

A COMPARATIVE CLINICAL STUDY ON THE EFFECT OF INTERFERENTIAL THERAPY AND AGNIKARMA IN KATI GRAHA W.S.R TO LUMBAR SPONDYLOSIS

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ABSTRACT

katishoola is the most common disorder worldwide. *katishoola* is a *Vatavyadhi* affecting people in the *Vardhakyaavastha*. The disease is characterized by *Dhatukshaya* and *Lakshanas* reflective of vitiated *Vata*. Therefore, the agents therapies which are *Vatahara*, *Shoolahara* & *Stambha hara* properties should be advised in this disease. The etiology of *kati shoola* (lumbar spondylosis) is multifactorial. Patients with lumbar spondylosis complain of a broad variety of symptoms including discomfort in the low back lesion. It can be treated nonsurgically. So we planned for *Agnikarma* and IFT procedure to reduce the symptoms.

Keywords: *Agnikarma*, Inter Ferential Therapy, *katishoola*, lumbar spondylosis, *Pancha Loha Shalaka*

INTRODUCTION: ‘*KatiShoola*’ is not directly described as an independent disease in Ayurveda. But the description of this may be found in some other disorders like *Katigraha*³, *Prishtagraha* which are included under *Vata Vyadhi*, One of the most common complaints which drive an individual to seek medical advice is Lumbar spondylosis usually sufferer gives history of chronic Lumbar spondylosis which is persisting for more than three months or so, which is characterized by sharp or dull pain in the lower back. It is also associated with asymmetric local paraspinal muscle spasm, tenderness, and painful restriction of some movements¹. About 80% of the industrial population and 60% of the general population experience Lumbar spondylosis at some point of their life time² due to wrong postural habits and psychological factors like depression and anxiety. Many treatment modules are in practice for low back ache in concern to Lumbar spondylosis. Inter Ferential Therapy is one

which widely being practiced⁴. This therapy utilizes the non-ionizing radiations of the electromagnetic spectrum. The Beat frequency range of 25-50 Hz Base is 90 Hz Timing for 15min. The IFT range used to treat a wide range of musculoskeletal conditions.

Analgesics, Non Steroidal Anti inflammatory Drugs and surgical approaches are applied for the management of Lumbar spondylosis in modern system of medicine, which are with limitations and wide variety of side effects⁵. The treatment of *kati shoola* should be aimed at minimizing pain, optimizing function and reducing disability. One of the line of treatments told by Acharayas for the management of *kati shoola* is to use *Vatashamana Chikitsa*⁶. Among them *Agnikarma* is referred to be effective. This may be due to its *Ushna Guna* which eliminates the vitiated *Vata Dosha* also safe if performed methodically. It is expected that ultimately it produces balancing effect on vitiated

Vata Dosha. Considering all these factors, present work is planned which is safe, effective, economic, and patient friendly. Hence in this study an attempt is made to evaluate and compare the effect of *Agnikarma* and Interferential Therapy⁷ in *katigraha* w.s.r. to Lumbar Spondylosis

AIM OF THE STUDY

The aim of this study was to find out the effect of two different treatment approaches i.e. Inter Ferential Therapy and *Agnikarma with panchaloha Shalaka* in the management of *Katigraha* w.s.r. to Lumbar spondylosis.

OBJECTIVES OF THE STUDY

To review the literature related to *katigraha* as well as lumbar spondylosis.

To evaluate the effect of *interferential therapy* in the management of *katigraha*.

To evaluate the effect of *Agnikarma* and its role in *katigraha*.

To compare the effects of *Agnikarma & interferential therapy* in management of *katigraha*.

MATERIAL AND METHOD

In this work the main aim was to evaluate the comparative effect of *Agnikarma with panchaloha Shalaka* and *Inter Ferential Therapy in Katigraha W.S.R. Lumbar Spondylosis*. After the completion of the full treatment, the results were assessed by comparing the before treatment data with the after treatment data.

Research Design: Comparative clinical trial was conducted. The patients were assigned into 2 equal groups. i.e.

Group-A-- 15 patients were received. Interferential Therapy

Group-B-- 15 patients were received. *Agnikarma with panchaloha Shalaka*

Source of Data: Patients suffering from *Katishoola* were selected from camps,

Dept. of Shalyatantra O.P.D. of S.J.G. Ayurvedic Medical College and Hospital, Koppal, by preset inclusion and exclusion criteria.

Sample size & Grouping: A Minimum of 30 patients was taken for study, divided in two groups.

Group-A---15 patients were received Interferential Therapy.

Group-B---15 patients were received *Agnikarma with panchaloha Shalaka*.

EXCLUSION CRITERIA

- Non-mechanical causes of back pain (e.g., sciatica, systemic/visceral disease, pregnancy, spondylolisthesis, spinal stenosis, cancer, recent vertebral fracture).
- Degenerative Traumatic and congenital deformities of the spine.
- Regional Skin diseases.

INCLUSION CRITERIA

- Diagnosed c/o Lumbar spondylosis/*kati shoola*
- Patients aged between 30 to 60 years.
- Patient fit for *Agni karma* and Interferential therapy

DURATION OF STUDY: Total duration including follow up - 28 days

Group A

Inter ferential therapy - (25-50Hz)

Every day for 7 days (15 minutes)/day

Follow up - assessment was done on 14th & 21st & 28 th day

Group B

Agnikarma - Procedure on every 1st 3rd 5th 7th day

Follow up - assessment was done on 14th & 21st & 28 th day

Observation-

Diagnostic criteria- LS-SPINE X-RAY

Table .1 Over All Observation of 30 patients

	Group-A	%	Group-B	%	Total	%
Shoola/Pain	15	100	15	100	30	100
Pain during movement	04	27	02	13	06	20
Sthambha/Stiffness	15	100	15	100	30	100

Out of 30, all the patients (100%) of either group were having the history of KatiShoola.

In each Group out of 30, group A having 04 and group B having 02, totally 06

patients (20%) were having pain during movement.

15 patients (100%) in Group-A and 15 (100%) in group-B were having the history of *Sthambha*

Table .2 Result- over all 30 patients result

Overall Response After Treatment				
Response	GROUP A		GROUP B	
	No. Of Subjects	%	No. Of Subjects	%
Un changed	0	0%	0	0%
Mild Response	5	33%	1	7%
Moderate Response	10	67%	10	67%
Marked Response	0	0%	4	27%
Complete Response	0	0%	0	0%
Total	15	100%	15	100%

The table shows that 10 patients (67%) each had Moderate response in both groups. 4 patients (27%) showed marked improvent in Group B.

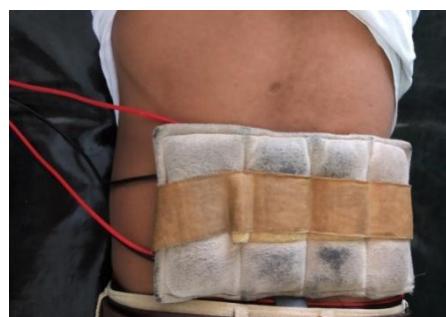
- Totally 30 patients were registered for the clinical trial and these patients were divided into 2 groups of 15 patients each.
- Group A recived IFT sessions of 15 minutes every day for 7 days.
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roup B received *Agnikarma* from *pancha loha shalaka* session on 1st, 3rd, 5th and 7 th day.

- The table shows that 10 patients (67%) each had Moderate response in both groups. 4 patients (27%) showed marked improvent in Group B.

These shows that Agnikarma offer Better improvement on shoola and sthambha in patients sufering Lumbar spondylosiss

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IFT SESSION



AGNIKARMA SESSION

DISCUSSION:

a) Probable Mode of Agni Karma on Shoola(Pain) -The pharmacodynamics of a therapy depends on its property like *Rasa*, *Guna*, etc. in terms of Ayurveda. It is primarily the *Dosha Shamaka* activity, which is used to correct the vitiated *Dosha* to reinstate the *Tri-Doshik* equilibrium i.e. the main aim of therapy. Agni Karma is stated as the ultimate therapy for those disorders which are not curable with other measure. Acharya Charaka and Acharya Sushruta have stated that when *Kapha* masks *Vyana Vata*, it gives rise to frequent restricted movement (Ch.Chi.28/228, Su.Ni. 1/39), that's why *Kapha* plays a role as *Anubandha* in manifestation of disease *Kati-Shoola*. Hence, when Agni Karma is performed by virtue of its *Ushna*, *Tikshna*, *Sukshma guna* it breaks the *avarana* of *VyanaVata* by *Kapha* and release the *Vata* to perform its normal functions, thus *Stambha*, *Ruk* and *Toda* like symptoms get subsided.

b) Probable Mode of Agni Karma on Stambha (Stiffness) –

In *Kati-Shoola*, *Stambha* (stiffness) is due to *Sheetguna* of *vata*. *Agni Karma* and *IFT* by its *VataShamaka* property rearranged the vitiated *vata* and in this way *Stambha* get subsides.

Here, the disease *Kati-Shoola* should be considered as a *Prakriti Samvet Samanvaya Vyadhi*, which means clinical features are similar to *Vyadhis Utapatikaraka Bhava*. Hence, to break the *Dosh-Dushyasamurchhana*, *Agni Karma* is an ideal modality of treatment for *Kati-Shoola*. When heat is given to any metal, which are good conductors of heat, they carry the heat from one end to another. During conduction of heat, some heat are stored in a part and slowly it is reached to

next part when any metal are heated for a sufficient duration. When a *Shalaka* is applied on skin tissue, stored heat is transferred from *Shalaka* to skin tissue in the form of *Ushna*, *Tikshna*, *Sukshma* and *Laghuguna*. *Ushnaguna* performs two functions, Firstly by stimulating i.e. *Utkleshana* of *Dhatvagni* and due to this action *Sama Dhatu* is digested and secondly *Ushnaguna* dilates the channels of *Srotas*, due to its *Srotavarodha* removed, which was formed by *Dosha-Dushya Samurchhana in Kha-vaigunya at Dhatu*.

CONCLUSION :The present study with the title “A Comparative Clinical Study on the effect of Inter Ferential Therapy and Agnikarma in Kati Graha w.s.r to Lumbar Spondylosis” can be concluded as follows, *Kati-Shoola* is a painful condition and so far there is no established treatment, Mainly *vatavyadhi* treatment is following for that. *Katishoola*. It is the disorder of *Vata* appearing at *katipradesa* having an intimate relationship with *Kapha* especially *sleshmaka Kapha* that is seated in *sandhi*. Lumbar spondylosis here compared with *Kati-Shoola*. Awareness to regulatory in postures and dietetic habits can prevent the *Katishoola*. Restoration of *Vata* by pacifying it can bring back to the normal stage of pathological state in *Katishoola*.

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Declared

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