



AGNIKARMA WITH TAPTA-GUDA IN THE PAIN MANAGEMENT OF COMPUTER ELBOW: A CASE STUDY
ONKAR A. BHANDARE^{1*}, MANOJ V. PATIL²

^{1*}PG Scholar, ²Professor, Department of Shalya tantra, Hon. Shri. Annasaheb Dange ayurved Medical College, Post Graduate and Research Center, Ashta Tal. Walwa Dist. Sangli. Maharashtra (India)

Corresponding Author Email: dr.onkarbhandare@gmail.com Access this article online: <https://jahm.co.in>

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ABSTRACT:

Computer elbow, known medically as lateral epicondylitis, is very common condition found in workers associated with long-term use of computers. It represents pain and tenderness on the lateral side of the elbow due to repetitive stress, which results in inflammation of the common extensor tendon of the lateral epicondyle of the humerus. In conventional system, medications such as corticosteroids, NSAIDs, etc. are used in the management of computer elbow. According to *Ayurveda*, computer elbow can be correlated with *snayugata vikara* and it can be treated with *agnikarma*, and it is believed that diseases treated with *agnikarma* never reoccur. Based on the specific heat retention and transmission capacity, *Sushruta* prescribed different materials for *agnikarma* on *snayu*, *sandhi*, *asthi* are *kshaudra*, *guda*, etc. More penetrating capacity is possessed by *agnikarma* with *snigdha dravyas* than *rooksha dravyas* like *shalaka*. So, *tapta-guda* is taken in the present study to assess the effect of *agnikarma* on computer elbow. Here, the patient was treated with *agnikarma* using *tapta-guda* over the most painful and tender points. Assessments were done before treatment, after treatment, 3rd day, and 5th day. The result showed *agnikarma* with *tapta-guda* was effective in treating computer elbow. The mechanism of action of *agnikarma* is still unknown. However, its action seems to be more effective in providing instant pain relief. The therapeutic effects of *agnikarma* with *tapta-guda* include relief of pain and muscle spasm, acceleration of healing, resolution of inflammation and increase in the range of movement of joint.

Keywords: *Tapta-Guda, Agnikarma, Computer elbow, Anushastra*

INTRODUCTION:

Computer elbow, known medically as lateral epicondylitis, is very common condition found in workers associated with long-term use of computers. It represents pain and tenderness on the lateral side of the elbow due to repetitive stress, which results in inflammation of the common extensor tendon of the lateral epicondyle of the humerus. This may hamper day-to-day life due to its unbearable pain and restricted elbow movements^[1,2]. According to *Ayurveda*, computer elbow can be correlated with *snayugata vikara* and it can be treated with *agnikarma*, and it is believed that diseases treated with *agnikarma* never reoccur^[3]. Prevalence of lateral epicondylitis among computer users was about 1-3 % of adult population without predisposition of gender. The population affected with the computer elbow is seemed to be of middle age who works on computer for more than 6 hours^[4]. The symptomatic treatments used in modern medicine. This mode of treatment includes analgesics, NSAIDs, physiotherapy, and local corticosteroid injections given in the affected site. In some cases, surgery is indicated^[5]. Long term uses of NSAIDs, analgesics and corticosteroid injections have their own adverse drug reactions and limitations. Therefore mode of treatment which is easier to administer with least complications and higher degree of benefits should be the criteria for opting the management of this disease^[5]. In *ayurveda* due to *ativyayama* and *balavadvigraha* the vitiated

vata dosha, gets lodged in the *kurpara sandhi* leading to pain, restricted movements and stiffness^[6]. The *chikitsa sutra* of *snayugata vata* consists of *snehana*, *swedana*, *agnikarma* and *bandhana*^[7]. *Agnikarma* being supercilious than any other surgical and parasurgical procedure due to its action, which is more effective in providing instant pain relief. In *Sushruta Samhita* *Sushruta* gave importance of *agnikarma* in *agnikarma adhyaya* of *sutrasthana*^[3]. In this *adhyaya* *Sushruta* mentioned *kshaudra*, *guda* and *sneha* as *dahanopakarana* in *snayuvikara*. *Agnikarma* with *tapta-guda* include relief of pain and muscle spasm, acceleration of healing, resolution of inflammation and increase in the range of movement of joint^[8].

This study is an attempt to revalidate the effectiveness of *tapta-guda* for *agnikarma* in computer elbow, considering its deeper heat penetration property, availability, and better cosmetic outcome, which would add up it to the area of practically and easily approachable *dahanopakarana*.

CASE REPORT

a. Clinical findings :

Subjective criteria:

1. Pain

Objective criteria:

1. Tenderness
2. Swelling
3. Cozen's Test

b. Intervention

A 15gm of *Guda* is taken in sterile bowl and heated over stove until it melted

Completely.

c. Timeline

Treatment given :

Agnikarma Procedure

1. Patient was allowed to sit comfortably and instructed to bend the elbow at 90 degrees with pronated forearm.
2. Most tender points were marked using a pen or marker.
3. A 15gm of *guda* is taken in sterile bowl and heated over stove till it melted completely.
(Approximately temperature should be 100 °C to 110 °C)
4. Using a Borosil Pipette *tapta guda* was sucked and dropped over the

marked points from a height of 1 cm.

5. On cooling, it was carefully wiped off using sterile cotton and anointed with *madhu-sarpi* mixture.

Precaution:

1. Use Borosil Pipette for suction of melted *guda* from bowl.
2. Always drop melted *guda* from the height of 1 cm above the skin.
3. Carefully wipe the dropped *guda* as there are chances of skin irritation and wound formation by heated *guda*.

Table 1: Intervention

No. of sittings	Follow up for <i>Agnikarma</i>	Treatment given	Procedure	<i>Anupana</i>
1	1 st DAY	<i>Agnikarma</i> with <i>Tapta Guda</i>	T/T done 1 cm above skin level on elbow and allowed it to cool	After cooling the application of <i>madhu sarpi</i> on it
2	3 rd DAY	<i>Agnikarma</i> with <i>Tapta Guda</i>	T/T done 1 cm above skin level on elbow and allowed it to cool	After cooling the application of <i>madhu sarpi</i> on it
3	5 th DAY	<i>Agnikarma</i> with <i>Tapta Guda</i>	T/T done 1 cm above skin level on elbow and allowed it to cool	After cooling the application of <i>madhu sarpi</i> on it

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d. Follow up and Outcome

Initial assessment done on 1st day and then first sitting of agnikarma done on that same day. Then asked patient for follow up on 3rd and 5th day. After the sittings of Agnikarma patient assessed for symptoms before and after the

procedure on 10th day. Here we found that after three sittings of Agnikarma procedure when patient assessed on 10th day, there is significant relief from symptoms and not reoccurred after the treatment.



Image 1: Procedure of Agnikarma

Table 2. Subjective symptoms assessed before and after the *Tapta-Guda Agnikarma* procedure.

Pain Assessment VAS Scale ^[9]	0 No Pain	1 - 3 Mild pain	4 - 6 Moderate pain	7 - 10 Severe pain
Before treatment	-	-	+	-
After treatment on 10 th day	+	-	-	-

Table 3: Tenderness before and after the *Tapta-Guda Agnikarma* procedure.

Tenderness ^[10]	Grade 0 No Tenderness	Grade 1 Tenderness to palpation without	Grade 2 Tenderness with scowl and or flinch	Grade 3 Tenderness with withdrawal	Grade 4 Withdrawal to non-noxious stimuli

		scowl or flinch	to palpation		
Before treatment	-	-	+	-	-
After treatment on 10 th day	-	+	-	-	-

Table 4: Swelling before and after the *Tapta-Guda Agnikarma* procedure.

Swelling^[11]	Grade 0 – No swelling	Grade 1 - Swelling present
Before treatment	-	+
After treatment on 10 th day	+	-

Table 5: Cozen's test before and after the *Tapta-Guda Agnikarma* procedure.

Cozen's test^[12]	0 - Negative	1 - Positive
Before treatment	-	+
After treatment on 10 th day	+	-

DISCUSSION:

After *Agnikarma* on computer elbow. An elbow and its related symptoms assessed on 1st, 3rd, 5th and 10th day it was observed that after 1st sitting of *agnikarma* patient experienced instant relief from pain and tenderness at elbow region. There is no significant change in swelling and easy extension of elbow. On 3rd day of *Agnikarma* there was moderate pain which

became mild after the *agnikarma* procedure there was also change in tenderness as well as swelling as compared to 1st day and there is no significant change during extension of elbow. When assessment done on 5th day there is no pain along with tenderness and swelling over elbow became normal. Easy extension of elbow also observed on 5th day of *agnikarma*. Patient assessed on 10th day for any symptoms related to computer elbow then it was observed that there is no reoccurrence of any symptoms hence there is no need of further *Agnikarma* sitting.

MODE OF ACTION OF TAPTA-GUDA:

Snigdha , ushna, teekshna , sukshma guna.

Properties of *guda* and *agnikarma* are against *vata* and *kapha dosha*.

They *pacifies vata* and reduces *kapha dosha*.

Vedana shaman and *shopha shaman*.

Flow chart 1: Mode of action

CONCLUSION:

Agnikarma is an OPD procedure. The case study shows that *Agnikarma* Procedure helpful reducing the symptoms associated with computer elbow like pain, swelling along with tenderness and elbow movement when there is no any other option available as surgical

intervention is not possible due to presence of inflammatory condition. Thus from above case study, it is concluded that *Agnikarma* procedure proves to be easy, safe, cost effective and better para surgical procedure.

DECLARATION OF PATIENT CONSENT:

The author confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case including accompanying images and other clinical details , in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

CONFLICTS OF INTEREST:

This study is an attempt to revalidate the effectiveness of *tapta-guda* for *agnikarma* in computer elbow, considering its deeper heat penetration property, availability, and better cosmetic outcome, which would add up it to the area of practically and easily approachable *dahanopakarana*.

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