



## Case Study

### PANCHAKARMA AND SHAMAN CHIKITSA IN TRIGGER FINGER

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#### ABSTRACT

Leech therapy is proven to be having marvelous effect in various types of diseases which includes *Raktadushti*. Trigger finger is a disease usually occurring in patients having repeated finger movements. It causes one or more finger to get stuck in curled up position which requires manual help for straightening it up. If not cured patient has to undergo surgery which has its own disadvantages. *Jalaukavcharana* which is one among the *Panchashodhana* along with *Basti Chikitsa* proven to get significant result in patient suffering from condition for 6 months span. *Acharya Charak* has mentioned in *Vatarakta Chikitsa*, *Raktamokshana* is the half treatment of *Raktadushtikara Vyadhis*. In *Vatapradhan Vaatrakta*, *Acharya Charaka* has mentioned *Anguli Sandhi Sankoch*, *Akunchana* which is similar to symptoms of trigger finger. Here, *Kandara* being *Upadhatu* of *Rakta* can be considered as *Rakta Dushti* as well as *Vata Dushti*, where *Vatanulomana* and *Rakta Shodhana* is required. In this study a case of trigger finger was treated with *Jalaukavcharana* for 3 sittings at the interval of 7 days along with *Basti Chikitsa* and *Avagaha Sweda* of b/l hands for 7 days, which showed the relief in symptoms within 14 days span. Observation and results were drawn on the basis of assessment criteria. Discussion was done on the basis of entire observations during research. Conclusion was drawn on the basis of result.

**KEYWORDS:** Trigger finger, *Vaatrakta*, *Jalaukavcharan*, *Basti*.

#### INTRODUCTION

Trigger finger also known as stenosing tenosynovitis is a common condition resulting from the constriction of the fibrous digital sheath, so that the free gliding of the contained flexor tendon does not occur<sup>[1]</sup>. Commonly occurs in ring finger and the thumb but can present in any finger.

Each finger and thumb has got flexor tendons which extending from the base of the palm to fingertip. Tendon is covered in tendon sheath, once inflamed these sheaths can constrict the space available for tendon to slide through them. It usually involves A1 pulley sheath (at the metacarpal-phalangeal joint) which is proximal portion of the tendon sheath. It may also take place at A2 (at proximal interphalangeal joint) or A3 (at distal interphalangeal joint). This condition is seen more in adults, though children are also affected.<sup>[2]</sup>

Clinical features includes, initially the only symptom is pain at the base of the affected finger, especially on trying to passively extend the finger. As the sheath further thickens, the contained tendon gets swollen proximal to it. The swollen segment of the tendon does not enter the sheath when an

attempt was made to straighten the finger from the flexed position. This is called 'locking of finger' this locking can be overcome either by strong effort in which case the finger extends with a snap-like trigger of pistol or by extending the finger passively with other hand<sup>[3]</sup>.

In Ayurveda there is no direct relation with trigger finger but similar symptoms can be seen in *Vatpradhan Vaatrakta* mentioned in *Charak Samhita Vatarakta Adhyaya*. Symptoms like *Anguli Sandhi Sankosh Angagraha*, *Atiruka*, *Akunchana*.<sup>[4]</sup>

*Kandara* being the *Upadhatu* of *Raktas Dhatu*. *Rakta* and *Vaat* both are vitiated, considering which patient was treated with *Jalukavcharan* and *Avagaha Sweda* of b/l hands along with *Shaman Chikitsa* to normalize the vitiated *Vaat* and *Rakta Doshas*.

#### Case Study

A 52 year old gentleman residing in Dubai reported to the Panchakarma OPD of YMT Ayurvedic college and hospital, Kharghar with complain of b/l hands fingers stiffness, b/l knee joint pain, b/l elbow joint and complaint of right hand ring finger, thumb and left hand ring finger getting stuck up in curled

position and needed passive correction since 6 months. The patient was driver by profession. He did not have any major past illness as well as no significant family history of any major illness. Patient has taken allopathic treatment like NSAID drugs and

physiotherapy as well as acupressure but did not get any significant relief. Routine blood examination and X-ray of affected fingers was done and found normal. After careful examination patient was diagnosed with trigger finger.

### Personal History

**Table A: Personal History**

Name: XYZ	Bala: Madhyam	Prakruti: Vatakapha
Age: 52	Sleep: Inadequate	BP:130/80 mmhg
Sex: Male	Addiction: Nil	Weight: 75 kg
Marital Status: Married	Bowel Habit: Irregular	Height: 5.10
Occupation: Cab driver	Appetite: Normal	

**Table B: Ashtavidha Pariksha**

Nadi: 78/min	Shabda: Spashta
Mala: Samyak (2-3times/day)	Sparsha: Anushna
Mutra: Samyak	Druk: Samyak
Jivha: Niraam	Akriti: Madhyam

### Subjective criteria

Signs and symptoms of the patient are assessed after each follow up and results are drawn after the last follow up.

### Quinnell grading system:

**Table 1: Table showing Grading of signs and symptoms**

Grade	Clinical findings
1	Normal movement, no pain
2	Normal movement, occasional pain
3	Uneven movement (involving crepitus or clicking without locking)
4	Intermittent locking, actively correctable
5	Locking, only passively
	Grade 1: excellent, grade 2: good, grade 3-5: poor

### Numerical pain rating scale (NRS)

The NRS is a scale with 11 degrees, reflecting the subjective intensity of pain experienced by a person during the preceding day or the previous week. The pain scale can be administered verbally or by using a visual scale.

### Systemic examination

CVS: S1, S2 heard, No Abnormality Detected

Respiratory system: lungs – clear, No abnormality detected.

CNS: Conscious and Oriented

### Nidanpanchak

Hetu- Aharaj and Viharaj

Patient was a cab driver for over 30 years working in Dubai, with average of 13-14 hours per day driving. patient's food habits used to be like having fermented food like Idli, Dosa etc south Indian food and bakery products like bread, food timing were very odd like having lunch by 3:30 pm and used to have curd daily, he used to take dinner by 11:00 pm which consists of Maggie/ Roti with gravy etc. and used to sleep by 12:30 pm. The main cause of *Sthansanshraya* is constant driving; more than 30 years, the overall food and sleeping habits were *Vata* and *Pitta Vardhak* which in turn might have vitiated *Rakta*.

Poorvaroop- b/l hand finger stiffness.

Roop- Gradual increase in frequency of locking of fingers which require passive extension causing pain.

*Samprapti- Hetu Sevan*– causing vitiation of *Vaat* and *Pitta Dosha* which in turn vitiated *Rakta Dhatu* which causes inflammation of *Kandara* which is *Upadhatu* of *Rakta Dhatu*.

*Samprapti Bhang- Jalaukavcharan-* at the base of affected fingers- due to *Raktavistravana* and removal of vitiated *Rakta* there is more supply of pure blood causing to heal the inflamed tendons as well as for *Vata Dosha* *Shaman* patient was treated with *Matra Basti* as well as *Avagaha Sweda* of b/l hands to pacify the *Vata* at its *Sthana* i.e. *Pakvashaya* as well as *Sthanik Vata (Parvanguli)*.

*Upashay- Ushna Sparsha* helps in releasing stiffness.

After all examinations and *Pariksha* the procedure was carried out.

### **Jalaukavcharana**

#### **Procedure**

**a) Poorvakarma-** The patient was subjected to *Snehana* (oleation) and *Swedana* (fomentation), to enhance the mobility of *Dosha*. Fresh leeches were taken, and kept in turmeric water.

**b) Pradhan Karma-** The patient was asked to seat with hand extended. Leeches were applied directly to the affected part. They were covered with wet cotton and cold water was poured on them from time to time.

**c) Paschat Karma-** The site was cleaned with water and bandaging should be done after sprinkling turmeric powder. After falling off leeches were made to vomit by applying turmeric powder to their mouth. Gentle squeezing from caudal to front end is done for proper emesis. Leeches were active when placed in water indicating the proper vomiting has been done.

#### **Drug Preparation**

For *Matra Basti- Dhanvantar Tail (60ml) + Saindhav (5gm)*

#### **Procedure**

a) *Poorvakarma-* Patient was asked to lie down on *Snehan* table.

*Sarvang Snehan (30 min)* and *Sarvang Bashpa Swedan (15min)* were done.

b) *Pradhankarma-* i) Patient was asked to take left lateral position for *Basti*. *Basti* was given. (*Matra Basti* with syringe).

ii) *Tadan* was done

c) *Paschatkarma- Vishranti* for some time

#### **Treatment plan**

#### **Shamana**

Selected internal Ayurvedic Drugs: Oral administration

Sr. no	Dravya	Dose	Duration	Anupana
1.	<i>YograjGuggul</i> <sup>(5)</sup>	250mg	2-2-2	Lukewarm water
2.	<i>Dashamool Ghana vati</i>	250mg	2-2-2	Lukewarm water
3.	<i>Kaishore Guggul</i> <sup>(6)</sup>	250mg	2-2-2	Lukewarm water
4.	<i>Panchatiktaghrita</i> <sup>(7)</sup>	10ml	10ml-10ml	Lukewarm water

#### **Panchakarma**

Sr. no	Panchakarma	Drug
1.	<i>Sarvanga Snehana Swedana</i>	<i>Dhanvantar Taila</i> and <i>Dashamula Kwath</i>
2.	<i>Matra Basti</i>	<i>Dhanvantar Taila</i>
3.	<i>Jalaukavcharana</i>	
4.	<i>Avagaha Sweda</i> of b/l Hands (smearing of both hands in oil)	<i>Dhanvantar Taila</i>

1 <sup>st</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i> <i>Jalaukavcharan</i>
2 <sup>nd</sup> day	<i>Snehan Swedan</i>

	<i>Matra Basti</i>
3 <sup>rd</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i>
4 <sup>th</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i>
5 <sup>th</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i>
6 <sup>th</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i>
7 <sup>th</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i> <i>Jalaukavcharan</i>
8 <sup>th</sup> day	<i>Snehan Swedan</i> <i>Matra Basti</i>

**Follow up:** After 7 days repeated *Jalaukavcharan* at affected fingers with *Avagaha Sweda* of b/l hands

**Duration:** 14 days

### Observations and Results

Assessment of the signs and symptoms of the patient was done during each follow up and results are as follows

**Table 2: Table showing Grading of signs and symptoms of the patient**

Signs and symptoms	Before treatment	Follow up (7 <sup>th</sup> day)	After treatment
Quinell grading	5	3	1
NRS	5	2	0

The table shows that there is significant 75%- 100% relief in all signs and symptoms of Trigger finger which means the selected management is effective in the management of Trigger finger.

**Table 3: Probable mode of action of drugs**

Sr.No	<i>Dravya</i>	<i>Guna</i>	<i>Doshaghata</i>	<i>Karma</i>
1.	<i>Dashamool Ghana vati</i>	<i>Ushna</i>	<i>Tridoshaghna</i>	<i>Aampachan, Shothaghna</i>
2.	<i>Yograjaguggul</i>	<i>Ruksha, Ushna</i>	<i>Aamdoshahar, Kaphavataghna</i>	<i>Rasayan, Grahani, Sarvavatarogahara</i>
3.	<i>Kaishoreguggul</i>	<i>Ushna</i>	<i>Raktavatahara</i>	<i>Kushtaghna, Vataraktahara</i>
4.	<i>Panchatiktaghrita</i>	<i>Laghu, Shita,</i>	<i>Tridoshghna</i>	<i>Kushtaghna, 80 Vaatvyadhihara</i>
5.	<i>Dhanvantartaila</i> <sup>[8]</sup>	<i>Ushna, Guru</i>	<i>Vatakaphahara</i>	<i>Sarvavatvikarhara, Bruhana</i>

### DISCUSSION

Patient was not on any sort of NSAID drugs as pain factor was minimal locking in curled up position which requires manual help was there. According to Ayurveda this condition might be due to *Vaat Kapha* and *Rakta Dushti* for which patient was advised to take whole body massage as well as *Basti* to regulate the *Vaata*. As well as to reduce *Sthanik* inflammation or *Rakta Dushti*; *Jalaukavcharan* was done along with *Avagaha Sweda* of b/l hands to reduce the *Vaat prakopa* after *Jalaukavcharn*.

#### Mode of action of *Snehana*

*Sneha* due to its *Snigdha, Guru* properties pacifies the *Vata Dosha's Ruksha, Khara, Laghu* properties *Sarvang Abhyanga* helps in loosening the

toxins from their site and provide good lubrication to the body.

#### Mode of action of *Swedana*

*Swedana* due to its *Ushna* property does the *Strotas Shodhana* by doing *Aampachan* releasing stiffness and causing the lightness. *Swedana* causes peripheral vasodilatation helping in faster healing.

#### Mode of action of *Basti*

As patient was given *Matra Basti* of *Dhanvantara Taila* which is going to act as a *Vatakaphahara*, helping in *Vatanulomana*. According to *Parashara, Guda* is the *Mula* of the body where all *Sira* are located. The *Sneha* administered through the *Guda* reaches upto head and nourishes the body. The same way *Charak Samhita* has explained *Basti*



*Dravyas* though situated in the *Pakvashaya* draws up the *Doshas* from sole of feet to head by its *Veerya* as sun situated in the sky takes up the *Rasa* of the earth. Which explains the oil administered going to help in *Vatanulomana* as well as it is *Kaphaghna*.

### **Jalukavcharana**

*Raktamokshana* is one among *Shodhana karma* as per *Sushruta*<sup>[9]</sup> and *Astangakara*.<sup>[10]</sup>

*Jalauka- Pitta*

*Shringa- Vata*

*Alabu- Kapha*

As the patient showed most of the symptoms of *Pitta Dushtijalauka* was chosen for *Raktamokshana*. *Kandara* being *Rakta upadhatu jalukavcharna* must have helped *Raktashodhana* i.e. reducing the inflammation of tendon.

### **Avagahasweda of b/l hands**

Repeated *Jalukavcharan* may causes *Vaat Vruddhi* which for which to avoid patient was asked to smear both of his hands in oil for period of 20 min maintaining the temperature which might have helped in lubrication and faster healing of tendon.

### **CONCLUSION**

- 1) *Jalukavcharan* along with *Avagaha Swedan* of b/l hands is easy to be carried out.
- 2) The present study shows *Jalukavcharan* with *Avagaha Sweda* of b/l hands and *Matra Basti* is effective in management of local pathological disease.
- 3) Thus with proper understanding of *Dosha, Dushya Samurchana* trigger finger can be managed successfully.

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