

**EFFECT OF AGNIKARMA IN AMSAMARMA ABHIGHATA - TRAUMATIC PERIAR-
THRITIS OF THE SHOULDER JOINT- A CASE REPORT**Akhila V S¹, C Raghunathan Nair², Deepthi C V³¹MS Final Year PG Scholar, ²Professor & HOD, ³Professor

Department of Salyatantra

Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam, Kerala

Corresponding Author: akhilavsatheesan7@gmail.com<https://doi.org/10.46607/iamj4513012025>

(Published Online: January 2025)

Open Access

© International Ayurvedic Medical Journal, India 2025

Article Received: 08/12/2024 - Peer Reviewed: 29/12/2024 - Accepted for Publication: 09/01/2025.

**ABSTRACT**

Periarthritis of the shoulder joint is a condition characterised by disabling pain, inflammation, stiffness, and restriction of both active and passive movements of the shoulder joint. Among the factors suggested for the cause of the disease, trauma is found to be one of them. Traumatic periarthritis of the shoulder joint may be correlated with *Amsamarma Abhighata* due to similarity in clinical features such as *Bahukriyaharam* and *Stabdabahutha*. *Acharya Susrutha* mentioned that Agnikarma is effective in *Ruja* pertaining to *Sira*, *Snayu*, *Sandhi* and *Asthigata Vikara*. *Amsamarma* is a *Snayu Marma* and *Acharya Susrutha* has mentioned *Dahanopakarana* like *Kshoudra*, *Guda*, *Sneha* for Agnikarma in *Sira*, *Snayu*, *Sandhi*, *Asthi gata Vikara*. In this study, a female patient 60 years was treated with Agnikarma to assess the effect of Agnikarma with *Tila Taila* in *Amsamarma Abhighata* - Traumatic periarthritis of shoulder joint. Agnikarma has properties like *Vatakaphahara*, *Ushna*, *Sookshma*, and *Ashukari Guna*, which help relieve pain and stiffness instantly. *Snigdha dravyas* have deep heat penetration capacity with a greater latent heat period. It is helpful in musculoskeletal disorders and can be done on an OPD basis. The assessment was done on subjective parameter, pain and objective parameter like range of movements (Abduction). The patient was assessed before and after treatment. Follow-up was done on the 7th, 15th and 30th day for 1 month.

Keywords: Agnikarma, Traumatic Periarthritis of the shoulder, *Amsamarma Abhighata*

INTRODUCTION

Periarthritis of the shoulder joint is a common disorder characterised by shoulder pain, stiffness, and limited range of motion. It occurs when the glenohumeral joint becomes painful and stiff because of the loss of resilience of the joint capsule, possibly the adhesions between its folds¹. One of the causes of periartthritis of the shoulder joint is trauma. The disease incidence is 2-5% of the general population with females predominating over males. Clinically, the disease consists of 3 phases: Freezing, Frozen, and Thawing. Periarthritis of the shoulder joint may be correlated with symptoms of *Amsamarma Abhighata*, such as *Bahukriyaharam* and *Stabdabahutha*. In the allopathic system, conservative management of periartthritis of the shoulder joint involves anti-inflammatory agents, intra-articular corticosteroid injection, capsular distension injection, and physiotherapy and surgical management in conservatively failed cases. However, post-operative stiffness is a complication of both open and arthroscopic surgery, resulting in the formation of an intra-articular inflammatory process that leads to thickening and fibrosis of the joint capsule³.

Agnikarma is a necessary para-surgical procedure for managing pain in *Sira Snayu Sandhi Asthi Gata Vikara*. *Snigdha dravyas* have deep heat penetration ca-

capacity with greater latent heat period⁴ and can manage pain in *Sira Snayu Sandhi Asthi Gata Vikara*.

Patient information

A 60-year-old female patient came to Salyatantra OPD with complaints of pain over her left shoulder and difficulty in raising left hand. She had a history of trauma and on examination of the patient, no abnormalities were detected. On palpation, tenderness was noted in the anterior aspect, anterolateral aspect, and scapular region of the left shoulder. The patient had a limited range of movements and difficulty abducting the left shoulder. Hence, with clinical findings and USG, Traumatic periartthritis of the shoulder joint was diagnosed. After laboratory investigations, Blood RE, BT, CT, RBS, HBsAg, HCV, HIV, and VDRL, the patient was treated with *Agnikarma* with *Tilataila*.

Therapeutic intervention

Poorvakarma

After explaining the detailed procedure, informed consent was obtained. After placing the participant in a comfortable position, the shoulder and surrounding region are cleansed using antiseptic solution. The area is allowed to dry. An eye bandage is given. The tender points were marked in the shoulder joint.

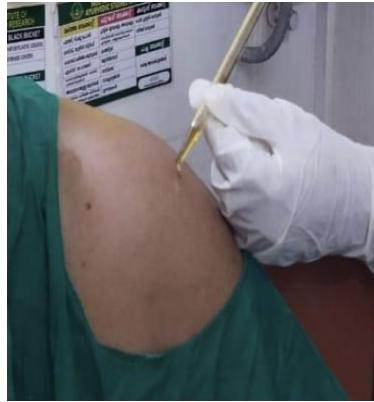


Materials required

Heating of *Tila taila*

Pradhanakarma

A desirable amount of *Tilataila* was taken in a sterile vessel and heated until it reached its boiling point. The temperature was measured using an Industrial thermometer (150 degrees Celsius). The heated *Tilataila* was applied over the most painful and tender points as Bindu visesa- 2 drops in and around the shoulder joint with the help of pipette. Aloe vera pulp was immediately applied to relieve burning pain.



Agnikarma with Tila taila

Paschat karma

After wiping Aloe vera pulp, *Satadhoutha ghritha* ointment was applied immediately to relieve burning pain.

Assessment criteria

- A case proforma was prepared to record observations and results and to assess the effect of treatment.
- The assessment was done on subjective parameters like pain and objective parameters like range of movement-abduction.
- The patient was assessed before treatment and after treatment, and follow-up was done on the 7th, 15th, and 30th days.

RESULTS

- On evaluation, the patient showed notable improvement in pain, reduction in stiffness and improvement in range of movement (Abduction).
- The patient had severe pain on the day of Agnikarma. After treatment, the patient's pain was reduced. The maximum reduction was noticed on the 7th day. Complete relief from the pain was noticed on the 30th day of follow-up.
- Patients had severe restriction of range of movement (abduction) on the first day. The reduction of the severity of restrictions in the abduction was noticed on the 15th day. Maximum reduction in restriction of abduction was noticed on the 30th day.

DISCUSSION

As trauma (*Abhigata*) exists as one of the causes of periartthritis of the shoulder joint, there will be aggravation of *Vata Dosha*. Pain anywhere in the body is due to *Vata Dosa*. Agnikarma, by its *Ushna Guna*, pacifies *Vata Dosha* and *Kapha Dosha* and reduces pain (*Soola*) and stiffness (*Sthamba*) in Traumatic periartthritis of the shoulder joint. Every *Dhatu* has its own *Dhatwagni*. When this *Agni* becomes low, the disease begins to manifest. When external heat is applied at the site, *Amapachana* and *Srothoshodhana* are present. The therapeutic heat increases blood circulation. As a result, there is enhanced nourishment and formation of new tissues, which induces circulation and flushes away any pain-producing substances from the affected side, ultimately reducing the local inflammation; thus, *Vyadhisamana* occurs.

Agnikarma with *Tilataila*, when used as *Dahanopakarana*; since *Taila* is *Vatahara*, it does not cause an increase in *Sleshma*. It is *Teekshna* and *Vyavayi*. *Snigdha Dravyas*, owing to its higher latent heat, can affect a greater fluctuation in the temperature of the tissue surface and that of the subsequent layers. Eventually, heat penetration will be high when *Taila* is used for Agnikarma.

Probable Mode of Action of Agnikarma

The action of Agnikarma may be explained through different theories.

1. Theory of Pro-inflammation—Inducing acute inflammation will attract a greater number of

lymphocytes, neutrophils, and histamines to the site and rectify the chronic inflammation present at the site.

2. Theory of thermodynamics in a biological system—When thermal energy is transferred by an instrument to a tissue, its internal energy rises, and heat energy is transferred to the cells. The thermostatic centre immediately activates the heat distribution mechanism, by which the increased heat is distributed all over the body.

Based on Vant Hoff's principle, the body's basal metabolic rate increases by a certain percentage for every 1-degree rise in temperature. A rise in temperature induces muscle relaxation, reducing muscle spasms with inflammation. Muscles relax more easily when tissues are warm, which in turn reduces spasm, inflammation, and pain.

3. Gate control theory of pain—The gate control system is located at the junction of the first and second neurons. Large diameter A fibres are stimulated by temperature and touch, and Fine C Fibres are stimulated by pain. If fibres are stimulated once, they block the gate mechanism. Hence, the pain from the C fibre cannot pass through the gate to reach the brain for perception.

Pain modulators like endorphins and opioid receptors in the brain and spinal cord inhibit the release of substance P.

CONCLUSION

It was observed that *Agnikarma* with *Tilataila* is effective in relieving pain and stiffness and improving the range of movement of the shoulder joint.

REFERENCES

1. Maheswari.J. Essential Orthopaedics. Jaypee Brothers Medical Publishers; 3rd edition (Revised) May 2005. ISBN : 81-88039-32-p.258.
2. Mohindra M, Jain JK. Fundamentals of Orthopaedics.JP Medical Ltd; 2nd edition 2018.ISBN:978-93-5270-132-2. P .456
3. Francois Saade, Floris van Rooji, Arnaud Godeneche, Management of Shoulder Stiffness following rotator cuff repair, A systemic review and meta-analysis. JSES Rev Rep Tech. 2023 Aug;3 (3): 324-330.Published online 2023 Mar 24.
4. Bagi M. Hanumanth, Shinde. S. Pradeep. Indian Journal of Applied Research. Volume 5.Issue 1. Jan 2015.ISSN-2249-555X.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: *Akhila V S et al: Effect of Agnikarma in Amsarma Abhighata - Traumatic periartthritis of the shoulder joint- A Case Report*. International Ayurvedic Medical Journal {online} 2025 {cited January 2025} Available from:

http://www.iamj.in/posts/images/upload/276_279.pdf