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Case Study

Ayurvedic management of Carpal Tunnel Syndrome with Agnikarma – A Case Report

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ABSTRACT

Carpal tunnel syndrome is an entrapment neuropathy caused by compression of median nerve as it passes through the carpal tunnel i.e., the space between the carpal bones posteriorly and the flexor retinaculum anteriorly. The compression can be caused by skeletal abnormalities, swelling of other tissues within the tunnel or thickness of the retinaculum. The condition is common in middle aged women at the menopause. In younger patients the cause may be rheumatoid disease, pregnancy or tenosynovitis. It is a condition that causes pain, numbness, tingling, and weakness in the hand and wrist. Carpal tunnel syndrome has fast growing annual incidence rate of 5 to 50 per Ten thousand populations. Modern treatment for this condition includes injecting hydrocortisone into flexor sheaths at the carpal tunnel, wearing cock-up splint and longitudinal division of the flexor retinaculum. On the basis of structures involved and features of carpal tunnel syndrome this condition can be correlated with Snayugata Vata Vikara which affects tendons ligaments and nerve. Sushruta has advised Agnikarma for disorders of snayu (ligaments and tendons), asthi (bone), siddhi (joints) etc. Hence, in this study a case of carpal tunnel syndrome (snayugata vata) was treated by Agnikarma, along with administration of Navajivana Rasa orally, for a period of 04 weeks. This combination therapy provided considerable relief in pain and tingling sensation of wrist.

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INTRODUCTION

Carpal Tunnel Syndrome is a compressive neuropathy due to chronic inflammation of Flexor Retinaculum which cause compression to median nerve and associated structures. The syndrome is however common in menopausal women, rheumatoid arthritis, in pregnancy osteoarthritis, myxoedema and malunited Colle's fracture. In rheumatoid arthritis there may be chronic inflammatory thickening of the tendon sheaths with increase in bulk.ⁱ The history is most helpful in making the diagnosis. The condition produces pain, paresthesia, numbness and restricted movements of wrist joint and to the lateral three and half fingers of the hand.ⁱⁱ Night after night the patient is woken with burning pain, tingling and numbness. Hanging the arm over the side of the bed, or shaking the arm may relieve the symptoms. In advanced cases there may be clumsiness and weakness particularly with tasks requiring

fine manipulation such as fastening buttons.ⁱⁱⁱ Sensory symptoms can often be reproduced by percussing over the median nerve (Tinel's sign) or by holding the wrist fully flexed for a minute or two (Phalen's test). In late cases there is wasting of thenar muscles, weakness of thumb abduction and sensory dulling in the median nerve territory.^{iv} Snayugata Vata mentioned in Vataja Nanatmaja Vyadhi when affects Manibandha Sandhi produces symptoms like Toda, Bheda, Manibandha Sandhi Shoola, Hasta Shoola Sthambha and Supti.^v So this condition can be correlated with Carpal Tunnel Syndrome. The treatment modalities like Agnikarma with Sneha, Lepa, Upanaha and Unmardana have been advised in this condition.^{vi} Agnikarma is a parasurgical procedure which has been well-described in Ayurveda. Procedure of Agnikarma involves thermal micro-cauterisation using a special sedmettalic instrument called Agnikarma Shalaka. This is a highly effective treatment for

musculoskeletal diseases providing quick relief without side effects or complications. It is minimally invasive, cost effective procedure that can reduce the need for surgical interventions.^{vii} A single case study of carpal tunnel syndrome is reported here in which vitiated dosha was pacified with the use of internal medication of Navajivana Rasa (compound formulation) along with Agnikarma. After 4 weeks, patient got relief from pain, tingling sensation, and numbness of right hand.

CASE REPORT

Patient is a 58 year old female, visited the out patient dept. With history of weakness in the Right Upper Limb with tingling sensation and numbness in right hand with involvement of thumb, index and middle finger since two months. Patient was apparently normal 2 months back. The complaint started when the patient started working in an umbrella manufacturing unit. Gradually she noticed some kind of weakness in the right hand which was associated with pain, tingling and numbness with thumb, index finger and middle finger involvement. The patient described the pain as pins and needles and the discomfort gets worsened as she does repetitive hand movements. The pain was marked as 7/10 on a visual analogue scale. It was reported that the pain was relieved with massaging hands. Patient denies any recent fall or trauma to the involved extremity. Patient attained her menopause at the age of 45. Phalensmaneuver was performed and reveals significant weakness in patient's right hand. Tinel's test was conducted and it showed a positive result. On the basis of all these findings the patient was diagnosed with Carpal Tunnel Syndrome. patient was treated with Agnikarma and oral medication of Navajivana Rasa 250 mg, twice a day with luke warm water for 04 weeks.

Procedure of agnikarma

After taking written informed consent, Agnikarma was done. The affected part was applied with TriphalaKasaya and wiped up with sterilized gauze piece. Agnikarma in the form of samyaktwakdagdha was done by making a bindudahanavishesa with red hot pancha dhatu shalaka. Three most tender points were selected for agnikarma. During entire procedure, a swab soaked in Kumari Swarasa (fresh pulp of Aloe vera) was applied just after making each dot. Appropriate precaution was taken not to produce

asamyakdagdhavarna (neither superficial nor too deep burn). After completion of the procedure, wound was covered with Haridra powder dusting. The entire procedure was repeated four times at the interval of 7 days. Patient was advised to apply the paste of Haridra powder mixed with coconut oil at bed time.

DISCUSSION

Carpal Tunnel Syndrome is a common pathological condition that causes pain, numbness and tingling in the hand and arm. The condition occurs when one of the major nerves to the hand, the median nerve is squeezed or compressed as it travels through the carpal tunnel. As per Ayurvedic concept, this condition may develop with the vitiation of vata with anubandha of kapha dosha. Vata and kapha doshas have been considered the important factors for causation of shoth and shoola in the body. To treat such condition, Agnikarmachikitsa is indicated as a best treatment modality.^{viii} 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, tikshna, sukshma, and ashukari.^{ix}

Probable mode of action

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 panchadhatushalaka which would have acted eventually to pacify ama dosha and srotovaigunya and consequently rendered relief in symptoms of shoth and shoola. Concomitantly administered oral drug Navajivana Rasa 250 mg along with lukewarm water for 4 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. Navajivana Rasa^x are known to exhibit vatakapashamak, shothahara (anti-inflammatory), vedanasthapan (analgesic), and rasayana (immune modulator and anti-oxidant) effect.

CONCLUSION

Agnikarma is found effective in the management of Carpal Tunnel Syndrome and this can be prescribed further considering its effectiveness and safe therapeutic regimen for Carpal Tunnel Syndrome.

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