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An Ayurvedic Approach to Trigger finger: A Case Study

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ABSTRACT

Stenosing tenosynovitis popularly known as trigger finger is a clinical condition characterized by painful 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 Snayugata Vata wherein 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 in diseases pertaining to snayu (ligaments and tendons), asthi (bone), sandhi (joints) etc. This is a single case of trigger finger (snayugata vata) managed with snigdha agnikarma using Tilathaila in OP, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research. The procedure was administered weekly once for 4 weeks giving a complete relief of symptoms and the patient was observed for a follow-up period of 1 month to rule out reccurrence of symptoms.

***Keywords**: Trigger finger, Snayugata Vata, Snigdha Agnikarma, Tila thaila.*

INTRODUCTION

Salyatantra is considered as the supreme branch among the *Ashtangas* of Ayurveda. The uniqueness of *Salyatantra* is its dual line of management *Sastra karma* [Surgical procedures] and *Anusastra karma* [Parasurgical procedures] in addition to medical management. *Acharya Susrutha* has mentioned different methods of management of diseases such as *Bheshaja, Sastrakarma, Ksharakarma* and *Agnikarma. Agnikarma* is mentioned with utmost importance among *anusastra karmas* because of its simple technique and optimum result [1].

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 Samhitha* defines *Agnikarma* as :

1) *Agnikritha karma* i.e, the action done with the help of *agni.*
2) *Agnisambandhi karma* 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 ,Asthi, Sandhigata Vatavikaras, Gridhrasi* etc [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 comprised

of a series of annular and cruciform pulleys in each digit that serve to maximize the flexor tendon's force production and efficiency of motion. It is caused by the inflammation and subsequent narrowing of the A1 pulley through which the flexor tendon passes at the metacarpal head, leading to restricted movement of the tendon through the pulley. Though precise etiology cannot be proposed repetitive finger movements and local trauma are possibilities.[3-4] Repeated stress and degenerative forces accounts for the incidence of trigger finger hence is often seen in the dominant hand. There are reports linking trigger finger to occupations requiring extensive gripping and hand flexion, such as use of shears or hand held tools. It is much more common in women than men. The initial complaint associated with trigger finger may be of a painless clicking with digital manipulation. Further development of the condition can cause the catching or popping to become painful with both flexion and extension, and be related as occurring at either the metacarpophalangeal (MCP) or proximal interphalangeal [PIP] joints. A painful nodule, a result of intratendinous swelling, may be palpated in the palmar MCP area. The patient may report MCP stiffness or swelling in the morning, or that they awaken with the digit locked and that it loosens throughout the day [5]. A history of recent trauma to the area may also be reported. With continued deterioration the finger may present locked in flexion, requiring passive manipulation to achieve full extension. This occurs because the flexor mechanisms of the digit are generally strong enough to overcome the restrictive and narrowed retinacular sheath, while the extensors are not. Over time, the patient's desire to avoid the painful triggering caused by manipulation or use of the involved digit may lead to the development of secondary PIP contractures and digital stiffness. The diagnosis is typically made by the characteristic presentation and findings on examination. In allopathic system of medicine the line of management includes splinting, corticosteroid injections and surgical interventions.

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* wherein *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] *granthi* [tumors in ligaments], *sphurana* [throbbing sensation], *supthi* [numbness]. Hence we can corelate trigger finger as *Hastanguli Snayugata Vikara* and appropriate management can be initiated. *Snayugata Vata* is developed when the *vata dosha* aggravates due to *atichesta, ativyayam*a etc and gets localized in *snayu* here specifically to the flexor tendon. The *vayu* responsible for this function, that is, *vyanvayu* 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 [6].

The classical line of management of *Snayugata Vikaras* includes *Snehana, Upanaha* and *Agnikarma*. As described earlier *Agnikarma* is a supreme mode of parasurgical management in such diseases and it is believed that disease treated by

Agnikarma never reoccurs. In *Agnikarma* therapy part or tissue is burned with the help of various special materials. It can be correlated with modern therapeutic cauterization. Acharya *Susrutha* in the context of *agnikarma* specifically mentions *kshaudra, guda* and *sneha* as *Dagdhaupakaranas* in *Sira-Snayu-Asthi-Sandhigata rogas [5]*.

A single case study of stenosing tenosynovitis (trigger finger) managed with 4 sittings of *Agnikarma* with *Tila-thaila* in a stipulated interval of 1 week is reported here. After 4 weeks patient got relief from symptoms and further follow-up was made after 1 month to rule out reoccurrence of the disease [6].

CASE REPORT

A 63 year old male patient came to the OP department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research with complaints of painful locking and clicking of his left middle finger. There was no history of any trauma. The patient was by profession a surgeon and he was reported to be left hand dominant. He is a known case of Diabetes Mellitus since 10 years and is under medication for the same. On examination he had a tender mass on the palmar aspect of the metacarpophalangeal joint as he actively flexed and extended the left middle finger and there was a small palpable lump overlying the third metacarpophalangeal joint. After careful assessment and examination the clinical diagnosis was confirmed as trigger finger [stenosing tenosynovitis] classically correlated as *Snayugata Vata* and managed with *Agnikarma* using *Tila thaila*.

PROCEDURE OF AGNIKARMA

Purvakarma

A written informed consent was obtained from the patient. Materials such as *Triphala kashaya*, sterile cotton, *Tila thaila* as per requirement, gas stove, vessel for boiling, artery forceps and aloevera pulp are procured.

Pradhana Karma

An adequate amount of *thaila* was taken in an iron vessel and heated till it starts boiling. A pointed cotton piece held with a curved artery forceps was dipped in the heated *thaila*. *Agnikarma* was done over the tender points over middle finger of left hand at multiple sites and MCP joint with the help of pointed cotton piece dipped in hot *tila thaila* in *bindu visesha*. As it cools immediately apply aloevera pulp to relieve burning pain.

Paschat Karma

The area was wiped with triphala kwatha and patient was advised to apply honey over the burnt site for 2 days.

The procedure was repeated every week for consecutive 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 wherein induction of short episode of hyperthermia to an area of pain lead to stimulation of HSPs which cause release of anti-inflammatory cytokines.

DISCUSSION AND CONCLUSION

The patient got complete relief of symptoms in a period of 4 weeks and thereafter no recurrence was noted during the follow-up period of one month. Hence *Snigdha*

Agnikarma can be prescribed as an effective procedure in management of Trigger finger. *Agnikarma* is also known to be effective in other cases of musculoskeletal disorders such as osteoarthritis, cervical spondylosis, lumbar spondylosis, sciatica, frozen shoulder, calcaneal spur, plantar fasciitis, carpal tunnel syndrome, tennis elbow. Further researches in larger samples is a future scope of the study.

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