

EFFECT OF VIDDHAGNIKARMA IN THE MANAGEMENT OF LUMBAR SPONDYLOSIS (KATIGAT VATA) - A CASE STUDYShrikant L. Wakudkar¹, Seema R. Giri², Vineet N. Kini³¹PG Scholar Govt. Ayurved College and Hospital, Osmanabad Maharashtra, India²HOD & Professor Department of Shalyatantra Govt. Ayurved College and Hospital, Osmanabad Maharashtra, India³PG Scholar Govt. Ayurved College and Hospital, Osmanabad Maharashtra, IndiaCorresponding Author: drparvlax@gmail.com<https://doi.org/10.46607/iamj6910022022>

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**ABSTRACT**

In a patient with lumbar spondylosis (*katigat vata*) lower backache, radiating pain to the leg, difficulty in sitting and while walking is the common problem we frequently come over. In this study, we discuss the effect of *viddhagnikarma*, an Ayurveda para surgical procedure which is a combination of both *viddhakarma* and *Agnikarma* in the management of lumbar spondylosis (*katigat vata*) which is a degenerative disease as it caused by vitiated vata and kapha and rakta dushti. Acharya sushruta has already mentioned *viddhakarma* and *agnikarma* in the disease of *sira*, *snayu*, *sandhi*, *asthi*. A case a 45 yrs old male patient suffering from lumbar spondylosis (*katigat vata*) came to shalya OPD were advised to undergo *viddhagnikarma* after evaluating and diagnosing the basis of clinical and radiocally study. In this study, *viddhagnikarma* is done with the help of specially designed *viddhagniyantara*. After the procedure, the result was evaluated, and the result are satisfying.

Keywords: Viddhagnikarma, Lumbar Spondylosis

INTRODUCTION

Katigat Vata is a *Vatvyadhi*, *Vatavyadhi* has been described in classical text *Charak Samhita*.^[1] It has been correlated in the present study with Lumbar Spondylosis due to similarity in clinical manifestation and pathogenesis. According to pathogenesis, vitiated *Vata* gets aggravated and fills up the vacant channels in the body like the lower back spine and produce symptoms of low backache, stiffness, numbness, pain while walking, standing and sitting also pain radiates to one or bilateral lower limbs etc. Lumbar spondylosis can be described as all degenerative conditions affecting the discs, vertebral bodies, and associated joints of the lumbar vertebrae. Lumbar spondylosis is a common age-related degenerative condition in the area of the lumbar spine with the gradual formation of bony overgrowth (osteophytes) predominantly those at anterior, lateral and less commonly posterior aspects of the superior and inferior margins of vertebral bodies.^[2] Low Back Pain affects approximately 60-85% of adults at some point in their lives. Lumbar Spondylosis is responsible for about 10% of all back pain conditions means that Lumbar Spondylosis affects 7% of the population.^[3] As of 2005, lower back pain ranks as the number one cause of disability in individuals under the age of 45 years. *Katigat Vata* is a *Vatavyadhi* and *Viddhagnikarma* is a classical treatment for *Vatvyadhi* as it is a combination of both *viddhakarma* and *agnikarma*. The lumbar spine is made up of Bones (vertebrae) and their joints, *Agnikarma* is described as therapy that breaks the pathology of pain in *Vatavyadhi* and other disorders.^{[4][5]} Also *Agnikarma* is capable of curing diseases that can't be cured by medication, *Kshara Karma* and *Shashtra Karma*. *Acharya Susruta* mentions that *Agnikarma* indicated pain in bones and joints. *Susruta* also mentioned that diseases do not reoccur after *Agnikarma*.^[6] There is no satisfactory treatment for lumbar spondylosis in modern medicine. In medicine, an analgesic drug is used which gives temporary relief. Surgical treatment has lots of side effects, it will be dangerous to patients' life and also patients may cause paralysis after surgery. ^[7] *Acharya Susruta* said that *Agnikarma* is

better than Surgery ^[8]. In the present era, low back pain due to Lumbar Spondylosis is being common due to a changed lifestyle, busy stressful life and continuous sitting workload, lack of exercise, improper diet degeneration of the spine in old age. Lumbar spondylosis is affecting day to day life and work. Therefore, in classical text, *Viddhagnikarma* is an effective treatment in *Katigat Vata* (Lumbar Spondylosis), and disease treated by *Agnikarma* ever reoccur. It is a safe, cost-effective and successful therapy for Lumbar Spondylosis.

Case Report

A Male patient of 45 yrs. old complaints of Tingling numbness, Lower Backache radiating to B/L Lower Legs, Burning Sensation over Plantar Aspect of B/L foot for the past 5 years.

History of Present illness:

The patient was asymptomatic before 5 years then started complaining of the above symptoms but since the symptoms were not so significant patient ignored it, but 3 months ago complaints got increased & shown to Neurologist & Orthopaedic Surgeon in Osmanabad. The patient underwent Physiotherapy, Lumbar Traction, took a lot of NSAIDS, other medicinal Treatment but had no relief. So, for further, management the patient came to Shalyatantra OPD at GAC, Osmanabad.

History:

Medicinal History: N/H/O DM/HTN /KOCHS/BA

Surgical History: None

Allergic History: None

Personal History:

Bowel: Regular

Urine: Regular

Diet: Mixed

Appetite: Normal

Occupation: Personal Assistant

Addiction: Alcohol Consumption, Tobacco Chewing, Cigarette Smoking

Systemic Examination

R.S: Air entry bilaterally Equal & clear, No abnormal sounds

CVS: S1 S2 Normal, no abnormal cardiac sounds heard

CNS: Conscious, Oriented to time, Place & Person.

Investigations:

CBC: Hb-13.2mg/dl BT-2’ 43”

WBC-7600 CT- 6’ 74”

Platelets: -220000 VDRL-Negative

BSL (R) -90 mg /dl **HbsAg-** Non -Reactive

Urine Routine & Microscopic S/O -No evidence of Sugar /Pus cells/RBC’s & Casts, Crystals

KFT: Sr. Urea- 22 mg/dl

Sr. Creat- 0.9

Sr. Uric Acid -4.1

Materials & Method:

PROCEDURE-

- A detailed history of the patient was taken as per the signs and symptoms observed in the patient.
- A clinical examination of the patient was done. Local examination of the patient was done as per the standard clinical method.
- The patient was examined thoroughly –clinically.
- The respiratory system, central nervous system, cardiovascular systems were examined.
- The local examination was done to rule out any structural abnormality like dislocation, fracture-dislocation etc.
- The angles of the movements were measured SLRT test.
- After examining the patient, the investigations mentioned above were done.
- Patients have described the procedure in detail and assured.
- Written informed consent was taken before starting the treatment.

- The tender points were marked by pen.
- The lumbar region was then cleaned with a spirit swab.
- By using disposable Needle no. 26, tender points were pierced at 90 degrees angle up to depth 3-4 mm. The needle was placed in the same position for half a minute then it was made out of the body. Such 6-8 pricks were taken on the marked points so that the tender points should not be missed.
- Now with the help of a special design *Viddhagnikarma yantra* machine, a cautery pen is touched to each needle shaft for 4-5 sec, depending on the pain threshold and capacity to tolerate by the patient.
- This procedure is repeated 2/3 times depending on the severity of pain and sign symptoms and chronicity of the disease.
- The local area was again cleaned with a dry gauze piece.
- The same procedure was done once a week for four weeks.
- No dressing was performed, and the local area was left open.
- No analgesics and no antibiotics were prescribed to the patient.
- The disposable needle was used only once on the patient and was discarded after it was used once.

DURATION OF TREATMENT-30 days

FREQUENCY- 4times, once a week.

FOLLOW UP- 0 and,15th day, 21st Day, 30th day.

ASSESSMENT CRITERIA -

a) Subjective Criteria

PAIN GRADING –

SIGN	GRADE
No pain at rest No pain while walking/working No disturbance of sleep due to pain (AFTER-TREATMENT)	0
-No pain at rest -Mild and tolerable pain while walking/working -No disturbance of sleep due to pain	1

-Mild pain at rest -Moderate and tolerable pain while walking/working -No disturbance of sleep due to pain	2
-Moderate to severe pain at rest -Severe and intolerable pain while walking/working--Disturbance of sleep due to pain (BEFORE TREATMENT)	3

RADIATION OF PAIN GRADING –

SIGN	GRADE
Pain never radiates	0
Pain radiates in major movements (AFTER-TREATMENT)	1
Pain radiates also in moderate movements (BEFORE TREATMENT)	2
Pain radiates all time	3

NUMBNESS GRADING –

SIGN	GRADE
No numbness (AFTER-TREATMENT)	0
Numbness in some portion of any one of leg	1
Numbness all over one leg	2
Numbness in both legs (BEFORE TREATMENT)	3

STIFFNESS GRADING -

SIGN	GRADE
-No stiffness (AFTER-TREATMENT)	0
-In the morning only 5-10 minutes	1
-Daily 10-30 minutes (BEFORE TREATMENT)	2
-Daily in different times 30-60 minutes or more	3

BENDING AND WEIGHTLIFTING GRADING –

SIGN	GRADE
The patient can lift above 15 kg without any complaints (AFTER-TREATMENT)	0
Patient complained LBP while lifting above 10 kg	1
Patient complaining LBP while lifting above 5 kg (BEFORE TREATMENT)	2
The patient is unable to bend and lift	3

K SITTING GRADING -

SIGN	GRADE
Sitting in ordinary chair > 30 minutes without any complaint (AFTER-TREATMENT)	0
Patient complained LBP while sitting in an ordinary chair after 20 min (BEFORE TREATMENT)	1
Patient complained LBP while sitting in an ordinary chair after 10 min	2
Patient complained LBP just after sitting in an ordinary chair	3

STANDING GRADING -

SIGN	GRADE
Standing in one place for more than 30 minutes without any complaints (AFTER-TREATMENT)	0
Patient complaining LBP after 20 minutes of standing in one place (BEFORE TREATMENT)	1
Patient complained LBP after 10 minutes of standing in one place	2
LBP starts within 5 minutes of standing in one place	3

S.L.R. TEST GRADING - (straight leg raising)

SLR test	Grade
61 ⁰ -90 ⁰ (AFTER TREATMENT)	0
31 ⁰ -60 ⁰	1
01 ⁰ -30 ⁰ (BEFORE TREATMENT)	2
0 ⁰	3

TENDERNESS GRADING -

Symptoms	Grade
The patient doesn't feel pain during examination (AFTER-TREATMENT)	0
Patients feel mild pain during the examination of the tender area	1
Patients feel moderate pain during examination (BEFORE TREATMENT)	2
The patient doesn't allow to examine the tender area	3

INSTRUMENT FOR VIDDHAGNIKARMA



DISCUSSION

Today human life is speedy, and every person is in hurry and has a hectic life schedule with time limitations. Although, they are well educated and have

awareness of their health still carelessness is seen. So, *Ayurveda* requires its amendment in view of simple applicability, lesser discomfort with a satisfactory result. Acharya *Sushruta* has explained, when diseases

are not cured by *Aushadh-Shastra-Kshara*, then they can be cured by *Agnikarma* and *Viddhakarma*. *Viddhagnikarma* is a fusion procedure of both *Viddhakarma* and *Agnikarma*. *Viddhagnikarma* is a very effective procedure in acute and chronic pain management. *Acharya Sushruta* indicated *Agnikarma* and *viddha*, a form of *siravedh* in various diseases of the skin, *Snayu*, *Asthi* and *Sandhigata*. He also explained that the diseases treated with *Agnikarma* modality don't reoccur. To understand *viddhagnikarma*, one must clear the concept that *Sira* always carries all *Doshas* i. e *Vata*, *Pitta* and *Kapha*, along with *Rakta*. When *viddhakarma* is performed, the most *Vitiated* *dosha* is expelled out first as explained by *Sushruta*. In *viddhakarma*, a very minute quantity of blood oozes out. Though the quantity of the oozing blood is very low, yet may be sufficient to expel out the most *vitiated Doshas*, at the same time, *Agnikarma* is done with the help of a specially design electric cautery machine known as *viddhagniyantara* which produce heat, this procedure is known as *viddhagnikarma*

Viddhagnikarma is considered as best therapy to pacify these *Doshas* because *Agni* possesses *Ushna*, *Tikshna*, *Sukshma*, *Aashukari Gunas*, which are anti-*Vataja*. Due to *Ushna*, *Tikshna*, *Sukshma*, *Ashukari Guna*, it removes the *Srotavarodha* and pacify the *vitiated Vata* and maintain equilibrium. It increases the *Rasa Rakta Samvahana* (Blood circulation) to the affected site. More blood circulation flushes away the pain-producing substances and the patient gets relief from pain. So, in many diseases the *vitiated Doshas-Vata* along with *Kapha* may be released out after *Viddhagnikarma*, resulting in *Vednashanti*.

CONCLUSION

The case study concluded that *Viddhagnikarma* is as good as some of the Modern surgery techniques like Short Wave Therapy, Traction that is widely accepted globally. *Viddhagnikarma* has an excellent role in Pain Management in Lumbar Spondylosis with almost no complications such as bleeding or false tract. It is a minimal invasive economical & cost-effective treatment available for Lumbar Spondylosis and can

be easily performed in the Indian OPD set up of Hospital.

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