



MARMA CHIKITSA AND AGNIKARMA IN KATIGRAHA – A CASE STUDY

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ABSTRACT: -

Katigraha is *Vataja nanatmaja vyadhi* which mainly presents with pain in the low back region varying from mild to severe in nature. Low back ache can be because of any acute or chronic causes which affects day to day activities of any individual. *Marma Chikitsa* and *Agnikarma* are two specialised parasurgical protocols of Shalyatantra those can be effectively used in acute management of painful conditions. A case study of a male patient presented with acute pain in the lumbosacral region and pain was assessed with VAS and Oswestry's low back pain disability scale. Patient was given treatment with *Marma* stimulation and manipulation, *Agnikarma* on tender points with *Pancha loha shalaka*, and *Shamanaoushadis* like *Rasnasapthaka kwatha*, *Trayodashanga guggulu*, Alva's Painex balm and *Avipattikara churna* were given for the period of 7 days. Patient was assessed for every 2nd day for pain, disability and tenderness. On 7th day patient had almost complete relief from the pain. *Marma chikitsa* is less explored area of ayurveda, which can help in economical and quick management of acute conditions when used as primary treatment tool or as an adjuvant therapy.

KEYWORDS: Katigraha, Marma chikitsa, Agnikarma

INTRODUCTION: -

Katigraha is a *Vataja vyadhi* with *Kaphanubandha* which produces symptom like pain and stiffness of *Kati*. It is seen more common in recent era due to faulty lifestyle changes, sedentary approach, lack of exercise, improper posture, junk food intake, synthetic fibrous mattress, universally accepted quickly effects etc. In *samhitas* scattered references of *Katigraha*, it is said that *Kati* is *sthana* of *vata*, and *pakwashayagata prakupita vata* produces various symptoms, one among which is *Kati graha*¹. *Katigraha* in aged people is mostly considered as

apatarpana janya vikara.²*Katigraha* is mentioned as separate disease in *Gada nigraha*, *vata rogadohikara* with symptoms like *chestanasha* in *Katipradesha*, *Vedana* and *stambha*.³ The *sthamba* produced in the *Kati* will hamper the gati of *vayu* resulting in *kha vaigunya* and all these in total result in pain and stiffness of low back region.

Low back pain is not a specific disease but rather a complaint that may be caused by a large number of underlying problems of varying levels of seriousness.⁴LBP does not have a clear cause but it is believed to be the result of nonserious muscle or skeletal issues, such as sprains or strains. Physical causes may include osteoarthritis, degeneration of the disks between the vertebrae or a spinal disk herniation, broken vertebra, or, rarely, an infection or tumor of the spine.

Marma chikitsa is an ancient practice dating back to Vedic period which emphasizes on manipulation of vital points, deals with treatment to the disease manifested in these vital points or management of injuries to these *marmas*. There are 107 *marmas*.⁵*Agnikarma* is considered best among *ksharadi karmas* because of its *apunarbhavatva*.⁶

CASE REPORT: -

A 30-year-old male patient visited the OPD of Alva's Ayurveda Medical College and Hospital, Moodbidri on 27/05/2023 with following history: -

Chief complaints: -

1. Low back pain in bilateral lumbosacral region since 2 days.
2. Stiffness in lower back
3. Pain on prolonged sitting

Associated complaints: -

Difficulty in passing stool due to squatting, disturbed sleep in the night.

Personal history: -

- Occupation: - Lecturer
- Bowel: - Usually normal, Constipated for 2 days
- Appetite: -Normal
- Sleep: - Disturbed
- Micturition: - Normal

- Built: - Normosthenic
- Exercise: - No exercise
- Diet: - Mixed
- Patient had no h/o any habits

H/o Presenting Illness: -

According to patient, he was asymptomatic about 2 days ago when he lifted a heavier object. He developed pain in low back with stiffness, but no radiation to both lower limbs. Pain aggravated on prolonged standing, sitting and on changing postures. He came to the OPD of AAMCH seeking for treatment.

Past medical history/Past surgical history: -

Patient had no history of similar complaints in past, no comorbidities and no past surgical history.

On examination: -

BP: - 124/78mmhg, PR: - 94bpm, R/R: - 24/min, Spo2: - 98%, GRBS: - 110mg/dL

Weight: -76kgs, Height: -180cm, BMI: - 23.5kg/m²

General physical Examination: -

Normal findings

Systemic examination: -

Conscious oriented, S₁, S₂ heard, no murmurs, NBVS heard, P/A- Soft, non-tender, No Distension seen.

Per Rectal examination: - Stool present (++)

Musculoskeletal/Locomotor system: -

- Inspection: - Normal stature
- Palpation: - Tenderness present in bilateral Lumbosacral region
L4, L5 – mildtenderness present

- ROM :- Flexion, Extension, left lateral rotation, right lateral rotation: Reduced due to pain
- Lasegue sign⁷ :- Negative
- Schober test:- Positive on Flexion and Extension
- Straight leg raise test:- Negative
- Oswestry score⁸ :- 35.5% [16/45]
[Score interpretation: -
The patient experiences more pain and difficulty with sitting, lifting and standing. Travel and social life are difficult and may be disabled from work. Personal care, sleeping is grossly affected and patient can be usually be managed by conservative means.]
- Visual Analog Scale: - 6
- Tenderness grading: - +2/4 T

RogiPareeksha: -

- *Dosha*:- Predominantly *Vata*, mild *Kaphanubandha*
- *Dhaatu*:- *Asthi*
- *Upadhatu* :- *Snayu, Sandhi*
- *Desha* :- *Katipradesha*
- *Bala* :- *Madhyama*
- *Kala* :- *Nava rogavastha*
- *Prakruti*:- *Pittakapha*
- *Vaya* :- *Madhyama*
- *Satva* :- *Madyama*
- *Satmya*:- *Sarvarasa satmya*
- *Ahara* :- *Jarana shakti : Pravara, Abhyavaranashakthi : Madhyama*
- *Vyayama* :- *Alpa*
- *Sara* :- *Rakta , meda*

Samprapti: -

- *Nidana* :- *Sahasa*
- *Dosha* :- *Vata + Kaphanubandha*
- *Dusya* :- *Ashti, Sandhi, kandara*

- *Kha vaigunya*: -*Katipradesha*
- *Srotas* :- *Asthivaha, Pureeshavaha*
- *Srotosudhti* :- *Sanga*
- *Rogamarga* :- *Madhyama roga marga*
- *Roga* :- *Katigraha*

Investigations: -

Patient was advised X ray of Lumbosacral spine- AP and Lateral view – not willing for the X ray.

Treatment: -

- *Marma chikitsa*: Marma stimulation and manipulation of *kukundara, katikataruna, nitamba marmas*.
- *Sthanika Abhyanga* with *Karpooradi taila*⁹
- *Agnikarma* with *Pancha loha shalaka* on tender points.¹⁰
- *Shamana chikitsa* with *Rasna saphaka kwatha*¹¹, *Trayodashanga guggulu*¹², *Alva's Painex balm*¹³, *Avipattikara churna*.¹⁴

On the 1st day of treatment, local *abhyanga* with *karpooradi taila* was done followed by manual traction and careful monitored stimulation of Bilateral *Kukundara, Katikataruna* and *Nitamba marmas*. After stimulation tender points identified and *agnikarma* done with precautionary measures in those points avoiding *marma sthanas*. *Marma* stimulation continued for 7 days along with *Shamanaushadis*.(Table 1)

Table 1: Shamanoushadis- their dosage and time of administration

Sl.no.	Medicine	Dose	Time of administration	Days
1.	<i>Trayodashanga guggulu</i>	1-1-1	After food	7 days
2.	<i>Rasna saphaka kwatha</i>	2tsp -0-2tsp With water	Before food	7 days
3.	<i>Avipattikara churna</i>	5g	In night	5 days

For all the three *Shamanaoushadis* Luke warm water was advised as *Anupana*. Patient was advised local application of Alva's Painex Balm in the night. *Avipattikara churna* was stopped after 5 days as patient was didn't have any complaints with respect to defecation.

RESULTS and DISCUSSION: -

The results of treatment are as follows: -

Table 2a :Oswestry score assessment before and after treatment

Criteria	Before Treatment	After Treatment 1 st day	After Treatment 3 rd day	After Treatment 5 th day	After Treatment 7 th day
Pain intensity	2	1	1	1	0
Personal care	1	1	1	1	0
Lifting	2	2	1	1	1
Walking	3	3	2	1	0
Standing	2	2	1	0	0
Sitting	2	2	1	1	0
Sleeping	2	2	2	1	0
Sex life	-	-	-	-	-
Social life	1	1	0	0	0
Travelling	1	1	1	1	0
Total: -	16	15	10	7	1
Result in %	35.55	33.33	22.22	15.55	2.22

Figure 1a :Oswestry score assessment graphical representation

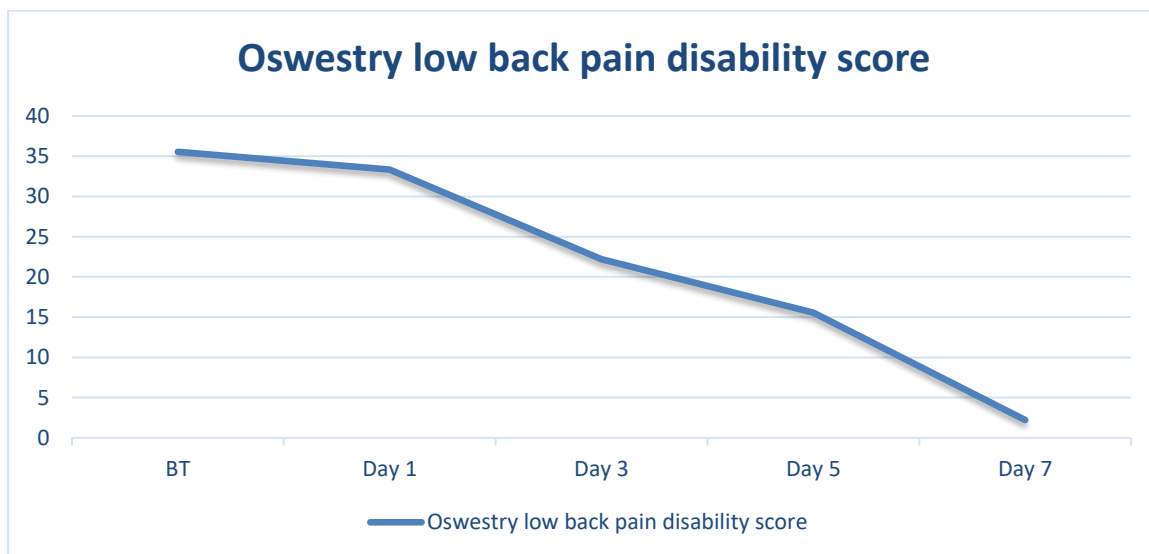


Table 2b : Visual analog scale score before treatment and after treatment

Visual Analog scale Results				
BT	AT – 1 st day	AT- 3 rd day	AT- 5 th day	AT – 7 th day
6	5	3	2	1

Figure 1b : Visual analog scale assessment graphical representation

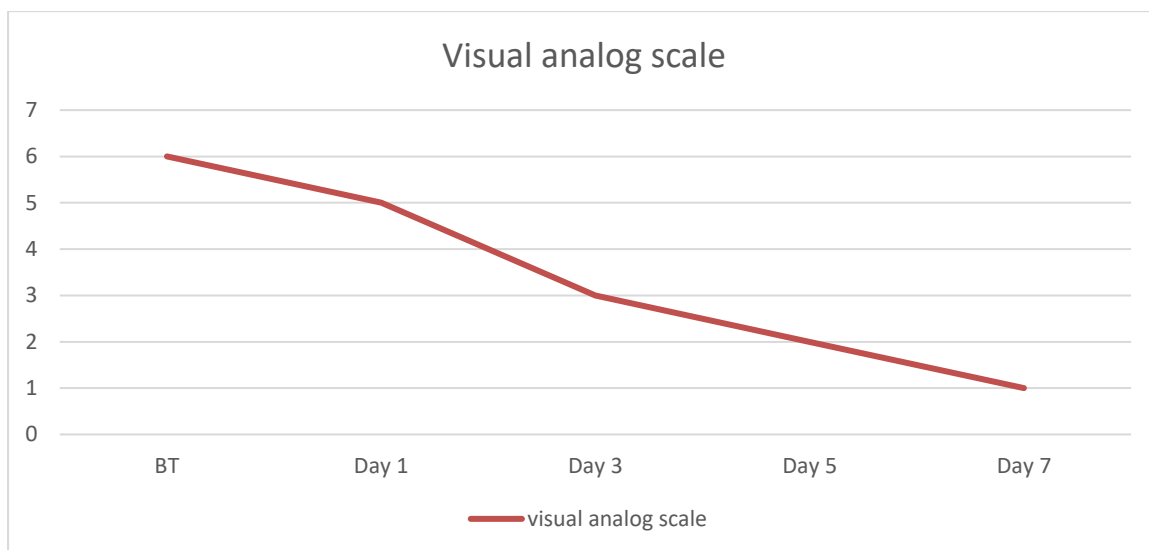
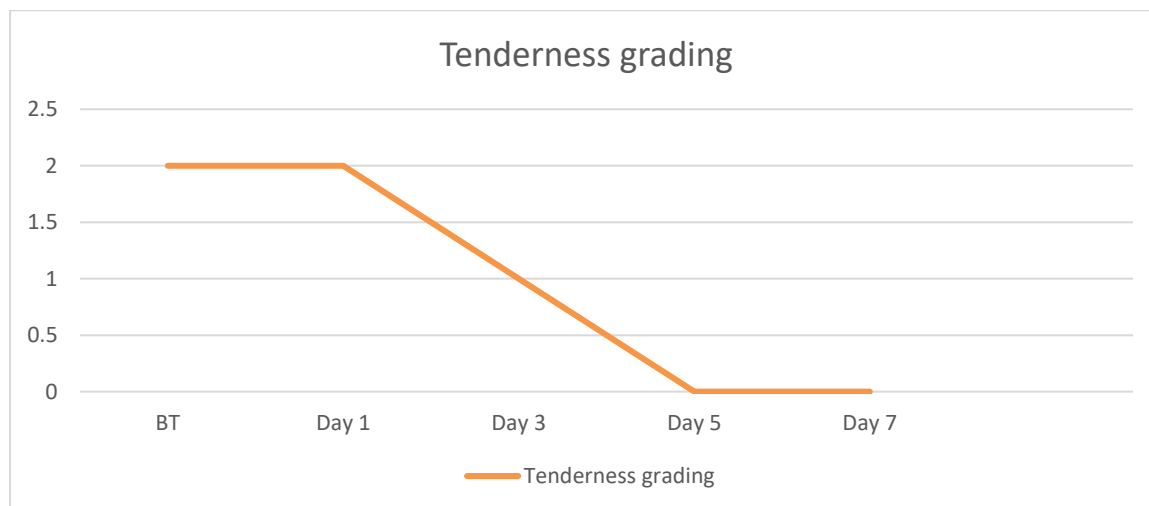


Table2c : Tenderness assessment score before and after treatment

Tenderness scale				
BT	AT – 1 st day	AT- 3 rd day	AT- 5 th day	AT – 7 th day
6	5	3	2	1

+2/4	+2/4	+1/4	No tenderness	No Tenderness
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Figure 1c : Line chart interpreting Tenderness scale



As described in Fig 1, Fig 2 and Fig 3, after the treatment there was significant reduction in the pain, tenderness and disability of the patient. Patient was further advised to continue *Shamanaoushadis* for 7 more days with reduced dose.

Schober's test which was performed before treatment showed positive results in both flexion and extension. It was repeated after 7 days of the treatment, it was completely negative in extension, patient complained of very minimal pain on flexion.

Marma chikitsa along with *agnikarma* and *Shamanaoushadis* were adapted as line of treatment. Following are the *marmas*: -

- *Katikataruna:Prishtamarma, Asthimarma, Kalantara pranahara, ½ Anguli pramana*¹⁵
- *Kukundara:Prishtamarma, Sandhimarma, Vaikalyakara, ½ Anguli pramana*¹⁶
- *Nitamba:Prishtamarma,Asthimarma, Kalantara pranahara, ½ Anguli Pramana*¹⁷

These *marmas* stimulated with utmost care and gentle manipulation yields in good results without causing any aggravation of *doshas*. The *vata* which is vitiated gets *shamana* and returns to its *prakrtavastha* thereby reducing the pain and stiffness. *Agnikarma* does the *shamana* of *vata* and *kapha* thereby helps in pain relief.

Avipattikara churna due to its rechana property is prescribed in order to help patient in easy passage of stool. *Rasna sapthaka* and *Trayodashanga guggulu* due to its *vatahara* and *kaphahara* properties aids in fast relief from pain.

CONCLUSION: -

The incidence of *Katigraha* is being increasing from generation to generation irrespective of age, gender etc so in such cases there'll be requirement of an economical, non-invasive or minimally invasive procedures like *marma chikitsa* and *agnikarma*. In this case study it is clearly seen that both *marma chikitsa* and *agnikarma* can be effective in acute management of pain in *Katigraha*.

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