



EFFECT OF AGANIKARMA WITH LOHA SHALAKA ON TENNIS ELBOW-A CASE STUDY

¹Dr. Pankaj Dixit, ²Dr. Prashant Suryawanshi, ^{3*}Dr. Mayur Ganesh Ingole

¹BAMS, MS -Shalyatantra, Medical Superintendent, Professor At ASS Ayurvedic College Nashik.

²BAMS, MS -Shalyatantra, Assistant Professor At ASS Ayurvedic College Nashik.

³BAMS, Final Year PG Scholar In MS-Shalyatantra At ASS Ayurvedic College Nashik.



***Corresponding Author: Dr. Mayur Ganesh Ingole**

BAMS, Final Year PG Scholar In MS-Shalyatantra At ASS Ayurvedic College Nashik.

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ABSTRACT

Tennis elbow, or lateral epicondylitis, is a painful musculoskeletal disorder characterized by pain and restricted movements of the forearm and elbow joint, often requiring prolonged treatment. Conventional management mainly includes non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroid injections, physiotherapy, and therapeutic exercises; however, these modalities frequently provide only symptomatic and temporary relief. Long-term use of analgesics and steroid injections may also lead to undesirable adverse effects. Consequently, a “wait-and-watch” approach is commonly advocated in contemporary management guidelines. In Ayurveda, tennis elbow can be correlated with Snayugata Vata, a condition involving vitiation of Vata Dosha affecting the tendons and ligaments. Acharya Sushruta has recommended Agnikarma for disorders involving Snayu (ligaments/tendons), Asthi (bones), and Sandhi (joints). Considering this principle, a case of tennis elbow (Snayugata Vata) was managed with Agnikarma therapy along with oral administration of Ashwagandha Churna and Navajivana Rasa for a duration of three weeks. The combined therapeutic approach resulted in significant reduction in pain, improvement in tenderness, and enhanced range of movement of the elbow joint, indicating the potential efficacy of Ayurvedic management in tennis elbow.

KEYWORDS: Agnikarma, Ashwagandha, Navajivana Rasa, Snayugata Vata, lateral epicondylitis, tennis elbow.

INTRODUCTION

Tennis elbow, medically termed lateral epicondylitis, is a painful musculoskeletal disorder involving the common extensor origin at the lateral epicondyle of the humerus. It commonly develops due to repetitive strain, overuse, or minor unnoticed trauma affecting the extensor muscles of the forearm.^[1] Clinically, it presents with pain and tenderness over the lateral epicondyle, which is aggravated during resisted dorsiflexion of the wrist and fingers.^[1] The prevalence of tennis elbow in the general population ranges from 1-3%.^[2] It is most frequently observed between 40 and 60 years of age, with a comparatively higher incidence among women aged 42-46 years.^[3,4]

Although traditionally associated with tennis players and other athletes,^[6] tennis elbow is now commonly seen

among individuals engaged in repetitive manual activities such as painters, carpenters, plumbers, drivers, cooks, butchers, and industrial workers.^[7] The dominant upper limb is affected more frequently due to continuous overuse and repetitive mechanical stress. Activities involving repeated wrist extension, forearm supination, and weight lifting are considered major contributing factors.^[5]

From the Ayurvedic perspective, the clinical presentation of tennis elbow can be correlated with Snayugata Vata, a condition characterized by vitiation of Vata Dosha localized in the Snayu (ligaments/tendons) around the Kurpara Sandhi (elbow joint). Excessive physical exertion (Atichesta, Ativyayama) and repetitive strain aggravate Vata Dosha, particularly Vyana Vayu, leading to pain, stiffness, and restricted movements in the elbow

and forearm region.^[8] In some cases, Kapha Avarana of Vyana Vayu may also contribute to the pathogenesis, resulting in impaired joint mobility and chronicity of symptoms.^[9]

Tennis elbow is generally considered a self-limiting condition, with nearly 90% of patients recovering within 1–2 years through conservative management.^[10] However, persistent pain and functional disability may continue in certain individuals, while surgical intervention becomes necessary in less than 10% of cases. Contemporary management includes analgesics, non-steroidal anti-inflammatory drugs, corticosteroid injections, physiotherapy, and exercise therapy. Despite providing temporary symptomatic relief, these modalities are often associated with recurrence and potential adverse effects, particularly with prolonged use of medications and steroid injections.

Ayurveda describes several therapeutic approaches for the management of Snayugata Vata, including Snehana, Upanaha, Bandhana, and Agnikarma.^[9] Among these, Agnikarma is considered highly effective due to its rapid pain-relieving action and lower recurrence rate when performed appropriately. The present case study highlights the successful management of tennis elbow using Agnikarma along with internal administration of Ashwagandha Churna and Navajivana Rasa. Significant improvement was observed in pain, stiffness, and restricted movements of the affected elbow and forearm within three weeks of treatment.

CASE REPORT

A 38-year-old female patient of Vata-Kaphaja Prakriti presented to the Asthi-Sandhi-Marmaghat Unit, Department of Shalya Tantra, on 6 March 2012 with complaints of severe pain (Shoola), stiffness (Stambha), and restricted movements involving the lateral aspect of the right elbow joint (Karpura Sandhi) along with discomfort extending to the palm and fingers (Hasta-Anguli Pradesh) for the past eight months.

There was no definite history of major trauma; however, the patient gave a history of repetitive strain due to lifting heavy water buckets during household activities.

On clinical examination- The patient had difficulty in holding objects firmly with the affected hand. Marked tenderness was elicited over the lateral epicondylar region of the humerus without any visible swelling around the right elbow joint. Pain was aggravated on full extension of the elbow and during resisted dorsiflexion/extension of the wrist joint, which are characteristic clinical features of tennis elbow.

The patient had previously undergone treatment under a private orthopedic surgeon for eight months but did not experience significant relief.

Routine Hematological Investigations, including Rheumatoid Arthritis (RA) factor, along with radiographic examination of the hand and elbow, were within normal limits. Based on the clinical presentation and examination findings, the case was diagnosed as tennis elbow (Lateral Epicondylitis).

After detailed assessment, the patient was managed with Agnikarma therapy along with oral administration of Ashwagandha Churna 4 g and Navajivana Rasa 250 mg twice daily with lukewarm water for a duration of three weeks. Following the treatment, the patient experienced significant reduction in pain, improvement in stiffness and range of movements, and enhanced gripping strength of the affected hand. No adverse or untoward effects were observed during or after the treatment period.

Procedure of Agnikarma

After obtaining written informed consent, the patient was prepared for Agnikarma therapy under aseptic precautions. The affected area was cleansed with Triphala Kashaya and dried using sterile gauze pieces.

Agnikarma was performed to achieve Samyak Twak Dagdha (therapeutic superficial burn) using a red-hot Panchadhatu Shalaka. The procedure was carried out in the form of Vilekha Dahana Vishesa, wherein multiple dot-like burns were made in three parallel straight lines over the maximum point of tenderness. Approximately 5 cm of the affected area was covered, maintaining a gap of about 0.5 cm between two adjacent dots. The second and third lines were created parallel to the first line, each placed 0.5 cm apart.

Immediately after producing each burn mark, a sterile swab soaked in Kumari Swarasa (fresh Aloe vera pulp) was applied to minimize excessive burning sensation and provide local soothing effect. Care was taken throughout the procedure to avoid Asamyak Dagdha Vrana (inadequate or excessive burn injury).

After completion of Agnikarma, Haridra Churna was dusted over the treated area and sterile dressing was applied. The procedure was repeated in three sittings at an interval of 7 days each.

Post-procedure, the patient was advised to apply a paste of Haridra Churna mixed with coconut oil locally at bedtime. The patient was also instructed to avoid Vata-vardhaka Ahara-Vihara (dietary and lifestyle factors aggravating Vata Dosha) during the treatment and follow-up period.



AGNIKARMA OVER TENNIS ELBOW

DISCUSSION

Tennis elbow, clinically known as lateral epicondylitis, commonly develops due to repetitive strain injury involving the forearm extensor muscles, particularly at the origin of the extensor carpi radialis brevis tendon. Recurrent microtrauma and inflammatory changes, along with microscopic degenerative alterations at the tendon attachment, result in pain, tenderness, and restriction of movements of the affected upper limb.

According to Ayurvedic principles, this condition can be correlated with vitiation of Vata Dosha associated with Kapha Dosha Anubandha, leading to the formation of Ama and Srotovaigunya (functional impairment of body channels). Vitiating Vata is primarily responsible for Shoola (pain) and restricted movements, whereas aggravated Kapha contributes to Shotha (inflammation), stiffness, and heaviness.

Among the various treatment modalities described in Ayurveda, Agnikarma Chikitsa is considered highly effective in disorders predominantly involving Vata and Kapha Dosha. The therapeutic efficacy of Agnikarma can be attributed to its properties such as Ushna (hot), Tikshna (sharp), Sukshma (subtle), and Ashukari (quick acting), which help alleviate pain, reduce inflammation, improve local circulation, and restore functional movement.

Probable Mode of Action

During Agnikarma, controlled therapeutic heat generated by the red-hot Panchadhatu Shalaka is transferred to the Twak Dhatu (skin) and subsequently to the deeper tissues. This localized heat may help in relieving muscle spasm, improving blood circulation, reducing inflammation, and promoting tissue healing. From an Ayurvedic perspective, the procedure assists in the pacification of Ama, correction of Srotovaigunya, and normalization of vitiated Vata and Kapha Dosha, thereby reducing Shotha and Shoola.

The internal administration of Ashwagandha (4 g) and Navajivana Rasa (250 mg) with lukewarm water for 3 weeks may have provided additional therapeutic benefit.

Ashwagandha is known for its Vata-Kapha Shamaka, anti-inflammatory, analgesic, adaptogenic, and rejuvenating properties. Navajivana Rasa is traditionally indicated for disorders involving pain, inflammation, and weakness, and is believed to possess Vedanasthapana (analgesic), Shothahara (anti-inflammatory), and Rasayana (rejuvenative and immunomodulatory) effects. The combined action of Agnikarma and oral medications may therefore have contributed synergistically toward symptomatic relief and functional recovery.

The superficial wounds produced during Agnikarma healed completely within 5–7 days without any secondary complications. During the follow-up period of one month, gradual fading of the scar marks was observed within 3–4 weeks, and no adverse effects were noted. The patient was further advised to avoid lifting heavy objects and repetitive twisting movements of the affected limb for a period of six months to prevent recurrence and facilitate complete recovery.

CONCLUSION

Agnikarma appears to be an effective, safe, and minimally invasive therapeutic modality in the management of Tennis elbow. It can be conveniently performed as an outpatient or office-based procedure with satisfactory clinical outcomes and minimal complications.

In addition to Tennis elbow, Agnikarma has also been reported to provide beneficial results in various musculoskeletal disorders such as osteoarthritis, cervical spondylosis, lumbar spondylosis, sciatica, frozen shoulder, calcaneal spur, plantar fasciitis, carpal tunnel syndrome, trigger thumb, and other painful inflammatory conditions affecting the musculoskeletal system.

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