:** -Normal findings

**Systemic examination:** -

CNS - Conscious oriented, CVS - S<sub>1</sub>, S<sub>2</sub> heard, no murmurs, RS - NBVS heard, GI - P/A- Soft, non-tender, No Distension seen.

**Per Rectal examination:** - Stool present (++)

**Musculoskeletal/Locomotor system:** -

- **Inspection:** - Normal stature
- **Palpation:** - Tenderness present in bilateral Lumbosacral region, L4, L5 – mildtenderness present
- **ROM:-** Flexion, Extension, left lateral rotation, proper lateral rotation: Reduced due to pain
- **Lasegue sign<sup>7</sup> :-** Negative
- **Schober test:-** Positive on Flexion and Extension

- Straight leg raise test:- Negative
- Oswestry score<sup>8</sup> :- 35.5% [16/45]

[Score interpretation: -

The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are complex, and they may be disabled from work. Personal care and sleeping are grossly affected, and patients can usually be managed conservatively.]

- Visual Analog Scale: - 6
- Tenderness grading: - +2/4 T

**Rogi Pareeksha: -**

- Dosha:- Predominantly Vata, mild Kaphanubandha
- Dhaatu:- Asthi
- Upadhatu :- Snayu, Sandhi
- Desha :- Katipradesha
- Bala :- Madhyama
- Kala :- Nava rogavastha
- Prakruti:- Pittakapha
- Vaya :- Madhyama
- Satva :- Madyama
- Satmya:- Sarvarasa satmya
- Ahara :- Jarana shakti : Pravara, Abhyavarana-shakthi : Madhyama
- Vyayama :- Alpa
- Sara :- Rakta , meda

**Samprapti: -**

- Nidana :- Sahasa
- Dosha :- Vata + Kaphanubandha

**Table 1: Shamanoushadis- their dosage and time of administration**

<u>Sl.no.</u>	<u>Medicine</u>	<u>Dose</u>	<u>Time of administration</u>	<u>Days</u>
1.	Trayodashanga guggulu	1-1-1	After food	7 days
2.	Rasna saphaka kashaya	2tsp -0-2tsp with water	Before food	7 days
3.	Avipattikara churna	5g	In night	5 days

For all three *Shamanaoushadis*, Luke’s warm water was advised as *Anupana*. The patient was informed of the local application of Alva’s Painex Balm at

- Dusya :- Ashti, Sandhi, kandara
- Kha vaigunya: -Katipradesha
- Srotas :- Asthivaha, Pureeshavaha
- Srotosudhti :- Sanga
- Rogamarga :- Madhyama roga marga
- Roga :- Katigraha

**Investigations: -**

The patient was advised that an X-ray of the Lumbo-sacral spine- AP and Lateral view – was not willing for the X-ray.

**Treatment: -**

- Marma chikitsa: Marma stimulation of kukundara, katikataruna, nitamba marmas.
- Sthanika Abhyanga with *Karpooradi taila*<sup>9</sup>
- Agnikarma with *Pancha Loha Shalaka* on tender points.<sup>10</sup>
- Shamana chikitsa with *Rasna saphaka kashaya*<sup>11</sup>, *Trayodashanga guggulu*<sup>12</sup>, Alva’s *Painex balm*<sup>13</sup>, *Avipattikara churna*.<sup>14</sup>

On the 1<sup>st</sup> day of treatment, *shthanika abhyanga* with *karpooradi taila* was done, followed by manual traction and carefully monitored stimulation of *marmas* of Bilateral *Kukundara*, *Katikataruna* and *Nitamba*. After stimulation, tender points were identified, and *Agni karma* was done cautiously in those points, avoiding *marma thanks*. *Marma* stimulation continued for seven days, along with *Shamanaoushadis*. (Table 1)

night. *Avipattikara churna* was stopped after five days as the patient started to have regular bowel movements.

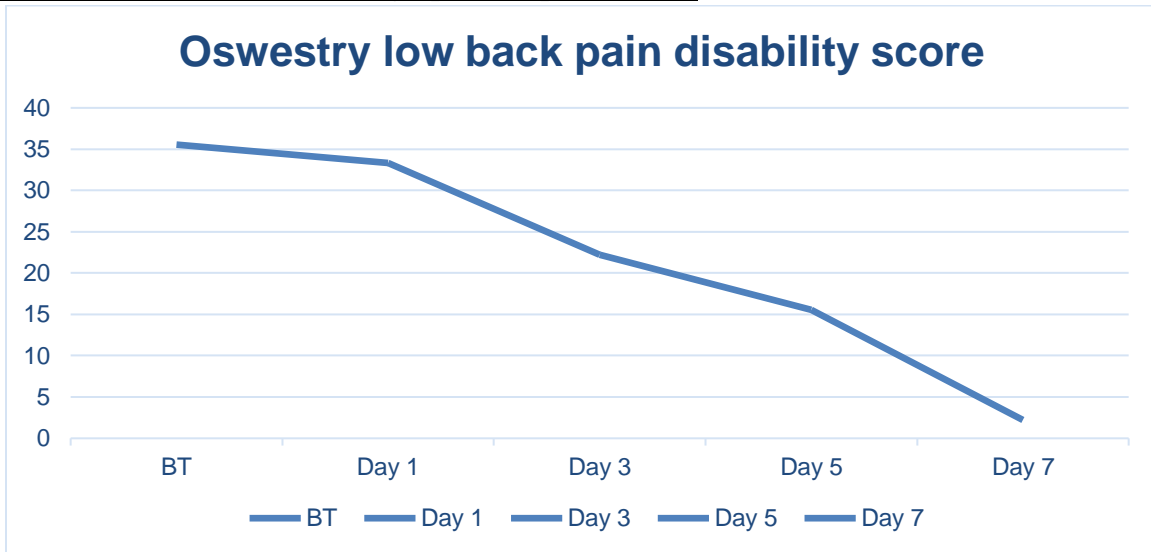
## DISCUSSION

The results of the treatment are as follows: -

**Table 2a: Oswestry score assessment before and after treatment**

Criteria	Before Treatment	After Treatment 1 <sup>st</sup> day	After Treatment 3 <sup>rd</sup> day	After Treatment 5 <sup>th</sup> day	After Treatment 7 <sup>th</sup> day
Pain intensity	2	1	1	1	0
Personal care	1	1	1	1	0
Lifting	2	2	1	1	1
Walking	3	3	2	1	0
Standing	2	2	1	0	0
Sitting	2	2	1	1	0
Sleeping	2	2	2	1	0
Sex life	-	-	-	-	-
Social life	1	1	0	0	0
Travelling	1	1	1	1	0
Total: -	16	15	10	7	1
Result in %	35.55	33.33	22.22	15.55	2.22

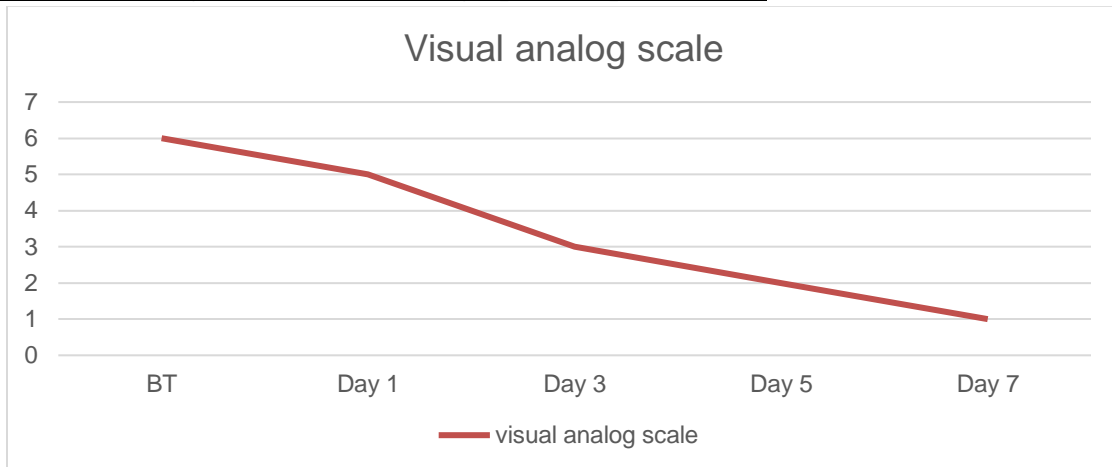
**Figure 1a :Oswestry score assessment graphical representation**



**Table 2b: Visual analogue scale score before treatment and after treatment**

Visual Analog scale Results				
BT	AT – 1 <sup>st</sup> day	AT- 3 <sup>rd</sup> day	AT- 5 <sup>th</sup> day	AT – 7 <sup>th</sup> day
6	5	3	2	1

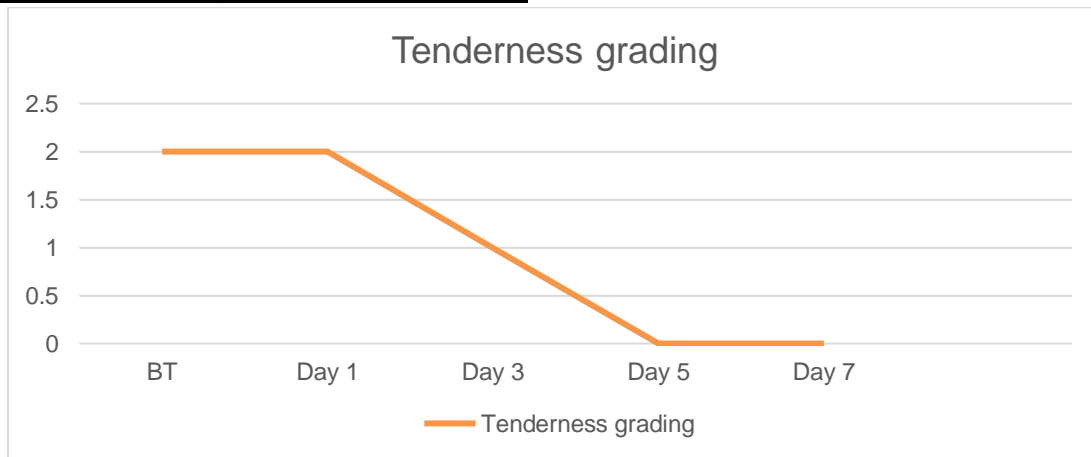
**Figure 1b: Visual analogue scale assessment graphical representation**



**Table: Tenderness assessment score before and after treatment**

Tenderness scale				
BT	AT – 1 <sup>st</sup> day	AT- 3 <sup>rd</sup> day	AT- 5 <sup>th</sup> day	AT – 7 <sup>th</sup> day
+2/4	+2/4	+1/4	No tenderness	No Tenderness

**Figure 1c: Line chart interpreting Tenderness scale**



As shown in Figures 1, 2, and 3, following the treatment, there was a significant reduction in the patient's pain, tenderness, and disability. The patient was advised to continue the Shamaoushadis for an additional seven days but with a reduced dosage. Before treatment, Schober's test was positive for both flexion and extension, which became negative for extension after seven days of treatment, indicating improvement. The Schobers test for flexion, even though favourable, the patient had very minimal discomfort.

*Marma chikitsa*, along with *Agni karma* and *Shamaoushadis*, was adapted as a line of treatment. Following are the *marmas*: -

- *Katikataruna:Prishtamarma, Asthimarma, Kalantara pranahara, 1/2 Anguli pramana*<sup>15</sup>
- *Kukundara:Prishtamarma, Sandhimarma, Vaikalyakara, 1/2 Anguli pramana*<sup>16</sup>
- *Nitamba:Prishtamarma,Asthimarma, Kalantara pranahara, 1/2 Anguli Pramana*<sup>17</sup>

By carefully stimulating and manipulating these *marma sthanas*, a favourable outcome was achieved without any *dosha* imbalances. Thus, the integrated

approach of marma chikitsa along with Agni karma and shamanoushadhis proved effective in pacifying the aggravated *Vata*, allowing it to return to its *prakruta avastha* and thereby reducing pain and stiffness. *Agnikarma*, being *Vata Kaphahara*, has significantly contributed to vedana shamana.

*Avipattikara churna*, due to its rechana guna, was prescribed for the *badha mala shamana*. *Rasna saphthakam kashaya* and *Trayodashanga guggulu* due to their *vatahara* and *kaphahara* properties aid in fast relief from pain.

## CONCLUSION

The prevalence of Katigraha is increasing across generations, impacting individuals of all ages and genders. Hence, it is the need of the hour for cost-effective, non-invasive, or minimally invasive treatments like Marma Chikitsa and Agnikarma. This case study thus provides the insight that both Marma Chikitsa and Agnikarma are effective in managing acute pain associated with Katigraha.

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