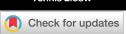
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Case Report

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# Case Study of Conductive Agnikarma with Suvarna Shalaka in management of Tennis Elbow

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Prakrut Vata responsible for Gati(movements) in our body and Vyana Vayu playing key role. While Vikrut Vata causing Shula(pain), Stambha (stiffness) and disturbs body movements function. If vitiated Vata get Sthansamshraya in Snayu of Kurpara Sandhi by Vata Vardhak Ahara and Vihar its leads to Shula, Stambha, difficulty in gripping by wrist which are the symptoms of Snayughata Vata. This condition can be co-related with Tennis elbow, also known as lateral epicondylitis is condition linked to over use and muscle strain of the wrist and arm. But the cause is not well understood. The forearm muscle and tendons become damaged from over use, repeating the same motion again and again, which leads to pain & tenderness outside of the elbow and restricted movement of forearm which require treatment for long time. Treatment for this, typically anti-inflammatory analgesic drug steroids injection, physiotherapy, exercise etc and in some cases surgery, But none of these provide satisfactory result. Prolonged use of anti-inflammatory medications, pain relievers, and steroid injections for tennis elbow can lead to adverse effects. A "wait-and-see" approach is often recommended in medical quidelines, focusing on conservative management before considering more invasive treatments Acharya Susruta mention Agnikarma in condition of Ruja (pain) in Snayu (tendon), Mamsa (muscle), Sandhi (joint), Asthi (bone) etc. Hence in this study Conductive Agnikarma with Suvarna Shalaka with Yogaraja Guggulu and tab Ashwagandha in management of Snayugata Vata. An ancient natural pain management and enhanced joint mobility with used of Agnikarma Chikitsha with Suvarna Shalaka.

Keywords: Snayugata Vata, tennis elbow, conductive Agnikarma technique, Suvarna Shalaka

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Note



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## Introduction

Ayurveda, Vata Dosha aoverns (movements) in our body and Vyana Vayu playing a crucial role in joint mobility. When Vata Dosha is aggravated due to Atichesta, Ativyayam etc. and get Sthansmshraya in Snayu of Kurpara Sandhi by Vata Vardhak Ahar and Vihar its leads to Shula (pain), Stambha (stiffness), difficulty in gripping by wrist and the other side Samprapti also here that Sandhi is the Sthana for Kapha and here Vyana Vayu get obstructed by the Kapha can disrupt smooth functioning of Kurpara Sandhi (elbow joint) and Hasta Pradesha (forearm) leading to pain and impaired movement. Thus, it is also regarded as a significant contributing factor for the manifestation of S. Vata.

स्रायुप्राप्तः स्तम्भकम्पौ शूलमाक्षेपणं तथा ।। (सु.नि.२७)

गुरूणि सर्वगात्राणि स्तम्भनं चास्थिपर्वणाम् ।

लिङ्गं कफावृते व्याने चेष्टास्तम्भस्तथैव च ।।(सु.नि.३९)

This condition can be co related with Tennis elbow, also known as lateral epicondylitis, is caused by inflammation of the tendons attaching the extensor muscles of the forearm to the lateral epicondyle, leading to pain and discomfort on the outer elbow. But the causes are not well understood. The forearm muscle and tendons become damaged from overuse, repeating the same motion again and again, which leads to pain & tenderness outside of the elbow and restricted movement of forearm which require treatment for long time. Tennis elbow affects about 1-3% of the general population, with higher incidence rates seen in younger adults and those between 30-60 years old. Notably, women aged 42-46 have a significantly higher incidence, reaching up to 10%. Tennis elbow, once thought to primarily affect athletes like tennis players, is now recognized to impact a broader range of individuals, particularly those with occupations involving repetitive arm movements. This includes people like painters, plumbers, carpenters, drivers, cooks, and butchers who often experience strain on their elbow tendons due to the nature of their work. The dominant arm is more prone to developing tennis elbow due to increased usage and repetitive strain, making it significantly more often affected than the non-dominant arm. This condition can be diagnosed using specific tests, including Cozen's Test, Maudsley's Test, Mill's Test, and the Lateral Epicondylitis Test,

Which help identify lateral epicondylitis based on pain responses during specific manoeuvres.

Treatment for this, typically anti-inflammatory analgesic drug steroids injection, physiotherapy, exercise etc and in some cases surgery. But none of these provide satisfactory result. Prolonged use of anti-inflammatory medications, pain relievers, and steroid injections for tennis elbow can lead to adverse effects. A "wait-and-see" approach is often recommended in medical guidelines, focusing on conservative management before considering more invasive treatments. According to Ayurveda, Acharya Sushruta recommends treatments like Snehana (oleation), Upanaha (poultice), Agnikarma (thermal therapy), and Bandhana (bandaging) for S. Vata. Agnikarma is particularly noted for providing instant relief and potentially preventing recurrence if performed correctly.

## Case Report

- A 31-year-old female non diabetic, non-hypertensive patient having *Kapha-Vata Prakriti* came to in OPD NO. 14 of *Shalya Tantra* department at GACH Patna with complain of *Shula* (pain), *Stambha* (stiffness), restricted movements and difficulty in gripping by right hand for more than 6 months.
- The patient, a nurse by profession with regular exposure to physically demanding tasks in a hospital setting reported no significant trauma history apart from occasional heavy lifting at work.
- Clinical examination revealed positive Cozen's, Maudsley's and Mill's tests on the right side, with tenderness at lateral epicondyle of right elbow which confirming lateral epicondylitis.
- Patient taking analgesic medication for pain relief, but it gives temporary relief only so she came here for ayurvedic management.
- All routine blood investigation ware carried out which seems normal.
- HIV, HbsAG and HCV test result also negative.
- Xray elbow joint also carried out which are also normal.

#### **General examination**

Pulse: 78/min Temp:98.70°F

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BP: 130/90mm of hg

RR: 21/min. Kshudha: Prakrut Nidra: Samyak Mala: Samyak Mutra: Samyak

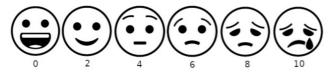
Muscle power: Not affected significantly - grade V.

Dosha: Vatapradhana Kapha Dushya: Rasa, Mamsa, Snayu

Srotas: Rasa, Rakta, Mamsa, Meda, Asthi

Srotodusti: Sanga Sthana: Kurpara Sandhi

#### **Clinical examination**



No Hurt

Hurts

Hurts Hurts Little Bit Little More Even More

Hurts Whole Lot

Hurts Worst

Pain score: 08 before treatment

#### Table 1:

| Test Name                       | Test Result |          |
|---------------------------------|-------------|----------|
|                                 | Positive    | Negative |
| Cozen's Test                    | +           |          |
| Mill's Test                     | +           |          |
| Maudsley's Test                 | +           |          |
| Palpation of Lateral Epicondyle | +           |          |

Following a thorough assessment and examination, the patient was prescribed a Agnikarma with Oral medication of tab Ashwagandha and Yogaraj Guggulu and advice to avoid lifting heavy weight during procedure plan involving Agnikarma and oral medication.

#### Intervention

Table 2:

| SN | Intervention    | Туре      | Application | Dosage                                    |
|----|-----------------|-----------|-------------|---|
| 1. | Agnikarma       | Procedure | Local       | 4 sitting                                 |
| 2. | Yogaraj Guggulu | Drug      |             | 1gm BD after food with luke<br>warm water |
| 3. | Ashwagandha tab | Drug      | Oral        | 2 tabs with milk after food               |

With a short course of treatment, the patient experienced significant relief from 1st sitting in pain and a noticeable increase in gripping strength in the affected hand, all without any adverse effects.

#### **Procedure**

After taking written informed consent, Agnikarma was done.

Patient was allowed to sit comfortably instructed to bend the elbow at 90 degrees with pronated forearm.





Most tender points were marked using a pen or marker, the affected part was cleaned with Panchavalkala Kashaya and wiped up with sterilized gauze piece. The Agnikarma has been done at maximum tender point at region of lateral epicondyle with Suvarna Shalaka. The Suvarna Shalaka was grasped with artery forceps, and its Bindu end was positioned at the Agnikarma site. The opposite end of the *Shalaka* was then subjected to flame from a candle, generating a steady, conductive heat. As the heat became unbearable, the Shalaka was relocated to another site.

In Post procedure - Agnikarma, fresh Aloe vera pulp was applied to prevent burning, followed by topical application of coconut oil with Haridra powder starting the next day, twice daily to prevent scarring. The patient was advising to not to expose the Agnikarma site to water for 24 hours. Post-Conductive Agnikarma using Suvarna Shalaka yielded favourable outcomes, with minimal scarring observed in most cases. This technique proved advantageous over direct Agnikarma, with four weekly sessions administered to this patient for complete relief in pain and stiffness.

## Result



Pain score: 02 after treatment

Table 3:

| Test Name                       | Test Result |          |
|---------------------------------|-------------|----------|
|                                 | Positive    | Negative |
| Cozen's Test                    |             | +        |
| Mill's Test                     |             | +        |
| Maudsley's Test                 |             | +        |
| Palpation of Lateral Epicondyle |             | +        |

## Discussion

According to Ayurveda, this condition likely arises from an imbalance of Vata, accompanied by Kapha specifically in that case Vyan Vayu was obstructed by Kapha. The Vata and Kapha Dosha having key role in causing inflammation and pain with stiffness and heaviness and here its hampers the activity of Kurpar Sandhi and Sandhi is Sthan of Shleshak kapha. Agnikarma treatment was used to pacify the imbalanced Vata and Kapha, leveraging its Ushna (hot), Tikshna (sharp), and Asukari (quick-acting) properties to alleviate inflammation and pain.

- 1. Ushna (Heat): Agni karma's heat helps liquefy and break down Kapha's heavy, oily nature, making it easier to eliminate and reducing Vata,s Sheeta and Ruksha
- 2. *Tikshna* (Sharpness): The sharp quality of *Agnikarma* penetrates deep into tissues, helping to clear blockages and restore balance and relieving *Shula* (pain) and stiffness.

- 3. Sukshma (Subtlety): Agni karma's subtle nature allows it to reach minute channels and clear subtle blockages.
- 4. Ashukari (Fast Action): Agnikarma's rapid action helps quickly remove excess Kapha accumulation and reduce swelling and heaviness imbalances and rapidly improving mobility and reducing stiffness.

Agnikarma procedure aids in promoting muscular relaxation. Agnikarma has the potential to activate the sensory receptors in muscles, transmit a signal to the brain, and cause the pituitary gland to release endorphins. These endorphins then attach to opiate receptors in pain cells to block pain impulses. Like morphine and other opiates, endorphin is a naturally occurring neuropeptide that has a strong tendency to attach to the brain's opiate receptors on pain cells.

The application of thermal energy to tissues activates the body's thermostatic centre, prompting vasodilation and increased blood flow. This results in muscle relaxation and a subsequent decrease in muscle spasms, inflammation, and pain.

## **Conclusion**

Conductive Agnikarma with Suvarna Shalaka offers a promising alternative to traditional direct Agnikarma, enhancing patient comfort and minimizing scarring. using Suvarna Shalaka yielded favourable outcomes, with minimal scarring observed. This technique proved advantageous over direct Agnikarma. Agnikarma stands out as a highly effective treatment, offering instant pain relief due to its potent action, surpassing other surgical and parasurgical procedures.

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