



---

---

**COMBINED EFFECT OF AGNIKARMA AND VIDDHAKARMA IN  
THE MANAGEMENT OF TENNIS ELBOW-A CASE STUDY**

**PAWAR CS\*, MORE SM AND SANGODE NP**

- 1:** Professor, Department of Shalya Tantra, Parul Institute of Ayurved and Research, Parul University, Vadodara, Gujarat, India
- 2:** Assistant Professor, Department of Shalaky Tantra, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat, India
- 3:** Associate Professor, Department of Rachana Sharir, Parul Institute of Ayurved and Research, Parul University, Vadodara, Gujarat, India

**\*Corresponding Author: Dr. Pawar Chandrakant Sahebrao**

Received 12<sup>th</sup> Dec. 2021; Revised 14<sup>th</sup> Jan. 2022; Accepted 7<sup>th</sup> Feb. 2022; Available online 5<sup>th</sup> March 2022

<https://doi.org/10.31032/IJBPAS/2022/11.3.1016>

**ABSTRACT**

Tennis elbow also known as lateral epicondylitis. It is a chronic painful condition affecting routine activities of the individual. This condition is not limited to sportsmen only. Repetitive trauma to tissue at lateral epicondyle leads to this condition. It causes restricted and painful torquing movements of the forearm. Presently available managements are anti-inflammatory and analgesic drugs, local steroid infiltration, physiotherapy etc. but none of these treatments giving justifiable results. In ayurveda perspective Tennis elbow can be correlated with 'Snayugata vata'. Acharya Sushruta mentioned various parasurgical managements like Agnikarma, Viddhakarma, along with Lepam, Upanaha remedies to treat such musculoskeletal disorders. So, considering this in present case study a combination of two parasurgical procedures Agnikarma and Viddhakarma was performed and this management provided significant relief in pain and restricted movements of elbow joint.

**Keywords: Agnikarma, Combined parasurgical procedures, Tennis elbow,  
Viddhakarma**

**INTRODUCTION:**

Tennis elbow is commonly occurring musculoskeletal disorder affecting lateral aspect of elbow joint also known as lateral epicondylitis.<sup>[1]</sup> The overall prevalence rate of this condition is 1-3%. Commonly affects people in age group Between 40 to 60 years of life.<sup>[2]</sup> It is not only affecting the sportsmen but now a days can affect farmers, carpenters, plumbers, painters, drivers, cooks etc.

Pain on torquing movements of forearm or pain aggravating during resisted dorsiflexion of the wrist and fingers also tenderness at epicondylar region, of humerus are the cardinal signs and symptoms. General cause of this condition is overuse of forearm, ultimately the recurrent trauma to underlying tissues of lateral epicondylar region. Dominant arm is more significantly affected.

On the basis of its signs and symptoms, tennis elbow can be correlated with the condition of 'Snayugata Vata' described in Ayurveda.<sup>[3]</sup> It is developed when the vata dosha aggravates due to atichesta, ativyayam, etc. and gets localized in snayu of kurpara sandhi. Agnikarma nowadays is proven management to treat musculoskeletal conditions. Viddhakarma is modified type of siravedha. Viddhakarma is done on keshvahinya (minute capillaries) in which there is no oozing of blood, but

only pacifying effect of doshas.<sup>[4]</sup> Acharya sushruta has mentioned many sites for Siravedha where there are no visible veins. So on those places Viddhakarma is expected for pacification of vitiated doshas.<sup>[5]</sup> Amongst these, in present case study patient was treated by performing two parasurgical procedures in combination.

**Case report:**

A 48 years old male patient, occupation as a farmer, visited Shalya Tantra OPD. He was having complaints of severe pain in lateral aspect of right elbow joint aggravated while movements, and lifting weight. Was also having restricted movements in Right elbow joint for 1 year. There was no any history of trauma except doing routine farming work. Patient was taking treatment frequently for same complaints under various clinicians since 1 year, with no significant relief. All routine and associated blood investigations were within normal range. X-ray of right elbow hand shown no significant changes with normal study.

On examination, mild swelling at lateral epicondylar region was seen. On palpation tenderness elicited over same area extending to dorsum of forearm. Patient was unable to hold the object properly by the affected hand. Further, it was observed

that on full extension of right elbow and resisted extension of right wrist joint, maximum pain was experienced by the patient. After taking overall history the patient was diagnosed as a case of Right-hand Tennis elbow (Right Lateral epicondylitis).

**Treatment plan:**

1. Considering Tennis elbow as *snayugat vaat*, the main aim of treatment was to pacify the vitiated *vata*. The overall goal to relieve the pain and to restore normal function of affected arm.

2. After careful assessment and examination, patient was planned to treat with combined para surgical procedures *Agni karma* and *Viddhakarma*.

3. Written informed consent was taken before procedure.

4. *Agnikarma* procedure- The affected part was cleaned with *Triphala Kasaya* and wiped up with sterilized gauze piece. *Agnikarma* in the form of *samyak*

*twak dagdha* was done by making a *bindu dahana vishesha* (multiple dots at maximum tender points) with red hot *Pancha dhatu shalaka* (Fig.1). After completion of the procedure, *Yashtimadhu* powder dusting was done on *dagdha vrana*.

5. *Viddhakarma* Procedure: Supine position given to patient with hand kept in semi flexed position. Site: 4 fingers above and below the Right Elbow joint.<sup>[6]</sup> The site 4 fingers above the elbow joint was cleaned with spirit swab and punctured with 26 no. (half inch) needle up to 10 mm deep on lateral aspect of Right elbow joint<sup>[7]</sup> (Fig-2). Needle withdrawn after few seconds and site cleaned with spirit swab. Same procedure of *Viddhakarma* repeated 4 fingers below the elbow joint (Fig-3). These procedures *Agnikarma* followed by *Viddhakarma* was repeated at the interval of 7 days.

**Duration of Treatment:** 4 weeks.



Figure 1: *Agnikarma* at Right lateral epicondylar region



Figure 2: Viddhakarma 4 fingers above Right elbow joint



Figure 3: Viddhakarma 4 fingers below Right elbow joint

**Outcome measures:** according to VAS scale and mobility of elbow joint. Weekly assessment was done. Outcome measure includes documentation of improvement in the assessment of pain

Table 1: Mobility gradation chart:

Grade-0	Normal movement with no pain.
Grade-1	Restriction of movement with mild pain.
Grade-2	Restriction of movement with moderate pain.
Grade-3	Restriction of movement with severe pain.

Table 2: Pain assessment

Grade	VAS Scale	Pain
0	0	No pain
1	1-3	Mild pain
2	4-6	Moderate pain
3	7-10	Severe pain

**OBSERVATIONS AND RESULT:** pain and increased the strength of gripping power in affected hand without any untoward effect. With this short duration of treatment protocol, patient got complete relief from

Table 3: Showing effect of management

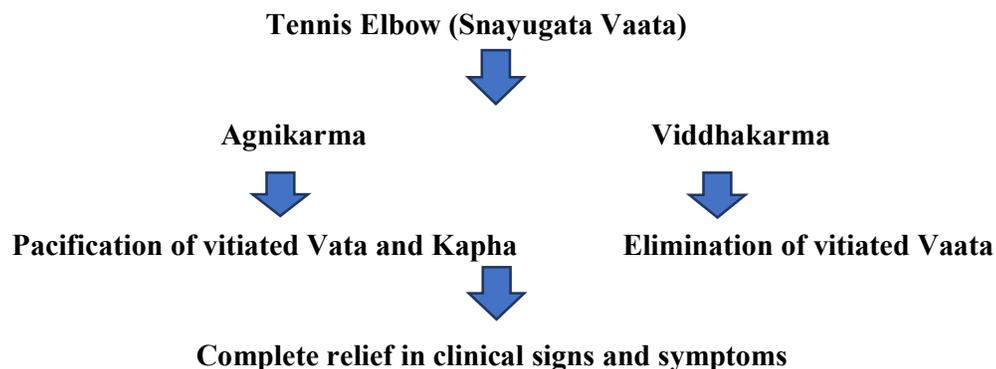
	0 day	End of 1 <sup>st</sup> week	End of 2 <sup>nd</sup> week	End of 3 <sup>rd</sup> week	End of 4 <sup>th</sup> week
Pain	3	2	1	0	0
Mobility of right elbow joint	3	2	1	0	0

After completion 3 sittings of Agnikarma and Viddhakarma patient got complete relief. But management continued in 4<sup>th</sup> week also to avoid recurrence. Patient visited after 3 months of treatment with no recurrence of symptoms.

### **DISCUSSION:**

Tennis elbow can develop due to repeated injury and inflammation added with microscopic degenerative changes encountered at the origin point of tendon of extensor carpi radialis bravis muscle and it makes the movements of affected arm restricted and painful. As per ayurvedic concept this condition develops due to vitiation of vaata with kapha in combination. To treat such conditions agnikarma procedure is indicated as a best management. Viddhakarma procedure is also helps to eliminate the vitiated vaata dosha from affected site. Therefore, to pacify the vitiated vata and kapha dosha, Agnikarma and Viddhakarma procedures in combination works very effectively.

### **Probable mode of action:**



**Agnikarma:** In the process of Agnikarma, transferring of therapeutic heat to twak dhatu and gradually to deeper structure which would have acted eventually to pacify vata dosha and srotovaigunya and consequently rendered relief in symptoms of shoth and shoola.

**Viddhakarma:** According to acharya Sushruta all vitiated doshas carried by sira. After puncture or viddhakarma, Vata being a Laghu and Chala property gets eliminated first. Hence there is pacification of vaata dosha and ultimately pain gets reduced.<sup>[8]</sup>

Some theories can also explain mode of action that following puncture, or painful stimulus like Agnikarma, the immune system gets activated and as a response to this procedure releases endorphin that helps to reduce pain, it generates local static electricity that leads to polarization on cellular level, including micronutrient. Thereby, moving metabolic waste products from cells to channels of transportation. When the waste and toxins are removed from the site the pain subsides.

**CONCLUSION:**

Agnikarma and Viddhakarma both parasurgical procedures in combination are very effective to pacify vata dosha and shown significant results in pain management of tennis elbow. Both these procedures are OPD procedures, taking less time to perform, and very cost effective also. Hence, this combined management modality can be performed considering its effectiveness and safe therapeutic regimen for Tennis elbow. By this case report it can be concluded that Agnikarma and vidhhakarma in combination can proved to be a great treatment option for the patients suffering from Tennis elbow. The study can be carried out with large sample size to establish this treatment as protocol for Tennis elbow.

This management in combination can also be tried in other painful musculoskeletal conditions specially vata and kapha dominant vikara, like Frozen shoulder, Gridhrasi, Vatakantaka, Lumbar spondylosis etc. as per sites mentioned by Acharya Sushruta.

**REFERENCES:**

- [1] Maheswari J. 3<sup>rd</sup> ed. New Delhi: Mehta Publisher; 2003. Essential Orthopaedics; p. 257.
- [2] Allander E. Prevalence, incidence, and remission rates of some common rheumatic diseases or syndromes. Scand J Rheumatol. 1974; 3: 145–53. [[PubMed](#)] [[Google Scholar](#)]
- [3] Tripathi B. Chikitsasthan 28 chapter Sloka No 16. Vol. 2. Varanasi: Chaukhamba Surabharati Publication; 2009. Carak Samhita; p. 937. [[Google Scholar](#)]
- [4] Dr. Avinash Lele, Subhash Ranade, Dr. David Frawley, Chaukhamba prakashan, 2011, Secretes of Marma, page no.99.
- [5] Dr. R. B. Gogate, Viddha ani agnikarma chikitsa.2017, Page no.62
- [6] <http://aryavishwaayurved.com/vidhha-karma.html>
- [7] <http://www.ayurmir.com/tratments/vidhha>
- [8] Ambika Dutt Shastri. Sushruta samhita, Volume 1, Varanasi; Choukhamba Sanskrit sansthan; 2011 (Sharira 8/12), p. 87.