

EFFECT OF AGNIKARMA IN PERIARTHRITIS OF SHOULDER JOINT

Neethu Vikram M.B

Medical Officer, Department of ISM, Kerala, India

Corresponding Author: neethuvikrammb@gmail.com

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ABSTRACT

Agnikarma (cauterization) is an important para surgical procedure in *Ayurveda*. It is mainly used in the management of musculoskeletal disorders. Research works were done in the field of *Agnikarma* and from these data, it has no known side effects. Periarthritis of the shoulder joint is a painful and disabling disorder of unknown etiology in which the shoulder joint becomes inflamed and stiff, greatly restricting motion and causing chronic pain. In *Ayurveda*, it can be compared to *snayugathavatavyadhi*. Its treatment includes snehana, *Agnikarma* and upanaha. The objective of the study is to evaluate the effect of *Agnikarma* in periarthritis of the shoulder joint. The study design is interventional pre and post-study and the sample size is 30. Patients will be selected from OPD and IPD of Govt. Ayurveda college, Thiruvananthapuram satisfies the inclusion and exclusion criteria. Selected patients will be treated with *Agnikarma – bindudagha* at 10 to 12 spots having a distance of one cm superiorly along the glenohumeral joint. The preoperative procedure includes cleaning the preferred part with lukewarm *triphalakashaya* marking points. *Agnikarma* is done with red hot (220-degree Celsius) *Panchalohasalaka*. The temperature is measured using an industrial thermometer. *Salaka* is applied for .5 seconds at a point. The postoperative procedure includes the application of 5 gm of a mixture of honey and ghee overheated part. Observe the patient for 15 minutes for any giddiness or increase in pain. Clean the wound with *Naalpamaraadikasaya* daily. Assessment will be done before the study, 1st and 8th day, and follow up on 15th day. Results will be analyzed statistically. Outcome variables are changed in pain with a visual analog scale and change in range of movements using a goniometer.

Keywords: *Agnikarma*, Periarthritis of the shoulder joint, *Panchalohasalaka*, *bindudagha*, *triphalakasayam*.

INTRODUCTION

Background and rationale of the study

Periarthritis of the shoulder joint is a painful and disabling disorder of unclear cause in which the shoulder joint becomes inflamed and stiff, greatly restricting motion and causing chronic pain¹. Pain is usually constant, worse at night. The normal course of this disease includes 1) stage one – freezing or painful stage, which may last from 6 weeks to 9 months. 2) stage two – the frozen or adhesive stage is marked by a slow improvement of pain, but the stiffness remains. 3) stage three – thawing or recovery, when shoulder motion returns to the normal stage, this generally lasts from 5 to 26 months. Prevalence of frozen shoulder is estimated to be 2 to 5 percent of the general population. The condition is most common in the fifth and sixth decades of life with the peak age in mid 50 s. Onset before the age of 30 is rare. Occurrence is rare in children. Women are more affected than men and it is common in diabetics. The non-dominant shoulder is slightly more likely to be affected. In 6 to 17 percent of patients, the other shoulder becomes affected within 5 years. In Ayurveda, periarthritis of the shoulder joint can be compared to *snayugathavatyadhi*. Its treatment includes *Snehana, Agnikarma and upanaha*. *Agnikarma* has been used in the management of *snayugathavatyadhi* as an effective, safe, and cost-effective method in Govt. Ayurveda College, Thiruvananthapuram for the last 30 years like Tennis elbow, Plantar fasciitis, etc. Moreover, it is simple, less invasive, and can be done as an OPD procedure. *Agnikarma* due to its *Thikshna* and *Ushanguna* eliminates *Vata* and relieves the pain and stiffness of the shoulder joint and so it gives sudden results with minimal cost. Dissertation works were done in the field of *Agnikarma*, which will be provided in annexure (4). From these data, *Agnikarma* has no known side effects.

Scope of Study

Periarthritis seriously reduces the quality of life. It creates significant direct and indirect health care. Though medical managements are available, a remedy for acute pain relief is still to achieve. Here is an attempt to mainstream the application of *Agnikarma* conditions like periarthritis. Pain and stiffness management

is the main aim of treatment in periarthritis of the shoulder joint. In Ayurveda, external management of this disease includes *lepa, upanaha, dhara*, etc which will take about 3 to 4 weeks and internal medicines include *Guggulutiktaka Kasaya, Yogarajaguggulugulika*, etc. But the cost is high, and the duration is long. Considering all the above factors, an attempt is made to evaluate the effect of *Agnikarma* in periarthritis of the shoulder joint.

Objective: To evaluate the effect of *Agnikarma* in periarthritis of shoulder joint

Hypothesis: *Agnikarma* has a significant effect on the treatment of periarthritis of the shoulder joint.

Null hypothesis: *Agnikarma* has no significant effect in reducing the signs and symptoms of periarthritis of the shoulder joint.

Methodology

Study Design: Interventional study – Quasi-experimental design - pre and post-study without a control group.

Study Setting: Outpatient department of Shalyatantra, Govt. Ayurveda college hospital, Thiruvananthapuram

Study Population: Patients registered in OPD Shalyatantra, Govt. Ayurvedic College, Thiruvananthapuram of age group 30 to 60 years, of both sex who were diagnosed as having periarthritis of shoulder joint

Inclusion Criteria

- 1) Patients with classical signs and symptoms of Periarthritis of the shoulder joint. They are pain, stiffness, and restricted movements.
- 2) Patients between the age group of 30 and 60
- 3) Patients of either sex

Exclusion Criteria

- 1) Acute traumatic disorders of shoulder joint
- 2) Uncontrolled Diabetes Mellitus
- 3) Supraspinatus tendinitis

Sample Size: The sample size is 30.

Sampling Technique: Consecutive cases satisfying inclusion criteria and exclusion criteria.

Data Collection: Through case proforma and clinical examination of the patient

Study Tool

- 1) Detailed clinical research proforma
- 2) Goniometer to assess a range of movements
- 3) Visual Analogue scale to assess pain

Procedure

Patients satisfying the inclusion criteria will be selected for the procedure.

AGNIKARMA

Patients satisfying the inclusion criteria will be selected for the study. Selected patients will be treated with *agnikarma – bindudagdha* on 1st and 8th days.

Pre-operative procedure

Done inpatient: *Agnikarma* should be done in patients who have vitals within normal limits. They were advised to take *vilepi* before the procedure. Preferably it should be done during morning time. The patient should be made to sit comfortably and make him aware of the procedure.

Done on the preferred part: The preferred part is cleaned with lukewarm *triphalakasayam*. Mark the skin around the shoulder joint starting from anterior to posterior, superiorly along the glenohumeral joint. Ten to twelve spots will be marked at a distance of one cm superiorly along the glenohumeral joint.

• Operative Procedure

Panchalohasalaka is heated up to red hot (temperature of 220 degrees Celsius). The temperature is measured using an industrial thermometer. Here the heating procedure (dry heat) can be considered a sterilization method also. *Agnikarma* will be done at ten to twelve points around the shoulder joint starting from anterior to posterior superiorly along the glenohumeral joint. Salaka is applied for .5 seconds at a point. The space between two points is one cm.

• Post-Operative Procedure

About 5 grams of a mixture of honey and *ghee* will be applied overheated part. Observe the patient for about 15 minutes for any giddiness or increase in pain. Vitals should be rechecked also. Clean the wound with *Naalpamaraadikasaya* daily. If any discharge from the wound or increase in pain occurs, the patient will be dropped out from the study and will take treatment for *dagdha vrana*. Follow-up will be done on the 15th day. The results will be analyzed statistically.

Outcome Variable

- Change in pain with visual analogue scale
- Changes in the range of movements will be assessed using a goniometer.

Definition Of Terms used

- *Agnikarma* – an important parasurgical procedure used in many conditions with red hot *Panchalohasalaka*.
- Periarthritis of the shoulder joint – It is a condition of uncertain etiology that is characterized by clinically significant restriction of active and passive movements that occurs in the absence of a known intrinsic shoulder disorder.
- *Bindudagdha* – one among 4 types of *dagdha* told by *Acharya Susruta*. It is the size of the tip of the salaka.
- *Panchalohasalaka* – innovated by Dr. P.D. Gupta which is made up of copper (40%), iron (30%), zinc (10%), silver (10%), and tin (10%).

Statistical Analysis: Data analysis will be performed using SPSS Software. Quantitative variables will be described by mean, standard deviation, and maximum. Qualitative variables will be described by percentage distribution. The effectiveness of treatment after the successive follow-up will be assessed as a change in scores. Paired comparison of quantitative variables will be analyzed by paired t-test or Wilcoxon signed-rank test according to the nature of the data. A P value of 0.05 will be taken as the level of significance

Ethical Consideration: A copy of the patient consent form is attached herewith. A consent form from the head of the institution is attached herewith.

DISCUSSION

Periarthritis is not an uncommon disease in *Ayurveda*. Still, there is no known effective treatment that relieves the pain to provide a better living for the patient. Even with the use of expensive internal medicines and operative procedures, it takes a long time to relieve pain. Patient satisfaction is much less. *Agnikarma* is an effective method in this condition. It is very simple, economical and patient satisfaction is more. There is no need for any other arrangements. It can be done in OPDs. It takes very less time.

CONCLUSION

To conclude, periarthritis mainly affects middle-aged women. It causes pain, especially in people who use their shoulders in strenuous work. It is not cured by internal medicines and patient satisfaction is less. For desperate patients, Agnikarma is a therapy to give better results. It is very effective in relieving the pain quickly. Periarthritis disease can be managed effectively by this modality. It is very simple, safe, cost-effective and there are no complications.

REFERENCES

1. S. Das. Regional orthopedic surgery. In: *A concise textbook of surgery*. 4th ed. Kolkata: S. Das publication; 2006. p. 456.
2. C. Mallen, Peat, Thomas, Dunn, Croft. *Prognostic factors for musculoskeletal pain in primary care*. 2007. p. 57;655-661.
3. J. Luime, B. Koes, I. Hendriksen. *Prevalence and incidence of shoulder pain in the general population; a systematic review*. *Scand J Rheumatol*; 2004.p. 33:73–81.
4. S. May. *Shoulder pain-an epidemiological review*. 2008. p. 3:5-18.
5. T. Kuijpers, Van der Windt, Van der Heijden, Bouter. *Systemic review of prognostic cohort studies on shoulder disorders*. 2004. p. 109:420-431.
6. PM Govindan Vaidyar. *Vatavyadhichikitsa*. In: *Ashtanga Hridayam Chikitsa Stana*. 10th ed. Kodungallur: Devi books; 2004. p. 662.
7. http://en.wikipedia.org/wiki/dated_26-03-2015
8. http://www.Medscape.com/medical_students_dated_26-03-2015



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