



ISSN 2456-3110

Vol 6 · Issue 1

Jan-Feb 2021

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

# JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



**Charaka**  
Publications

Indexed

## A case study on management of Carpal Tunnel Syndrome (Manibandha Sandisthitha Snayugatha Vata) with Marmakkoottu Lepa and Agnikarma with Panchadhatu Shalaka

Dr. Srinivas Masalekar<sup>1</sup>, Dr. Sarika AK<sup>2</sup>

<sup>1</sup>Associate Professor, <sup>2</sup>Final Year Post Graduate Scholar, Department of Shalya Tantra, Govt. Ayurveda Medical College, Bangalore, Karnataka, INDIA.

### ABSTRACT

Carpal tunnel syndrome is an entrapment neuropathy caused by compression of median nerve as it passes through the carpal tunnel i.e., the space between the carpal bones posteriorly and the flexor retinaculum anteriorly.<sup>[1]</sup> The compression can be caused by skeletal abnormalities, swelling of other tissues within the tunnel or thickness of the retinaculum. The condition is common in middle aged women at the menopause. In younger patients the cause may be rheumatoid disease, pregnancy or tenosynovitis. It is a condition that causes pain, numbness, tingling, and weakness in the hand and wrist.<sup>[2]</sup> Carpal tunnel syndrome has fast growing annual incidence rate of 5 to 50 per Ten thousand populations. Modern treatment for this condition includes injecting hydrocortisone into flexor sheaths at the carpal tunnel, wearing cock-up splint and longitudinal division of the flexor retinaculum.<sup>[3]</sup> On the basis of structures involved and features of carpal tunnel syndrome this condition can be correlated with *Snayugata Vata Vikara* which affects tendons ligaments and nerve. Among the treatment modalities mentioned by *Ayurveda*, *Agnikarma* and *Alepa* with *Marmakkoottu Lepa* are taken up for study. In *Agnikarma* a strong stimulus is given to reduce the pain. *Alepa* improves local tissue metabolism, reduces inflammation and relaxes musculature.<sup>[4]</sup>

**Key words:** Carpal Tunnel Syndrome, Median Nerve, Agnikarma, Alepa, Marmakkoottu Lepa.

### INTRODUCTION

Carpal Tunnel Syndrome is a compressive neuropathy due to chronic inflammation of Flexor Retinaculum which cause compression to median nerve and associated structures. The syndrome is however common in menaopausal women, rheumatoid arthritis, in pregnancy osteoarthritis, myxoedema and malunited Colle's fracture. In rheumatoid arthritis

there may be chronic inflammatory thickening of the tendon sheaths with increase in bulk.<sup>[5]</sup> The history is most helpful in making the diagnosis. The condition produces pain, paresthesia, numbness and restricted movements of wrist joint and to the lateral three and half fingers of the hand.<sup>[6]</sup> Night after night the patient is woken with burning pain, tingling and numbness. Hanging the arm over the side of the bed, or shaking the arm may relieve the symptoms. In advanced cases there may be clumsiness and weakness particularly with tasks requiring fine manipulation such as fastening buttons.<sup>[7]</sup>

Sensory symptoms can often be reproduced by percussing over the median nerve (Tinel's sign) or by holding the wrist fully flexed for a minute or two (Phalen's test). In late cases there is wasting of thenar muscles, weakness of thumb abduction and sensory dulling in the median nerve territory.<sup>[8]</sup>

*Snayugata Vata* mentioned in *Vataja Nanatmaja Vyadhi* when affects *Manibandha Sandhi* produces

#### Address for correspondence:

Dr. Sarika AK

Final Year Post Graduate Scholar, Department of Shalya Tantra, Govt. Ayurveda Medical College, Bangalore, Karnataka, INDIA.

E-mail: drsarikakumar@gmail.com

Submission Date: 14/01/2021

Accepted Date: 08/02/2021

#### Access this article online

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Website: [www.jaims.in](http://www.jaims.in)

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symptoms like *Toda*, *Bheda*, *Manibandha Sandhi Shoola*, *Hasta Shoola Sthambha* and *Supti*.<sup>[9]</sup> So this condition can be correlated with Carpal Tunnel Syndrome. The treatment modalities like *Agnikarma* with *Sneha*, *Lepa*, *Upanaha* and *Unmardana* have been advised in this condition.<sup>[10]</sup>

*Agnikarma* is a parasurgical procedure which has been well-described in *Ayurveda*. Procedure of *Agnikarma* involves thermal micro-cauterisation using a specialised mettalic instrument called *Agni Shalaka*. This is a highly effective treatment for musculoskeletal diseases providing quick relief without side effects or complications. It is minimally invasive, cost effective procedure that can reduce the need for surgical interventions.

*Alepa* helps to reduce pain inflammatory swelling, improves local tissue metabolism and relaxes local musculature.<sup>[11]</sup> *Marmakkoottu Lepa* mentioned in *Sahasrayoga* can be used in this condition.

The present study was conducted on a female patient aged 50 yrs. After thorough clinical and physical examination patient was diagnosed with carpal syndrome three months back. Daily application of *Marmakkoottu Lepa* for 20mins for 21days followed by *Agnikarma* using *Panchadhathu Shalaka* on 1<sup>st</sup>, 8<sup>th</sup> and 15<sup>th</sup>day was adopted.

## CASE STUDY

Patient is a 50 year old female, visited the out patient dept. With history of weakness in the Right Upper Limb with tingling sensation and numbness in right hand with involvement of thumb, index and middle finger since three months. Patient was apparently normal 3 months back. The complaint started when the patient started working in an umbrella manufacturing unit. Gradually she noticed some kind of weakness in the right hand which was associated with pain, tingling and numbness with thump, index finger and middle finger involvement. The patient described the pain as pins and needles and the discomfort gets worsened as she does repetitive hand movements. The pain was marked as 7/10 on a visual analogue scale. It was reported that the pain

was relieved with massaging hands. Patient denies any recent fall or trauma to the involved extremity. Patient attained her menopause at the age of 47. Phalens maneuver was performed and reveals significant weakness in patient's right hand. Tinel's test was conducted and it showed a positive result. Nerve conduction study was suggestive of Carpal Tunnel Syndrome of Grade 5 (severe) on right side and Grade 1 on left side. On the basis of all these findings the patient was diagnosed with Carpal Tunnel Syndrome.

## MATERIALS AND METHODS

The patient was subjected to *Agnikarma* followed by *Marmakkoottu Lepa* to manage Carpal Tunnel Syndrome.

### Preparation of the Yoga

#### *Marmakkoottu Lepa*<sup>[12]</sup>

Consists of *Thavaksheera*, *Svetasarja*, *Kanyasara* and *Ahiphena* as ingredients. All these drugs are powdered and mixed together with *Kanyaswarasa* to prepare the paste. Warm *Goghrita* was added to the paste at the time of application of *Lepa*.

### Procedure

After taking written consent, *Agnikarma* was done following the standard procedure as explained in the text. The site was applied with *Panchavalkala Kwatha* and wiped with sterilised gauze piece. Three most tender points were selected and red hot *Panchadhathu Shalaka* was applied over this area. During the entire procedure, a swab soaked in *Kumari Swarasa* was applied after making each dot. This was done on 1<sup>st</sup>, 8<sup>th</sup> and 15<sup>th</sup> day during the study followed by application of *Marmakkoottu Lepa* for 20 minutes for 20 days.

## RESULT AND DISCUSSION

There was a 65% reduction in all the signs and symptoms expect for phalens test and tinel sign. Carpal Tunnel Syndrome (*Manibandha Sandhi Sthitha Snayugata Vata*) produced by vitiated *Vata Dosha* with or without *Anubandha* of *Kapha*. So *Agnikarma* is considered as the most preferred therapy to pacify

these *Doshas*. Strong stimulus by *Agnikarma* reduces pain. *Alepa* used here is *Sopha Vedanapaha*.

## CONCLUSION

The combination of *Agnikarma* and *Alepa* is found effective in the management of Carpal Tunnel Syndrome and this can be prescribed further considering its effectiveness and safe therapeutic regimen for Carpal Tunnel Syndrome.

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**How to cite this article:** Dr. Srinivas Masalekar, Dr. Sarika AK. A case study on management of Carpal Tunnel Syndrome (Manibandha Sandisthitha Snayugatha Vata) with Marmakkoottu Lepa and Agnikarma with Panchadhatu Shalaka. J Ayurveda Integr Med Sci 2021;1:308-310.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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