



MANAGEMENT OF TENNIS ELBOW BY AGNIKARMA

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ABSTRACT

Tennis elbow is a condition of pain which causes restricted movement of forearm and it required treatment for longer duration. If we see the causative factors, till date only suggestive behaviours are available like use of anti-inflammatory analgesic drugs and change of lifestyle are advised such as doing exercises etc but none of these provide acceptable result. And if we see the long term use of anti-inflammatory, analgesic drugs and steroids injection is also not free from the adverse effects. Usually, conduct advice is elective. According to Ayurveda, snayugata vata can relate to tennis elbow. Acharya Sushruta has counselled Agnikarma for illnesses of snayu (ligaments and tendons), joints and bones. Hence, it is mandatory to collect the research work on use of Agni karma in Tennis elbow.

KEYWORDS: Asthi, snayugata vata, tennis elbow.

INTRODUCTION

Tennis elbow is a tender illness of the prime disease; it may be industrialized due to non-specific inflammation at the derivation of extensor muscles of the forearm. In OPD it is diagnosed by feeling of agony and sensitivity at the lateral epicondyle of humerus which exacerbates during the battled dorsiflexion of the wrist and fingers. The overall prevalence rate of tennis elbow (lateral epicondylitis) is of 1-3%.^[1-2] if we look the incidence and prevalence the highest incidence is found in young age group and between the ages 40 and 60 years of life. For women, the frequency upsurges to 10% between the ages of 40 and 45 years. But the general reasons about display of tennis elbow are the overemployment of forearm/minor trauma/ non-recognized trauma. Previously, the disease was create in athletes chiefly in tennis player But in present day practice, it is known to affect painters, plumbers, carpenters, drivers, etc.^[3] Research studies have shown that automobile workers, cooks, and even butchers get tennis elbow more often than rest of the population. The dominant arm is significantly more often affected than the non-dominant arm. Based on its sign and symptoms, tennis elbow can relate to the illness of Snayugata described in Ayurveda. It is industrialized when the vata dosha aggravates due to atichesta, ativyayam, etc.^[4] and gets contained in snayu of kurpara sandhi. The vayu accountable for this function, that is, vyanvayu is ultimately powerless to carry out the determination of kurpara sandhi (elbow joint) and hasta pradesha (forearm) effortlessly. The

topographies such as pain, stiffness, forced movement, etc. develop in this region. These symptoms may also grow due to kaphavritta vyana vayu.^[5] Hence, it is also measured a significant causative factor for appearance of this. This is a self-limiting problem and recovery is seen in about 90% of cases within 1-2 years of conservative management^[6] whereas only in less than 10% of cases, surgery is indicated. In some cases, the problem may continue for longer period.^[7] A wide range of indicative treatments are available such as use of anti-inflammatory analgesic drugs, steroids injection, physiotherapy, exercise, etc. which have their own limitations and adverse effects.^[8] Long-term use of anti-inflammatory analgesic drugs and steroid injections are also not free from adverse effects. Till date, no satisfactory treatment is available for tennis elbow. In Ayurveda, Acharya Sushruta has advocated various treatment modalities such as Snehana, Upanaha, Agnikarma, and Bandhana for S. Vata. Amongst these, Agnikarma seems to be more effective in providing distinct and instant relief. If it is done perfectly, disease does not reoccur.^[9] in one study agni karma and internal medicine of Aswagandha churna and Navajivana Rasa (compound formulation) were done for treatment of this. Lateral epicondylitis, also known as 'tennis elbow, is a very common condition that presents with pain and tenderness on the lateral side of the elbow due to the repetitive stress, results in inflammation of the common extensor tendon of the lateral epicondyle of the humerus. According to Ayurveda, Snayugata Vikara can be correlated with the

condition of tennis elbow. Agnikarma being superior among all surgical and parasurgical procedure by its action seems to be more effective in providing instant pain relief. The therapeutic effects of Agnikarma with Kshoudra include relief of pain and muscle spasm, acceleration of healing, promotion of resolution of inflammation and increase in the range of movement of joint. lateral epicondylitis, also known as 'tennis elbow', is a very common condition that presents with pain and tenderness on the lateral side of the elbow due to the repetitive stress, results in inflammation of the common extensor tendon of the lateral epicondyle of the humerus. This malady hampers a person's ability to perform day to day activities, as forearm movements are restricted due to pain.

DISCUSSION

The overall prevalence rate of the disease is 1-3% of population, generally affecting the middle aged without gender predisposition. A wide range of symptomatic treatments used in contemporary medicine are use of anti-inflammatory drugs, analgesics, physiotherapy, and local corticosteroid injections in the affected site. In less than 10% of cases, Surgery is indicated, Long term uses of anti-inflammatory drugs, analgesics and steroid injections have their own limitations and adverse effects. Hence treatment modality which is easier to administer with lesser complications and better rate of success should be the criteria in choosing the management of this disease. We have so many medications which acts anti inflammatory in action.

According to Ayurveda, Snayugata Vikara can be correlated with the condition of tennis elbow. Due to Balavadvighraha and Ativyayama etc the vitiated Vata, get localised in the Kurpara Sandhi leading to pain, stiffness and restricted movements. The Chikitsa Sutra of Snayugata Vata comprises of Snehana, Upanaha, Agnikarma and Bandana. Agnikarma being superior among all surgical and parasurgical procedure by its action seems to be more effective in providing instant pain relief. Acharya Susrutha in his treatise recommended Kshoudra, Guda or Sneha as Dahanopakarana in Snayuvikara. The therapeutic effects of Agnikarma with Kshoudra include relief of pain and muscle spasm, acceleration of healing, promotion of resolution of inflammation and increase in the range of movement of joint. In some study the effectiveness of Kshoudra for Agnikarma in tennis elbow, considering its deeper heat penetration property, availability, and better cosmetic outcome, which would add up it to the domain of practically and easily accessible Dahanopakarana.^[10]

CONCLUSION

Significant relief on symptoms of tennis elbow including pain, swelling etc was being observed during treatment modality. Agnikarma using Madhu is good in terms of availability and no side effect because the instrument used for the procedure is welcoming to the patient. Agnikarma with Madhu has deeper heat penetration

property, better cosmetic outcome, and easy accessibility. Agnikarma being greater among all surgical and Para surgical way by its deed seems to be more effective in providing instant pain relief. so after looking towards researched work we can come to know that it is a good way out to get rid from this disease.

REFERENCES

1. Louis Solomon, David Warwick, Selvadurai Nayagam. Apley's System of orthopaedics and fracture. 9th edition. London: Hodder Arnold, 2010; 378.
2. Maheswari J, Mhaskar. Essential Orthopedics. 5th edition. New Delhi: Jaypee The Health sciences publisher, 2015; 302.
3. Mahanta V, Dudhamal T S, Gupta S K. Management of Tennis Elbow by Agnikarma. Journal of Ayurveda and Integrative Medicine, 2013; 4(1): 45-7. <https://doi:10.4103/0975-9476.109552>. s[accessed on 2021-7-03]
4. Acharya Trikamji Jadavji, editor. Susrutha, Susrutha samhitha, Nidanasthana, Ch-1, verse.25. Varanasi: Choukhamba Sanskrit Sansthan, 2014; 326.
5. Acharya Trikamji Jadavji, editor. Susrutha, Susrutha samhitha, Chikitsasthana, Ch-5, verse.52. Varanasi: Choukhamba Sanskrit Sansthan, 2014; 428.
6. Acharya Trikamji Jadavji, editor. Susrutha, Susrutha samhitha, Suthrasthana, Ch-12, verse.4. Varanasi: Choukhamba Sanskrit Sansthan, 2014; 58.
7. Prasanth K S. A comparative study of agnikarma with Taptha Kshoudra and Panchaloha Shalaka in carpal tunnel syndrome: International Journal of Applied Ayurved Research, 2017 Jul-Aug; 3(3): 677-83. http://ijaar.in/posts/images/upload/IJAAR_VOLUME_III_ISSUE_III_JUL_AUG_2017__677_683.pdf f. [accessed on 2021-7-6]
8. Sharma Khemchand, Goyal Chinky, Prajapati Deepchand. Critical review on Madhu w.s.r. to honey. International Journal of Ayurveda and Pharma Research, 2017; 3(9): 75-82. http://ijaar.in/posts/images/upload/IJAAR_VOLUME_III_ISSUE_III_JUL_AUG_2017__677_683.pdf. [accessed on 2021-7-6]
9. Haefeli M, Elfering A. Pain assessment. European Spine Journal, 2006; 15(1): S17-24.
10. <https://doi.org/10.1007/s00586-005-1044-x>. [accessed on 2021-7-4]