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## Preventive Ayurvedic Shalyakarma (Agnikarma, Raktamokshan, Jalaukavacharan, and Siravedhan) during Pandemic COVID-19 – A practical investigation.

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### ABSTRACT

*This is to report a single self case study of one of the author (Final BAMS-UG) student experiencing benefit of Ayurvedic Shalyakarma during working in Covid-19 Pandemic[1] as preventive and supportive treatment. Shalyatantra involves uses of various techniques or karma to facilitate surgical or para- surgical interventions and Anushalyakarma is one of them. Anushalyakarma means uses of Non-surgical instruments to perform surgical procedures- Agnikarma, Jalaukavacharan, Siravedhan, etc.[2] Anushalyakarma plays an important role in surgical interventions in Children and Adults who are afraid of weapons, and when there is no weapon nearby. Anushalya karma have been performed on Snayu(Mansaj) Granthi. It is a treatment of choice and preventive methodology during Pandemic. In this case Agnikarma is performed using Dr P.D Gupta's Panchdhatu Agnikarma Shalaka.[6]*

**Keywords:** *Shalyakarma, Anushalyakarma, Agnikarma, DR. P. D. Gupta Shalaka, Pandemic.*

### 1. INTRODUCTION

It is a single self case study of one of the Author having Snayu (Mansaj) Granthi on Anterior Aspect of Left Wrist Joint. Previously, Aspiration and Excision treatment have been performed but recurrency emerge. When performing Anushalyakarma, There no recurrency is seen.

The purpose of case study is to access the efficacy of Anushalyakarma on Snayu (Mansaj) Granthi. In Sushrut Samhita[2] all Shastrakarma and Anushalyakarma are grouped into -

Shastra karma,  
Agnikarma(A),  
Ksharkarma,  
Bheshajkarma,  
Raktamokshan karma(B)[5] .

A) Agnikarma is a Therapeutic Burn which involves use of Agni to cure various health ailments. Agnikarma imparts effects of sterilization and kills many pathogens effectively, that's why it is the main treatment modality in pandemic.[3]

(B) Jalaukavacharan mainly used to remove impure blood from the body[4]. Siravedhan is a procedure of Vene-section from a patient to cure or prevent from a disease. It is the only method of detoxification.[7]

### 2. CASE STUDY

**Chief Complaints :** Ganglion - 2008 (Left Wrist Joint) - Snayu (Mansaj) Granthi - Scar formed as Complications (2018) .

**History of Present Illness-** Author was having Ganglion on the Anterior aspect of Left Wrist Joint (2008) developed scar mark after past treatment done in year 2018. He was having Swelling, Discharge, Reddish-Brown Discoloration at that site. So for further management, He approached H.O.D Shalyatantra Department S.K.R Pandav Ayurved College and Hospital, Nagpur.

**Past History-** Patient has taken treatment from Non-medico in his village(2018). He applied locally ‘Lepan’(Application) at the site of Ganglion.

**Family History** – No Abnormality Detected.

### 3. LOCAL EXAMINATION

- 1) **Darshan** - Site- left wrist joint.  
 Reddish brown discoloration.  
 Darshan Pariksha can be correlated with Inspection.  
 Strav,  
 Abnormality on skin at site , Rashes , Scar Mark.
- 2) **Sparshan-** Does not elevate or get depressed. Irregular Surface.  
 Darshan Pariksha can be correlated with Palpitation.  
 Palpitation shows presence of Palpable Mass.  
 Rigidity on the Surface.
- 3) **Prashna** – No Vedana(Pain)  
 Strav.



Change in shape after Previous Treatment.

### 4. INVESTIGATION

FNAC, Haemogram, RT-PCR

### 5. DIFFERENTIAL DIAGNOSIS

**Snayu Granthi-** Snayu Granthi can be considered as a type of Mansaj Granthi. The symptoms of snayu Granthi are similar to those of Mansaj Granthi. The Mansaj Granthi are smooth, noble, large, painless. Snayu can be considered in Mansavaha strotas. That’s why, calculation of Snaya Granthi can be considered under Mansaj Granthi.

### 6. TREATMENT

The treatment modality adopted is Ayurvedic shalya karma (Anushalyakarma) and Agnikarma is performed by DR.P.D.Gupta Panchadhatu skalaka. The timeline of the case and duration and particular intervention place at Annexure Table 1.

Duration/ YEAR	Particular and Interventions
2008	Bhedan and Vistravan (Incision and Drainage) – Recurrancy Occurs
2015	Aspiration was done but recurrancy occurs.
2018	Local Application (Lepana) modality was done, then Scar Mark developed, Recurrancy occurs.
17/12/2020	Jalaukavacharan (First time). Recurrancy does not occur. Scar Mark remains same.
13/10/2021	At OPD of SKRPACH, Nagpur, 1 <sup>st</sup> Sitting of Siravedhan, Jalaukavacharan and Agnikarma.
22/12/2021	2 <sup>nd</sup> Sitting of Siravedhan, Jalaukavacharan, Agnikarma at OPD Of SKRPACH, Nagpur
21/01/2021	3 <sup>rd</sup> Sitting of Siravedhan, Jalaukavacharan, Agnikarma at OPD of SKRPACH, Nagpur

Annexure Table 1.



**7. METHODOLOGY**

A) **Purva karma (Pre-operative procedures)**- Consent was taken.Siravedhan and Jalukavacharan was done before the day of Agnikarka. Agnikarma was done after feeding the patient with Picchila diet. Examination of patient and shape of Mansaj Granthi was observed.

B) **Pradhana karma (operative procedure)**- The Patient was kept in suitable position by keeping head in East direction and held by expert assistance to avoid movement. After this, Bindu type Agnikarma was done on Snayu (Mansaj) Granthi by H.O.D Prof. DR. Reacha V. Deo.

c)**Paschat karma (Post-operative Procedure)** - After completion of Agnikarima Aloe Vera Gel was applied on the Part where Agnikarma has done for Ropana of Dogdha Vran.



**7. RESULT**

Observation	Before Treatment	After Treatment
1) Scar Mark	Present	Improvement seen
2) Colour	Dark Reddish Brown	Changes Seen
3) Discharge	Present	Absent
4) Vedana(Pain)	Absent	Absent
5) Shape	Irregular	Surface Reduced

## 8. DISCUSSION

- A. The Mansaj Granthi can be compared with Ganglion. Ganglion is a cystic swelling, non-concerous lump, painless and it dose not interfere in Joint Movement. It contains viscous fluid, surrounded by Fibrous capsule.
- B. The treatment of Granthi with Ayurvedic Methodology is found satisfactorily and also it is a Pocket Friendly and Financially affordable.
- C. Agnikarma in Granthi has shown good result. In addition, patient can work next day immediately after Agnikarma. It can be done even with less equipment. Anesthesia is also not required. After Agnikarma, there is no chance of re-occurrence of disease.
- D. Although the patient was working in COVID, nothing happened to the patient.
- E. Also, No internal medicines given to the patient.

## 9. CONCLUSION

- A. Granthi is a developmental malformation of Blood vessels and not a typical tumor.
- B. Agnikarma performed (By Dr. P.D. Gupta) Shalaka is very effective in Management of Snayu(Mansaj) Granthi.
- C. By doing this treatment, heat from shalaka passed into diseased Part and heat increases 'Dhatu Agni' (Tissue Enzyme) which produces 'Pachan' (Digestion) of the Doshas (only Vata and Kapha) which was the main root of disease.

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"Rashtra Hitaya Ayurveda! "

## 11. REFERENCES

- [1] Acharya Vidyadhar shukla, Charak Samhita Viman sthan 03/12-14 Chaukhamba Sanskrit pratisthan, Delhi. 2017 Reprinted. P- 570.
- [2] Shastri AD, Sushruta Samhita, Sutrasthan 08/15. Chaukhamba Sanskrit Sansthan, Varanasi : 2017 Reprinted. P-39
- [3] Shastri AD, Sushruta Samhita, Sutrasthan 12 Chaukhamba Sanskrit Sansthan, Varanasi : 2017 Reprinted. P-50
- [4] Shastri AD, Sushruta Samhita, Sutrasthan 13 Chaukhamba Sanskrit Sansthan, Varanasi : 2017 Reprinted. P-57
- [5] Shastri AD, Sushruta Samhita, Sharirsthan 08/22-23 Chaukhamba Sanskrit Sansthan, Varanasi : 2017 Reprinted. P-84
- [6] Prof. DR. P. D. Gupta- "Agnikarma" Technological Innovations, Prabha Publication, Nagpur.
- [7] Gogte TM, Gogte E. Article from Health Hnadbook for Common Man-Raktmokshan a miracle Journalists combine Safdarjung Enclave, New Delhi-First Ed. P- 339
- [8] Link for Website :  
<http://www.leechsurgery.info/>
- [9] Link for Treatment Video:  
<https://photos.app.goo.gl/pqMM2nrTiBVgshLR8>

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## BIBLIOGRAHY



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