



ISSN 2456-3110

Vol 3 · Issue 5

Sep-Oct 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Role of *Panchakarma* in the management of Carpal Tunnel Syndrome - A Review

Dr. Suresh N. Hakkandi,¹ Dr. Manjunath Akki,² Dr. Snigdha Rani Patra³

¹Professor & HOD, ²Professor, ³Post Graduate Scholar, Dept. of Panchakarma, Shree Jagdguru Gavisiddeshwara Ayurvedic Medical College, Koppal, Karnataka, INDIA.

ABSTRACT

Carpal tunnel syndrome is a common condition that causes pain, numbness and tingling in the hand and arm. The condition occurs when one of the major nerves of the hand, the median nerve is squeezed or compressed as it travels through the wrist. In most patients, carpal tunnel syndrome gets worsen over time, so early diagnosis and treatment are important.^[1] If CTS (carpal tunnel syndrome) left untreated, symptoms can last a long time and get worsen. Carpal tunnel syndrome cannot be compared directly to any of the disease in Ayurveda. But to some extent we can compare CTS to *Jhinhini Vata* described in *Chakradatta*.^[2] And in later stage when CTS is left untreated the pain and numbness radiates from hand to forearm and arm, at that stage we can compared it with *Vishwachi* (Brachial neuralgia).^[3]

Key words: Carpel Tunnel Syndrome, Jhinhini Vata, Vishwachi, Panchakarma, Siravyadha.

INTRODUCTION

Hastameva Pradhanatam - Hands are one of the most important part of the body. All most all the works are done by the hands only. *Karmendriya Hani* - Anything that affects the hands, means hamper in the daily routine activity. Carpal tunnel syndrome is such a disease which affects the hands. It is one of the Entrapment diseases. The main symptoms are pain, numbness and tingling in the thumb, index finger and the thumb side of the ring finger (i.e. through out the course of median nerve). Symptoms typically start gradually and during the night. Pain may extent upto

arm.^[4] Weak grip strength may occur, and after a long period of the time the muscles at the base of the thumb may waste away.^[5] In more than half of cases, both sides are affected.

Anatomy of Carpal Tunnel

The carpal tunnel is a narrow passage way in the wrist, about an inch wide. The floor and sides of the tunnel are formed by small wrist bones called carpal bones (Scaphoid, Lunate, Pisiform, Triquetrum, Hamate, Trapezoid, Capitate and Trapezium). The roof of the tunnel is a strong band of connective tissue called the transverse carpal ligament. Because these boundaries are very rigid, the carpal tunnel has little capacity to "stretch" or increase in size.^[6]

Anatomy of Median Nerve

The median nerve is one of the main nerves of the hand, arising from the Brachial Plexus. The brachial plexus is a networking of spinal nerves formed by Cervical C5 - C8 and T1. Brachial plexus is responsible for cutaneous (sensory) and muscular (motor) innervation of entire upper arm. Apart from median nerve there are 4 more nerves, arises form Brachial plexus i.e.

Address for correspondence:

Dr. Suresh N. Hakkandi

Professor & HOD, Dept. of Panchakarma,
Shree Jagdguru Gavisiddeshwara Ayurvedic Medical College,
Koppal, Karnataka, India.

E-mail: sureshhakkandi@gmail.com

Submission Date: 24/08/2018 Accepted Date: 28/09/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v3i5.13841

- Axillary nerve
- Musculo-cutaneous nerve
- Radial nerve and
- Ulnar nerve

The median nerve originates from the lateral and medial cords of the brachial plexus and has contributions from ventral roots of C5 - C6 (lateral cord) and C8 - T1 (medial cord). After originating from the B.P. in the axilla, the median nerve descends downward the arm and enters to the forearm via Cubital fossa. It gives rise to two major branches in the forearm.^[7]

- Anterior interosseous nerve
- Palmar cutaneous nerve

Then it enters to the hand via the Carpal tunnel. The median nerve is the only nerve that passes through the carpal tunnel. Here it terminates by dividing into two branches.^[7]

- Recurrent branch
- Palmar digital branch

Carpal Tunnel Syndrome

Compression of the median nerve within the carpal tunnel can cause carpal tunnel syndrome (CTS). It is the most common mononeuropathy and can be caused by thickened ligaments and tendon sheaths. Its aetiology is most often idiopathic. It's mainly affects the person working in computer, shuttle, and tennis players, housewives. If left untreated, CTS can cause weakness and atrophy of the thenar muscles.^[8]

Clinical Features

Clinical features include numbness, tingling sensation, and pain, in the distribution of the median nerve. The pain will usually radiate to the forearm. Symptoms are often associated with waking the patient from their sleep and being worse in the mornings.^[8]

Physical Examination^[9]

Tinel's Test

The median nerve is compressed at the wrist; Tinel's sign is often "positive" causing tingling in the

thumb, index, middle finger and the radial half of the fourth digit. Which confirms the carpal tunnel syndrome.

Phalen's Sign Test

Holding the wrist in flexion in front of the body for 60 seconds to elicit numbness/pain in median nerve distribution.

Two Point Discrimination Test

This test is used when severe carpal tunnel syndrome is suspected. It is not very accurate for mild carpal tunnel syndrome.

Treatment plan according to Ayurveda

Carpal tunnel syndrome cannot be compared directly to any of the disease in Ayurveda. But to some extent we can compare CTS to *Jhinjhini Vata* described in *Chakradatta*.^[2] And in later stage when CTS is left untreated the pain and numbness radiates from hand to forearm and arm, at that stage we can compare it with *Vishwachi*^[3] (Brachial neuralgia).

Acc. to *Acharya Charaka* it is very difficult to give a name to all diseases. If a good physician is not able to give a name to a disease then he should not feel shy, because it's impossible to name all diseases. But all the diseases are due to *Kupita Doshas* and their *Sthana Samshraya* in different places. That's why the diseases should be treated acc. to their *Prakruti, Adhithana, Vyaktasthana* and *Lakshanas*.^[10] Carpal tunnel syndrome can also be considered as *Anukta Vyadhi*, so it should be treated acc. to its site of involvement, *Doshas* involved, and the symptoms present.

1. The *Marma* present at the periphery is *Rujakara Marma*. The CTS mainly involves the wrist i.e. *Manibandha*, which comes under the category of *Rujakara Marma*. When it is affected it produces pain, so the treatment is based on that. Here it is *Vata Vridhhi* in *Kapha Sthana*.^[11]
2. Again, as there is compression of median nerve, involvement of *Kapha* can be considered. Then symptoms like pain, tingling is due to involvement of *Vata*. So, the line of treatment should be *Vatakapahara Chikitsa*.

Panchakarma Chikitsa^[11]

According to Acharya Chakrapani "Sthanika Chikitsa should be done first".

Dhara

Dhara can be done with Kwatha, Kashaya and Kshira prepared with Vatahara drugs. Ex: Aranala Dhara, Dashamoola Dhara, Dashamoola Kshira Dhara, Dhanyamla Dhara.

Sthanika Seka

Seka can be done with Bala Taila, Narayana Taila, Mahanarayana Taila.

Lepa

Lepa can be done with Musambar Lepa and Rasnadi Lepa.

Abhyanga

With Karpasasthyadi Taila, Muribenna Taila, Mahanarayana Taila.

Upanaha

With Kolakulathadi Churna + Saindhava + Chincha Kalka, Vachadi Upanaha.

Pichu

With Karpuradi Taila, Muribenna Taila, Vishagarbha Taila.

Swedana

Patra Pinda Sweda, Jambira Pinda Sweda.

Nasya

Navana or Brumhana Nasya can be given. Karpasasthyadi Taila, KBT 101

Agnikarma

Agnikarma over maximum pain area.

Raktamokshana

Siravyadha over wrist joint, Jalouka/ Pracchhanna over thumb, index, middle and ring finger.

Mrudu Virechana

Sukumara Erandam, Mishraka Sneha, Nirgundi Erandam.

CONCLUSION

Carpal tunnel syndrome is the most common compressive neuropathy in the upper limb. In the early stage it can be successfully, so the diagnosis in early stage plays a very important role. In the early stage of CTZ use of splint, analgesics, corticosteroid injections help in reducing pain. These all give temporary relief with many side effects. So, use of Panchakarma along with Shamanoushadhis gives significant relief from the symptoms for a longer duration without any complications.

REFERENCES

1. <https://orthoinfo.aaos.org>> carpal tunnel syndrome
2. PV Sharma, Chakradatta, English translation, Vatavyadhi chikitsa, 52th shloka, Varanasi, Chaukhamba Orientalia, 2007 edition.
3. Dr Brahmanand Tripathi, Charaka Samhita, Hindi commentary, Chikitsasthana, 28chpt, Varanasi, Chaukhamba Sanskrit Samsthan, 2013 edition.
4. Nicholas A. Boon, John A.A Hunter, Davidson's principle and practice of Medicine, London, Churchill Livingstone, 20th edition, Reprint 2008, Pg. No 681.
5. <https://www.webmd.com>
6. <https://www.ncbi.nlm.nih.gov>
7. Teachmeanatomy.info > nerves > median nerve
8. <https://orthoinfo.aaos.org>> carpal tunnel syndrome
9. <https://www.uofmhealth.org> > health-library
10. Dr Brahmanand Tripathi, Charaka Samhita, Hindi commentary, Sutasthana, 18/45-46, Varanasi, Chaukhamba Sanskrit Samsthan, 2013 edition.
11. Dr L Mahadevan, Guide to Ayurvedic Clinical Practice, Volume II, Pg No-211.

How to cite this article: Dr. Suresh N. Hakkandi, Dr. Manjunath Akki, Dr. Snigdha Rani Patra. Role of Panchakarma in the management of Carpal Tunnel Syndrome - A Review. J Ayurveda Integr Med Sci 2018;5:184-186.
<http://dx.doi.org/10.21760/jaims.v3i5.13841>

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