A Comparative Clinical Study On Effect of Indirect Agni Karma and Direct Agnikarma in Manyagat Vaat W.S.R. Cervical Spondylosis.

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Abstract- Agnikarma is one of the best treatment modality in Ayurveda for vaat vyadhi . As traditional agnikarma gives feeling of burn ,sudden shock ,which produces fear in patients ,it makes it less convincing.
If we change agnikarma methodology we can do agnikarma without sudden trauma. In indirect agnikarma we do agnikarma holding shalaka by artery forcep and transfer heat indirectly by candle holding at distal end of shalaka. This slow heat conduction method takes 5 to 10 secs to give samyak agnikarma lakshanas. Eventually we are doing agnikarma without changing basic concept of agnikarma. Samprapti bhanga is done by both methods.
Here I am doing comparative study of two methodologies in patients of cervical spondylosis.
After clinical evaluation of 30 patients I have concluded that both methodologies can give 100% improvement in patients of cervical spondylosis.
Hence we can replace direct agnikarma method with indirect agnikarma method.

Keywords – Agnikarma, Direct Method, Indirect Method, Cervical Spondylosis

1. INTRODUCTION

1. SPONDYLOSIS

Cervical spondylosis is a common condition among middle-aged individuals. People working on computers, weight lifters, teachers, household workers, and homemakers are particularly prone to this disease. Merely taking NSAIDs for symptom relief does not cure the disease. Hence, seeking alternative treatments is necessary. This condition may interfere with daily activities to some extent and can worsen with advancing pathology. Therefore, specific treatment and preventive measures are essential.

While internal medicines have some effect on *vataja* and *sandhigata vyadhi*, they come with limitations. Patients often require instant pain relief. *Agnikarma* plays a significant role in alleviating pain aggravated by *vataja samprapti*. Other treatment modalities may also provide relief but typically require a longer period to show results. In contrast, *Agnikarma* offers immediate relief, often in the first session itself.

2. AGNIKARMA

Agnikarma is an ancient therapeutic technique used to manage *vataja vyadhi*, providing instant pain relief. It is one of the safest ways to address pain caused by intervertebral disc prolapse, nerve compression, radiating pain, and arthritis. This method can serve as an alternative to NSAIDs or injectable painkillers for various conditions such as *vata vyadhi* and *asthi-majja-vaha srotas-gata vyadhi*.

Mode of Action

In *Agnikarma*, heat is conducted through the *srotas*. Its inherent properties, including *ushna* (hot), *tikshna* (sharp), *sukshma* (subtle), and *ashukari* (quick-acting), help remove *srotarodha* (blockage), pacify vitiated *vata* and *kapha doshas*, and restore equilibrium. By breaking the *avarodha-janya samprapti*, it improves *rasa-rakta samvahana* (blood circulation).

Indirect *Agnikarma* vs. Direct *Agnikarma*

The direct *Agnikarma* method is well-known and effective. However, it leaves scars on the skin for a longer duration, which can be intimidating for patients and make it challenging to convince them to undergo the procedure.

In contrast, the indirect *Agnikarma* method involves slow heat conduction, allowing heat to penetrate deeper into the dermatomes or the cervical plexus roots. This method provides better and longer-lasting results without leaving scars.

Indications
- Cervical spondylosis
- Neck spasm
- Lumbar spondylosis
- Sciatica
- Nerve compression
- Paraspinous muscle spasm
- Acute back muscle spasm
- Calcaneal spur
- All types of *asthi-majja-gata vata vyadhi*

Types of Shalaka
1. *Loha* (Iron)
2. *Tamra* (Copper)
3. *Panchadhatu* (Five metals)
4. *Rajat* (Silver)
5. *Suvarna* (Gold)
6. *Mruttika* (Clay)

Specific Indications for Shalaka Types
- *Mruttika Shalaka*: Suitable for *asthi-majja-gata vyadhi*, specifically *vata kantaka*.
- *Gudha Shalaka*: Effective for *snayu-sandhi-gata vyadhi*, specifically frozen shoulder.
- *Pippali Shalaka*: Suitable for *mamsa-gata vyadhi*, such as paraspinous and neck muscle spasms.

Methods of Agnikarma
1. Direct Agnikarma
2. Indirect Agnikarma

3. OTHER TREATMENT MODALITIES AVAILABLE

Internal Medicines
Internal medications aim to address the *vataja* and *sandhigata vyadhi*, providing systemic relief and managing underlying causes.

Panchakarma
- Yog Basti
- Panchatikta Ksheer Basti
- Yogasanas: Specific poses to alleviate cervical spondylosis symptoms by enhancing flexibility and reducing stress on the cervical spine.

Physiotherapy
Targeted exercises and modalities such as ultrasound, traction, and TENS to relieve pain and improve mobility.

Neck Supports/Belt
Orthopedic support to stabilize the cervical spine, reduce strain, and aid in recovery.

4. MATERIALS AND METHODS

Materials Required
1. *Agnikarma Shalaka* (Rajat Shalaka)
2. Spirit Lamp
3. Small Artery Forceps
4. *Ghrita*
5. Cotton Swab

Method
Indirect Agnikarma:
Heat conduction is performed slowly using a *Rajat Shalaka*.

Steps:
1. Point Selection: Identify and mark the points for *Agnikarma*.
2. Shalaka Handling: Hold the *Agnikarma Shalaka* using an artery forceps, and position its tip on the selected points.
3. Heat Application: Heat the distal end of the *Shalaka* with a candle or spirit lamp to ensure slow heat conduction. Continue until achieving *Samyak Dagdha Lakshanas*.

Direct Agnikarma:
This is the traditional method, using the *Rajat Shalaka* directly on the points.

Type of study – comparative study
Sample size – 30
Direct method – 15
Indirect Method – 15

5. EXCLUSION CRITERIA

Patients with the following conditions are excluded:
- Diabetes Mellitus (*uncontrolled*)
- Heart Disease
- Ankylosing Spondylosis
- Known Case of Cancer
- Tuberculosis of the Vertebral Spine

6. INCLUSION CRITERIA

- Age >18 years
- Previously diagnosed with cervical spondylosis

7. CRITERIA OF ASSESSMENT

1. Range of Motion (ROM)
2. Degree of Pain
3. Tingling Sensation in Hands
4. Numbness in Hands

8. GRADATION OF SYMPTOMS

Range of Motion
- Grade 0: No pain during rotation
- Grade 1: Pain on backward movement, other movements normal
- Grade 2: Painful rotation and backward movement
- Grade 3: Inability to move neck, all movements painful
- Grade 4: Continuous pain with stiffness, radiating pain towards hands

Degree of Pain
- Grade 0: No pain
- Grade 1: Pain intermittently on exertion or lifting weight
- Grade 2: Pain aggravated by minimal work, relieved with neck support
- Grade 3: Continuous pain with minimal movement, relieved by NSAIDs
- Grade 4: Continuous pain requiring regular NSAIDs

Tingling Sensation in Hands
- Grade 0: No tingling sensation
- Grade 1: Rarely, once a week
- Grade 2: Intermittently, while sleeping on one hand
- Grade 3: Regularly, on exertion or lifting weight
- Grade 4: Very often, daily, disturbing routine life

Numbness in Hands
- Grade 0: No numbness
- Grade 1: Rare numbness in fingers
- Grade 2: Intermittent numbness lasting a few minutes
- Grade 3: Frequent numbness, lasting a long time
- Grade 4: Daily, repeated numbness

9. SCORING OF SYMPTOMS

A numerical scoring system will be maintained based on the severity of symptoms.

CENTER OF DATA COLLECTION
Shalya OPD,
IIMS Ayurved College and Hospital, Nashik.

	DIRECT AGNIKARMA			INDIRECT AGNIKARMA		
RANGE OF MOTION	NUMBER OF PATIENTS	BEFORE TREATMENT	AFTER TREATMENT	NUMBER OF PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
	5	GRD 1	GRD 0	4	GRD 1	GRD 0
	7	GRD 2	GRD 0	8	GRD 2	GRD 0
	2	GRD 3	GRD 1	2	GRD 3	GRD 1
	1	GRD 4	GRD 1	1	GRD 4	GRD 1
total	15			15		

	DIRECT AGNIKARMA			INDIRECT AGNIKARMA		
DEGREE OF PAIN	NUMBER OF PATIENTS	BFR TREATMENT	AFTR TREATMENT	NUMBER OF PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
	3	GRD 1	GRD 0	1	GRD 1	GRD 0
	8	GRD 2	GRD 0	8	GRD 2	GRD 0
	2	GRD 3	GRD 1	3	GRD 3	GRD 1

	1	GRD 4	GRD 1	2	GRD 3	GRD 0
	1	GRD 4	GRD 1	1	GRD 4	GRD 1

	DIRECT AGNIKARMA			INDIRECT AGNIKARMA		
TINGLING SENSATION IN HANDS	NUMBER OF PATIENTS	BFR TREATMENT	AFTER TREATMENT	NUMBER OF PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
	3	GRD 2	GRD 0	3	GRD 1	GRD 0
	4	GRD 2	GRD 0	3	GRD 2	GRD 0
	3	GRD 3	GRD 1	4	GRD 3	GRD 1
	3	GRD 3	GRD 1	3	GRD 3	GRD 2
	2	GRD 4	GRD 1	2	GRD 4	GRD 2

	DIRECT AGNIKARMA			INDIRECT AGNIKARMA		
NUMBNESS IN HANDS	NUMBER OF PATIENTS	BEFORE TREATMENT	AFTER TREATMENT	NUMBER OF PATIENTS	BEFORE TREATMENT	AFTER TREATMENT
	5	GRD 1	GRD 1	4	GRD 1	GRD 0
	4	GRD 2	GRD 1	5	GRD 2	GRD 1
	3	GRD 3	GRD 2	4	GRD 2	GRD O
	2	GRD 3	GRD 1	1	GRD 3	GRD 2
	1	GRD 4	GRD 2	1	GRD 4	GRD 2

1. STATISTICAL ANALYSIS

The data demonstrates a 100% improvement in all 30 patients, irrespective of the *Agnikarma* methodology employed. Both the direct and indirect methods proved equally effective in alleviating symptoms of cervical spondylosis. This indicates that either method can be used to achieve comparable recovery outcomes.

However, due to its minimally traumatic nature and ease of application, the indirect *Agnikarma* method offers significant advantages. It is less intimidating for patients, making it easier to administer and preferable in clinical practice.

2. OBSERVATIONS AND RESULTS

Direct Agnikarma

- Conducted on 15 patients diagnosed with cervical spondylosis.
- Observations:
  - Significant reduction in pain scores.
  - Improvement in range of motion.
  - Alleviation of symptoms such as tingling and numbness.
- Challenges:
  - Convincing patients for direct *Agnikarma* was challenging due to fear of extreme heat and potential scarring.
  - Patients reported experiencing an intense burning sensation, causing jerky reactions during the procedure.
  - Post-*Agnikarma* scars took 1–2 weeks to heal.

Indirect Agnikarma

- Conducted on 15 patients diagnosed with cervical spondylosis.
- Observations:
  - Similar improvement in pain, range of motion, and symptoms such as tingling and numbness.
  - Patients received the therapy without fear or discomfort.
  - Minimal scarring, with healing completed within one week.
- Conclusion:

- Indirect *Agnikarma* was easier to conduct and more acceptable to patients compared to the direct method.

3. DISCUSSION

Agnikarma is a proven therapy for managing *Vata Vyadhi*, including pain associated with conditions such as spondylosis, muscle spasms, joint pain, frozen shoulder, and sciatica.

The study results highlight that both direct and indirect *Agnikarma* methods yield comparable outcomes in patients with cervical spondylosis. However, indirect *Agnikarma* offers distinct advantages:

- No sudden burn sensation, making it less traumatic for patients.
- Greater ease of administration for clinicians due to increased patient acceptability.

This makes indirect *Agnikarma* a viable alternative to the direct method, ensuring effective therapy while improving patient comfort and compliance.

4. CONCLUSION

Indirect *Agnikarma* has proven to be an effective and patient-friendly method for managing *Manyagat Vata* conditions, such as cervical spondylosis. Its ease of administration, minimal discomfort, and comparable efficacy to the direct method make it the preferred choice for both clinicians and patients.

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