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INTEGRATING AYURVEDA AND SUJOK THERAPY FOR THE MANAGEMENT OF CARPEL TUNNEL SYNDROME: A CASE STUDY

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ABSTRACT

Carpel Tunnel Syndrome is most common focal mononeuropathy in the upper extremities typically caused by compression of the median nerve due to structural abnormalities within the carpel tunnel. According to the importance of anatomy CTS can be co-related with *Manibandhasthita Snayugata Vata Vikar* (wrist joint). The article details a case of a 56-year-old female who presented with bilateral upper limb weakness, pin and needle pricking pain, tingling and numbness in the median nerve distribution after conducting provocative tests and BCTQs assessments. The patient underwent treatment with Sujok therapy and Ayurvedic modalities such as *Snehan* (Oleation): *Swedan* (Sudation): *Basti* (Therapeutic enema): *Upnah* (Poultice) and *Shaman Chikitsa* (Palliative medications). These interventions effectively reduce the severity of CTS, suggesting selected treatment approaches can effectively manage CTS and potentially avoiding the need of surgery and alleviating associated symptoms.

KEYWORDS: Carpel Tunnel Syndrome, Sujok therapy, Median nerve, BCTQs, *Ayurved.*

1. INTRODUCTION

Carpal Tunnel Syndrome (CTS) is the most common form of entrapment mononeuropathy of the upper limbs seen in practice is caused by a squeeze of the median nerve as it passes

through the Carpal tunnel. The median nerve provides sensory and motor function to the thumb, index, middle, and radial half of the ring finger. If it gets irritated then it results in motor and sensory symptoms like pin and needle type of pain, tingling sensation, numbness, and night after night patient woke up with nocturnal pain, burning, weakness, and clumsiness is experienced by the patient during a day with activities requiring wrist flexion. In most of the cases, it is of uncertain origin. But overall CTS is more common in trauma to the hand or wrist joint, frequent repetitive movements of hands, extension or flexion of hands for a long time, rheumatoid arthritis, osteoarthritis, myxedema condition (29) that causes inflammation of joints and skin tissues, malunited Colle's fracture, and menopausal women and pregnancy due to hormonal changes. It is more common in females than in males. 8 times more in women than men. Early diagnosis is important in this case if it is left untreated may result in muscle weakness, loss of grip, atrophy, and restricted movements of joints.[1, 2, 3, 30] Approximately 27 to 56 people out of 1000 are affected by CTS in the general population.[4] In this particular instance, the patient's diagnosis was confirmed to be carpel tunnel in 2020. we assess the severity of the patients' symptoms using the symptoms severity scale and evaluate the level of hand function using functional status scale of BCTQs.[5] The patient tested positive for provocative tests.[6][7] Depending upon the ayurvedic assessment identified imbalances in *Vata* and *Kapha doshas*, leading to pain, tingling, numbness in the hand along with median nerve distribution. As a result, the treatment plan for the patient aimed at harmonizing *Vata* and *Kapha doshas*. Sujok therapy for pain management as well.

1.1 PATIENT INFORMATION

A 56 Years old female patient Presented at outpatient section of Dr. D. Y. Patil Ayurveda Hospital, Pimpri, Pune Maharashtra on 13/09/2023 with the symptoms of weakness in B/L upper limbs with pin and needle pain, Tingling sensation and numbness in B/L hands with involvement of thumb, Index and Middle finger and experiencing difficulties in daily activities. In late 2020, she began experiencing progressive symptoms of carpel tunnel syndrome and underwent interventions for 7 months. She stopped medications as she felt comfortable. However, in late 2021, her symptoms worsened, prompting her to seek advice from experts and diagnosed with CTS. On May 9, 2023, her symptoms suddenly worsened with increased pain in the wrist and elbow during flexion, tingling, numbness and difficulties in daily activities. On the day of admission (13/9/2023): Patient was brought by her daughter. Patient was *krusha* (lean physique): body constitutions was *Vata-Pittaj*, Nadi(pulse) was *Durbal* (weak): *Mala* (bowel) constipated, *Mutra*(urine) pale yellow and normal, J*ihva*

(tongue)-coated. *Koshta* (gastrointestinal tract) was determined hard. Patients condition involves imbalance in *Vata-Kapha doshas*, disturbances in body tissues (*dhatu-updhatu*) *Rasa* (primary product of digested food) *Rakta* (blood): *Mamsa* (muscle): *Meda* (fat): *Asthi* (bones): *Snayu* (aponeurosis). on examination blood pressure 110/70 mmhg, pulse rate-90/min. on systemic examination her lungs were clear, heart sounds are normally heard and conscious & oriented to time, Place, Person.

1.2 FAMILY HISTORY

No history of any major illness.

1.3 HISTORY OF PAST ILLNESS

k/c/o hypertension, has been taking Tab. Stamlo 5 mg once in a day in the morning for last 10 years.

Table 1: Timeline Presenting Patients Circumstances And Treatment.

<table>
<tr><th>Date/Day</th><th>Symptoms</th><th>Examination & Evaluation</th><th>Treatment</th><th>Visit summary</th></tr>
<tr><td>13/09/2023

Day 1</td><td>Bilateral upper limb weakness, tingling and numbness in median nerve distribution (thumb-index and middle finger). also facing challenges in performing daily hand activities</td><td>Pain- 8/10 0n VAS Scale.
Power of both UL-3/5(MRCS).
Provocative tests-positive in less than 20 sec.
On sensory examination-unable to tolerate pressure over wrist joint.
According to BCTQs-<table><tr><td></td><td>Right hand</td><td>Left hand</td></tr><tr><td>SSS</td><td>3.09</td><td>2.81</td></tr><tr><td>FTS</td><td>3.75</td><td>2.87</td></tr></table></td><td>1)Panchkarma-
Sarvang Snehan (full body oleataion) with Sahachar Taila.
Sarvang Swedan (Sudation) with Dashmoola Kwath.
Anuvasan basti (Medicated enema) with Sahachar Taila.
Niruha basti (Medicated enema) with Dashmoola Kwath.

2) Shaman Chikitsa (0ral Medications)-
Mahavatavidhwas Rasa 125mg BD
Cap. Ksheerabala 250mg BD
Decoction of Rasna, Dashmoola, Sariva, Manjishta, Bhunimba each 3gm -40ml BD
Erand Taila 10 ml HS

3) Sujok therapy with mung beans.</td><td>Patient came with history of CTS symptoms since 2020.Analgesics and steroid therapy taken and then discontinued after comfort. Symptoms worsened on 9 may 2023, leading CTS diagnosis via NCV by Neuro-physician & advised surgery but she chose ayurvedic treatment.</td></tr>
<tr><td>30/09/2023</td><td>Bilateral upper</td><td>Pain- 4/10 0n VAS Scale.</td><td>Panchakarma stopped.</td><td>At some extends</td></tr>
</table>

<table>
<tr><td>Day 18th of Admission</td><td>limb weakness gets subsided. Mild pain, tingling, numbness was present.</td><td>Power of both UL-4/5(MRCS).
Provocative tests-positive after 30-40 secs.
On sensory examination able to tolerate mild pressure over wrist joint.</td><td>Medications and Sujok therapy continued same as above.
Upnah (Poultice) with Erand Patra Kalka added.</td><td>patient feels relief in symptoms.</td></tr>
<tr><td>10/10/2023

Day 28th of Admission</td><td>Symptoms markedly resolved.</td><td>Pain- 2/10 0n VAS Scale.
Power of both UL-5/5(MRCS).
Provocative tests-negative.
On sensory examination-able to tolerate pressure over wrist joint.
According to BCTQs-<table><tr><td></td><td>Right hand</td><td>Left hand</td></tr><tr><td>SSS</td><td>1.09</td><td>1</td></tr><tr><td>FTS</td><td>1.1</td><td>1</td></tr></table></td><td>Same as above</td><td>Patient’s symptoms have been resolved. And they are now able to perform daily hand activities without any issue.
patient was discharged and advised follow up after 15 days.</td></tr>
<tr><td>25/10/2023 Follow up</td><td>Asymptomatic</td><td colspan="2">No relapse of sign and symptoms.</td><td>Advised patient for periodic checkup.</td></tr>
</table>

2. DISCUSSION

In this case, a 56-year-old patient was diagnosed with Carpel tunnel syndrome and advised surgery by experts. However, she opted ayurvedic interventions instead. CTS is a common focal mononeuropathy of the upper limbs characterized by compression of median nerve in the carpel tunnel due to skeletal abnormalities. Symptoms include pins and needles pain, numbness, tingling in thumb, index and middle fingers. The patient’s medical condition and diagnosis based on clinical presentation, including bilateral upper limb weakness, pins and needles pricking pain, tingling and numbness in median nerve distribution. Positive results were obtained in less than 20 seconds during provocative tests. Additionally, the SSS and FTS of BCTQs were used to assess the severity of symptoms. The patient’s blood investigation on 28/08/2023 showed positive result for CRP-22.10, RA-less than 10 IU/ml, Blood urea-18.70mg/dl, Serum creatinine-0.70mg/dl, Hb- 11.80gm/dl, WBC- 4300/cmm, Platelet-246000, B12-normal. NCV (nerve conduction velocity)-shown increased peak latency and decreased amplitude of both hands median nerve. Ayurveda does not precisely corelate with Carpal tunnel syndrome with anything. So, considered as *Vata-Kapha Pradhan* (prominent of *Vata and Kapha*) disease hence *Vatakaphahara Chikitsa* (pacify *Vata-Kapha*) and *Brahman Chikitsa* (nourishing) adapted.

Considering patients lean built, best for demyelination of nerves, and removing *Kapha* from obstructed *Strotas Cap. Ksheerabala*[8] was given. Tab. *Mahavidhwasa Rasa*[9] was selected for *Vatahar* (pacifies *vata*) and *Shoolahar* (reduces pain). *Erand Taila*[10] selected as it subdues *Vata* and *Kapha*. Decoction of *Rasna, Sariva, Manshita, Dashmoola, Bhunimba* was selected for *Vata-Kapha Shaman* (reduces Vata Kapha): neurotransmitter. (table 1). Snehan (oleation): Swedan (Sudation): Basti (Therapeutic enema): *Upnah* (poultice) and Sujok therapy[11] for pain relive were on the patient explained in table 1. The patient underwent *Sarvang Snehan* (full body therapeutic oleation) with *Sahachar Taila* for 30 minutes, applying as much pressure as tolerated. This was followed by *Bashpa Swedan* (sudation) using *Dashmooladi Kwath* for 10 minutes. Subsequently, *Anuvasan Basti* (Enema with oil): was administered with Luke warm *Sahachar Taila* (120ml) after food for 10 days. Initially *Anuasan Basti* was given for first two days, followed by alternating with *Niruha Basti* (therapeutic decoction enema) using *Dashmooladi Kwath* (720ml) for 8 days, totaling 18 Bastis -10 *Anuvasan* and 8 *Niruha basti*. Additionally, *Upnah* (poultice) of *Erandpatra Kalka* (paste of caster leaves) was tied on both wrist joint covering palms for approximately 4 to 5 hours daily for 17 days. Sujok therapy was administered to the patient daily for 28 days. This this carried out using green gram seeds oleated with *Erand Taila* (castor oil)[27] were applied and secured tightly onto both hands distal interphalangeal joint and wrist joints, where pain was concentrated. *Cap. Ksheerbala*- It removes Kapha obstruction from *Strotas*(channels) due to *Vyavay*i (quick spread) and *Vikasi* (quick action) *Guna* and pacifies *Vata*. Best *Vatashamak Rasayan, Balya*, and protect nerve from irritation and inflammation[26] hence act as neuro protective. And provide remyelination effect on nerves. *Indriyaprasadan* (induces sensory perception): antioxidant.[12] *Tab. Mahavatavidhwas rasa- Mahavata* itself shows the medicine which is useful in the condition were *Vata* hampers nervous system. Helpful in pain management by attending equilibrium in *Vata* and *Kapha doshas*. By improving metabolic process in CNS & PNS brings harmony in neuro-muscular activities thus best in neuritis.[13] *Erand Taila*- Castor oil helps to regulate the bodily *Kapha* and *Vata Dosha* and purifies the system by promoting purging, eliminating toxins. Rasa is Madhur (sweet in taste): *Vipak* also *Madhur* and hot in potency so acts as *Strotoshodhan (*cleanses channels): and best rejuvenator.[14] Decoction of *Rasna, Dashmoola, Sariva, Manjishta* (28) *Bhunimba*- A decoction is prepared by combining 2 teaspoons of a mixed powder, containing 2 grams of each ingredient, with 3 cups of water, then boiling it down to 1 cup. *Rasna- Vatakaphahar* (reduces Vata and Kapha) and best *Shothhara* (reduces oedema) as it is *Tikta Rasa* (bitter

taste) and hot in potency.[15] *Dashmoola*- 1o herbs sanctified with *Kashay* (astringent): *Madhura* (sweet) taste, *Guru* (heavy): *Ruksha* (rough) in quality, hot in potency. It controls in *Kaphadosha lakshana (*symptoms related to kapha): *Tridoshagn* (balances *vata pitta kapha*): best neurostimulator relives peripheral neuropathy, neurotonic, *Shothahara* (treats pain and swelling).[16] *Sariva* – it acts as *Tridoshahra*, relives pain and inflammation, immunomodulatory, and neuroprotective.[17] *Manjishta*- it is a blood purifier, reduces inflammation, neuroprotective.[18] *Bhunimba*- bitter in taste, *guru(*heavy): *Ruksha* (rough) in quality, hot in potency, *Kaphahara* (reduces kapha): *Deepan* (increases digestive fire): *Shothahara* (reduces oedema).[19] *Snehan*(0leation)- *Sahachar taila* is sweet in taste, hot in potency, *Snigdha* (soft) in nature. *Kapha-Vatashamak* (pacifiy *Vata Kapha*): relives pain, tenderness, act as *Bruhman* (nourshing).[20] *Swedan* (Sudation*)*- fomentation with *Dashmoola Kwath* results into *Vatakapha Shaman (*pacify *Vata Kapha*): neurotronic, releases muscle spasm, *Balya* (increases strength): induces sweating and expels out all morbid doshas through sweat.[16] *Basti- Anuvasan* with *Sahachar taila*(120ml) scavenges aggravated doshas and purifies body. Due to its *Madhur rasa* (sweet taste) and *Madhur Vipak* (sweet action) it pacifies *Vata* and removes *Kapha* due to hot in potency.[21] *Dashmooladi Niruh Basti* acts as *Tridoshahara* (pacify *Vata Pitta Kapha*): does *Vatanuloman* (downward movement of *Vata*) hence reduces pain, numbness etc. it contains *Sneha* and *Majja Dravya (bone marrow)* which leads to *Bruhman* (nourishing).[22] *Upanh with Erandapatra Kalka*- it is *Kapha Vatahara* (pacifies Vata and Kapha): *Swedakarak* (induce sweating) help to reduces stiffness, pain and allows lubrication in joints.[23]

Sujok therapy is a part of stimulation process where mung beans placed on more painful points like interphalangeal joints and wrist joint of both hands tied with bandage with appropriate pressure so that beans no shifted. It is proven that any seed contain latent energy that can be used to strengthens the body. During treatment these beans may emit biological energy waves to target points or absorb negative energy through painful site. Sujok therapy with installation of seed can increase pain reduction process that works on the energy pathway where pain points are crossed by energy pathways. As considering Sujok seed therapy like *Marma Chikitsa* explained in ayurveda. it may act on neuro-endocrine system like acupressure and *Marma Chikitsa*, this pressure can stimulate the neurotransmitters like endorphins and enkephalins which helps to reduce pain. Again, this theory is popular as seed is primary source of plants and plants have power to survive other living beings. Seed has energy to transfer the energy so seed is very adaptable. It can transfer energy to target point

and absorb the health problems. So continued this tie up to the part where pain is concentrated seed absorb the pain.[24][25]

3. CONCLUSION

Carpel tunnel mostly remains untreated. This case study potentially shown positive outcomes and successfully avoid surgery of patient. Sujok therapy can be an alternative therapy for managing pain so that scale and level of pain in patient significantly reduced. However, Success of this case in treating a single case can be replicated on the larger population of carpel tunnel syndrome for extended period of time to validate its effectiveness and ensure safety.

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