



## Case Study

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### A GUDA AGNIKARMA FOR THE MANAGEMENT OF MANYASTAMBHAA WITH SPECIAL REFERENCE TO CERVICAL SPONDYLOSIS: A CASE STUDY

Pushpak R Marathe <sup>1\*</sup>, Rajesh N Gundre <sup>2</sup>, Babasaheb N Gadve <sup>3</sup>

<sup>1</sup> PG Scholar, Department of Shalya Tantra, CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad, Maharashtra, India

<sup>2</sup> Associate Professor, Department of Shalya Tantra, CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad, Maharashtra, India

<sup>3</sup> Professor & HOD, Department of Panchakarma, CSMSS Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad, Maharashtra, India

Received on: 29/6/24 Accepted on: 20/7/24

#### \*Corresponding author

E-mail: pushpakmarathe3@gmail.com

DOI: 10.7897/2277-4343.154108

#### ABSTRACT

Background: Manyastambhaa, akin to cervical spondylosis in modern medicine, is prevalent due to lifestyle factors such as poor posture and stress. It is characterized by stiffness and neck pain, and it significantly negatively influences quality of life, especially in the elderly. The slight relief that conventional treatments provide often leads to the investigating of alternative therapies. Methodology: The 67-year-old male patient in this case study has persistent neck discomfort, stiffness, and sensory abnormalities that are not improving with allopathic medicine. The patient received a parasurgical Ayurvedic treatment called Guda Agnikarma therapy. Over ten days, sessions were held on alternate days. The Visual Analog Scale (VAS) and range-of-motion assessments were among the subjective and objective methods used to evaluate pain, stiffness, and discomfort. Observation: After the treatment, there was a noticeable improvement. There was a significant reduction in stiffness and a noticeable discomfort alleviation from severe to none. Flexion, extension, lateral flexion and rotation substantially improved range of motion. Conclusions: Guda Agnikarma showed promise in reducing cervical spondylosis symptoms by acting as an analgesic, reducing inflammation, and relaxing muscles. The method is suitable for outpatient settings, minimally invasive, and reasonably priced. These results point to Guda Agnikarma as a potential treatment for Manyastambhaa, indicating that more research is necessary to confirm its effectiveness and incorporate it into general therapeutic practice.

**Keywords:** Shalya Tantra, Agnikarma, Para Surgical Measures, Dagdha.

#### INTRODUCTION

'Manyastambhaa' has been the most frequently materializing disorder in recent generations. The new lifestyles, such as stressful professions, convenient diet habits, travelling, and inaccurate postures when sitting and walking, are the prime reasons for 'Manyastambhaa'.

Manyastambhaa is one of 80 Vatavyadhi i.e. Nanatmaja Vatavyadhi <sup>1</sup>. The complete description of Manyastambhaa has been explained in all Ayurvedic classics.

Acharya Sushruta has described that due to sleeping in the daytime, leaning or sleeping on an uneven place, constantly looking upward or downward, over-stretching of the neck, Vata dosha along with Kapha dosha gets vitiated and takes ashraya at manyapradesha affecting the manyasira causing ruja and stambha of neck.<sup>2</sup>

In modern medicine, the presentation of Manyastambhaa resembles cervical spondylosis. The condition where the pain in the neck with muscular spasms and rigidity of the neck muscle occurs is known as cervical spondylosis. Headache in the occipital region in the morning. Pain radiating down to the upper limbs with a burning and tingling sensation. Depending upon the segment involved, there may be associated sensory defect and loss of tendon jerks.<sup>3</sup> Cervical spondylosis is a degenerative condition of the cervical spine. There is degeneration of the

intervertebral disc with protrusion and bony overgrowth of adjacent vertebrae, causing narrowing of the cervical canal and intervertebral foramina with resultant nerve root compression.<sup>4,5</sup>

It is prevalent over the age of 60. Prevalence was about 3.5 in 1000; it peaked at age 50-59 and decreased afterwards.<sup>6</sup>

One of the most significant branches of Ayurveda is Shalya Tantra. It comprises parasurgical procedures that aid in eradicating ailments, such as Ksharkarma, Agnikarma, Siravyadha, and Jalaukavcharana. Agnikarma can treat severe localized pain in the joints, muscles, ligaments, and skin.<sup>7</sup> In order to discover more effective result-oriented therapy, this study was conducted to assess the impact of Agnikarma with Guda, and an effort was made to assist the patients afflicted with Manyastambhaa in our community.

#### Case Report

The male patient, aged 67 years, visited our OPD at CSMSS Ayurveda College, Aurangabad, Maharashtra, India, with a presenting complaint of pain in the neck region and stiffness for one year, tingling sensation and numbness in the arm in the last one year and difficulty in neck movements. He was managed for a long duration with allopathic medicine but did not get any relief. The patient was a farmer. So, lots of repetitive neck motion and strenuous work he did. After taking his history, his bowel habits and micturition were normal. Sleep was disturbed due to pain.

After a thorough examination, a diagnosis of Manyastambhaa or cervical spondylosis was established, and the patient was advised of an X-ray of the cervical spine with AP/Lat view.

The case was examined thoroughly, and with the patient's written consent, he decided to undergo Ayurvedic treatment along with shaman aushadhi (medicine) for ten days.

Family History - Not significant  
Past History - No relevant history.

#### Personal History

- Addiction - No specific addiction
- Diet - Mixed
- Appetite - Reduced
- Thirst - Adequate
- Bowel - Regular
- Micturition - Normal
- Sleep - Disturbed due to pain

#### General Examination

- General Condition - Fair
- BP - 130/80 mmhr
- Pulse - 78/min
- Temp - Afebrile
- R/R - 20/Min

#### Examinations

**Inspection** - No visible injury, mass, scar mark, the curvature of the spine—normal curvature.

**Palpation** - Tenderness-cervical region, local temperature slightly raised.

**Movements of cervical** - Cervical active ranges of motion were painful during flexion, extension and lateral rotation.

Table 1: Range of Motion

Flexion	35 Degree
Extension	60 Degree
Right Flexion	30 Degree
Left Flexion	30 Degree
Right Rotation	70 Degree
Left Rotation	70 Degree

**Investigation:** X-ray of the cervical spine revealed osteophyte formation, disc space narrowing in C4, C5, and C6, and degenerative changes.

#### Assessment Criteria

##### Subjective Criteria

1. Vedana (Pain)
2. Stambha (Stiffness)
3. Sparshasahatva (Tenderness)

##### Objective Criteria

The range of movement of the neck will be measured with the help of a Goniometer before and after.

**Plan of Work:** The treatment schedule of 8 days was planned, and then therapy sessions of Guda Agnikarma were planned on alternate days (i.e. 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> day). No specific dietary regimen was advised during the whole treatment procedure.

The study is carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

#### Agnikarma Chikitsa

##### Materials

- 1) Guda (Jaggery)
- 2) Madhu (honey) and ghrta
- 3) Candles
- 4) Borosil pipette

##### Purva Karma (Preparatory Procedure)

- Informed consent was obtained from the patient, and the study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.
- The patient was advised to take snigdha and pichhila diet on the day of Agnikarma as said by Acharya Sushruta.
- The site of pain was washed with lukewarm water/ povidone solution. As a heat-sensitive agent, spirit should not be used here.
- The localized region of the patient was draped.
- The patient should be in a supine or sitting position.
- Mark the sites of severe pain in the cervical region.

##### Pradhan Karma (Main Procedure)

- Take a small amount of guda and add a small amount of water to a sterilized plate.
- Then, it browned on top of the burner until it became sticky.
- After that, it needs to be sucked out using a Borosil glass pipette, applied drop by drop to the selected tender spots on the cervical region, and then wiped off when it has cooled.
- If an ulcer was developed at the site of Agnikarma, madhu sarpi could be applied till healing.
- The process was repeated on alternate days.
- Type of Agnikarma - Bindu

##### Paschat Karma (Postoperative Procedure)

- After wiping off Ghrta kumari pulp, Haridra churna was dusted.
- The patient was observed for 30 min after the procedure and advised pathyapathya as mentioned in Sushruta Samhita<sup>8</sup> until the healing of Samyak Dagdha Vrana.



Figure 1: Taking Range of motion using Goniometer before treatment and after treatment

**Subjective Assessment**

**Table 2: Vedana (Pain) by using VAS<sup>9</sup> scale**

No pain	Grade 0
Mild pain (1-3)	Grade 1
Moderate pain (4-7)	Grade 2
Severe pain (8-10)	Grade 3

**Table 3: Stambha (stiffness of neck region)**

No stiffness	Grade 0
Stiffness (5 min to 1 hour)	Grade 1
Stiffness (1 to 2 hours)	Grade 2
Stiffness (more than 2 hours)	Grade 3

**Table 4: Sparshasahatva (Tenderness)**

No tenderness	Grade 0
Subjective experience	Grade 1
wincing of the face on pressure	Grade 2
Wincing of the face with withdrawal of affected parts on pressure	Grade 3
Resist touch	Grade 4

**Objective Assessment**

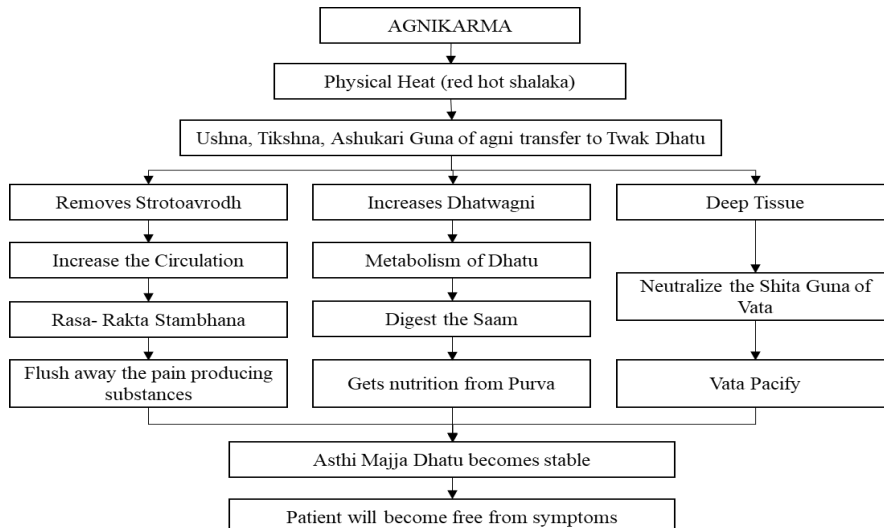
**Table 5: Cervical movements with degree of movement**

Cervical movements	Normal movement	Range of motion of the cervical region
Flexion	50 Degree	50 degrees able to touch chin and Chest
Extension	80 Degree	80 degrees extension of head up to back
Right or Left Flexion	45 Degree	45 degrees ear touch to shoulder tip
Right or Left Rotation	85 Degree	85 degrees able to make a complete rotation

**OBSERVATION AND DISCUSSION**

**Table 6: Observation of Subjective and Objective parameters Before and After treatment**

Parameters	Before treatment (Day 1)	After Treatment (Day 7)
Vedana (Pain)	Grade 3	Grade 0
Stambha (Stiffness)	Grade 3	Grade 1
Sparshasahatva (Tenderness)	Grade 3	Grade 1
Flexion	35 Degree	45 Degree
Extension	60 Degree	75 Degree
Right Flexion	30 Degree	40 Degree
Left Flexion	35 Degree	45 Degree
Right Rotation	60 Degree	80 Degree
Left Rotation	65 Degree	80 Degree



**Flow chart 1: Probable mode of action of Agnikarma**

**Agnikarma and Guda** displayed a noticeable reduction in pain, tenderness, and restricted movement. It could be the cause of Vant Hoff's law, which states that an increase in temperature increases the rate of any metabolic process. Temperatures over 45 °C cause significant tissue damage. Collagen has been demonstrated to melt at temperatures higher than 50 °C. Heat-stimulated afferent neurons may influence the gate control system, hence producing analgesia. Vasodilatation happens when the skin heats up, protecting the heated skin and distributing the extra heat throughout the body. Raising the temperature of liquids reduces their viscosity, directly affecting the blood artery's flow barrier. However, because the deeper tissues are protected from heat by the subcutaneous fat's thermal insulation and heat is evacuated by the increased blood flow in the skin, little heating of the skin surface happens when heat is administered.<sup>10,11</sup>

Since the impacts are mainly localized to the skin, materials with a greater capability for heat conduction over extended periods of time should be suggested for deeper conduction.

The application of topical heat, or thermotherapy, has been shown in recent studies to have the ability to reduce pain and uncomfortable muscle spasms. To do this, metabolic processes are accelerated, decreasing the concentration of harmful metabolites that cause pain. The enhanced circulation in the immediate area mainly accomplishes this. It is possible that accelerating the inflammatory response's resolution will shorten the time it takes for the inflammation to go away, but it may also make the discomfort worse in the short term. Since thermotherapy generally has a calming and emotionally relaxing effect, it positively alters a person's emotional response to pain, which lessens suffering even more.

## CONCLUSION

Throughout the current investigation, the most frequently reported symptoms among the patients were tingling or numbness in the neck and pain when moving the neck. Muscle spasms and nerve compression were the leading causes of the symptoms above. Patients with cervical spondylosis experienced more relief from Agnikarma, the most outstanding and most effective parasurgical method. It has simultaneous effects as an analgesic, hemostatic, and antiseptic. Agni is referred to as life in the Vedas. In the same way, the body receives new life from the karma this Agni performs.

According to the study's findings, Agnikarma is a cervical spondylosis treatment that is effective, affordable, and easily accessible. As an analgesic, hemostatic, and antiseptic technique, it has several advantages that make it an essential tool in Ayurvedic treatment. Agnikarma is a therapy approach that can be used to manage cervical spondylosis and improve the quality

of life for patients by offering significant relief and being easy to apply.

## REFERENCES

1. Shukla V. and Tripathi R. Charaka Samhita of Agnivesh, volume I, Sutrasthana 20/11, Chaukhamba Sanskrit Pratisthan Varanasi, reprint 2013; p. 293
2. Shastri A, Sushruta Samhita of Maharshi Sushruta, volume I Nidansthana 1/67, Chaukhamba Sanskrit Pratisthan, Varanasi, reprint 2013; p. 303
3. Mehta PJ. Practical medicine, 22nd edition by National Book Depot; 2023.
4. Singhal BS. Neurology. In: Sainani GS, editor. API Textbook of Medicine. 6th ed., Sec. 12. Mumbai: Association of Physicians of India; 1999. p. 28, 829.
5. Kasper DL, Braunwald E, Fauci AS, Hauser SL, Longo DL, Jameson JL, editors. Back pain and neck pain. Harrison's Principles of Internal Medicine. Pain. 16th ed., Vol. 1, Ch. 15, Sec. 1. New Delhi: McGraw- Hill Medical Publishing Division; 2005. p. 102.
6. Kuo DT, Tadi P. Cervical Spondylosis. 2023 May 1. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan. PMID: 31855384.
7. Shastri AD. Sushruta Samhita Ayurveda Tatva Sandipika. Varanasi: Chaukhamba Sanskrit Sansthan, Sutra Sthana. Chapter 12/10. 2016; p 52.
8. Acharya Sushruta, Sushruta Samhita, Sutrasthan, English translation by Prof. KR Shrikanta Murthy, Published by Chaukhambha Publication, Varanasi, Orientalia Chapter 19/34, Reprint Edition 2016.
9. Munjal YP and Sharma SK. API Textbook of Medicine, section 24, Rheumatology, Chapter 3, Low back ache, Jaypee Brothers Medical Publishers Pvt. Limited, 2022; p. 276.
10. Val Robertson Alex 'Electro Therapy' 3rd edition, Ward John Lowan Reed Elsevier Ltd. P 213-253. correct as Robertson, V. and Ward, A. and Low, J. and Ann Reed, B.A.M.D.T.P., Electrotherapy Explained: Principles and Practice, 3rd edition, Butterworth-Heinemann; 4th edition, 2006.
11. Md Haidar and Md Tanzil Ansari: Role of Agnikarma in the Management of Vatakantaka (Calcaneal Spur): A Review. International Ayurvedic Medical Journal {online} 2020 {cited November 2020} Available from: [http://www.iamj.in/posts/images/upload/122\\_126.pdf](http://www.iamj.in/posts/images/upload/122_126.pdf)

## Cite this article as:

Pushpak R Marathe, Rajesh N Gundre and Babasaheb N Gadve. A Guda Agnikarma for the management of Manyastambhaa with special reference to Cervical spondylosis: A Case Study. Int. J. Res. Ayurveda Pharm. 2024;15(4):22-25  
DOI: <http://dx.doi.org/10.7897/2277-4343.154108>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.