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# CASE STUDY ON AGNI KARMA (DIRECT METHOD)

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#### **ABSTRACT**

Knee joint is heavily stressed joint in the body. It has two completely incompatible properties of stability and mobility. It heavily depends on quadriceps femoris and collateral ligaments for stability. Due to increasing number of accidents and sports injuries, knee tendon injuries are also increasing in number, which more commonly occurs in quadriceps tendon However, surgical reconstruction does not guarantee a previous level of activity. The quadriceps tendon is a coalescence of the tendinous portions of the rectus femoris, vastus intermedius, vastus lateralis, and vastus medialis muscles (the quadriceps). The muscle fibers from the quadriceps blend with its tendinous portion approximately 3 cm proximal to the superior border of the patella. In this single case study an effort has been made to manage knee tendon injury through Ayurvedic treatment. A 38 years old female suffering from Quadricips tendon injury in body was treated with Agni Karma and internal medicine. The duration of the treatment was 15 days, which provided relief from pain with noticeable improvement in the movement of knee joint.

**KEYWORDS:** Knee tendon injury, agni karma, Shamana treatment.

# INTRODUCTION

literature of Ayurveda Acharya Sushrutha had explained Sandhi as a site where there will be conjunction of bones and classified it into 8 types such as Kora, Ulukhula, Samudhga, Pratara, Tunasevani, Vayustund, Mandala, Shankavartha then while narrating the examples for Kora Sandhi as Anguli, Manibandha, Janu, Gulpha, Kurpura among which Janu Sandhi can be correlated to Knee Joint. The word meaning of Janu is given as convene point of Janga and Uru3. Janu Sandhi (Knee joint) is mentioned as site of Marma which is meeting point of Mamsa, Asthi, Sandhi, Sira and Snayu. Any sort of injury to this site will lead to severe symptoms like Khanjata (difficulty while walking).

#### SPORTS INJURIES IN KNEE JOINT

## 1. Sprain

- 1. Medial and lateral collateral ligament,
- 2. Anterior and posterior cruciate ligament11

#### 2. Tear of meniscus

Medial and lateral menisci may get tear.

#### 3. Strain

- 1. Quadriceps muscles
- 2. Hamstring muscles
- 3. Patellar tendon
- 4. Popliteal tendon

#### 4. Inflammation

Bursitis -Prepatellar bursitis, Infrapatellar bursitis.

#### **Tendinitis**

- 1. Patellar tendinitis
- 2. Hamstring tendinitis
- 3. Popliteal tendinitis

# **SYNDROMES**

- 1. Patellofemoral pain (severe to mild discomfort seemingly originating from the contact of the posterior surface of the patella with the femur)
- 2. Plica syndrome- when plica (an extension of the protective synovial capsule of the knee) becomes irritated, enlarged, or inflamed.
- 3. Iliotibial band syndrome (the continual rubbing of the band over the lateral femoral epicondyle resulting the area to become inflamed)
- 4. Hoffa's syndrome (sometimes after a forceful direct impact to the kneecap, the fat pad can become impinged between the distal thigh bone and the kneecap)

#### Fracture

A 38 years old female patient, housewife, living at Sardarnagar, ZINGABAI TAKLI NAGPUR; was suffering from knee pain. She came to Smt Shalini tai Meghe Ayurved College Bhandara. Patient came with

Hg, Pulse - 76/min, mild tenderness and swelling over

right knee joint region, no crepitus were found,

temperature over knee joint was normal, no redness was

found. MRI reports of right knee joint suggested

complaints of pain in right knee joint with difficulty in walking brusing over quad tendon. Patient was apparently normal before 15 days years. She had H/O fall from stair and after that her knee became painful and inflamed. At that time, she took treatment from local doctors, but didn't get satisfactory result, after that she took analgesics from her family doctor but didn't get relief, after that she consulted orthopedic doctor. On the basis of MRI findings doctor suggested for surgery. Patient refused to go for surgery and came to our OPD for further management.

O/E Prakruti- Vata-Kaphaja,

Wt. - 68kg, Height - 5.3ft, B.P.- 130/80 mm

# **Treatment Protocol**

lihament tear grade 1.

From 1-1-2024 to 15-1-2024 treatment was given to the patient at Kayachikitsa Department Shri KR.Pandav Ayurved College Nagpur. She was given treatment of agni karma Janu Basti Karma with Murivenna Taila for 15 days and during the treatment Pathya Ahara-Vihara was advised to the patient like wheat chapatti with ghee, Shira etc.; and told to avoid Ratrijagarana, Sheeta Aharavihara and over exertion etc.

### Treatment schedule

Drug	Kala	Anupana	Duration
1)Triflala gugglu	bd	Luke warm water	15days
2)Shatavari Chura,	bd	Luke warm water	15days
3)Kamdudha Rasa	bd	Luke warm water	15days

#### **4) Agni karma** ON 1 AND 7 DAY

According to Akruti: Bindu: Dot like shape

Place - Most tenderness point

Materials used for Agnikarma- Pancha Dhatu Shalakha

Sign and Symptoms	BT	After 7 days	ON 15 days
Pain	+++	++	-
Difficulty in Standing	+++	++	+
Tenderness at knee joint	+++	+	_
Movement	++	+	_

#### DISSCUSSION

Ligament tear can be symptomatically correlated with Sandhigata Vata. Ayurvedic points of view pathogenesis of Sandhigat Vata is as follows; Due to Abhighata (trauma) there will be Rasa, Raktadi Dhatu Dushti and Vata Prakopa which leads to Vikruti in Asthi, Sandhi, Snayu, Kandra and causes Sandhigata Vata.

According to Ayurveda, every *Dhatu* (tissue) has its own *Dhatvaagni* (digestive fire of tissues) for its *Poshan* (nourishment), if there is any *Dhatvaagni Vishamata* (deviation in digestive fire) it may lead to *Vikar* of that particular *Dhatu*. *Mamsaasthigata Pida* (musculoskeletal pain) might be due to *Mamsa* (muscle), *Meda* (fat), and *Asthidhatu* (bone) *Agnimandya*. In the process of *Agnikarma*, local heat therapy causes *Dhamaniprasaran* that increases the *Raktapravahan* of that *Sthana*, which is helpful in correcting *Dhatvaagnimandya*.

According to modern science, the heat therapy, which is given at the local or affected area increases the blood circulation with metabolism by causing vasodilation, increase in the elasticity of connective tissue, and exudation of fluid with increase in white blood cells and

antibodies. Local tissue metabolism rate is increased by warming, which helps in healing. As there is an increase in local metabolism, the waste products that are generated get excreted, which normalize the blood circulation, resulting in decreased intensity of pain. Heat may stimulate lateral spinothalamic tract, which causes stimulation of descending pain inhibitory fibers, which again causes release of endogenous opioid peptide that binds with the opioid receptors to substantia gelatinosa Rolandi, leading to inhibition of release of P-substance with blockade of transmission of pain sensation.

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