



International Journal of Ayurveda and Pharma Research

Case Report

ROLE OF AGNIKARMA IN THE MANAGEMENT OF TRIGGER FINGER

Anantkumar V. Shekokar*¹, Kanchan M. Borkar²

*¹H.O.D, ²Lecturer, Dept of Shalya Tantra, S.V.N.H.T'S Ayurved Mahavidyalaya, Rahuri Factory, Maharashtra, India.

Received on: 10/02/2014

Revised on: 16/02/2014

Accepted on: 25/02/2014

ABSTRACT

Although in ancient times, *Agnikarma* practice has been very less but the last ten years have seen a remarkable rise in the efficiency of *Agnikarma* practice. This has been possible due to a combination of valuable researches and conferences carried out all over the globe. And that's the reason why most of the *Ayurvedic Shalya Tantra* practitioners use *Agnikarma* as a healing mechanism for most of the human diseases.

Although modern surgical procedures are effective for curing diseases but the complications that arise out of such procedures are equally fatal and deadly. However in recent times it has been observed that such diseases can be cured by *Agnikarma* without undertaking any surgical procedure hence *Agnikarma* is proved to be a boon for curing such diseases.

Trigger finger, a disease is commonly seen in professions which involve frequent movement of fingers e.g. surgeons, typist, barbour, soldiers, farmer etc. As the reference of *Acharya Sushruta* suggests the disease trigger finger can be correlated with *Snaya Asthi Sandhi Aashrita Vikara*. So the patient should be kept under *Agnikarma* therapy upto a satisfactory level of relief from pain and hence in this study a case of trigger finger was treated by *Agnikarma* for a period of 30 days. In this period 4 sittings was administered at intervals of 7 days giving a complete relief from symptoms. After completion of *Agnikarma*, the patient was followed up and observed for recurrence for 3 months.

KEY WORDS: Trigger finger, *Agnikarma*, *Shalya Tantra*.

INTRODUCTION

Trigger finger is the condition resulting from constriction of the fibrous digital sheath, so that free gliding of the contained flexor tendon does not occur^[1].

In this condition there is an obstacle for voluntary flexion or extension of the finger and the patient experiences difficulty for such voluntary movements. But when obstructed portion is crossed, the finger suddenly straightens with a snap and hence it is called a trigger finger^[2].

When flexor tendon passes beneath the pulley in front of the metacarpophalangeal joint, a small thickening is found in it^[3]. Rheumatoid arthritis is one of the causes for this condition^[4]. This condition is commonly found in adults although it is sometimes found in children as well. In adults the middle finger or ring finger is most commonly affected^[5]. Movements of

affected finger are arrested while clenching while those unaffected can easily be clenched. Similarly when fingers are straightened the affected remains bent^[6].

To get relief from locking of finger, injection of steroid may relieve the condition initially but such locking may recur after some days. In recurrent cases operative treatment is necessary which is done by splitting the tight tendon sheath^[7].

But such surgical procedure has its own complication also which may result into fatal consequences and hence a common man would avoid such surgical treatments.

As a pioneer of the *Shalya-Tantra* *Acharya Sushruta* gives a well known *Agnikarma Chikitsa* for *Asthi Sandhi Snayuasharita Vyadhi*. Pathology of trigger finger

also involves *Asthi Sandhi Snayuashrita Vikara*^[8]. 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.

In this connection we had studied a case of a 65 years old patient working as a gynecologist who visited to OPD of *Shalya Tantra* department of *Ayurved Mahavidyalaya, Rahuri* on 10/11/13 with complaints of pain in middle finger, restricted movements of middle finger of right hand, early morning stiffness, and swelling at metacarpophalangeal joint. There was a history of injection of hydrocortisone in affected finger, whereby the treatment was done under 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.

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 of middle finger. 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.

PROCEDURE OF AGNIKARMA

After taking informed written consent the affected part was cleaned with *Triphala Kashaya*^[9]. It was then wiped with dry sterilized cotton gauze. 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^[10]. (application of *Jatyadi Ghit* also helps to reduce stiffness)

Above procedure was repeated 4 times at an interval of 7 days and patient was advised to apply *Jatyadi Ghrita* twice a day up to normal appearance of skin.

DISCUSSION

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.

Agnikarma Chikitsa introduces heat in the affected area. This heat is *Ushna*, *Tikshna*, *Laghu*, *Sukshma*, *Vyavayi* and *Vikashi* in *Guna* which is helpful to break the *Kaphanubandha* thus reducing *Shotha* which allows the sheath to enter in tendon while clenching and extension. Also *Vata* gets neutralized so that pain is relieved.

In this way *Agnikarma Chikitsa* has proved to be harmless, cost effective treatment modality not only for Trigger finger but also for all those disorders which are *Asthi Sandhi Snayu Ashrita*.

CONCLUSION

- 1) *Agnikarma* therapy is an OPD procedure.
- 2) Present 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.

ACKNOWLEDGEMENTS

- The Author expresses his sincere gratitude to Prof. P.R. Adhav. (Dean, *Ayurved Mahavidyalaya, Rahuri, Maharashtra*).
- Our sincere thank you to Pandurang J. Jadhav our beloved student.

REFERENCES

1. J. Maheshwari, Essential Orthopaedics, Mehta publishers New Delhi 2002, Third Edition page no.257
2. S.Das; A concise text book of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg.no. 280.
3. Clinical Orthopaedic Examination, Ronald McRae, Churchill Livingstone Edinburgh London New York Philadelphia St Louis Sydney Toronto 1998, Fourth Edition, Vol. 1, Page no.97.
4. John Ebnezar, Text Book Of Orthopaedics, Jaypee Brothers Medical Publishers (P) LTD New Delhi, Second Edition 2003, Page no.225
5. S.Das; A concise text book of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg.no. 280.
6. S.Das; A concise text book of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg.no. 281.
7. S.Das; A concise text book of surgery; S. Das publication, Calcutta, 4th edition, 1999, pg.no. 281.
8. Dr.Anantram Sharma, Sushruta Samhita Part-2, Chokhamba Surbharati Prakashan, Varanasi, 1st Edition, 2001, Chikitsa Sthana, Adhyaya no.04, Vatavyadi Chikitsa, Sutra no.08, Page no.205.
9. Dr.P.D.Gupta, *Agnikarma Technological Innovation (Treatment by therapeutic Burning)*, Vol.1, Edition 1st, Prabha Publication, 1992, Nagpur, Page no.32.
10. Dr.Devendranatha pande, *Anushtra karma parasurgical therapy at a glance*, Vol.1, Edition 1st, Chaukhambha Publication, 2009, Varanasi, Page no.75.

Cite this article as:

Anantkumar V. Shekokar, Kanchan M. Borkar. Role of Agnikarma in the Management of Trigger Finger. Int. J. Ayur. Pharma Research 2014; 2 (1): 112-115

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr Anantkumar V Shekokar

Reader & HOD Dept of Shalya Tantra
S.V.N.H.T'S Ayurved Mahavidyalaya,
Rahuri Factory, Ahmednagar,
Maharashtra, India.

Cell : +919860376534

Email: dranantkumarshekokar@gmail.com

PHOTOGRAPHS



Fig.1. Instruments for Agnikarma



Fig.2. Trigger Finger at Middle Finger

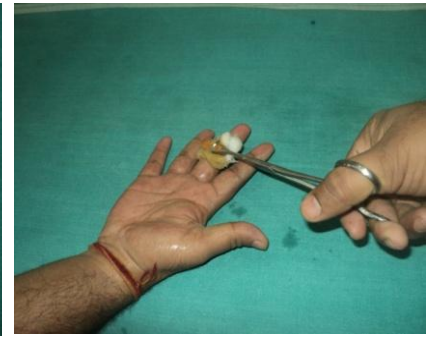


Fig.3. Painting with Triphala Kshaya



Fig.4. Heating of Panchadhatu Shalaka



Fig.5. Red Hot Panchadhatu Shalaka



Fig.6. Agnikarma Procedure at Middle Finger



Fig.7. Agnikarma Procedure at Middle Finger



Fig.8. Application of Jatyadi Ghrit after Agnikarma



Fig.9. Trigger Finger after 4 weeks