



ASSESSMENT OF THE ROLE OF AGNI KARMA AND RAKTAMOKSHANA IN THE MANAGEMENT OF COCCYDYNIA

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ABSTRACT

The present work aimed assessment of efficacy of Agni Karma and Rakta Mokshana in managing Coccydynia to provide an effective pain management therapy to those patients in whom other conservative management does not provide any relief. Total 15 (05 in each group) participants were randomly selected and divided in three groups i.e. A, B and C having treatment with Sitz Bath & NSAID, Agni Karma and Rakta Mokshana respectively. The evaluation was recorded on 0, 29, 43, 74, 120, 150, 180 days. The changes in assessment parameters were observed as per the selected criteria. Agni karma and Rakta mokshana were found to be effective therapies in Hypothyroidism.

KEYWORDS: *Agni karma, Rakta mokshana, Leech Therapy, Jalouka Avcharana, Panchdhatu Shalaka, Coccydynia, Trik Shoola.*

INTRODUCTION

Coccyx is the terminal portion of the vertebral column. It has its origin from Greek word "Kokkyx"^[1] (Cuckoo) as it resembles the beak of a cuckoo. Coccydynia is the term which refers to the painful coccygeal region. The patients suffering from coccydynia often complain of pain and local tenderness around the coccyx without having significant low back pain or radiation or referral of pain. Coccydynia patients have high incidence of concomitant low back pain as compared to general population. Usually, the pain is mostly associated with sitting and increases while rising from a seated position. A number of patients also feel a frequent need to defecate or pain during defecation. While others patients may report relief in their pain when they sit on their legs or on one buttock. Most commonly Internal or External trauma is the leading factor in causing Coccydynia. Backward fall is usually responsible for it whereas difficult child birth is the main cause for internal trauma. Repetitive or prolonged sitting on hard, narrow or uncomfortable surfaces leads to minor traumas. Degenerative joint or disc disease, hypermobility or hypomobility of sacrococcygeal joint, infectious etiology etc. are the most common causes of non-traumatic coccydynia. Association of neoplasms with coccydynia is rare. Its diagnosis is mainly clinical, imaging studies do help in evaluation and assessment. Radiographs taken

sitting and standing positions both prove to be more useful.

In Modern sciences, initially patients are managed by Sitz bath and NSAIDs. If by these patient do not get relieved then the patient has to go for other treatment modalities like shock wave diathermy, IFC, or Steroid injections or Surgery; which are costly, hard to approach especially by rural area patients and even not well established procedures for the disease. Correlational term for Coccydynia is hardly available in the literatures of Ayurveda. The most nearest term with which it can be correlated is Trik Shoola. Trik in Ayurveda is normally taken as Sacrum & Coccyx. Trik Sandhi is the Joint between Pelvic Bones and Sacrum. Acharyas mentioned Trik-Shoola as one of the symptom in some Vatavyadhis and SamanyaVata Shamaka Chikitsa is advisable in such symptoms or diseases.

The explanation which exactly matches to the Coccydynia is not found in Ayurvedic Literature. The nearest term which can be correlated with Coccydynia can be Trik Shoola. Various Acharyas has mentioned Trik Shoola as Symptom in some diseases and mentioned that it occurs because of vitiation of Vata Dosha.^[2-17]

After reviewing the previous studies and literature it is found that agnikarma and raktamokshana are very effective in managing pain especially in painful musculoskeletal disorders. But no work has been done till date on Coccydynia. And these two modalities can fill the existing gap between conservative and surgical management of Coccydynia and which can be cost effective, and easily available to all patients as these modalities require minimal setup and can be made available at rural level.

Agni Karma & Rakta Mokshana has been selected for Coccydynia because the spectrum of these two modalities is untouched till date by Ayurveda, both the modalities are best in pain relieving management in Ayurveda, till date no research in Ayurvedic Sciences has been done on this disorder.

OBJECTIVES

- To analyze the efficacy of Agni Karma, Rakta Mokshana and the standard protocol in Coccydynia.
- To compare the efficacy of Agni Karma, Rakta Mokshana and standard protocol in Coccydynia.
- To increase the spectrum of use of Agni Karma and Rakta Mokshana in pain management.

METHODOLOGY

Patients who are pre-diagnosed with Coccydynia or freshly diagnosed with Coccydynia from OPD & IPD of Department of Shalyatantra, Mahatma Gandhi Ayurved College & Research Center, Wardha were selected for the study. They were scrutinized on the basis of Inclusion and Exclusion criteria. During the course of selection and treatment a separate case proforma according to protocol was used for documentation. Written and informed consent were taken in set pattern. Participants were distributed randomly in the three groups and treatments were provided accordingly and data was analyzed statistically.

INCLUSION CRITERIA

- ❖ Patients between the ages of 20 years to 70 years.
- ❖ Patients who have taken conservative treatment for coccydynia either in the form of medicines/local steroid injection/ECSW therapy or any other therapy/ Coccygectomy, but are not relieved or are having recurrence.

EXCLUSION CRITERIA:

- Patients below the age of 20 years and above the age of 70 years.
- Pregnant Woman
- Patients having uncontrolled Diabetes Mellitus
- Immuno-compromised patients
- Local Malignancy
- Patients underwent any fresh surgery of low back of last 3 months.

GROUPING & INTERVENTIONS

Total 15 patients were divided into 03 groups (05 in each

group) as follows:

- ✓ Group A: Control Group treatment with Sitz Bath & NSAID = 05 patients
- ✓ Group B: Agni Karma with Panchdhatu Shalaka = 05 patients
- ✓ Group C: Rakta Mokshana with Leech Therapy = 05 patients

GROUP A: CONTROL GROUP

The patients were advised to take

- Sitz bath daily once in the morning for one month.
- NSAIDs in standard dose for 15 days after that S.O.S.
- Ring Pillow for one month

GROUP B: AGNI KARMA

The procedure was performed in three stages as *Purva Karma (Preoperative)*, *Pradhana Karma (Operative)*, and *Paschata Karma (Post Operative)* mentioned by Acharya Sushruta.

Purva Karma

- *Snigdha Picchila Annapana* (rice and curd) was given prior to the procedure in the breakfast.
- The patient was laid down in prone position, two pillows then placed under abdominal area and knees apart.
- The site of *Agnikarma* was washed with distilled water and was wiped with dry sterilized gauze and covered with a cut sheet.
- *Panchdhatu Shalaka* were heated up to red hot. *Ghritakumari* pulp, *Haridra Churna* was kept ready for dressing.

Pradhana Karma

- In Coccydynia *Agnikarma* of *Bindu* (dot) type - All pin head size was done at maximum tender site with the help of Red hot panchdhatu Shalaka. 2-4 dots was given according to the area involved.
- The minimum space was kept between two *Agnikarma* points to avoid overlapping of *Dagdha Vrana*.

Pashchata Karma

- After *Agnikarma*, fresh *Ghritakumari* pulp was applied on *Dagdha* to relieve burning pain.
- After 2-3 min., *Haridra churna* was applied on *Samyaka dagdha Vrana* and *vrana* site was covered with sterile gauze.
- Patient was observed for 30 min after procedure and advised *Pathyapathya* as mentioned in *Sushruta Samhita* until the healing of *Samyak Dagdha Vrana*.
- Patients were strictly advised not to allow water contact at *Dagdha Vrana* site for 24 hrs.

GROUP C: RAKTA MOKSHANA

The procedure was performed in three stages as *Purva Karma (Preoperative)*, *Pradhana Karma (operative)* and *Paschata Karma (Post Operative)* as mentioned by Acharya Sushruta.

Purva karma

- Leeches were taken out of their containers and put in the container containing turmeric water, so that they regain their natural vivacity and freshness and be ready for application.
- The patient was laid down in prone position; two pillows then placed under abdominal area and knees apart.
- The site of bloodletting was washed by distilled water and then wiped by sterilized gauze piece and covered with sterile cut sheet.

Pradhana karma

- Leeches was taken out from the jar, only one leech was used as area was small.
- It was applied on the desired spot with the help of a 5ml syringe, for this purpose plunger of syringe was removed. The leech was then placed in the barrel of syringe and the open proximal end of the syringe was placed on the area to be treated.
- When the leech starts feeding, the leech was then kept wet throughout the procedure.
- Patient was observed throughout the procedure for any itching, or redness on the bloodletting site or any other complication.

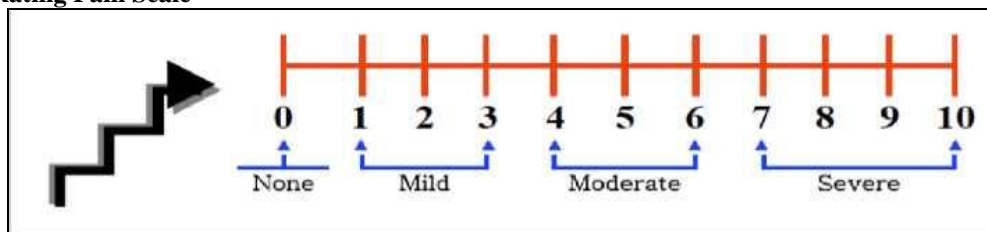
- Leech was separated by sprinkling haridra churna over its mouth after 30 min.

Pashchata Karma

- Patient's blood letting site was dressed with Haridra churna
- After falling off, the leeches they were placed in a tray having Haridra Churna and kept there till they vomit out maximum of the blood in the tray.
- Patient was observed for 30 min after procedure and was advised *Pathyapathya* as mentioned in Sushruta Samhita until the healing of *Samyak Dagdha Vrana*.

FOLLOW UP

- Patients were called next day in the OPD to review the procedure site.
- Follow up was made at the time of next sitting i.e. 7th day of previous sitting.
- Post treatment follow up was done on 7th day of last sitting (29th day of treatment), then 15th day of 1st Follow up (43rd day of treatment), then 1 month after 2nd follow up (74th day of treatment) approximately 2'A months.
- Then 3 telephonic/OPD (whichever is feasible) follow up were taken after 4th, 5th and 6th Month.

ASSESSMENT CRITERIA**Numerical Rating Pain Scale****STATISTICAL ANALYSIS**

Data will be analyzed at the end of the study by using paired student's paired 't-test'.

RESULTS AND DISCUSSION

Coccydynia is a not so common disease but can be highly unpleasant when it occurs, wide variety of treatment modalities are available for its treatment out of which conservative management is mainstay of treatment. Surgical treatment is opted in those patients who do not respond to it. However, optimal specific therapy is still a matter of debate and there is no final consensus. It has also been found that no previous work is done with any Ayurvedic Intervention on this debilitating disorder. Need of study mainly focus on establishment of effective line of therapy in Coccydynia.

Despite being identified hundreds of years ago, its treatment can be difficult many a times. Most of the patients gets recovered after conservative management like Medicines, and some other modalities like Extra Corporeal Shock Wave Therapy, Steroid Injections etc. but for some patients it becomes chronic and debilitating that it hampers their daily routine and they have to go for

Coccygectomy which has a major complication of wound infection. But till date as far as treatment of Coccydynia is concerned there is no satisfactory answer to it.

An exact incidence of Coccydynia is not known. Some literature reports that it accounts for less than 1% of all back-pain cases.^[1] In women it is found 5 times more as compared to the men. It may be because of the fact that in women the bone is more prominent as compared to men. Also, trauma during child-birth plays an important contributing role. The mean age of onset is 40 years of age, although it can occur over wide range of age. Higher body mass index, Obesity and Rapid weight loss are also contributing factors.

In Ayurveda, presently Coccydynia is being managed conservatively only by giving Vatahara Chikitsa and Avagahan (sitz bath). In Ayurveda, Agni karma and Rakta mokshana were considered for pain management in musculo-skeletal disorders. Lot of work has been done on various painful disorders of musculo skeletal origin and they have proved their efficacy in them. So, for the above purpose these two modalities were selected

in comparison with control group.

The finding of study suggested that all patients received

improvement after therapies (Agni karma and Rakta mokshana) and maximum benefits observed in case of Rakta mokshana as depicted in **Table 1**.

% of Improvement			
Group-A	<i>Complete Improvement</i>	<i>Moderate Improvement</i>	<i>No Improvement</i>
	20%	60%	20%
Group-B	40%	40%	20%
Group-C	60%	40%	00

CONCLUSION

Agni karma and Rakta mokshana can be used as effective therapies for the management of pain in musculo-skeletal disorders like Coccydynia.

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