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CASE STUDY

A SINGLE CASE STUDY OF *AGNIKARMA* IN *SNAYUGATA VATA* (TENNIS ELBOW)

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ABSTRACT

Introduction: Tennis elbow, or *Snayugata Vata* in Ayurvedic terminology, is a degenerative musculoskeletal disorder commonly caused by repetitive use of the forearm, wrist, and hand. It is characterized by pain and tenderness around the lateral epicondyle. *Agnikarma* (therapeutic cauterization) is an Ayurvedic para-surgical intervention often recommended for such conditions. **Patient Information**: A single patient presenting with classical symptoms of tennis elbow was enrolled for this case study. The patient experienced localized pain and functional difficulty associated with the lateral epicondyle. **Clinical Findings**: Clinical examination confirmed pain over the lateral epicondyle, with difficulty in gripping and other routine forearm movements, consistent with *Snayugata Vata*. **Therapeutic Intervention**: The patient was treated with *Agnikarma* using a *Lohadhatu Shalaka* (iron rod) applied to the area around the lateral epicondyle. The procedure was performed in 3 sittings, spaced 10 days apart. **Outcomes**: Following treatment, significant symptomatic relief was observed. The average percentage of improvement was calculated to be 80.22%. Pain intensity and functional impairment were substantially reduced. Agnikarma showed better statistical efficacy compared to general conservative approaches. **Follow-up and Outcomes**: The patient was followed up post-intervention and reported sustained relief with no recurrence during the observation period. **Conclusion**: *Agnikarma* demonstrated effective, non-invasive, and non-pharmacological management of tennis elbow (*Snayugata Vata*). It can be successfully performed at the OPD level using minimal equipment, making it a viable and accessible treatment modality. Further controlled studies are recommended to validate these findings.

***Keywords*:** Tennis elbow, *Snayugata Vata, Agnikarma,*

INTRODUCTION

In 1873, Runge was the first to report lateral elbow discomfort. Other names for tennis elbow include epicondylitis, epicondylalgia, tendinosis, tendinitis, lateral elbow discomfort, and Angio fibroblastic hyperplasia. The term "tennis elbow" is the most appropriate as wrist extension, a strong grip on the racquet, and a backhand stroke are all directly related. However, the great majority of patients with this condition are not tennis players; instead, they are housewives, butchers, plumbers, carpenters, painters, auto mechanics, sweepers, and gardeners.

Epidemiology

A more prevalent musculoskeletal condition among workers associated with physically demanding jobs is tennis elbow, which is more common in housewives and manual labourers. TE is a disease that primarily affects middle-aged people (30–65 years old), with a prevalence of 1-3 percent[2]. The effects are the same for males and females.

Lateral epicondylitis and tennis elbow are not the same issue. Because there are no evidence of prostaglandin-mediated inflammation or increased interleukin and cytokines in tennis elbow CRP. Forearm supination and pronation, radial and ulnar deviation movements, and repeated wrist extension and flexion have caused small tears in the common extensor tendons, which are derived from the lateral epicondyle of the humerus. The biomechanics study conducted by Briggs supports the notion that tennis elbow is mainly a mechanically produced condition[3].

Vascular hyperplasia, disorganised collagen, and dense fibroblast populations dominate this histological image. Angio fibroblastic hyperplasia is the word used to describe this disorder. Locomotion-related tendons are thought to be vulnerable to degenerative damage due to their low blood supply and ability to transfer stresses under elastic eccentric circumstances.

The condition known as tennis elbow has a clinical diagnosis. Daily regular tasks including kneading, sweeping, pouring, hard lifting, squeezing, gardening, and clutching are typically linked to this discomfort. Tennis elbow is often diagnosed clinically, and the following symptoms support the diagnosis: The chairlift test, Maudsley's test, Mill's test, and Cozen's test[4.]

Cozen’s test – When the patient is asked to extend his clenched fist against resistance, considerable pain is experienced at the lateral epicondyle.

Mill's test- The patient's wrist is passively flexed when his forearm is pronated. This gives rise to tremendous pain on the attachment of the common extensor tendons.

Maudsley's test- when patient's middle finger is extends against resistance, patient feels pain on the lateral epicondyle of humerus.

Ayurvedic medicine suggests that tennis elbow is associated to *Snayugata Vata*. Under the *Vatavyadhi*, *Snayugata Vata* is referenced by every *Acharya*. Only *lakshana* and *chikitsa* are used to describe *Snayugata Vata* in *Samhitas* such as *Charaka*[5], *Sushruta*[6], *Astanga*[7], *Bhavaprakashakara*[8], and *Yogratnakara*[9].

Allopathy simply provides symptomatic alleviation. Treatment options include corticosteroid neurotendinous injection, rest by splinting the neighboring joint, and medications such as NSAIDs, analgesics, and anti-inflammatory drugs. Surgery comes last. However, there are restrictions on surgery; these include

- Risk of recurrence
- Risk of surgical and postsurgical complications
- Possibility of infection
- Postoperative immobilization of the elbow and a long ambulatory period

CASE STUDY

A female patient of age 32 yrs. old coming to GS Ayurvedic Medical College & Hospital N.H -9 Near Railway Station Pilkhuwa Distt- Hapur (UP) Department of Kayachiktsa with the complaints of pain in elbow, *Stambha* (Stiffness) *Akshepa* (Muscle spasm), *Kampa* and don't hold any heavy object. The patient was diagnosed as *Snayugata Vata* (Tennis Elbow) with the help of physical symptoms & all investigations. Patient did not get relief by modern medicine. she has given *Ayurvedic* Para surgical Process Agni karma for 35 days.

Physical Examination:

Pulse: 82/ min. **Temp:** 98.7^0 F **B. P.** 130/90 mm Hg **R. R.**20/ min.

Kshudha: *Prakrut* ***Nidra*****:** *Alpa* ***Mala*****:** *Badha* ***Mutra*****:** *Samyak*

Muscle power: Not affected significantly- grade V.

Dosha – *Vatapradhana Kapha* ***Dushya*****:** *Snayu, Mamsa, Sira*. ***Mala:*** *Purisha*

***Srotas*:** *Rakta*, *Mamsa*, and *Manovaha.*

Diagnosis: *Snayugata Vata* (Tennis Elbow)

INVESTIGATIONS:

Tennis elbow is a clinically diagnosed disease.

1. Routine blood investigations- Complete Hemogram (TLC, DLC, RBCs, MCV, MCH, Hb, Haematocrit, Platelets count, ESR, BT, CT)
2. Blood sugar, RA factor, CRP
3. Viral markers- HbsAg, HCV, HIV
4. X-ray of elbow joint, if necessary.

1. *AGNIKARMA*

Materials required-

Lauha Dhatu Shalaka, gas cylinder, pieces of *Ghritkumari Patra*, turmeric powder, gauge, cotton bandage.

Site – In the present study, *Agnikarma* was done around the lateral epicondyle of humerus.

Type – *Bindu* which is one of the following *Dahan Prakar*.

Procedure- *Agnikarma* -By *Lohadhatu Shalaka*

- The patient was being informed about the entire *Agnikarma* treatment.
- Painful, tender points of the elbow joint were marked with marker or pen. Marked points were a minimum of 8 and a maximum of 15.
- The procedure was done by *Dahana* with red hot *Shalaka* for one second at each marked site. *Agnikarma* was done in *Bindu* manner (one of the *Dahana Prakara)* or in the dots form.

- Aloe-vera pulp was applied immediately over the *Dahana* site so, that patient doesn't feel burning sensation.
- Dressing was done with turmeric powder on the first day. After the first day, the dressing continues with *Jatyadi Ghrita.*
- Patients was strictly advised not to allow water contact at *Dagdha Vrana* site for one day.
- No. of sittings – 3 at 10 days interval

Fig. 1 Materials required for *Agnikarma*

Fig. 2 Red hot *Loha Shalaka*

Fig. 3 *Agnikarma* by Red hot *Loha Shalaka*

Fig 4: 1st sitting of *Agnikarma*

Fig 5: Wound at 10th day

Fig 6: 2nd sitting

Fig. 7 3rd sitting

Fig 8: Wound completely heal after 3 sitting of *Agnikarma* and Pt. advice only to apply *Jatyadi ghrita* on wound due to this scar marks of *Agnikarma* wound not found.

DISCUSSION

Tennis elbow, medically known as lateral epicondylitis, is a degenerative musculoskeletal condition resulting from repetitive stress or overuse of the extensor muscles of the forearm, particularly during gripping and wrist extension activities. In Ayurveda, this condition closely resembles *Snayugata Vata*, a disorder primarily affecting the *snayu* (ligaments and tendons) due to vitiation of *Vata dosha*[10].

Although *Snayugata Vata* and tennis elbow share some symptomatic similarities, such as *shoola* (pain) and *stambha* (stiffness), they are not entirely equivalent. The Ayurvedic diagnosis of *Snayugata Vata* includes several *lakshanas* (clinical features), such as *akshepa*, *kampa*, *ayama-bahayama*, and *sarvangavata*, which were absent in a study of 30 patients diagnosed with tennis elbow[11]. Additionally, the *nidana* (causative factors) of *Snayugata Vata*—including *atichesta* (excessive activity), *ativyayama* (overexertion), *bharavahana* (carrying heavy loads), and *abhighata* (trauma)—align closely with the repetitive mechanical strain that leads to lateral epicondylitis[12].

Probable Mechanism of *Agnikarma* in *Snayugata Vata*

Agnikarma, a therapeutic thermal cauterization method described in Ayurveda, is postulated to act through several physiological and biochemical pathways. When heat is applied via *Lohadhatu Shalaka*, localized vasodilation occurs, resulting in increased blood flow. This enhances oxygen and nutrient delivery to the injured tissues, facilitating healing and reducing pain[13]. Increased blood flow may also help remove pain-producing substances like prostaglandins and bradykinin, thereby contributing to analgesia[14].

Furthermore, heat stimulates cutaneous thermoreceptors, leading to modulation of pain perception via the *gate control theory*, proposed by Melzack and Wall in 1965. According to this theory, stimulation of large-diameter Aβ fibers by non-noxious stimuli (such as heat or touch) inhibits transmission of pain signals carried by smaller C fibers at the level of the spinal dorsal horn[15]. This mechanism explains the immediate pain-relieving effect often observed after Agnikarma.

Additionally, Vant Hoff's principle suggests that a rise in local temperature leads to a proportional increase in metabolic rate, thereby accelerating tissue repair processes[16]. Heat application also increases tissue extensibility, improving mobility and reducing muscle tension, which may decrease the mechanical strain on affected tendons[17].

Collectively, these effects make *Agnikarma* an effective OPD-level, non-pharmacological intervention for tennis elbow. Its simplicity, minimal requirement of equipment, and immediate results support its integration into routine Ayurvedic practice.

CONCLUSION

Therefore, it may be said that *Agnikarma* work well for tennis elbow (*Snayugata Vata*). *Agnikarma's* average percentage impact is 80.22%. In terms of statistics, *Agnikarma* works better. However, para-surgical techniques produced notable improvements in every tennis elbow metric. *Agnikarma* treatments are non-invasive and nonpharmacological, and OPD-level treatments may be utilized to treat tennis elbow (*Snayugata Vata*) with the least amount of equipment.

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