



ROLE OF SUVARNA SHALAKA AGNIKARMA IN THE MANAGEMENT OF KATIGRAHA (LOW BACK PAIN): A CASE REPORT

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ABSTRACT

Background Katigraha, commonly correlated with low back pain, is one of the most prevalent musculoskeletal disorders affecting quality of life and daily activities. It is characterized by pain (Katishoola) and stiffness (Katistambha) in the lumbar region due to aggravated Vata Dosha. Sedentary lifestyle, improper posture, prolonged sitting, and faulty dietary habits contribute significantly to its occurrence. Modern management often provides temporary symptomatic relief and may produce adverse effects on prolonged use. Agnikarma Chikitsa, described by Acharya Sushruta, is considered an effective para-surgical procedure for pain management in Vata-Kaphaja disorders. **Aim** To evaluate the efficacy of Agnikarma Chikitsa in the management of Katigraha (Low Back Pain). Case Presentation A 29-year-old male patient presented with complaints of low back pain, stiffness, restricted lumbar movements, and difficulty in bending and walking since 7 days. Based on clinical features and Ayurvedic assessment, the condition was diagnosed as Katigraha. Agnikarma was performed over the affected lumbar region using Suvarna Shalaka by conduction method in multiple sittings. **Results** Significant reduction in pain, tenderness, stiffness, and restricted movements was observed after completion of therapy. Improvement in mobility and daily activities was noted without any adverse effects. **Conclusion** Agnikarma Chikitsa proved to be a safe, economical, and effective treatment modality in the management of Katigraha by providing rapid pain relief and functional improvement.

KEYWORDS : Katigraha, Low Back Pain, Agnikarma, Vatavyadhi, Musculoskeletal Disorders.**INTRODUCTION**

Musculoskeletal disorders (MSDs) are considered one of the major occupational health problems worldwide and are increasingly recognized as a global epidemic. These disorders significantly affect working ability, productivity, and quality of life. Low back pain is among the most common musculoskeletal conditions affecting individuals of all age groups. In Ayurveda, low back pain can be correlated with *Katigraha*, a condition characterized by *Katishoola* (pain) and *Katistambha* (stiffness) due to vitiation of Vata Dosha.^[1]

Modern lifestyle factors such as prolonged sitting, lack of exercise, stress, improper posture, excessive physical exertion, and faulty dietary habits contribute significantly to the manifestation of low back pain. Ayurveda explains that excessive intake of Ruksha, Sheeta, Laghu Ahara, Ativyayama, Ratrijagarana, Vegavidharana, and sedentary habits aggravate Vata Dosha leading to Katigraha.^[2]

According to Shodhala, Katigraha is caused when aggravated or Sama Vata localizes in the Kati Pradesh and produces pain and stiffness. Vata and Kapha are the principal Doshas involved in the pathogenesis.

Agnikarma is one of the important para-surgical procedures described by Acharya Sushruta for the management of painful disorders. Due to its Ushna, Tikshna, Sukshma, and Ashukari properties, Agnikarma helps in pacifying aggravated Vata and Kapha Dosha, relieves pain, reduces stiffness, improves local circulation, and enhances tissue metabolism.^{[3][4]}

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स्नायुसन्ध्यस्थिसंप्राप्ते कुर्यात्प्रायवत्तद्विद्वतः । सु. चि. 4/8

Agnikarma is widely indicated in various musculoskeletal disorders involving Snayu, Sandhi, Asthi, and Mamsa.^[5] Compared to prolonged use of analgesics and anti-inflammatory medications, Agnikarma offers a localized, economical, and OPD-based treatment modality with no side effects.

Hence, the present study was undertaken to evaluate the efficacy of Agnikarma Chikitsa in the management of Katigraha (Low Back Pain).

Case Presentation**Patient Information**

A 29-year-old male patient presented to the OPD with complaints of:

- Low back pain

- Stiffness in lumbar region
- Difficulty in bending and walking
- Restricted movements of lower back
- Pain aggravated after prolonged sitting and physical activity

Duration of complaints: 7 days

Past History: No history of hypertension, diabetes mellitus, trauma, or any major systemic illness.

Samanya Parikshan

Parameter	Findings	Parameter	Findings
Nadi	78/min	Shabda	Spashta
Mala	Samyak	Sparsha	Samashita Ushna
Mutra	Samyak	Drik	Prakruta
Jivha	Saam	Aakruti	Madhyam

Clinical Findings

- Pain in lumbar region
- Tenderness over lumbo-sacral region
- Restricted forward bending
- Stiffness in lower back
- Difficulty in prolonged standing and sitting
- Pain during movement

VAS Score: 7/10

Samprapti Ghataka

Component	Findings
Dosha	Vata, Kapha
Dushya	Rasa, Asthi
Upadhatu	Kandara, Snayu
Agni	Jatharagni, Dhatwagni
Srotas	Rasavaha, Asthivaha
Udbhavasthana	Pakwashaya
Vyaktisthana	Kati Pradesh
Rogamarga	Madhyama

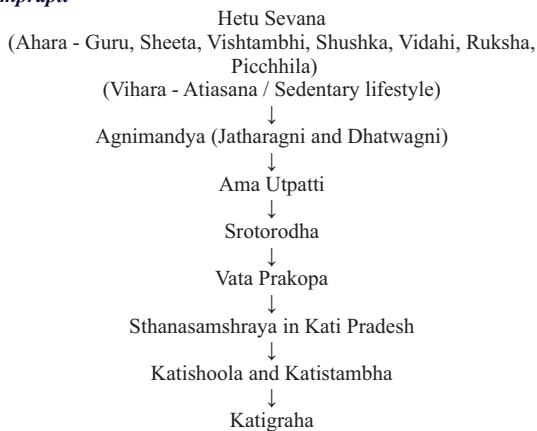
Anatomical Correlation (Kati Pradesh)

In Ayurveda, the Kati Pradesh refers to the lumbo-sacral region. The pathogenesis of Katigraha involves the vitiation of Vata and Kapha within specific anatomical structures (Dushya), which correlate directly with modern musculoskeletal anatomy:

Ayurvedic Term	Modern Anatomical Counterpart	Role in Katigraha (Low Back Pain)
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Asthi (Bone)	Lumbar vertebrae (L1–L5), Sacrum, and Pelvic bones	Bear the primary weight of the upper body. Degeneration or mechanical stress here triggers pain.
Sandhi (Joints)	Facet joints and Intervertebral discs	Provide flexibility and shock absorption. Stiffening of these joints correlates with Katistambha (stiffness).
Snayu (Ligaments/Tendons)	Anterior/Posterior longitudinal ligaments, ligamentum flavum	Provide structural stability. Vata vitiation leads to dryness and loss of elasticity in these tissues.
Mamsa & Kandara (Muscles & Fascia)	Erector spinae, multifidus, quadratus lumborum, and psoas major	Subject to spasm, inflammation, and fatigue due to poor posture or sedentary habits.

Samprapti



Diagnosis

Based on clinical features and Ayurvedic assessment, the condition was diagnosed as Katigraha (Low Back Pain).

Materials and Methods

Procedure: Agnikarma in Katigraha

Purva Karma

1. Written informed consent was obtained from the patient.
2. Detailed examination and identification of tender points over Kati Pradesh was performed.
3. The patient was made to sit comfortably exposing the Kati Pradesh.
4. The lumbar region was cleaned with sterile gauze and the tender points were marked.
5. All materials required for the procedure such as Suvarna Shalaka, candle, artery forceps, sterile gauze, and gloves were kept ready.

Pradhana Karma

1. The Suvarna Shalaka was held with the help of an artery forceps.
2. The blunt end of the Suvarna Shalaka was placed over the marked tender point in the Kati Pradesh.
3. The opposite end of the Shalaka was heated using candle flame to generate conductive therapeutic heat.
4. Conductive therapeutic heat was gradually transferred through the Shalaka to the affected site according to patient tolerance.
5. The Shalaka was then shifted to another tender point and the procedure was repeated over multiple points in the lumbar region.
6. Care was taken to avoid excessive heat and Atidagdha Lakshana.

Pashchat Karma

1. The patient was advised to avoid excessive strain, prolonged sitting, heavy lifting, and exposure to cold.
2. Agnikarma sittings were performed three times weekly for two consecutive weeks.
3. A total of six sittings were administered over a period of 15 days.
4. Final assessment was carried out on Day 15.

Precautions Taken

1. Proper temperature control of the heated Shalaka was maintained to avoid Atidagdha.
2. Strict aseptic precautions were followed.
3. The procedure was performed according to patient tolerance.

Observations

Sr. No.	Observations	Day 0	Day 7	Day 15
1	Pain	+++	++	+
2	Stiffness	+++	+	-
3	Tenderness	++	+	-
4	Restricted Movement	++	+	-

RESULT

Significant reduction in pain, stiffness, tenderness, and restricted movements was observed after completion of six sittings of Agnikarma over 15 days. Improvement in mobility and daily activities was noted without any adverse effects.

DISCUSSION

Katigraha is predominantly a Vataja disorder in which aggravated Vata localizes in the Kati Pradesh producing pain (Katishoola) and stiffness (Katistambha). Kapha association contributes to Stambha and restricted movements. Due to Vataprakopaka Ahara and Vihara, Vata Dosha becomes aggravated and localizes in the lumbar region resulting in pain, tenderness, and restricted mobility.

Agnikarma is an important para-surgical modality indicated in painful musculoskeletal disorders, especially those involving Vata and Kapha Dosha. The Ushna, Tikshna, Sukshma, and Ashukari properties of Agni counteract the Sheeta and Ruksha qualities of aggravated Doshas. The localized therapeutic heat stimulates Dhatwagni, reduces Srotorodha and Ama accumulation, thereby helping in relieving pain, stiffness, and restriction of movement.^{[6][7]}

Anatomically, this localized application of Agnikarma directly influences the paraspinal musculature and underlying fascial layers (Mamsa and Snayu), where the heat induces vasodilatation, thereby relieving the muscle spasms characteristic of Katigraha.

In the present case, Agnikarma was performed using Suvarna Shalaka by conductive method, which permits controlled transfer of therapeutic heat according to patient tolerance. Controlled heat conduction improves local circulation, reduces muscular spasm, enhances tissue metabolism, and promotes functional recovery of the affected region. Modern medicine also explains that therapeutic heat induces vasodilatation, improves blood circulation, relaxes musculature, and reduces pain and inflammation.^{[6][7][8]}

Suvarna Shalaka possesses good heat-conducting and heat-retaining properties, facilitating uniform and sustained delivery of therapeutic heat to the affected tissues. According to Ayurvedic principles, Agnikarma increases local tissue metabolism (Dhatwagni), facilitates removal of accumulated Ama and Dosha imbalance, minimizes Paka, and helps prevent recurrence of the condition.^{[6][9]} The procedure is relatively simple to perform in OPD settings, and generally well tolerated by the patient.^{[10][11]}

Following six sittings of Agnikarma over 15 days, marked improvement was observed in pain, stiffness, tenderness, and restricted movements, along with improvement in routine functional activities without adverse effects. Compared to prolonged pharmacological management, Agnikarma provides a localized, economical, and practical therapeutic approach with no systemic adverse effects.^[12]

Thus, the present case suggests that Suvarna Shalaka Agnikarma may be an effective therapeutic modality in the management of Katigraha and similar musculoskeletal disorders dominated by Vata and Kapha Dosha.

CONCLUSION

Agnikarma Chikitsa demonstrated significant effectiveness in reducing pain, stiffness, tenderness, and restricted movements in Katigraha. The therapy was safe, economical, easy to perform in OPD settings, and was not associated with adverse effects in the present case. The present case study highlights the potential of Agnikarma as an effective Ayurvedic management modality for low back pain and musculoskeletal disorders.

Patient Consent

Written informed consent was obtained from the patient prior to treatment and publication of clinical details.

Conflict of Interest

None declared.

REFERENCES

- 1) Vishal Aggarwal et al. A Critical analysis on the Ayurvedic aspect of Katigraha (Low Back Pain): A Review. Int J Res Ayurveda Pharm. 2020;11(2):109-112 <http://dx.doi.org/10.7897/2277-4343.110241>.
- 2) Charaka Samhita, *Chikitsa Sthana*, Chapter 28 – Vata Vyadhi Chikitsa.
- 3) Kaviraj Ambikadatta Shastri. *Sushruta Samhita with Ayurveda Tatva Sandipika*, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint Edition 2012.
- 4) Sushruta. *Sushruta Samhita*, Chikitsa Sthana, Chapter 12 – *Vatavyadhi Chikitsa*, Edited by Kaviraj Ambikadatta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2012.
- 5) Sushruta. Sushruta Samhita, Sutrashtana, Chapter 12, verse 10. Edited with Ayurveda-Tattva-Sandipika Hindi commentary by Kaviraja Ambikadutta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan; 2020. p. 52.
- 6) Tripathi B. Clinical Effectiveness of Agnikarma in Pain Management. Int J Ayurveda Pharma Res. 2015;3(7):26-28.
- 7) Ghanekar BG. Sushruta Samhita with Nibandha Sangraha Commentary. Varanasi: Meherchand Lachhmandas Publications; 2004.
- 8) Brukner P, Khan K. Brukner & Khan's Clinical Sports Medicine. 5th ed. McGraw-Hill Education; 2017.
- 9) Tiwari P.V. Ayurvediya Prasuti Tantra evam Stri Roga, Part 2. Chaukhamba Orientalia.
- 10) Vasava DB, Raushan R. Conductive Agnikarma with Suvarna Shalaka in Management of Tennis Elbow. J Ayu Int Med Sci. 2025;10(7):371-375.
- 11) Karanth SS, Masalekar S. A Case Study to Evaluate Agnikarma with Swarna Shalaka in the Management of Tennis Elbow. World J Pharm Life Sci. 2025;11(10):211-214.
- 12) Borkar M.A., Bhalerao J.S. Cost-effective pain management with Agnikarma: A clinical review. Journal of Ayurveda and Holistic Medicine. 2014;2(6):23-26.