

## Effect of Agnikarma with Sarjarasa in Tennis Elbow - A Case Report

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### ABSTRACT

Lateral epicondylitis, commonly known as tennis elbow, is an overuse tendinopathy affecting the extensor tendons of the forearm, primarily the extensor carpi radialis brevis (ECRB). A 55-year-old male patient having no other comorbidities complains of pain and tenderness over lateral epicondyle of right elbow joint since 2 months came to our opd for Ayurvedic management. On the basis of clinical examination he was diagnosed with lateral epicondylitis / Snayugatavata of Koorpara sandhi. Patient underwent Agni karma with Sarjarasa (resin of *Vateria indica*) and observed and assessed on 7<sup>th</sup> and 14<sup>th</sup> day after procedure. After this para surgical procedure signs and symptoms of patient got relieved considerably, proving this procedure effective

**KEYWORDS:** Tennis elbow, Agnikarma, Sarjarasa, Ayurveda case report

### I. INTRODUCTION

Lateral epicondylitis, also referred to as tennis elbow in which the common extensor origin which is attached to the lateral epicondyle of humerus is initially damaged by unaccustomed or over use of this group of muscles<sup>1</sup>. The common extensor muscles include extensor carpi radialis brevis, extensor digitorum, extensor digiti minimi and extensor carpi ulnaris. Particularly extensor carpi radialis brevis tendon is affected more compared to others. These muscles are active during wrist extension and stabilization, especially when gripping or lifting objects and they subjected to high eccentric loads, particularly during wrist extension combined with forearm pronation (as seen in racket sports, weight lifting, and repetitive manual tasks). This repeated eccentric contraction leads to microtears and tendon degeneration over time. In this condition patient presents with pain and tenderness around common extensor origin of elbow and reproduction of symptoms with resisted wrist extension.

It is a commonly seen condition in general practice clinics and has been reported to affect 1% to 3% of adults each year<sup>2</sup>. Lateral epicondylitis is most frequently linked to tennis, but it can affect anyone who repeatedly engages their forearm muscles, such as painters or plumbers. In tennis, improper backhand technique—where players generate power primarily through the forearm instead of utilizing the core, rotator cuff, and scapular muscles can contribute to the condition.

The treatments followed nowadays like pharmacological interventions, surgery etc. have its own limitations. So, in these circumstances it is relevant to find out a better management in Ayurveda.

Tennis elbow can be correlated with Snāyugatavāta in Kūrparasandhi (elbow joint) which has symptoms of pain, stiffness, restriction of movements etc. Acharya Susrutha has indicated Agnikarma as the effective treatment in conditions of severe pain in twak, mamsa, sira, snayu, sandi etc. Also while explaining Snāyugatavātachikitsa he has mentioned Sneha, Upanaha, Agnikarma, Bāñdhana etc<sup>3</sup>. Agni possesses Ushṇa, Tīkṣṇa, Sūkṣma, Āśukāriḡuṇa, and Vātakaphahara properties, making it effective in clearing Srotorodha. Snigdha substances like kshaudra (honey), guda (jaggery), and Sneha (oily substances) are recommended for Agni karma in structures such as sira (veins), snayu (ligaments), sandhi (joints), and asthi (bones). Agnikarma performed with Snigdha dravyas has greater penetration and a prolonged latent period compared to Rooksha dravyas like śalāka. According to Dalhana's commentary, Sarjarasa (resin of *Vateria indica*) is also classified as a Snigdha dravya. So, this case report demonstrates the role of Agni karma with Sarjarasa in lateral epicondylitis.

### PATIENT INFORMATION

A 55-year-old male patient, who is an electrician by profession came to OPD with complaints of severe pain over his right elbow joint

since 2 months. Initially he neglected it. Later it started to affect his day-to-day activity like opening bottles, twisting door handle etc. The pain is gradual in onset, aching in nature aggravates during activity and relieves by rest. He approached an Allopathic physician and took medication for 2 weeks but there was only a temporary relief. After one week of aggravation of the condition he came to our hospital for Ayurvedic management. Agnikarma was explained in detail and consent was taken for doing the procedure. Surgical investigations were carried out.

### CLINICAL FINDINGS

Inspection: no abnormality detected

Palpation: Grade II tenderness present over lateral epicondyle of right elbow

Pain: 7 as per VAS

ROM: All movements of right elbow are possible with pain

Cozen's test: positive

Mill's manoeuvre: positive

### THERAPEUTIC INTERVENTION

Pre-operative Procedure

- Detailed clinical examination and laboratory investigations (CBC, FBS, PPBS, RA, ASO, CRP, BT, CT, HIV, HCV, VDRL, HBsAg) were done.
- Patient was informed in detail about the treatment procedure and informed consent was obtained.
- TT immunization done
- Advised patient to sit in a comfortable position with flexed elbow supported on a plane surface.
- The area over tender points of elbow cleaned and made aseptic using betadine solution and sterile water.
- Tender points marked properly (at least 5mm apart)
- Draping done with sterile cloth, to avoid damage to other than the affected site

Materials Required

Sarjarasam, lighter, Betadine solution, Sterile cotton, Surgical gloves, Kidney tray, Sterile bowl, Gas stove, honey, ghee, Tetanus toxoid injection, Swab holding forceps, Sterile water.

### PREPARATION OF SARJARASA STICK

Materials Required:

• Sarjarasa

(Scientific name: *Vateria indica*)

Family: Dipterocarpaceae)

- Wooden sticks (6.5cm x 2mm)
- Stove.

Preparation

- The sufficient powdered Sarjarasa took in a vessel and made to melt.
- The tip of each Wooden sticks dipped in molten Sarjarasa and allowed Sarjarasa to be stuck in the tip of these wooden sticks until it is made into a round shape (having uniform thickness). Then it taken out. (Fig :1)
- The sticks stored in sterile container.



Fig 1:

### PRADHANA KARMA

- The tip of Sarjarasa sticks heated by using a lighter
- When it started melting, melted Sarjarasa dropped over the initially marked tender points.
- This procedure repeated over all the marked tender points.
- When the drops get solidified its own, wiped off carefully using sterile cotton

### PASCHAT KARMA

- Madhu and Ghritha applied over the site of Agnikarma,
- Patients observed and assessed for 30 min for any blister formation or any other discomfort.
- For one-week advised patient to continue the application of Madhu and Ghritha over the site.
- Site observed on 7<sup>th</sup> and 14<sup>th</sup> day

Outcome Measurements (Table .1)

1. Pain- Assessed by visual analogue scale

- 0: Nil
- 1-3: Mild
- 4-6: Moderate
- 7 and above: Severe

2.Tenderness

- Grade 0 – no tenderness.
- Grade 1 - the patient says the part is tender.
- Grade 2 - the patient winces due to pain.
- Grade 3 - the patient winces and withdraws the affected part.

- Grade 4 – the patient doesn't allow touching the affected part.

- 3.Response to Mill's manoeuvre;
- 4.Response to Cozen's test

Table.1 assessment of patient on 0<sup>th</sup> 7<sup>th</sup> and 14<sup>th</sup> day

Sl No	Criteria	Before treatment 0 <sup>th</sup> day	After treatment 0 <sup>th</sup> day	7 <sup>th</sup> day	14 <sup>th</sup> day
1	Pain	7	2	3	3
2	Tenderness	Grade 2	Grade 0	Grade0	Grade 0
3	Response to Mill's manoeuvre;	Positive	Negative	Negative	Negative
4	Response to Cozen's test	Positive	Negative	Negative	Negative



Fig2:On the day of procedure



Fig 3:On 14<sup>th</sup> day after procedure

## II. DISCUSSION

Agnikarma is a parasurgical procedure which gives instant relief from pain. Before doing Agnikarma with Sarjarasa pain score was 7 and after the treatment pain score reduced to 2, and by the 7<sup>th</sup> and 14<sup>th</sup> day pain score was 3. That Means pain was significantly reduced after treatment. But in the follow up days there is tendency of pain to increase. special test remained negative after procedure.

Agni has Ushṇa, Tīkṣṇa, Sūkṣma, Āśukāriḡuṇa and Vātakaphahara properties hence Agni helps to remove the Srotorodha. Pain is the manifestation of Vata. When the normal movement of Vata is obstructed or stagnated, it leads to pain. So, by removing Srothorodha it helps to reduce pain. Sarjarasa is the resin of *Vateria indica* it comes under Snigdhadravyaandhas more penetrating capacity than Salakaetc .Anti-inflammatory property of Sarjarasa also aid in reducing signs and symptoms of Tennis elbow.

Heat application from Agnikarma activates A-beta fibres, which carry non-painful touch and pressure signals. These fibres compete with smaller pain-transmitting fibres (A-delta and C-fibres) in the spinal cord, leading to pain inhibition. The stimulation of A-beta fibres inhibits the transmission of pain signals from A-delta and C-fibres at the substantia gelatinosa in the dorsal horn of the spinal cord. As a result, pain perception is reduced or blocked. <sup>4</sup>

Another theory regarding Agnikarma is it may stimulate the sensory receptor lying in the muscle, sends message to the brain which stimulates the pituitary gland to release endorphin which in turn binds with opiate receptors in the pain cells to block the pain stimuli. Endorphin is a naturally occurring neuropeptide and like morphine and other opiates it has a marked propensity for binding on to the "opiate receptors" of the pain cell in the brain<sup>5</sup>

Although there is a slight increase in pain during 7<sup>th</sup> and 14<sup>th</sup> day. Patient was advised to take rest for at least for 1 week but he was unable to take rest due to his work nature. So, it suggests that there may be a chance of recurring the symptoms later.

## III. CONCLUSION

This case demonstrates the effectiveness of Ayurvedic treatment in managing lateral epicondylitis. Agnikarma with Sarjarasa have a significant effect in reducing the signs and symptoms of Tennis elbow. We can give an instant

relief from pain at lateral epicondyle by this simple para surgical procedure with minimal scarring.

### DECLARATION OF PATIENT:

Consent Authors certify that they have obtained a patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed

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Nil.

### CONFLICTS OF INTEREST

There are no conflicts of interest

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