

**A CLINICAL CASE STUDY OF AGNIKARMA WITH PANCHADHATU
SHALAKA IN TRIGGER FINGER (SNAYUGAT VATA)****Dr. Gadve B. N.*¹ and Dr. Manjushree Shriram Patil²**¹Head of Department, ²PG Scholar

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ABSTRACTArticle Received on
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Trigger finger also known as Stenosing tenosynovitis is a clinical condition characterized by painful locking of the digit on flexion and extension. Commonly seen in the diabetic population and in women, in the fifth to sixth decade of life. It is caused due to inflammation and hypertrophy of the retinacular sheath which progressively restricts the motion of flexor tendons. The diagnosis is straightforward, as most patients complain of clicking or locking of the finger. According to modern the treatment modalities, includes splinting, corticosteroid injection, or surgical release. Although surgical procedures are effective but the complications that arise out of such procedures are equally fatal and deadly. Now a days, it has been observed that such

diseases can be cured by Agnikarma without undertaking any surgical procedure. Classically trigger finger can be correlated to Snayugata Vata in "sushrut samhita". Acharya Susrutha describes the disease manifestations such as stambha [stiffness], kampa [tremor], soola [pain] and akshepa [convulsions]. He has advised Agnikarma as the specific line of management in diseases pertaining to snayu (ligaments and tendons), asthi (bone), sandhi (joints) etc. This is a single case of trigger finger (snayugata vata) managed with agnikarma using in OPD, Department of Salyatantra, CSMSS Ayurved Mahavidyalaya. The procedure was administered weekly once for 4 weeks at intervals of 7 days giving a complete relief from symptoms.

KEYWORDS: Trigger finger, Snayugata Vata, Agnikarma, panchadhatu shalaka.

INTRODUCTION

Trigger finger is a common finger ailment, caused by inflammation and subsequent narrowing of the A1 pulley, which causes pain, clicking, catching, and loss of motion of the affected finger.^[1] Inflammation and hypertrophy of the retinacular sheath progressively restricts the motion of the flexor tendon.^[2] This sheath normally forms a pulley system comprised of a series of annular and cruciform pulleys in each digit that causes the flexor tendon's force production and efficiency of motion.^[3] (Fig. 1) The first annular pulley (A1) at the metacarpal head is most often affected pulley in trigger finger, though cases of triggering have been reported at the second and third annular pulleys (A2 and A3, respectively), as well as the palmar aponeurosis.^[4]

It is also called as stenosing tenosynovitis, because the inflammatory changes seen at the tendon sheath (tendovagina) and not the tenosynovium.^[5]

In this condition there is an obstacle for voluntary flexion or extension of the finger associated with painful popping or clicking sound.

PREVALENCE

The lifetime risk of trigger finger development is between 2 and 3%, but increases to up to 10% in diabetics.^[6] The ring finger is most commonly affected, followed by the thumb (trigger thumb), long, index, and small fingers in patients with multiple trigger digits.^[7] Commonly seen in the diabetic population and in women, in the fifth to sixth decade of life.

Shalyatantra is the supreme branch among the Ashtangas of Ayurveda. It includes Sastra karma (Surgical procedures) and Anusastra karma (Parasurgical procedures) in addition to medical management. Acharya Susrutha explains different methods of management of diseases such as Bhesajya, Sastrakarma, Ksharakarma and Agnikarma. Agnikarma refers to application of Agni directly or indirectly by means of different materials to relieve various ailments.^[8]

Acharya Dalhana in his commentary on Susrutha Samhitha defines Agnikarma as:

- 1) Agnikritha karma i.e, the action done with the help of agni.
- 2) Agnisambandhi karma i.e, the karma or action which is related to agni.

Agnikarma is mentioned in disorders of skin, muscles, vessels, ligaments, tendons, bones and joints. It is specifically indicated in the management of Arsa, Arbuda, Bhagandara, Sira, Snayu, Asthi, Sandhigata Vatavikaras, Gridhrasi, Etc.^[9]

In Ayurveda health is an equilibrium of tridoshas and diseases are described in accordance with the derangement these doshas, that is Vata, Pitta and Kapha. Classically this condition can be described as a state of deranged Vata with characteristic features like numbness, pain etc.

While Charaka has mentioned in the context of Snayupradoshaja Vikaras^[10] as stambha [stiffness], sankocha [contraction], khalli [neuralgia of the upper extremities] granthi [tumors in ligaments], sphurana [throbbing sensation], supthi [numbness]. Hence we can correlate trigger finger as Hastanguli Snayugata Vikara and appropriate management can be initiated.

Snayugata Vata is developed when the vata dosha aggravates due to atichesta, ativyayama etc and gets localized in snayu here specifically to the flexor tendon. Specifically, vyanvayu among subtypes of vayu, is ultimately unable to carry out the function of MCP and PIP joints smoothly. The features such as pain, stiffness and restricted movements develop in this region. The classical line of management of Snayugata Vikaras includes Snehana, Upanaha and Agnikarma.^[11]

Agnikarma is a supreme mode of parasurgical management. Disease treated by Agnikarma never reoccurs. In Agnikarma therapy part or tissue is burned with the help of various special materials. It can be correlated with modern therapeutic cauterization.

As a pioneer of the Shalya-Tantra Acharya Sushruta gives a well known Agnikarma Chikitsa for Asthi Sandhi Snayuashrita Vyadhi. Pathology of trigger finger also involves Asthi Sandhi Snayuashrita Vikara. Hence Agnikarma Chikitsa serves as an ideal healing mechanism for diseases like trigger finger.

A case study of Agnikarma Chikitsa in management of trigger finger was selected.

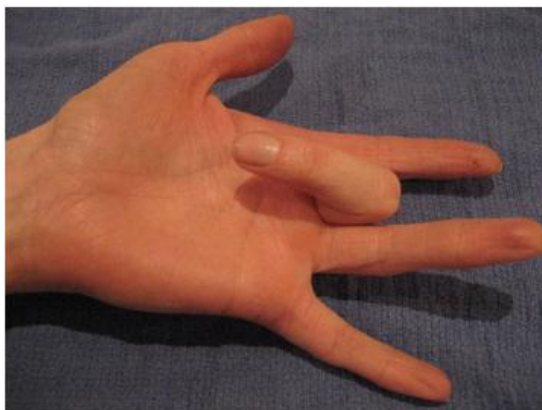
CASE REPORT

A 52 yrs old lady came to the CSMSS Shalyatantra OPD having. Her left hand was dominant,

1. Clicking of his left middle finger.
2. Difficulty in folding finger of left hand.

no H/O any trauma.

There was a the surveillance of a private orthopedic surgeon before 4 months. The history also suggested that the patient had received oral analgesic, anti inflammatory, steroids also. But there was no satisfactory relief through the above drugs.



PATHOPHYSIOLOGY

Constant movement and jerks to middle finger causes silent and repeated injury to the muscle resulting into inflammation of flexor tendon. This results in pain at the base of affected finger, especially on trying to extend the finger. As the sheath thickens further, the contained tendon proximal to it swells and this swollen tendon further restricts the sheath to enter in it, ultimately resulting into a condition called Trigger Finger.

As per Ayurvedic concept, this condition may develop due to vitiation of Vata with Anubandha of Kapha dosha, Vata and Kapha dosha have been considered as the important factor for causation of Shotha (swelling), Shoola (pain), Sankocha (restricted movement) in the middle finger.

Routine blood investigation and x-ray examination of affected finger were done and all investigations were found normal. After careful examination patient was diagnosed with recurrent trigger finger, and patient himself was willing for Agnikarma therapy.

Thereafter, Agnikarma was done 4 times in a month at an interval of 7 days. After completion of 4th sitting patient got complete relief from stiffness, locking.

Purvakarma

A written informed consent was obtained from the patient.

Instruments:- Materials such as Triphala kashaya, sterile cotton, panchadhatu shalaka, gas stove, Jatyadi ghrita.



Pradhana Karma

Agnikarma was done over the tender points over middle finger of left hand at multiple sites and MCP joint.

Red hot Panch Dhatu Shalaka was used for making Bindu Dhahan Vishesh and 8-10 Samyak Dagdha Vrana was made. It is to be noted that proper space between two Samyaka Dagdha should be kept after making Samyaka Dagdha Vrana.

Jatyadi Ghrita should be applied on that to get relief from burning sensation.(application of Jatyadi Ghrit also helps to reduce stiffness).

Paschat Karma

Patient was advised to apply over the Jatyadi Ghrita burnt site for 2 days.

The procedure was repeated every week for consecutive 4 weeks.

Probable Mode of Action of Agnikarma

In the process of Agnikarma transferring of therapeutic heat to twak dhathu (skin) and gradually to deeper structures renders soola.

Scientifically this can be explained by two different theories. Agnikarma acts as a counter irritant which relieves pain as well as by the theory of heat shock protein wherein induction of short episode of hyperthermia to an area of pain lead to stimulation of HSPs which cause release of anti-inflammatory cytokines.

DISCUSSION AND CONCLUSION

The patient got complete relief of symptoms in a period of 4 weeks and thereafter no recurrence was noted during the follow-up period of one month. Hence Agnikarma can be prescribed as an effective procedure in management of Trigger finger.

Agnikarma is also known to be effective in other cases of musculoskeletal disorders such as osteoarthritis, cervical spondylosis, lumbar spondylosis, sciatica, frozen shoulder, calcaneal spur, plantar fasciitis, carpal tunnel syndrome, tennis elbow.

No adverse effects were being observed throughout the entire sitting. To observe any recurrence of symptoms patient was followed up to 3 months but recurrence of symptoms were not observed. Patient was fully satisfied with Agnikarma therapy as compared to previous treatments done with modern modalities.

This heat is Ushna, Tikshna, Laghu, Sukshma, Vyavayi and Vikashi in Guna which is helpful to break the Kaphanubandhathus reducing Shotha which allows the sheath to enter in tendon while clenching and extension. Also Vata gets neutralized so that pain is relived.

CONCLUSION

- 1) Agnikarma is an OPD procedure.
- 2) Case study shows that Agnikarma therapy is helpful in Management of local Pathological diseases.
- 3) Thus from the above study it can be concluded that Agnikarma procedure proves to be an easy, safe, uncomplicated and economical way to reduce the Trigger finger.

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