

Role of Agnikarma in the management of trigger finger by Suvarna Shalaka.

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Abstract

Stenosing tenosynovitis popularly known as trigger finger is a clinical condition characterized by pain full locking of the digit on flexion and extension. It is caused due to inflammation and hypertrophy of the retinacular sheath which progressively restricts the motion of flexor tendons. Classically this condition can be correlated to *SnayugataVata* where in Acharya Susrutha describes the disease manifestations such as *stambha* (stiffness), *kampa* (tremor), *soola* (pain) and *akshepa* (convulsions).

Acharya Sushruta has advised *Agnikarma* as the specific line of management indiseases pertaining to *snayu* (ligaments and tendons), *asthi* (bone), *sandhi* (joints)etc.observational studies done on four patients .the procedure was administered weekly once for three weeks giving complete relief from symptoms.

Introduction

Agnikarma refers to application of *Agni* directly or indirectly by means of different materials to relieve various ailments. Acharya Dalhana in his commentary on Susrutha Samhita defines Agnikarma.

- 1) *Agnikrithakarma* i.e. the action done with the help of *agni*.
- 2) *Agnisambandhikarma* i.e. the karma or action which is related to *agni*.

Agnikarma is classically mentioned in various disorders of skin, muscles, vessels, ligaments, tendons, bones and joints. It is specifically indicated in the management of *Arsa*, *Arbuda*, *Bhagandara*, *Sira*, *Snayu*, *AsthiSandhigataVatavikaras*, *Gridhrasi*.⁽¹⁾

TRIGGER FINGER⁽²⁾

Stenosing tenosynovitis popularly known as trigger finger is a clinical

condition characterized by painful locking of the digit on flexion and extension. In trigger finger, inflammation and hypertrophy of the retinacular sheath progressively restricts the motion of the flexor tendon. This sheath normally forms a pulley system comprising of series of annular and cruciform pulleys in each digit that serve to maximize the flexor tendon's force production and efficiency of motion. The flexor tendons are long cord-like structures that attach muscles of the forearm to the bones of fingers and thumb. Each of flexor tendon to the finger and thumb passes through separate tubular structure called tendon sheath, as the tendon makes its way across the palm into the digits the tendon sheath are firmly attached to the finger and thumb. Along the tendon sheath, bands of tissue called pulleys hold the flexor tendon closely to the finger bone as finger flex and extend. The pulley at the base of each digit where digit meets palm is called A1 pulley. This is most involved pulley causing trigger finger. In patient with trigger finger, the A1 pulley becomes inflamed and thickened, making it harder for flexor tendon to glide through, as finger bends.

Over the time the flexor tendon may also get inflamed and develop small tendon further aggravating the condition, As the digit flexes and thick nodules pass through the tight pulley there is catching and popping sound, In severe cases the digit locks and becomes stuck in bent position.

ACCORDING TO AYURVEDA-

In Ayurveda health is defined as the equilibrium of *tridoshas* and diseases

are described in accordance with the derangement these *doshas*, that is *Vata*, *Pitta* and *Kapha*. Hence classically this condition can be described as a state of deranged Vata with characteristic features like numbness, pain etc.

More specifically we can correlate this condition to **Snayugata Vata** where in Acharya describes *stambha* (stiffness), *Kampa* (tremor), *soola* (pain) and *akshepa* (convulsions). Acharya Charaka has mentioned in the context of *Snayupradoshaja Vikaras* the clinical manifestations such as *stambha* (stiffness), *sankocha* (contraction), *khalli* (neuralgia of the upper extremities and lower extremities), *granthi* (tumors in ligaments), *sphurana* (throbbing sensation), *supthi* (numbness)⁽³⁾. 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. The *vayu* responsible for this function, that is, *vyan 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**. As described earlier *Agnikarma* is a supreme mode of para surgical management in such diseases and it is believed that disease treated by *Agnikarma*⁽⁴⁾⁽⁵⁾ Never reoccurs. In *Agnikarma* therapy part or tissue is burned with the help of various special materials. It can be co-related

with modern therapeutic cauterization. *Acharya Susruta* in the context of *agnikarma* specifically mentions *kshaudra*, *guda* and *sneha* as *Dagdha upakaranas* in *Sira-Snayu-Asthi Sandhigata rogas*.⁽⁶⁾

CAUSES:

- Most common in females above 50 years
- Diabetes mellitus
- Low Thyroid functions
- Rheumatoid arthritis
- Gout
- Forcefull hand activities
- Surgery for carpal tunnel syndrome(1st 6months)
- idiopathic

TYPES OF AGNIKARMA⁽⁷⁾

There are 4 types of agnikarma according to ayurveda-*samyak dagdh-*

Disease	Sadhan
<i>Twakroga</i>	<i>Pippali, Godanti, Shar, Shalaka</i>
<i>Mansaroga</i>	<i>Jambuoshtha, Shalaka</i>
<i>Sira, Snayu, Sandhigataroga</i>	<i>Madhu, Guda, Sneha</i>

Inclusion criteria

- Participants satisfying diagnostic criteria of Trigger finger (*Hasta anguli Snayugata vata*) irrespective of gender, age between 30 to 70 years, irrespective of religion, caste, economic status, willingness to participate, and able to give consent.
- Participants with controlled Diabetes Mellitus, controlled Hypertension.

Exclusion criteria

1. Participants contraindicated for Agnikarma as per classics.

PROCEDURES

a) *Purvakarma*:

- A written informed consent was obtained from the patient.
- Material such as *suvarna shalaka*, Artery forcep, ghee, candle, match box was taken.

b) *Pradhankarma*-

1. *Suvarna shalaka* is taken in artery forcep and it is heated with the help of a candle.
2. *Agnikarma* was done over the tender points over middle finger of left hand at A1 pulley anteriorly and posteriorly at multiple sites and MCP joint, interphalangeal joint.

c) *Paschatkarma*:

After *agnikarma* done ghee or aloe vera gel is applied to the affected part. This procedure is repeated every week for 3-4 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 relief of symptoms such as *sotha* and *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 where in induction of short episode of hyperthermia to the area of pain leads to stimulation of HSPs which cause release of anti-inflammatory cytokines.

Discussion:

Two patient got complete relief of symptoms in a period of 2weeks agnikarma done once per week.And other two patients got 70% releif after 2 weeks.This heat is ushna, teekshna, laghu, sukshma, vyavyi and vikasiguna which is helpful to break kapha anubandhas reducing shoth which allows sheath to enter in tendon while clenching and extension, also vata get neutralized so that pain is relieved.

conclusion:

1. *Agnikarma* is an opd procedure.
2. Case study show that *agnikarma* therapy is help in management of local pathological disease.
3. Agnikarma procedure is easy, safe, uncomplicated and economical to reduce trigger finger.
4. Agnikarma can be prescribed as an effective procedure in management of Trigger finger. Agnikarma is also known to be effective in other cases of musculo-skeletal disorders such as osteoarthritis, cervical spondylosis, lumbar spondylosis, sciatica, frozen shoulder, calcaneal spur, plantar fasciitis, carpal tunnel syndrome, tennis elbow.

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Conflict of Interest: Non

Source of funding: Nil

Cite this article:

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Ayurline: International Journal of Research In Indian Medicine 2023; 7(3):01- 04