

## A COMPARATIVE STUDY ON EFFICACY OF AGNIKARMA AND UPANAHAM IN VATAKANTAKA

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### ABSTRACT

*Ayurveda*, the science of life, which is an ancient healthcare system which is based on eternal principal of health life. The whole clinical approach of Ayurveda is based on prevention, promotive and curative aspect. *Vatakantaka* is that disorder, which interfere with the free locomotion of the individual resulting in hindrance to his daily activities. *Acharya Sushruta* explain it under *Vatavyadi*; & in due course, other authors like *Vagbhata*, *Yogarathnakara*, *Chakradatta*, *Vangasena* and *Madhavakara* also narrate the same. In *Vatakantaka* pain in the heel develops due to walking on uneven surfaces or excessive walking. Due to the *Nidanas*, *Vata* gets vitiated and reside at *Gulpha Sandhi*, produces the disease. *Sushruta* has mentioned different methods of management for different diseases. Here in the management of *vatakantak*, *Acharya* described, *sneha*, *upanaha*, *agnikarma*, *bandhana* and *unmardana*. Keeping in view of the many draw backs of modern methods of managements, a comparative clinical trial is aimed at the evaluation of the efficacy of *Agnikarma* with *such* and *Upanaha* with *kottanchukkadi choorna* in *Vatakantaka* with an intention to promote an effective, economical and simple treatment with no adverse effects

**Keywords:** *Agnikarma*, *Upanaha*, *Vatakantak*, *Ayurveda*

## INTRODUCTION

Ayurveda - the Upaveda of AtharvaVeda. It is not only the science which deals about the various diseases, their pathology and their treatment aspects but goes much beyond. Health and ailing, pleasure and pain, ease and disease are inborn properties of human life. Ayurveda is the nature's prescription to physical as well as mental diseases and it is the ancient wisdom best suited for modern man.

The happiness of every individual is derived through locomotion i.e., ability of using joints and bones. The moment person loses his power of locomotion, he not only feels himself a miserable creature but also as a burden to his family and society. *Vatakantaka* is that disorder, which interferes with the free locomotion of the individuals resulting in hindrance to his daily activities. In present era, everyone is expecting quick relief. So this old practice should be re-modelled and fitted to the needs of the present sophisticated world.

Acharya Sushruta has given foremost place to *Vata-Vikara* by giving 'VataVyadhiNidana' right at the beginning of *Nidanasthana*<sup>1</sup>, Acharya Charaka described it as *KhudaVata*, which is a synonym of *Vatakantaka* in the chapter *Vatavyadhi Chikitsa*. He explained this condition under the "*Sthanabhedavayu lakshana*"<sup>2</sup>. Chakrapani comments that *KhudaVata* is *Gulpha Vata*. In *AstangaHridaya*, *Vatakantaka lakshanas* are explained in *Nidanasthana*<sup>3</sup> and *chikitsa* in *Chikitsa sthana*. Chakradatta, Bhaisajyaratnavali and Vangasena samhitha<sup>4,5,6</sup>. In *Madhyamakhanda*, *Vatavyadhyadhikara*, Bhavamishra explained the *lakshanas* and treatment of *Vatakantaka*. From the treatment point of view he has stated *Dahana*, *Snehana*, *Upanahana* and a combination of *indravarunimula*, *pippali* and *Guda* for internal administration<sup>7</sup>. *Lakshanas* and treatment of *Vatakantaka* are explained by Yogarathnakara in *Vatavyadhyadhikara* of *Poorvardha*<sup>8</sup>. In *madhava Nidana*, *Vatakantaka* symptoms are explained in *vatavyadhi nidana*.<sup>9</sup>

Hence this *vyadhi*; the main *Dosha* involved is *Vata*. *Vatavyadhi* is defined as a *Vyadhi* caused only by *Vata*. *Vata* gets vitiated due to the *Nidanas* and after *Doshadooshyasammoorchana* produces diseases in a localized part or in the whole body. *Susruthacharya*

explains that by walking on uneven surfaces, *Vata* gets vitiated and produces pain. These diseases will not occur without *Vata*. After explaining main *Vatarogas* like *Pakshaghatha*, *Ardhitha* etc. Acharya explains some *Sakthirogas* like *Padadaham*, *Padaharsham* etc. *Vatakantaka* is also explained one among these *Sakthirogas*.

*Vata* getting localized in the ankle joint either by placing the foot improperly while walking or by over exertion to the feet produces pain in the ankles. This is called as *vatakantaka*. Due to the *Nidana* *Vata* gets aggravated and localises in *Gulphasandhi*, producing pain. Pain is also called as *Shalya* according to *Acharya Susrutha*<sup>10</sup>

*Vatakantaka* can be correlated to painful heel in modern parlance. It is commonly seen in strenuous workers who experience severe pain especially in the morning and during walking after sitting for long time. It is mainly due to painful heel syndrome or tender heel pad or plantar fasciitis.

*Acharya Sushruta* suggests *Snehana*, *Upanaha*, *Agnikarma*, *Bandhana*, *Unmardana* as remedy for *Vatakantaka*<sup>11</sup>. *Agnikarma* is a parasurgical procedure described in *Ayurveda*. *Agnikarma* is a procedure, which is superior to *Sastra*, *Kshara* and *Bheshaja* & diseases cured by *Agnikarma* do not recur. *Agnikarma* which is an *Anusasthrakarma* is chosen as the treatment. *Agni karma* is practically known that it relieves pain instantly. *Acharyas* have specially advocated the use of *Suchi* for *Agnikarma*. There is a traditional practise by which the painful heel is kept on a heated mud tile, to relieve the pain. By applying this principle, *Agnikarma* was implemented in this disease which is easily available & economical, so is considered here.

The clinical efficacy of *Panchakarma* procedures deserves appreciation and hence continues to attract the people, physicians and research workers worldwide. Hence *Upanahasweda* was decided to be studied.

Research works have not been carried out so far on this topic. Hence it is decided to conduct a work on *Vatakantaka* by *Agnikarma* with *suchi* and *Upanaha* with *kottamchukkadi choorna*. Though both treat-

ments involve heat as a major role, the study is designed to compare the efficacy of heat effect of *Agnikarma* and medicinal effects of *Upanaha Swed*

**Materials And Methodology:** This is an attempt to make a research study to validate the principles of Ayurveda i.e. treating the disease *vatakantaka* with the help of *Agnikarma* with *suchi* and *Upanaha sweda* with *kottanchukkadi choorna* with statistical supports.

**Source Of Data :** Patients who attended the O.P.D and I.P.D, Department of *Shalyatantra* of K.V.G Ayurveda Medical College and Hospital, Sullia, during the period from November 2013 to march 2015 having the complaints of *shoola* at *pada* region were screened. Among them 30 patients fulfilling the inclusion criteria of the present study were taken. Detailed history taking and physical examinations were carried out in these patients. Relevant data along with the elaborate assessment of Pain & Tenderness were registered in the designed case Performa.

**Inclusion Criteria:**

1. Age group - between 20 and 60 years,
2. Irrespective of religion, sex and occupation.
3. Patients with signs and symptoms of *vatakantaka* as explained in classics.

**Exclusion Criteria:**

1. 1Patient suffering from severe systemic disease.
2. 2Person contraindicated of *agnikarma* and *swedana*

3. 3Following the fracture of calcanei and rupture Achilles tendon.

**Diagnostic Criteria:** The diagnosis is mainly based on the clinical presentation of the patient according to signs and symptoms of *vatakantaka* explained in classical *Ayurveda* texts which are described under subjective and objective parameters.

**Design:** A comparative clinical study with pre-test and post-test design was done in 30 patients diagnosed to have *vatakantaka*, fulfilling all the criteria of the study. They were selected randomly and were placed in two groups A & B.

**Intervention:**

**Group A-** *Agnikarma* done with *suchi*.

**Group B-** *Upanaha sweda* with *kottanchukkadi choorna*

**Posology:** External treatment.

**Follow Up Study-(FU) :**Assessment of pain & tenderness done-immediately after treatment, 7 days after treatment & 14 days after treatment.

**Assessment Criteria**

**Subjective Parameters:**Pain

**Objective Parameters:**Tenderness

Assessment was made on the basis of improvement in signs and symptoms for which suitable scores were assigned.

**Table 1:** Assessment Parameters with Grading of pain and tenderness-

PAIN	Grade
<b>No pain</b> (Level-1-I feel no pain can perform normal activity)	0
<b>Mild pain</b> (Level -2-I feel slight discomfort, it does bother me a bit) (Level-3- I feel mild pain, I can still do my daily work with hindrance )	1
<b>Moderate pain</b> (Level-4- I feel moderate pain, activities slightly alters) (Level-5-I am uncomfortable& move slowly but still going to work)	2
<b>Severe pain</b> (Level-6- I am very uncomfortable, perhaps massaging or holding. Painful area saying ‘ouch’ to myself as I move around. Walkingis more painful)	3
<b>Tenderness</b>	
No tenderness	0
Part is tender	1

The patient winces and withdraws the affected part.	2
The patients will not allow the part to be touched.	3

For assessing the improvement of symptomatic relief and to analyse statistically, the observations were recorded before, after the treatment and after the follow

up. The mean percentage, S.D, SE and t-value (paired) were calculated. Comparisons of efficacy of both the groups are done.

### Materials And Tools For Therapeutic Intervention

**Table 1:** Showing materials & tools required for therapy

Group A	Group B
Artery forceps – one	Tilataila- Sufficient quantity
Sterile Cotton swab-Sufficient quantity	Gas stove-one
Distilled water- - Sufficient quantity	Towel-one
Gas stove-one	Hot water
Marker pen- one	Kottanchukadichoorna-Sufficient quantity
Hole towel- one	Thick Bandage cloth
Kidney tray	Steel vessel
Suchi-one	spoon
Madhu- Sufficient quantity	Sterile Gauze & pad- Sufficient quantity
Ghritha-Sufficient quantity	Cloth bandage

#### Details of suchi:

Length: 8.8cm

Thickness: 1.5mm

Weight: 670mg

#### details of upanaha

kottanchukadichoorna

#### Procedure Of Agnikarma

**Poorva karma:** Initially, collection of required materials is made. Patient is explained the procedure in detail and consent is obtained. Then patient was made to lie in supine position over the minor O.T table. The effected heel region where Agnikarmahas to be performed was placed in suitable position. The maximum tender areas was elicited and marked with the help of a marker pen. The part was cleaned with distilled water and draped with a sterile towel.

**Pradhanakarma:** After that moped area was dried, suchi was heated to red hot over the burning gas stove. The staff nurse was advised to hold the leg in suitable

position. Later Agnikarmawas performed with red hot suchi in Binduakruthi at marked points for two seconds at a spot in such a way that samyak dagdha lakshanas were observed. While applying suchi slight pressure is also exerted. When it becomes cool, it is again placed on the gas stove & re heated. 6-7 number of Bindu made were made in circular fashion to cover the affected tender area.

**Paschat Karma:** Immediately after procedure, the mixture of Goghrita and Madhu was applied over the site of Agnikarma. The patient was advised to rest in supine position for half an hour and was sent home in case of OP or to the ward in case of IP. The patient was advised to keep the area clean and dry & asked to come for follow up after 7 days.

**Procedure Of Upanaha Sweda:** Kottanchukkadi choorna which is available in the market is kept ready for the procedure

**Table 3:** Materials required for *UpanahaSweda*:

Dravya	Botanical name	Family
<i>Kushta</i>	Saussarialappa	Asteraceae
<i>Sunti</i>	Zingiberofficinale	Scitaminae
<i>Vacha</i>	Acoruscalamus	Araceae
<i>Shigru</i>	Moringaoleifera	Moringaceae
<i>Lasuna</i>	Allium sativum	Liliaceae
<i>Devadruma</i>	Cedrusdeodora	Pinaceae
<i>Sidhartha</i>	Brassica campestris	Crusiferae
<i>Suvaha</i>	Alpiniaofficinaruum	Scitaminae

**Poorva karma:** This includes preparation of Medicine and Patient for procedure.

**A. Preparation of Medicine for UpanahaSweda:**

**Preparation of Choorna:** The classical drug *kottanchukkadi* which is available from a GMP certified manufacturer was taken.

**Preparation of Kanji:** The liquor was prepared with *Manda* of half boiled rice kept for fermentation for 3 days.

**B. Preparation of Patient:**

**Purvakarma :**In *Purvakarma* the patient with calm and quiet mind who have followed the regimen of the day, patient was made to lie in supine position over the *Dhroni*. The effected pada where *Swedana* has to be performed was placed in suitable position. *Tilataila abhyanga* was done over *Gulpha predesha* for 10 minutes.

**Pradhana Karma:** After proper oleation of the diseased part, *pradhana karma* is performed. It includes the following steps, the powder *kottanchukkadi* are taken. After that, *Mahasneha*, *Kanji* are taken in prescribed quantity and are mixed to make paste this medicated paste is heated. When it attains *sukhoshna*, it is applied over the affected pada in a proper thick-

ness and covered with *Erandapatra* and tied with cotton cloth tightly. The *Upanaha* which is tied in the morning was removed at night and the *Upanaha* which is tied in the night was removed in morning.

**Paschat karma:** After removing of *bandhana*, the part washed with warm water.

**Method of Statistical Analysis**

The study was designed to compare the efficacy of *Agnikarma* with *suchi* & *Upanaha* with *kottanchukkadi choorna* in *Vathakantaka*. *Agni karma* procedure is done in patients with *Vathakantaka*, for single sitting, and *Upanaha* procedure is done for continuous seven days. The assessment of Pain and Tenderness were done immediately after treatment, 7<sup>th</sup> day & 14<sup>th</sup> day.

The data were arranged in a master sheet and statistical tables were constructed. The improvements attained in the signs and symptoms were tested with the help of paired 't'-test. Tables and Graphs were also drawn to signify the important findings. Comparison of effect of treatment in signs and symptoms before treatment, after treatment after 7<sup>th</sup> day & after 14<sup>th</sup> day were observed with the help of percentage.

**Table 4:** Assessment of total effect of therapy

Complete remission	100% relief
Marked improvement	75% to 100%
Moderate improvement	50% to 75%
Mild improvement	25% to 50%
No relief	< 25%

**Observation And Results**

**Statistical analysis :** Total 30 patients were registered in this study. Out of that all 30 patients were studied in this project. 15 patients were in group A while 15 were in B group. Each patient was observed thoroughly and noted neatly. The observations are recorded and necessary charts and graphs were made.

**Table 5::** Distribution Of Patients Based On Sex.

Sex	No. of Patients and Percentage					
	Group A		Group B		Total	
Male	4	26.67%	5	33.33%	9	30%
Female	11	73.33%	10	66.67%	21	70%

**Table 6:** Distribution of Patients Based on Age:

Age in years	No. of Patients and Percentage					
	Group A		Group B		Total	
21-30	2	13.33%	9	60%	11	36.67%
31-40	4	26.67%	0	0.00%	4	13.33%
41-50	3	20%	3	20%	6	20%
51-60	6	40%	3	20%	9	30%

**Table 7:** Distribution of Patients Based on Occupation:

Occupation	No. of Patients and Percentage					
	Group A		Group B		Total	
Housewife	8	53.33%	2	13.33%	10	33.33%
Receptionist	1	6.67%	1	6.67%	2	6.67%
Labour	2	13.33%	2	13.33%	4	13.33%
Business	1	6.67%	0	0.00%	1	3.33%
Student	1	6.67%	3	20.00%	4	13.33%
Teacher	1	6.67%	2	13.33%	3	10.00%
Athlete	1	6.67%	1	6.67%	2	6.67%
Tapper	0	0.00%	2	13.33%	2	6.67%
Dancer	0	0.00%	1	6.67%	1	3.33%
Driver	0	0.00%	1	6.67%	1	3.33%

**Table 8:** Distribution Of Patients Based By Aggravating Factor:

Aggravating Factor	No. of Patients and Percentage					
	Group A		Group B		Total	
Driving	0	0.00%	1	6.67%	1	3.33%
Long Standing	0	0.00%	4	26.67%	4	13.33%
Cold Climate	1	6.67%	4	26.67%	5	16.67%
Excess Walking	3	20%	3	20%	6	20%
Early Morning	4	26.67%	0	0.00%	4	13.33%
Body Weight	5	33.33%	3	20%	8	26.67%
Night Time	2	13.33%	0	0.00%	2	6.67%

**Table 9:** Distribution Of Patients Based By Duration Of Illness:

Duration of illness	No. of Patients and Percentage					
	Group A		Group B		Total	
BELOW 6 MONTHS	13	86.67%	13	86.67%	26	86.67%
6 MONTHS ABOVE	2	13.3%	2	13.3%	4	13.3%

**Table 10:** Distribution Of Patients Based On Weight:

Weight	No. of Patients and Percentage					
	Group A		Group B		Total	
41-50 KG	1	6.67%	3	20%	4	13.33%
51-60 KG	6	40%	5	33.33%	11	36.67%
61-70 KG	6	40%	4	26.67%	10	33.33%
71-80 KG	2	13.33%	3	20%	5	16.67%

**Results**

**Effects of Agni Karma (Group-A)**

**Table 11:** Effect of Group-A on Pain of Vatakantaka

Symptom	Mean score	%	S.D (±)	S.E (±)	t value	p value			
	BT						BT-AT		
Pain	2.40	AT	0.87	1.53	64	0.516	0.133	6.60	<0.001
		FU7 <sup>th</sup>	0.40	2.00	83	0.756	0.195	9.55	<0.001
		FU14 <sup>th</sup>	0.33	2.07	86	0.798	0.206	10.02	<0.001

**Effect on Pain**

In this work of 15 patients studied in Vatakantaka with Group-A Pain revealed are given in detail in Table No.11. Statistical analysis showed that the mean

score which was 2.40 before the treatment was reduced to 0.87 after the treatment and after follow up it became 0.33 with 86% improvement and there is a statistically highly significant. (P<0.001)

**Table 12:** Effect of Group-B on Pain of Vatakantaka

Symptom	Mean score				%	S.D (±)	S.E (±)	t value	p value
	BT			BT-AT					
Pain	2.40	AT	2.13	0.27	11	0.594	0.153	1.67	>0.05
		FU7 <sup>th</sup>	1.47	0.93	39	0.594	0.153	4.99	<0.001
		FU14 <sup>th</sup>	0.87	1.53	64	0.639	0.165	8.20	<0.001

**Effect on Pain**

In this work of 15 patients studied in Vatakantaka with Group-B on Pain revealed are given in detail in Table No.12 . Statistical analysis showed that the

mean score which was 2.40 before the treatment was reduced to 0.27 after the treatment and after follow up it became 0.87 with 64% improvement and there is a statistically significant change. (P<0.001)

**Table 13:** Effect of Group-A Tenderness of *Vatakantaka*

Symptom	Mean score				%	S.D (±)	S.E (±)	T value	p value
	BT			BT-AT					
Tenderness	2.20	AT	1.87	0.33	15	0.488	0.126	1.95	<0.05
		FU7th	0.87	1.33	61	0.488	0.126	7.80	<0.001
		FU14 <sup>th</sup>	0.47	1.73	79	0.458	0.118	10.14	<0.001

**Effect on Tenderness**

An assessment of Tenderness in patients of *Vatakantaka* before and after the treatment with Group-A showed reduction in the mean score from 2.20 to

1.87 after the treatment and after follow up it became 0.47 with 79% improvement. It is found to be statistically highly significant(P<0.001). The details are shown with statistical data in Table No.13

**Table 14:** Effect of Group-B on Tenderness of *Vatakantaka*

Symptom	Mean score				%	S.D (±)	S.E (±)	T value	p value
	BT			BT-AT					
Tenderness	1.87	AT	1.73	0.13	7	0.352	0.091	0.65	>0.05
		FU7th	1.40	0.47	25	0.516	0.133	2.21	<0.05
		FU14 <sup>th</sup>	0.53	1.33	71	0.900	0.232	6.27	<0.001

**Effect on Tenderness**

An assessment of Tenderness in patients of *Vatakantaka* before and after the treatment with Group-B showed reduction in the mean score from 1.87 to

1.73 after the treatment and after follow up it became 0.53 with 71% improvement. It is found to be statistically significant(P<0.001). The details are shown with statistical data in Table 14 .

**Assessment of Total Effect of Therapy**

**Table 15:** Overall effect of Agni Karma Group-A

**Result on group A**

Effect Of Treatment In Group - A		
Class	Grading	No of patients
0-24%	No Improvement	0
25% -49%	Mild Improvement	0
50% - 74%	Moderate Improvement	5
75% - 99%	Marked Improvement	2
100%	Complete Remission	8

**Effects Ofupanaha Sweda (Group-B)**

Assessment Of Total Effect Of Therapy

**Table 16:** Overall effect of Group-B

Effect Of Treatment In Group - B		
Class	Grading	No of patients
0-24%	No Improvement	0
25% -49%	Mild Improvement	3
50% - 74%	Moderate Improvement	6
75% - 99%	Marked Improvement	4
100%	Complete Remission	2



**Table 17:** Comparative results of Group-A and Group-B

Characteristics	Group-A			Group-B		
	Mean score		Percentage of relief	Mean score		Percentage of relief
	BT	FU		BT	FU	
Pain	2.40	0.33	86	2.40	0.87	64
Tenderness	2.20	0.47	79	1.87	0.53	71

**Result of group A** - The percentage of improvement in Group A on Pain is 86% and Tenderness is 79%.

**Result of group B** -The percentage of improvement in Group B on Pain is 64% and Tenderness is 71%.

Group A	Group B	Mean Difference	SE (±)	T value	P value
83	65.11	17.89	6.91	2.35	<0.05

### Comparative results of Group A and Group B

Comparative analysis of the overall effect of the treatments in both the groups was done by statistically with unpaired t test. The test shows that the treatment is statistically significant in Group A when compared to Group B. Group A overall result is 83% and Group B overall result is 65.11%.

## DISCUSSION

Discussion is the main step in any research. To reach up to the depth of the knowledge discussion is the important step which helps in understanding the subject and guides to conclusive judgment. This section analyzes disease review, treatment review, observations and results.

**Discussion On Vatakantaka-** Acharya Sushruta gives the description of Vatakantaka under Vatavyadhi chapter. The features of Vatakantaka are severe pain in the pada and ankle joint caused by the improper placement of the feet on the ground while walking which leads to vitiation of vatadosha in the region of the heel and causes severe pain.

**Comparison of Disease With Modern Aspect-** Some have the opinion that kantaka mentioned in Ayurvedic references should be correlated with spur, which means that there is a thorny growth. But kantaka can be considered as that which is troublesome or that which gives trouble as mentioned in Sanskrit English dictionary. It can be concluded that Vatakantaka need not be correlated with any one particular disease of modern science based on symptom “Painfull Heel” or the condition in which pain is the

main symptom in heel can be considered as vatakantaka. Various diseases can come under the heading vatakantaka example are- Achilles’ tendinitis, plantar fasciitis, pesplanus (flat foot), tendoachillitis bursitis, retrocalcaneum bursitis apophysitis of calcaneum (sever’s disease) and calcanean spur

**Discussion On Agnikarma And Upanaha Agnikarma-** The treatment procedure done with the help of Agni. It is application of high heat over a point of the body for a very short duration of time. In the present study, Agnikarma a Para surgical procedure has been taken to establish its efficacy. For this a conical sharp tipped suchi (needle) is used. And Upanaha is the second treatment as Acharya Sushruta suggests Snehana, Upanaha, Agnikarma, Bandhana, Unmardana as remedy for Vatakantaka and the Upanaha is done with kottamchukkadi choorna

**Discussion On Results** -Patients who attended the O.P.D and I.P.D, Department of Shalyatantra of K.V.G Ayurveda Medical College and Hospital, Sulia, during the period having the complaints of shoola at pada region were screened. Among them 30 patients fulfilling the inclusion criteria of the present study were taken. Detailed history taking and physical examinations were carried out in these patients. Relevant data along with the elaborate assessment of Pain, Tenderness were registered in the designed case Performa.

### Analysis of Results

#### Effects Of Agni Karma (Group-A)

**Effect on Pain** - Group-A - In this work of 15 patients studied in Vatakantaka with Group-A

.Statistical analysis showed that the mean score which was 2.40 before the treatment was reduced to 0.87 after the treatment and after follow up it became 0.33 with 86% improvement and there is a statistically highly significant.

**Effect on Tenderness- Group-A-** An assessment of Tenderness in patients of *Vatakantaka* before and after the treatment with Group-A showed reduction in the mean score from 2.20 to 1.13 after the treatment and after follow up it became 0.47 with 79% improvement. It is found to be statistically highly significant ( $P < 0.001$ ).

**Effect Of Upanaha Group-B**

**Effect on Pain - Group-B -** In this work of 15 patients studied in *Vatakantaka* with Group-B on Pain Statistical analysis showed that the mean score which was 2.40 before the treatment was reduced to 1.53 after the treatment and after follow up it became 0.87 with 64% improvement

**Effect on Tenderness -** An assessment of Tenderness in patients of *Vatakantaka* before and after the treatment with Group-B showed reduction in the mean score from 1.87 to 1.2 after the treatment and after follow up it became 0.53 with 71% improvement

**Assessment Of Total Effect Of Therapy**

**Result of group A -** The percentage of improvement in Group A on Pain is 86% and Tenderness is 79%.

**Result of group B -** The percentage of improvement in Group B on Pain is 64% and Tenderness is 71%.

**Comparative Results Of Group A And Group B**

Comparative analysis of the overall effect of the treatments in both the groups was done. The test shows that the treatment is statistically significant in Group A when compared to Group B. Group A overall result is 83% and Group B overall result is 65.11%.

## CONCLUSION

In the present study, both *Agnikarma with suchi* & *Upanaha with kottamchukkadichoorna* are found effective in *Vatakantaka*. In which overall the group A is more effective clinically and statistically than group B in almost all the parameters. And the findings are *Agnikarma with suchi* is found to be more effective than *Upanaha Sweda*. It is beneficial, safe, and eco-

nomical and also helps in relieving pain much faster. *Agni karma* gives quick result in symptoms, while *Upanaha Sweda* gives gradual effect. Comparative analysis of the overall effect of the treatments in both the groups shows that the treatment is statistically significant in Group A when compared to Group B. Group A overall result is 83% and Group B overall result is 65.11%. This study should be done on large samples with lengthy follow up so that definite conclusions can be drawn as the present study is limited to small sample of 30 patients.

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