

Role of Agnikarma & Ajamodadivati in the Management of Sandhigata Vata w.s.r. to Cervical Spondylosis

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ABSTRACT : Sandhigata Vata is a common Vata predominant disorder found in all races. Cervical spondylosis is described as a degenerative condition of the cervical spine. It leads to pain, stiffness in the joints, pain radiates into shoulders and fore arm, headache, vertigo, giddiness, paraesthesia at the base of the thumb etc. In modern medical science, the role of analgesics, corticosteroids, surgical decompression, traction has been credited and discredited mainly because of their draw backs and limited benefits. In this study panchadhatu shalaka was used for Agnikarma. Its Ushna, Sukshma, Ashukari guna probably pacifies the vitiated Vata Kapha Dosha and removes Srotoavarodha. To control the degenerative process Ajmodadi vati was selected for internal use. In this clinical research work, 27 patients of Cervical spondylosis (Sandhigata Vata) were randomly selected and divided into two groups i.e. group A and group B, treated with Agnikarma and Ajamodadi vati orally respectively. Comparatively more relief was found in group - A.

Key words : Sandhigata Vata, Cervical spondylosis, Agnikarma, Ajamodadi vati.

INTRODUCTION

Sandhigata Vata is a very common Vata predominant disorder found in all races. Owing to distracting nature and difficult management Vata Vyadhies have been included in Ashtamahagada¹. Due to change in life style like unsuitable sitting, sleeping, standing & looking upwards or obliquely in various professions, Sandhigata Vata has emerged in society as prominent disease.

“Hanti Sandhigata Sandhin shula shopha karoti cha”²
(Su. Ni.1-28)

Sandhigata Vata is a clinical condition in which structural as well as functional derangement takes place during the process of pathogenesis when the vitiated Vayu gets localized into the Cervical joints. It leads to distress in routine work because it causes impairment of function, severe pain and swelling due to which movement of neck is restricted³. When Vyana Vayu is covered by Kapha (Kaphavrita Vyana Vayu) normal circulation is obstructed, then the normal function of Cervical joint is hampered.

In modern surgery, Cervical spondylosis is described as a degenerative condition of the cervical spine⁴. Pathology starts at inter vertebral discs and degeneration of discs results in reduction of intervertebral disc spaces and peripheral osteophytes formation. It leads to pain, stiffness in the joints, pain radiates into shoulders,

forearm, headache, vertigo, giddiness, paraesthesia at the base of the thumb etc⁵. In modern medical science, the role of analgesics, corticosteroids, surgical decompression, traction has been credited and discredited mainly because of their draw backs and limited benefits.

Now a days joint disorder is one of the main causes of distress after third decade; though modern medical science provides powerful analgesic and new surgical tools. But because of side effects of analgesic drugs and complications of surgical procedure, this disease is remaining a challenge for the research scholars.

In Ayurvedic literature several methods of treatment like Snehana, Upanaha, Agnikarma, Raktamokshana and Panchakarma etc. are advised for Vatika disorders⁶. Among these Agnikarma was selected due to the reason that Ushna, Sukshma, Ashukari guna pacifies the Vata Kapha Dosha and removes Srotoavarodha. Patient may be effectively relieved from stiffness, pain and other associated symptoms. Sushruta has mentioned various dravyas for Agnikarma procedure but in this study panchadhatu shalaka (Innovated by Prof. P. D. Gupta) was used. It is suitable for heat transfer and to produce samyak dagdha vrana⁷.

The degenerative process is also a responsible factor for Sandhivata. Rasayana, Balya, Vatashamaka, and Amapachana drugs are suitable. Hence to solve this problem Ajamodadi vati was selected for internal use to pacify the vitiated Vata Kapha Dosha.

Keeping all these points in mind the study has been conducted to evaluate the efficacy of Agnikarma & Ajmodadi vati on Sandhivata - Cervical spondylosis”. (Chakradatta 25/51-55)⁸.

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Aims and Objectives :

1. To study the influence of modern life style on Sandhigata Vata (Cervical spondylosis) in the light of both Ayurveda and Modern medicine along with its etiopathogenesis.
2. To assess the efficacy of Agnikarma in Sandhigata Vata.
3. To assess the efficacy of Ajamodadi vati in SandhigataVata.

MATERIAL AND METHODS

Source of data: Patients of Sandhigata Vata- Cervical spondylosis fulfilling the inclusion criteria as mentioned below and attending OPD of Shalya Dept. IPGT and RA, GAU Jamnagar. A detailed proforma was prepared incorporating Ayurvedic and modern points.

Inclusion criteria :

Patients presenting with classical features of SandhigataVata- Cervical spondylosis confirmed on X - ray examination were selected for the study.

Exclusion criteria :

The patients having uncontrolled Diabetes mellitus, T. B. Spine, Carcinoma of Cervical vertebra and history of injury to cervical spine were excluded from the study.

The study was cleared by the ethical committee of the Institute. Written consent was taken from each patient willing to participate before the start of the study. For those patients who were unable to read or write consent of their relatives was taken. Patients were free to withdraw their name from the study at any time without giving any reason.

The study was conducted on 27 diagnosed cases of Sandhigata Vata- Cervical spondylosis. Patients were selected from OPD of Shalya Department, IPGT & RA hospital and were randomly divided into two groups. Total 12 patients were registered in Group-A i.e. Agnikarma group, amongst them 10 patients had completed the course of treatment and 2 left against medical advice; whereas total 15 patients were registered in Group - B i.e. Ajamodadi vati group amongst them 10 patients had completed the course of treatment and 5 left against medical advice.

An assessment was made on changes in clinical features before and after treatment. The scoring was given to each symptom ranging from 0 -

4. The criteria were made to assess the effect of therapy i.e. Cured: 100% relief of the complaint, no recurrence during the follow up, Markedly improved: More than 75% and less than 100% relief in the complaint, Moderately improved: More than 50% and less than 75% relief in the complaint, Mild improved - 25% and less than 50% relief in the complaint and Unchanged 0 -25% relief in the complaints. Trial drug was prepared in the Pharmacy of Gujarat Ayurved University .The Ajamodadivati contains Ajmoda, Chitraka, Vidanga, Pippalimoola, Saindhava Lavana, Shatahva, Pippali, Maricha, Devadaru, Haritaki, Vrudhadaru, Shunthi and Guda.

Investigations :

1. To rule out other pathology before treatment routine Blood, Urine, Stool analysis was carried out.
2. 'X' Ray of Cervical vertebrae (A. P. / Lateral view).

Grouping :

After selection of the patients, they were randomly divided into two groups-

Group A (Agnikarma group) : In this group Bindu type dahana vishesha was made at the most painful area of neck and other areas also. Each patient was given four sittings of Agnikarma at the interval of seven days. Total Duration of the treatment was one month.

Group B (Ajamodadi vati group) : In this group Ajamodadi vati was given 3gm B. D, total 6gms/ day with lukewarm water for one month.

Total 27 patients were registered on the basis of clinical presentation irrespective of age, sex; religion in this study, out of them 20 patients successfully completed their treatment schedule. In Agnikarma group, total 10 patients completed the course of treatment and in Ajamodadi Vati group, 10 patients completed the course of treatment. Every patient was assessed after the completion of therapy.

Agnikarma Vidhi :

Like other therapeutic procedures. Agnikarma chikitsa can be divided into three phases i.e. Purva karma (Preoperative procedure), Pradhana karma (Operative procedure), Pashchat karma (Post operative procedure).

Purvakarma :

Selections of patient : All the patients were selected based on their clinical findings as well as relevant investigations according to the prepared

research performa. Patients were advised to take Snigdha, Pichhila Aahara prior to this procedure.

- ◆ Preparation of Triphala Kashaya, Yashtimadhu churna, Kumari swarasa.
- ◆ Pancha dhatu shalaka was heated up to red hot.
- ◆ Preparation of local part: Local part (Neck area) was washed with Triphala Kashaya and wiped with dry sterilized gauze piece and covered this area with a cut sheet.

Pradhana karma :

Cut piece of Kumari was held by a sponge holding forcep and Samyak dagdha vrana was made in vilekha dahana vishesa by red hot pancha dhatu shalaka. Simultaneously Kumari swarasa was applied to relieve burning sensation. Minimum space was given between two points and care was taken to produce Samyak dagdha Vrana⁹.

Pashchat karma :

- ◆ Application of Kumari swarasa :
Immediately after doing Agnikarma, Kumari swarasa was applied to relieve burning sensation. Then Kumari swarasa was completely wiped out by a sterilized gauze piece.
- ◆ Dusting of Yashtimadhu Churna :
Yashtimadhu churna was applied over the samyak dagdha Vrana and Vrana was completely covered to prevent contamination.
- ◆ Patients were advised to apply paste of Haridra powder and Coconut oil at night period and restricted to touch water for 24 hrs.
- ◆ Also they were advised to avoid dietic regimen like Rice, Shigru, Brinjle, Ground nut, Pottato, Beans etc. and seven days gap was kept between two sittings.

The obtained data on the basis of observations was subjected to statistical analysis in terms of mean, standard deviation, standard error and unpaired 't' test were conceded at the level of $p < 0.001$ as highly significant, $p < 0.05$ or $p < 0.01$ as significant, and $p < 0.10$ or $p > 0.01$ as insignificant to carry out the results.

OBSERVATIONS & RESULTS

Maximum patients 48.14% were found in age groups of 41 to 60 years, 51.85% patients were male. The disease Cervical spondylosis is most common in women (Thomson *et al*, 1996). Maximum 40% patient were having chronicity of 0-1 year followed by 30% patient having more than 2yrs, and 30% patients were coming under 1-2 year chronicity. Amongst Aharjanya Nidanas, Guna wise distribution of Ahara showed that maximum 78% patients were taking Ahara of Ruksha Guna followed by Sheeta Guna Ahara by 44%. The 62% patients were taking Tikta rasa ahara followed by Katu rasa ahara by 56%. All patients were complaining pain in neck and 80% patients were complaining restricted neck movement.

Overall Effect of therapy in group-A :

This group was treated with Agnikarma Chikitsa. Out of 10 patients 3 patients (30%) were cured without recurrence within one month, 5 patients (50%) were improved and marked improvement was observed in 2 cases (20%). No patients remain unchanged.

Overall Effect of therapy in group-B :

This group was treated with Ajamodadi vati. Out of 10 patients, 1 patient (10%) was cured without recurrence within one month, 6 patients (60%) were improved and Mild improvement observed in 3 cases (30%). No patients remain unchanged.

TABLE NO. 1 : EFFECT OF AGNIKARMA CHIKITSA :

Cardinal Symptoms	n	Mean score		%	SD ±	SE ±	t	p
		B.T.	A.T.					
Shula	10	3	0.8	73.33	0.91	0.29	7.57.	<0.001
Stambha	4	3	1	66.66	1.28	0.64	3.53	<0.001
Graha	8	2.5	0.87	65.00	0.78	0.27	5.37	<0.02
Bhrama	3	2.33	1	57.00	0.69	0.40	3.30	>0.05
SiraShoola	4	2.75	1	63.63	1.05	0.61	3.30	<0.001
Chimchimayana Hasta	7	2	1	50.00	0.48	0.18	5.74	>0.10
Suptata	3	2	1	50.00	0.48	0.27	3.58	>0.10

TABLE NO. 2 : EFFECT OF AJAMODADI VATI :

Cardinal Symptoms	n	Mean score		%	S.D. ±	S.E. ±	t	p
		B.T.	A.T.					
Shoola	10	3	1.2	60	0.63	0.2	9	<0.001
Stambha	4	1.75	0.75	57	0.51	0.26	3.87	<0.05
Graha	7	2	0.85	57	0.63	0.24	4.78	<0.001
Bhrama	2	2	1.33	75	0.66	0.32	3.35	>0.10
Sirashoola	4	3.25	1	69	1.24	0.62	3.49	<0.001
Chimchimayana Hasta	8	2.5	0.87	65	0.82	0.29	5.59	<0.001
Suptata	3	1.33	0.66	50	0.42	0.24	2.73	>0.10

OVERALL EFFECT OF THERAPY :**TABLE NO. 3 : EFFECT OF AGNIKARMA IN GROUP A :**

Effect	No. of Patients	Percentage
Cured	3	30 %
Markedly improved	2	20 %
Improved	5	50 %
Unchanged	0	0%

TABLE NO. 4 : EFFECT OF AJAMODADI VATI IN GROUP B :

Effect	No. of Patients	Percentage
Cured	1	10 %
Markedly improved	3	30 %
Improved	6	60 %
Unchanged	0	0%

DISCUSSION

Sandhigata Vata (Cervical Spondylosis) seems to be a difficult disorder from the days of Sushruta and appears to have remained a challenge for physician. Though the disease is not fatal instantly but it causes more severe complications in the later stage. It cripples the patient, makes him burden to others, he can't perform the day to day work properly due to severity of pain and it does not cut the years of life but life of the years. Modern medical science provides various types of medical and surgical therapy but none of therapy is available to cure cervical spondylosis completely. Vata Vyadhi are diseases mainly of old age. In this age group patients can not bear pain. The contents of selected drug i.e. Ajamodadi vati have analgesic action with rejuvenating property¹⁰. Probably it helps in samprapti vighatana of Sandhigata Vata - Cervical Spondylosis.

Agnikarma is a simple effective parasurgical procedure for local Vata Kaphaja disorder. It gives instant relief to the patient. So for the management of Sandhigata Vata Agnikarma was selected. For this Agnikarma chikitsa Pancha dhatu shalaka was selected to produce samyak dagdha vrana though other

substances are mentioned in the text. It is most convenient to maintain constant temperature and once it is heated it can produce a range of 10-12 bindus. Four sittings of Agnikarma were given to each patient with interval of seven days for one month. Agnikarma was done by Pancha dhatu shalaka in vilekha dahana vishesa. Neck pain is a chief complaint of the cervical spondylosis & it was observed in all the patients of this series. Restricted movement of neck is also commonly found in 80% cases of cervical spondylosis and Stiffness was observed in 40 % patients. In addition to these symptoms, 75% patients complained about tingling sensation in hand and headache was noted in 40% patients, while Head reeling was observed by 25% patients, 25% complained of occasional loss of sensation at dorsal surface of palm.

Agnikarma provided better result (73.33%) as compared to Ajamodadi vati (60%) in relieving pain. In neck stiffness also Agnikarma provided better results as compared to the Ajamodadi vati. In Agnikarma group 66.66% patients got relief and in Ajamodadi vati group 57% patients got relief. Neck Stiffness is caused by Vata and Kapha Dosha. The Ushna character of Agnikarma, might have pacified both vitiated Vata and Kapha Dosha, on the other hand Ajamodadi Vati was helpful in pacifying vitiated Vata and Kapha Dosha due to Ushna Virya. Graha was mostly found at neck and Significant result 65% was obtained by Agnikarma Chikitsa, whereas Ajamodadi vati provided 57% relief. Headache was relieved 63.63% by Agnikarma chikitsa, whereas 69% relief was found by Ajamodadi vati. Better response was observed in patients with less chronicity (0-1 yr). Because in less chronicity with degenerative changes are mild, it is easy to treat better results.

Mode of Action of Agnikarma :

Sandhigata Vata is produced by vitiated Vata Dosha with anubandha of Kapha. So Agnikarma is considered as best therapy to pacify these Dosha³. Due to Ushna, Tikshna, Sukshma, Ashukari guna it removes the

srotavarodha and pacify the vitiated Vata and Kapha Dosha and increase the Rasa Rakta samvahana (Blood circulation) to Griva pradesha. Due to more blood circulation, it probably flush away the pain producing substance and patients get relief from symptoms.

Therapeutic heat increase the Dhatvagni, so metabolism of Dhatu is proper and digest the Ama Dosha hence Griva Sandhi gets proper nutrition from purva Dhatu and Asthi, Majja Dhatu become more stable and patients may get relief from all the symptoms. Therapeutic heat enters to deeper tissues like Mamsa Dhatu and neutralizes the Sheeta guna of Vata and Kapha Dosha. Vitiated Dosha comes to equilibrium phase and patient is relieved from symptoms.

CONCLUSION

Agnikarma gives instant relief to the patient so it is a reliable procedure for the management of Sandhigata vata (Cervical Spondylosis) as compared to the Ajamodadi vati.

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हिन्दी सारांश

सन्धिवात (सरवाइकल स्पोन्डिलोसिस) की चिकित्सा में अग्नि कर्म एवं अजमोदादि वटी की भूमिका का अध्ययन

उमेश सहगल , मंजूषा राजगोपाल, आर.आर. द्विवेदी एवं नारायण बावलत्ती

सरवाइकल स्पोन्डिलोसिस (सन्धिगत वात) सभी जातियों में पाये जाने वाला एक सामान्य वात विकार है। इसे ग्रीवागत कशेरुका की अपचयात्मक अवस्था माना जाता है, जिसके परिणामस्वरूप ग्रीवा की संधियों में शूल, जकड़ाहट, कन्धों और हाथ में शूल का प्रसार, शिरःशूल, भ्रम, अंगुष्ठ मूल में सुप्ति आदि लक्षण पाए जाते हैं। आधुनिक चिकित्सा विज्ञान में इस व्याधि की चिकित्सा के लिए पीड़ाशामक, कॉर्टिकोस्टीरोइड्स और शल्यकर्म का उनके दुष्प्रभाव और सीमित लाभ के साथ वर्णन मिलता है। प्रस्तुत अध्ययन में अग्नि कर्म के लिए पंचधातु शलाका का उपयोग किया गया। इसके उष्ण, सूक्ष्म और आशुकारी गुण प्रकुपित वात-कफ दोष का शमन करते हैं और स्रोतरोध को दूर करते हैं, अपचय प्रक्रिया को रोकने के लिए आभ्यन्तर प्रयोग के लिए अजमोदादि वटी का चयन किया गया। इस चिकित्सकीय अध्ययन में सन्धिगत वात के २७ रुग्णों को २ समूहों में विभाजित किया गया। समूह 'अ' एवं समूह 'ब' में क्रमशः पंचधातु शलाका और अजमोदादि वटी का प्रयोग किया गया। तुलनात्मक रूप से समूह 'अ' में अधिक लाभ प्राप्त हुआ।

