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Case Study

EFFECT OF *AGNIKARMA* WITH *GUDA* IN ACHILLES TENDINITIS

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ABSTRACT

Achilles tendinitis is a condition that is caused by an over use injury of the achilles tendon, and presents with symptoms like pain, tenderness and weakness of achilles tendon. In modern medicine the management includes NSAIDs, analgesics, corticosteroid injection and surgical decompression, but these have many complications and the recurrence rate is high. In Ayurveda it comes under *Snayugata vatavyadhi* with treatment modalities such as *Snehana, Agnikarma and Upanaha*. Acharya Susrutha has indicated *Agnikarma* as a chief para surgical procedure which is an effective treatment in conditions of severe pain in *Twak, Mamsa, Sira, Snayu*, *Sandhi* and *Asthi*. The *Dahanopakarana* used for *Sira, Snayu, Sandhi*, *Asthigata vata vikaras* are *Kshoudra*, *Guda, Sneha. Agnikarma* with this *Snigdha dravyas* has more penetrating power than *Rooksha dravyas* like *Salaka*, it helps to reach the deeper tissues. So, *Guda* is taken in this case to assess the effect of *Agnikarma* in Achilles tendinitis. In the present case study, a 32-year-old female patient visited the OPD with severe pain in right Achilles tendon and was diagnosed with Achilles tendinitis. *Agnikarma* with *Guda* is done on the most tender points of Achilles tendon. Outcome measures like pain, tenderness, RLH Test, ARC Test were assessed before treatment, immediately after treatment, 7th day, 14th day, and 21st day. The result showed that *Agnikarma* with *Guda* in Achilles tendinitis gives significant relief in pain.

INTRODUCTION

Achilles tendinitis is a condition caused by repetitive intense strain of the achilles tendon, the band of tissue that connects calf muscles at the back of the lower leg to heel bone[1]. i.e., the tendon connects the gastrocnemius and soleus muscle to the posterior aspect of the calcaneum.

The symptoms of Achilles tendinitis are pain and tenderness along the achilles tendon which is severe in morning. Pain increases when walking/ running. Difficulty in standing upon one toe. Limited range of motion during dorsiflexion and plantar flexion. It occurs most commonly between the age group of 30 -60 years and more frequently in men[2].

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The management of achilles tendinitis includes the pain management, reduce disability and prevent or retard the progression of disease. Allopathic management for the same is mainly conservative, which include rest, NSAIDs, corticosteroid injections etc and last option is surgery. Corticosteroid injection has side effects like allergic reactions and shrinkage of skin. Surgical decompression has limitations like risk of recurrence, post operative immobility period and scar formation along with chance of infection[3].

On the basis of structure involved in the pathology and its signs and symptoms, achilles tendinitis can be correlated with the condition of *Snayugatha vata* in Ayurveda[4]. Treatment of *Snayugatha vata vyadhi* includes *Snehana*, *Upanaha* and *Agnikarma* [5]. *Agnikarma* is an *Anusastra* which is superior to *Bheshaja, Sastra,* and *Kshara*[6]. Ayurveda medical management take time, to get a better result and also expensive. So, in search of an immediate and better relief for the disease *Agnikarma* is chosen as the treatment. Based on the

structure involved, Susrutha Acharya prescribed different *Dravyas* for *Agnikarma*. *Guda* is indicated in *Snayu vikaras*, as a *Dahanopakarana*.

MATERIALS AND METHODS

Patient information

A 32-year-old female patient visited the OPD of govt ayurveda college hospital with complaints of severe pain in right Achilles tendon since 6months. The pain was gradual in onset. She also complaints of morning stiffness and difficulty in walking. On examination there is grade 3 tenderness over Achilles tendon and RLH Test and ARC Test is positive. Internal medicines were given but didn't get much relief, so the *Agnikarma* procedure was explained to the patient, and consent was taken.

Treatment

Poorvakarma

Detailed clinical examination, laboratory investigations like surgical investigations were done. The data was recorded. Patients were informed in detail about the treatment procedure and informed consent was obtained. TT immunization done. Patient is allowed to lie in prone position. The area over tender points of achilles tendon is cleaned and made aseptic using betadine solution and sterile water. Tender points will be marked.

Materials

Betadine solution, sterile cotton, surgical gloves, kidney tray, sterile bowl, honey, *Guda*, gas stove, borosil dropper, *Ghritha*, probe thermometer, TT injection, swab holding forceps, sterile water.

Pradhana Karma

Required amount of *Guda* and water is taken in equal quantity in a sterile dish. It was heated over the stove till it attain syrup consistency (130°C - 140°C), and its temperature is measured with a probe thermometer. One drop of *Guda* dropped in each marked site by a borosil dropper. On cooling it was wiped off carefully using sterile cotton.

Paschat karma

Madhu and *Ghritha* mixture applied over the site. Observed patient for 30 minutes. As she was stable, advised her to leave the minor OT. She was advised to continue the application of honey and ghee for 1 week. The outcome measures were assessed- 0^{t} day and after *Agnikarma*, 7th day, 14th day and on the 21st day.

Fig 1: During the procedure

Fig 2: 7th day

Fig: 14th day

Fig: 21st day

OBSERVATION AND RESULT

Parameter	Before treatment	Immediately after the treatment	7th day	14th day	21st day
Pain	8	1	0	0	0
Tenderness	3	0	0	0	0
RLH Test	+ve	-ve	-ve	-ve	-ve
ARC Test	+ve	-ve	-ve	-ve	-ve

DISCUSSION

Now a days the number of patients attending in OPDs with achilles tendinitis has been increased. On the basis of structure involved in the pathology and its signs and symptoms, achilles tendinitis can be correlated with the condition of *Snayugatha vata* in Ayurveda. *Vata dosha* in *Snayu* attains *Kopana avastha* due to *Vataprakopa nidana* i.e., *Atichesta, ativyayama* etc and gets localised in *Parsni moola snayu.*

Treatment of *Snayugatha vata vyadhi* includes *Snehana*, *Upanaha* and *Agnikarma. Agnikarma* is an *Anusastra* which is superior *to Bheshaja, Sastra,* and *Kshara*.

According to Ayurveda the main reason for pain is the aggravation of *Vata dosha*. It has been mentioned that there is no pain without *Vata*, i.e., *Atmarupa* of *Vata* itself is *Sula*.

The movement of Vata can be obstructed due to *Srotho avarodha* i.e., obstruction of the channels by toxins known as *Ama*. The *Ushna*, *Teeshna*, *Sukshma*, *Asukari guna* of *Agni* removes *Srothorodha* there by pacify the vitiated *Vata* and *Kapha*, ultimately reducing pain. And also, *Ushna guna* of *Agni* acts against the *Seta guna* of *Vata*, thus alleviate the vitiated *Vata dosha* and results in pain relief.

While doing *Agnikarma*, it enhances the metabolism of the body tissues (*Dhatwagni*), leads to the digestion of toxins i.e., *Ama Pachana* and removes the *Srotho avarodha*, leading to the improved circulation of *Rasa* and *Raktha dhadu* known as *Rasa raktha samvahana* and results in expelling toxins and alleviating pain.

It increases the blood circulation to the affected site. When the blood circulation increases, the oxygen supply increases and it accelerates tissue healing and removes the inflammatory irritants thus helping in relieving pain.

The other concept is the Gate control theory, according to this a nonpainful stimulus can obstruct the transmission of painful stimuli to the brain.

Guda* as *Dahanopakarana

Guda due to its higher specific heat can affect a greater variation of temperature of the tissue surface in contact with hot jaggery and also that of subsequent layers like tendons and ligaments. Achilles tendon is the strongest tendon in the body. so *Agnikarma* with *Guda* at Achilles tendon gives a good result due to its high specific heat.

Heat dissipation time will be less for sticky liquids as the heat retention capacity of sticky liquids is high. And thus, heat penetration to deeper layers will be possible when *Guda* is used for *Agnikarma*.

Vrana, derived from the root "*Vran*," refers to the splitting or tearing of the body, leading to a break in the skin and underlying tissues. In Ayurveda, two types of *Vrana* are recognized: *Sharira* (endogenous) and *Aganthu* (exogenous). *Sharira vrana* results from the vitiation of *Doshas (Vata, Pitta, Kapha, Raktha,* and *Sannipatha),* while *Aganthu vrana* is caused by external factors like assaults, injuries, or exposure to fire and chemicals. In Ayurvedic literature, chronic non healing ulcers are generally described under the heading of *Dushta vrana*. It has a significant challenge in wound management due to their prolonged healing time, recurrent nature, and susceptibility to secondary infections.

CONCLUSION

Agnikarma being a non-invasive parasurgical procedure, it can be conducted at OPD level with patient requiring no hospital stay. The analgesic Impact of *Agnikarma*, as we all know, may be regarded in Ayurvedic terms as influencing the *Vata doshas*. Anywhere in the body, pain is brought on by an imbalance in the *Vata dosha*. *Agnikarma* is done to remove vitiated *Vata*. As an *Ushna Chikitsa*, it pacifies *Vata*, which instantly relieves the pain.

So, *Agnikarma* with *Guda* in Achilles tendinitis can be considered an effective treatment that gives significant relief from pain and its associated symptoms.

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