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AGNIKARMA AS AN ADJUNCT THERAPY IN REFLEX SYMPATHETIC DYSTROPHY: A CASE REPORT

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ABSTRACT
A 41 year old female patient with known case of Reflex Sympathetic Dystrophy for 2 years and carpel tunnel syndrome since 20 years approached our hospital complaining of severe throbbing pain in right wrist joint irrespective of time which aggravates on mild activity. An intensity of 10 was recorded on visual Analogue scale. Case was diagnosed as Snayugata vaata as there is an involvement of Kapha and Vaata - patient was posted for Agnikarma.The procedure was performed seven times,with a one-day interval between each session.Pain gradually reduced(from 8 to 3 on VAS Scale).Samyak Dagdha lakshanas was achieved. No adverse effect were reported. Agnikarma could be used as a potent ,cheap and fast acting for acute pain conditions.
KEY WORDS : *Agnikarma,Reflex sympathetic Dystrophy.*

INTRODUCTION

Reflex Sympathetic Dystrophy is a disorder that causes lasting pain usually in arm, severity of pain is typically worsen than original injury itself. Exact cause of pain is unknown. It is also considered as one form of complex regional pain syndrome. Injury to sympathetic nervous system are the main cause for this syndrome. Symptoms of pain includes aching, burning sensation, deep throbbing pain. Diagnosis is based on physical examination and medical history. Investigations like MRI, nerve conduction, thermography test may be helpful in diagnosis[2]. Reflex Sympathetic dystrophy doesn't respond to treatment most of the time. So its only possible to relieve the symptoms by anti-inflammatory drugs and NSAIDS.

In Ayurveda were the *Samprapthi* leading to better understanding of the diagnosis. In this case due to *Vaata Prakopakara Nidana*,especially *Vishmashana Vegadharana,Ratri Jagarana* causes *Sirasnayu Sankocha* thus leading to the *Lakshanas* of *Snayugata vaata*[3]. As here *vaata* is the primary dosha involved. Agnikarma becomes an appropriate treatment of choice for this case. Acharya Sushruta stated *Agnikarma* to be better as it cures the disease which are not managed with *Bheshaja karma*, *Shastra karma* and *Kshara Karma*. The disease treated with proper *Agnikarma* has no chance of recurrence. This therapy is result oriented to *Vataja* and *Kaphaja* disorders, due to its *ushna, sukshma, asukari* guna it pacifies the *vaata kapha* dosa and removes *Srotavarodha*[4]. Patient is effectively relived from pain and other associated symptoms after *Agnikarama.*

CASE REPORT

History of present illness(*Pradhana Vedana evam avadhi)*.
A female patient of aged 41 years with a diagnosed case of Reflex sympathetic dystrophy. Not known case of Diabetes mellitus, Hypertension, thyroid disease apparently healthy before 2 years. Gradually she started experiencing stiffness and numbness on the right thumb finger which aggravates on activity. After 6 months she had met with road traffic accident followed by she developed pain on her right wrist joint which radiates to whole hand on any activities.

She visited nearby allopathic hospital where they had given NSAIDS for one month and referred for higher centre for surgical opinion. Their they have diagnosed as Reflex Sympathetic Dystrophy and they performed carpel tunnel release surgery. After 2 months of surgery she developed with swelling, stiffness and severe pain on the right wrist joint, with all these complaints patient she visited to Panchakarma OPD at SDM ,Hassan for further management.

History of Past Illness
Patient had a history of road traffic accident at 2024 and surgical history of carpel tunnel release surgery to above disease was found.

Family History- All family members are said to be healthy.

Personal History
Bowel -regular (2 times/day)
Appetite-Altered (Pramithasana)
Micturition -regular (3-4 times/day)
Sleep -disturbed due to pain
Diet -mixed

Samprapthi
Dosha :vaata pradhana kapha
Dushya: Rasa
Adisthana :Sira,Snayu
Srotas-Rasa,Rakta
Srotodushti-Sanga,Vimargagamana

On Examination -on the day of admission

General Examination
BP:130/80 Mmhg
PR:72/min

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RS: B/L Normal vesicular breathing sound
CNS: Conscious, oriented to time and place
On examination on the day of Admission

Specific Examination
Phalen's sign – Positive
Tinel's sign- Positive
VAS Score-10/10

Investigations
On MRI Findings swelling of the median nerve ,palmar bowing of flexor retinaculum.

Treatment:
Poorva karma : All precautions like general examination of patient should be done, the site should be clean, sterile and *Marma* points should be avoided.

Pradhana Karma
- By considering the severity of pain and stiffness - *Agnikarma* therapy was planned.
- *Agnikarma* with *Loha Shalaka* on tender points surrounding the wrist joint was done.
- Valaya type of *Agnikarma* was performed for *Mamsa ,Sira Dagdha*

Paschat Karma:
Madhu+Grita is applied on the area

Pathya Ahara* and *Vihara
Pathya Ahara- Patient is advised to take milk ,ghee and use hot water for all purposes.

To be avoided -*Vishamashana, Ratrijagarana,Vegadharana*
Vihara – To follow wrist and finger stretching manoeuvres.
To be avoided – Washing clothes, vessels and strenuous work.

Observation and Result
- After *Agnikarama* over the right wrist joint immediately after 5 min patient felt relief. Around 80% of pain was subsided.
- VAS Score: 3/10
- Tinel's sign- Negative
- Phalen's Sign: Partially Negative (pain on Stretching)

DISCUSSION
As the *Nidana* of the patient clearly suggests that longterm *Pramithashana,Ratrijagarana,Vegadharana*
Causes *Vaata Prakopa* and thus affecting directly the *Snayu*[5].

As a result she got the symptoms of *Snayugata Vata* where the surgical intervention also fails to provide a good relief for the patient.

In Ayurveda- The *Agnikarma* – plays an important role in pain management. As *Susrutha Acharya* says about the indications of *Agnikarma-Athi Ugra Ruja* is the word mentioned by the *Acharya* especially in the *Sthanas* of *Twak, Mamsa, Sira, Snayu, Sandhi, Asthi*- where in all these conditions *Agnikarma* becomes a prime most treatment out of all. As the severity of pain is more *Agnikarma* becomes more suitable *Chikitsa* even in *Atyayika* also. Out of 4 types of *Agnikarma Valaya* become the most appropriate in this case[6].

After *Agnikarma* where almost half of the symptoms got reduced for the patient. Then later further treatment protocols can be planned based on the patient condition.

CONCLUSION
In *Atyayika Avastha* -especially in case of pain, where even the NSAIDS are failing to give relief. In these cases our Ayurvedic treatment *Agnikarma* which is explained by *Acharya Sushruta* have the potency to reduce the pain and stiffness within several seconds to minutes[7].

Agnikarma can be selected as first line of approach for quick and immediate relief of the symptoms. Once after reducing the severity of the pain then the treatment protocol, *Chikitsa Sidhantha*[8] of the particular disease can be selected and can be adopted.

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