



EFFICACY OF AGNIKARMA ALONG WITH SHUDDHA GUGGULU IN THE MANAGEMENT OF SNAYU VIKAR W.S.R.TENNIES ELBOW

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ABSTRACT-

Tennis elbow is most common insertional tendinopathy of human body resulting due to specific occupations or repeated intensity trauma. Overuse of tendons of extensor origin or sudden trauma also leads to Tennis elbow, it is degenerative disorder. On the basis of pathophysiology and symptomatology, it can be considered as Batik Snayu Vikar, but there is no any named disease described in Ayurvedic text. As far as management of tennis elbow is considered, no standard, safest, or perfect treatment is available. Patients are generally managed conservatively by NSAIDS and physical therapy refractory patients are given steroid injections which have their side-effects in long run. Patients who do not respond to injections may also have to go for surgical interventions, which is costly affair and can also lead to various complications like posterior- lateral instability of elbow joint.

Agnikarma therapy, a Para surgical procedure mentioned for the treatment of vatvyadhi and Snayu vikar in the classic of Ayurveda. Agnikarma has been employed for various alignments as a line of treatment. Guggulu was considered agrya dravya for vata. Vata is mainly alleviate the pain. According to Bhavmishra, Guggulu has anti-inflammatory property, and hence helps in decreasing the inflammation over lateral epicondyle. Thus helps in the relief from disease. Agnikarma with shuddha Guggulu provides a better Ayurvedic treatment modality for tennis elbow without any side-effects.

KEYWORDS- Agnikarma, Snayu Vikar, Tennis elbow, Shuddha Guggulu

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INTRODUCTION-

The Tennis Elbow is likely to be the most common insertional tendinopathy of the human body. But only 5-8% people are tennis players. Politicians shaking hands, violin players, surgery staff, secretaries, and house-wives can also

develop a Tennis-Elbow [1]. Most of the affected people get this problem due to their jobs. In the present study maximum female patients are house-wives and maximum male patients are laborers [2].



As far as Nidana are concerned, all the Vata Prakopaka Nidanacan be taken as Nidana of Tennis Elbow and according to modern science overuse of tendon of extensor origin or sudden trauma leads to Tennis Elbow [3]. The cardinal symptom of Tennis Elbow is pain on the outer aspect of elbow joint which may radiate to forearm and hand. As certain movements of elbow and wrist joint are painful, patient find it difficult to do his/her daily routine work like turning a door-knob, etc. The pathogenesis of Tennis Elbow is still debated but at the histopathological level it is found that it is a degenerative disorder [4]

AIMS AND OBJECTIVES

1. To study the aetio-pathogenesis of Tennis Elbow in the light of both Ayurvedic and Modern perspective and influence of life -style on the disease.
2. To estimate the efficacy of Agnikarma.
3. To provide a better modality of treatment to the patients than standard treatment given by modern orthopedic surgeons i.e. LAHC
4. Probable Samprapti of Tennis Elbow in Ayurveda

MATERIALS AND METHODS

Agni Karma and Shuddha Guggulu- Total 3 sittings of Agni Karma were done with the interval of 6 days between subsequent sittings for total duration of 21 days. Along with Shuddha Guggulu .Shuddha Guggulu in the vati form (each weighing 500mg), 2 vaties thrice a day for total duration of 21 days.

Criteria for assessment was on subjective and objective parameters. Subjective parameters were Pain, Pricking sensations, Loss of function, Radiation of pain and objective parameters were Tenderness, Cozen's test and Mill's manoeuvre test.

The single case study done. The 35 yrs. male patient attending the O.P.D. and I.P.D. of the PMT'S Ayu. P.G. College Shevgaon District Ahmadnagar Maharashtra was selected

Criteria for selection of the patient-

- ❖ Patient was diagnosed mainly on the basis of signs and symptoms found in Tennis elbow like
 - Pain on the outer side of the elbow jt.
 - Radiation of pain towards forearm or hand.
 - Toda (Pricking sensation)
 - Tenderness
 - Inability to do daily routine work. Cozens test
 - Mill's maneuver test
- ❖ Routine hematological tests and radiographs of elbow jt. were performed to exclude other pathologies.

Criteria for Exclusion of the patients

- Patient who is not willing to undergo trial.
- Patient below 20 years and above 60 years of age.
- Patient of Pitta dominating Prakriti, Alpa satva, Avar Samhanan, pregnant women.
- Patients having joint disorders (viz. RA, OA, GA of elbow joint), Tuberculosis, Diabetes or having associated some other constitutional disorders etc.
- There was no obvious history of trauma, except lifting of water bucket by the patient for house hold work. On examination, it was elicited that the patient was unable to hold the object properly by the affected hand and maximum tenderness was noticed at the lateral epicondylar region of humerus with no obvious swelling noticed at right elbow joint. Further, it was observed that on full extension of right elbow and resisted extension of right wrist joint, maximum pain was experienced by the patient. There was a history of treatment for tennis elbow under a private orthopedic surgeon for last 08 months with no significant relief. Routine blood investigations including RA (Rheumatoid arthritis) factor and X-ray examination of hand were done by the surgeon and all investigations were found within normal range. On the basis of these, the patient was diagnosed as a case of tennis elbow by the surgeon. After careful

assessment and examination, patient was treated with Agnikarma and oral medication of Shudha Guggulu, 250 mg BD, twice a day with luke warm water for 03 weeks. With this short duration of treatment protocol, patient got relief from pain and increased the strength of gripping power in affected hand without any untoward effect

Agni Karma Methodology

Patient was well counselled and explained about the procedure. Written, informed and witnessed consent was taken before the procedure.

Agropaharaniya - Before starting the procedure, murchhit til-taila, cotton, a standardized electric cautery with pointed tip, Aloe Vera pulp, gauze pieces, Madhuyasti churna etc. were kept ready. Most tender spot of elbow joint was thoroughly cleansed and gentle Abhyanga was done with murchhit til-taila for 10 minutes in circular manner. Patients were kept in supine position with elbow flexed

across the chest. Electric Cautery with illumination source heated up to red-hot and seven Bindu (dot) type of Varna were made in rosette pattern centralizing most tender spot of the elbow joint i.e. lateral condylar area, till the appropriate features of superficial therapeutic burns (samayaka twaka dagdha lakshanas) appeared i.e. shabda pradurbhava (sound production), durgandhata (foul smell) and twakasankocha (skin contraction) 10. Immediately after completion of the procedure Ghrithkumari (Aloevera) pulp applied over the Vrana and gauze impregnated with Madhuyasti (Glycyrrhiza glabra) churna kept. Patient was advised to take rest for about 10 minutes and assured. During the procedure patient was carefully observed for any untoward complications. Patients were advised to keep the area dry, clean, avoid exertion, trauma and unwholesome diet. Observed for any untoward complication. Patient was called on next day for follow up, to review the local condition and dressing with Ghrithkumari pulp.



Local Snehan by Murchhit Til taila

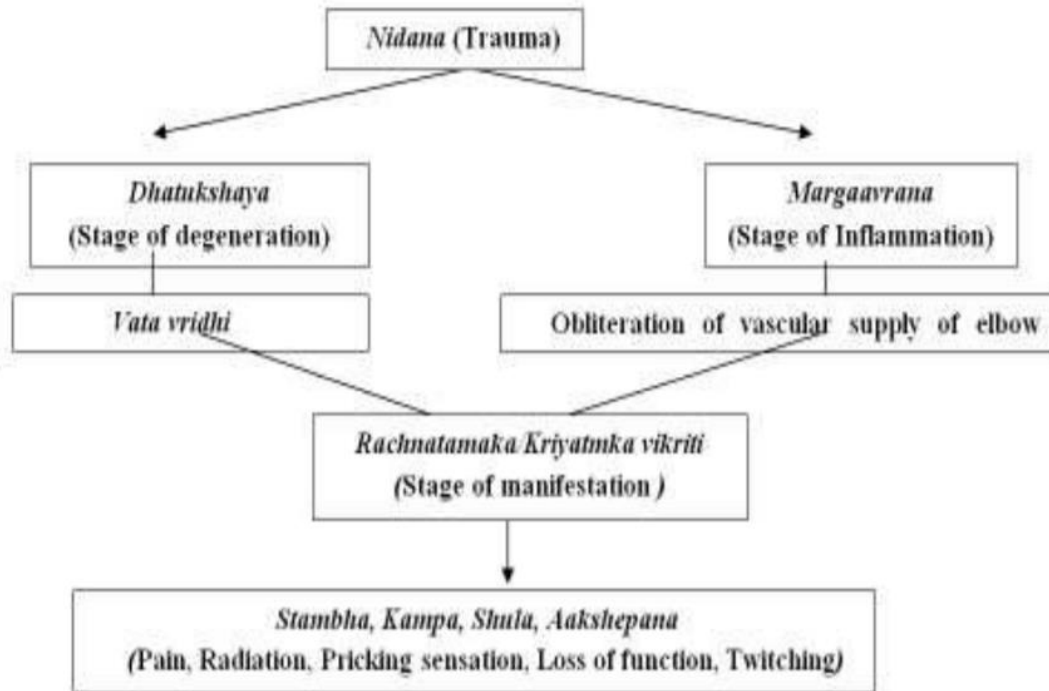


Marking of area to be burn



Therapeutic burn by electric cautery

Probable Samprapti of Tennis Elbow in Ayurveda



Probable mode of action of Shudhha Guggulu
 Rasa-Madhura – helps in reducing vata dosha
 Guna- Sukshma –helps in removing avarana
 afterreaching through sukshama srotas.Pichilla
 guna is uplepkar and sandhankar so
 nourishes the dhatu and updhatu i.e.
 snayu.Veerya-Ushna -counteract the Sheeta
 guna of vata.Properties- Vatahara- reduces pain
 and kshaya,Shothhara- reduces
 inflammation.Karma-Rasayana-nourishes the
 dhatu,Asthisandhanakar

Discussion on Follow-up examination

Patient was followed up for three months after
 the completion of the trial at monthly visits to
 see the status of the disease. There was no any
 side effect reported.

Various exercise regimes have been proposed
 for the treatment for
 tennis elbow. Martinez-Silvestini et al. were
 unable to di

DISCUSSION

Tennis elbow is likely to be the most common

insertional tendinopathy of the human body
 and it is also common painful condition of
 elbow joint.Common extensor tendons
 (Extensor carpi radialis brevis and Extensor
 digitorum communis) originating from the
 lateral epicondyle of the humerus get inflamed
 by repetitive trauma and cause considerable
 pain. On the basis of pathophysiology and
 symptomatology, it can be considered as Vatik
 Snayu Vikara, but there is no any named disease
 described in Ayurvedic texts.

PROBABLE MODE OF ACTION OF AGNIKARMA-

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 In the process of Agnikarma, transferring of
 therapeutic heat to twak dhatu (skin) and
 gradually to deeper structure was done with the
 help of a red hot panchadhatu shalaka which
 would have acted eventually to pacify ama
 dosha and srotovaigunya and consequently
 rendered relief in symptoms of shoth and
 shoola. Concomitantly administered oral drugs
 of Ashwagandha 4 gm and Navajivana Rasa 250



mg along with lukewarm water for 3 weeks might have played role with Agnikarma to pacify the dosha and related pathogenesis to achieve the desired result. Here, the role of internal medication can be elaborated by considering the pharmacological properties of the drugs used. Patient visited for follow up for 1 month after completion of treatment. The scars of wound disappeared in due course of time (3-4 weeks) and there was no untoward effect noted. Patient was advised not to lift any heavy objects and perform any twisting movement for further 6 months

To treat such condition, Agnikarma chikitsa is indicated as a best treatment modality.[12] Therefore, to pacify the vitiated vata and kapha dosha, Agnikarma was done which helped to reduce the shoth and shoola by virtue of its opposite qualities such as ushna (hot), tikshna (sharp), sukshma (fine), and ashukari (quick acting).[13]

EFFECTS OF AGNIKARMA

- . Increases metabolism
- Increases blood circulation
- Decreases pain
- .Exciting/stimulating nerves
- . Relaxation to muscles
- Decreases infection
- Decreases joint stiffness and inflammation.

Effect of Agnikarma on mamsa dhatu will reach into sira, snayu, asthi & sandhi.

- In the field of pain management and cosmetic therapy, Agnikarma procedure can be done very effectively and safely.
- Its procedures are simple and almost have no medicines for internal and external use.
- To the patients, it is very convenient and economic.

Agnikarma procedure needed to have more scientific studies and evaluation.

CONCLUSION

They should adopt such measures so that the disease can be prevented. AgniKarma and Shudhha Gugullu on combination gave highly significant results in management of Tennis elbow. eISSN1303-5150

Elbow. It is a disease caused by Vitiated Vata affecting the Kandaras (a type of Snayu) situated near Koorpara Sandhi (elbow joint). No untoward effect of either Agni Karma could be recorded. This disease is more common in people involved in occupation involving manual work and female's age group 30-40 yrs. They should adopt such measures so that the disease can be prevented. Tennis players should also learn the proper technique to avoid strain on extensor muscles. It can be concluded that LAHC is better than Agni-Karma in immediate results but Agni-Karma can provide better modality of management of Tennis-Elbow but it requires further work on it.

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