

## 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 guidelines, 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 Chikitsa with Suvarna Shalaka.

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

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## Introduction

"In *Ayurveda*, *Vata* Dosha governs *Gati* (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 *Sthansmsraya* 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*.

सायुप्राप्तः स्तम्भकम्पौ शूलमाक्षेपणं तथा ॥ (सु.नि.२७)

गुरुणि 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 were 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

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



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	Type	Application	Dosage
1.	Agnikarma	Procedure	Local	4 sitting
2.	Yogaraj Guggulu	Drug	Oral	1gm BD after food with luke 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 and 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 *Panchavalka 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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