World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org
SJIF Impact Factor: 7.409

A CASE STUDY TO EVALUATE AGNIKARMA WITH SWARNA SHALAKA IN THE MANAGEMENT OF TENNIS ELBOW

Shivani Suresh Karanth[1]*, Srinivas Masalekar[2]

[1]Post Graduate Scholar, Department of Shalyatantra, Government Ayurveda Medical College Bangalore.
[2]Professor & HOD, Department of Shalyatantra, Government Ayurveda Medical College Bangalore.

***Corresponding Author: Shivani Suresh Karanth**
Post Graduate Scholar, Department of Shalyatantra, Government Ayurveda Medical College Bangalore.

DOI: https://doi.org/10.5281/zenodo.17277462

Article Received on 21/08/2025 **Article Revised on 11/09/2025** **Article Accepted on 01/10/2025**

ABSTRACT
Tennis elbow is an inflammatory condition of the common extensor origin over the lateral epicondyle. It often follows an injury or sudden contraction of the common extensor origin. The treatment modalities available are anti-inflammatory drugs, ultrasonic therapy, local injection of hydrocortisone and occasionally surgical erasure of the common extensor origin from the lateral epicondyle which have their own limitations and adverse effects. None of these provide satisfactory result. This condition is correlated with *snayugata vata* of *Kurpara sandhi in Ayurveda*. *Sushruta* has mentioned *Agnikarma* as treatment in *snayugata vata*. Here a single case of tennis elbow treated with *Agnikarma* using *Swarna shalaka* is reported. *In this case, Agnikarma was performed using Swarna Shalaka*, which provided complete relief from pain and tenderness in two sittings. Significant improvement was observed in pain assessed by VAS (Visual Analogue Scale) score, grip strength, and range of motion, with negative results in Cozen's, Mill's, and Maudsley's tests after treatment. *Agnikarma* is a safe, effective, and minimally invasive alternative technique which can be administered in managing Snayugata Vata (tennis elbow).

KEYWORDS: Tennis elbow, *Snayugata vata, Swarna shalaka.*

INTRODUCTION

Tennis elbow (Lateral epicondylitis) is a condition characterised by pain and tenderness at the lateral epicondyle of the humerus due to non-specific inflammation at the origin of the extensor muscles of the forearm.[1]

Tennis elbow, or lateral epicondylitis, has an annual incidence of 1-3% in the general population. It is more prevalent in individuals aged 35-50, with a median age of 41. While affecting both men and women equally, it is more common in the dominant arm. Certain occupations with repetitive forearm movements, like carpenters and computer workers, are at higher risk.

It is characterised by tenderness, precisely localised to the lateral epicondyle of the humerus. Pain is aggravated on palmar-flexion of the wrist and fingers with the forearm pronated. Elbow movements are normal. X-ray does not reveal any abnormality.

On the basis of signs and symptoms, tennis elbow can be correlated with *Snayugata Vata in Ayurveda*. This condition arises due to the aggravation of *Vata Dosha*, which is primarily caused by factors such as *Atichesta* (excessive or repetitive movements) and *Ativyayama* (overexertion), leading to its localization in the *Snayu* (ligaments/tendons) of the *Kurpara Sandhi* (elbow joint).[2]

According to *Acharya Sushruta*, *Snehana* (oleation), *Upanaha* (poultice), *Agnikarma* (therapeutic cauterization), and *Bandhana* (bandaging) can be administerd in managing *Snayugata Vata*.[3] Among these, *Agnikarma* is very much effective due to its ability to provide distinct and immediate pain relief.

Agnikarma is specifically indicated in *Vatakaphaja* disorders and in conditions associated with *Atyugraruja* (intense or severe pain) involving the *Twak* (skin), *Mamsa* (muscles), *Sira* (veins), *Snayu* (tendons), *Sandhi* (joints) and *Asthi*(bone). The properties of *Agni*—namely *Ushna* (hot), *Tikshna*, *Sukshma*, and *Ashukari* (quick-acting)—make it highly effective in alleviating *Vata* and *Kapha* dominant conditions.

CASE STUDY

In this study, a 40-year-old male mason from Bangalore, presented with a chief complaint of pain in the lateral aspect of the left elbow for the past 3 months. The onset

of pain was gradual, and it has been progressively increasing in intensity over time.

The pain is aggravated by activities involving repetitive forearm movements, such as lifting heavy weights and riding a bike, which are also part of his occupational routine as a mason. The pain tends to subside on taking rest.

The patient did not report any history of trauma, fever, swelling, or morning stiffness associated with the condition. There are no complaints of pain radiation, numbness, or tingling in the upper limb.

There is no past history of similar complaints, and no relevant surgical or systemic illness is reported. Family history is also non-contributory, with no known incidence of similar musculoskeletal complaints in immediate relatives.

Date of First sitting - 22/07/25
Date of Second sitting - 30/07/25

Table No. 1: Personal History.

Diet	**Mixed**
Appetite	Good
Bowel	Regular, once/day
Micturition	Regular, 8-10 times/day
Habits	Smoking

Table No. 2: Physical Examination.

Conscious	**Intact**
Nourishment	Moderate
Built	Moderate
Gait	Normal
Pallor	Absent
Icterus	Absent
Clubbing	Absent
Cyanosis	Absent
Lymphadenopathy	Absent
Oedema	Absent

Table No. 3: Vital Signs.

Blood pressure	120/70 mmHg
Temperature	Afebrile
Respiratory rate	16 cpm
Pulse rate	78 bpm
Oxygen saturation	98%

Systemic Examination

The respiratory system showed normal breath sounds with equal bilateral air entry and no added sounds. The cardiovascular system revealed normal S1 and S2 heart sounds without any additional sounds. The central nervous system was intact, with higher mental functions preserved, full orientation to time, place, and person, and cranial nerves within normal limits. Per-abdomen was soft and non-tender on palpation, with no organomegaly detected.

Table No. 4: Local Examination: Left Elbow Joint.

On inspection:		
	Redness	Absent
	Swelling	Absent
	Oedema	Absent
On palpation:		
	Warmth	Absent
	Tenderness	Absent
Range of movements:		
	Flexion	Possible with pain
	Extension	Possible with pain
Cozen's sign:	Positive	
Mill's test:	Positive	
Maudsley test:	Positive	

Pain free grip test:	Negative
Pronator teres test:	Negative
Varus stress:	Negative
Valgus stress:	Negative
Active elbow test:	Negative

Table No. 5: Investigations.

CBC	Within normal limits
RBS	97mg/dl
HIV 1&2	Non reactive
HbsAg	Negative

Materials required

a) *Swarna shalaka*
b) *Ghrita*
c) Candle
d) Artery forceps
e) Sterile Gauze
f) Disposable gloves

Table No. 6: Properties of *Swarna shalaka.*

Rasa	*Madhura, Kashaya, Tikta* and *Katu*
Guna	*Guru, Snigdha*
Veerya	*Sheeta*

Procedure of *Agnikarma*

Procedure of *Agnikarma* consists of

1. *Purva karma*
2. *Pradhana karma*
3. *Paschat karma*

➢ METHODOLOGY

Purva karma

Procedure was explained and written informed consent was taken. Patient was advised to take *snigdha picchila ahara* prior to the procedure. Vitals were examined and noted. Patient was made to sit comfortably on the chair. *Snehana* was done over left *kurpara sandhi* with *murchita tila taila* which was followed by *Pata swedana*. The elbow and surrounding area was cleaned with surgical spirit. The area of maximum tenderness over lateral epicondyle region was marked. Elbow was supported by assistants.

Pradhana karma

The *swarna shalaka* is held with artery forceps. The blunt end of the *shalaka* is placed over the tender point and slight pressure is given. The other end of *shalaka* is heated with a candle till the patient tolerates the temperature. This procedure is repeated over other tender points.

Fig. 1: Depicting *Agnikarma* over lateral epicondyle with *Swarna shalaka.*

Paschat karma

Jathyadi ghrita applied over the *dagdha pradesha* immediately after *Agnikarma*.

No. of sittings

Two sittings of *Agnikarma* with a gap of 7 days.

OBSERVATION

Table No. 7: Subjective symptoms assessed before and after treatment.

Pain assessment VAS Scale	0 - No pain	1-3 Mild pain	4-6 moderate pain	7-10 severe pain
Before treatment	-	-	+	-
After treatment	+	-	-	-

Table No. 8: Objective Assessment.

Tenderness	Grade 0 No tenderness	Grade 1 Tenderness to palpation without grimace or flinch	Grade 2 Tenderness with grimace or flinch	Grade 3 Tenderness with withdrawal	Grade 4 Withdrawal to non noxious stimuli
Before treatment	-	+	-	-	-
After treatment	-	-	-	-	-

Table No. 9

	Before treatment	After treatment
Cozens test	Positive	Negative
Mill's test	Positive	Negative
Maudsley test	Positive	Negative

RESULTS

Complete reduction of symptoms was observed within 2 sittings of *Agnikarma*.

DISCUSSION

Tennis elbow, or lateral epicondylitis, is a common condition characterized by pain and tenderness over the lateral epicondyle of the humerus, primarily due to overuse and repetitive strain of the extensor carpi radialis brevis (ECRB) tendon. It is a classic example of tendinopathy, with underlying pathology involving collagen degeneration, neovascularization, and fibrotic changes rather than acute inflammation.

Conventional management of tennis elbow includes

Rest and activity modification, NSAIDs and physiotherapy, Local corticosteroid injections, PRP therapy or surgical debridement in chronic or non-responsive cases

However, these interventions may have limitations, including recurrence, temporary relief, and risk of complications. In contrast, *Agnikarma* offers a non-invasive, recurrence-minimizing alternative, especially in chronic or treatment-resistant cases.

From *Ayurvedic* perspective, this condition can be understood as *Snayugata Vata*, where vitiated *Vata dosha* localizes in the *snayu* (tendon), particularly around the *kurpara sandhi* (elbow joint), producing symptoms like *shoola* (pain), *stambha* (stiffness), and *akriya* (restricted movement). Contributing factors (*nidanas*) such as *ati vyayama* (excessive exertion) and *abhighata* (repeated trauma) lead to *vata prakopa*, particularly of *vyana vayu*, causing degeneration and structural compromise of the tendon.

In the present case study, *Agnikarma*, specifically with a *Swarna Shalaka* (gold probe) was employed. *Agnikarma* is described in the *Bṛhattrayi* as an effective *Anushastra Karma* for *Vataja* and *Kaphaja rogas* due to its *ushna* and *tikshna gunas*. These qualities counter the *ruksha*, *khara*, and *sheeta* properties of aggravated *vata* in *Snayugata Vata*.

From a biomedical standpoint, the application of controlled heat in *Agnikarma* facilitates several physiological effects:

- Denaturation and remodeling of collagen, improving the flexibility and extensibility of the affected tendon, as suggested in orthopedic studies.

- Increased local blood flow via vasodilation, enhancing oxygen and nutrient delivery to the degenerated tendon tissue and promoting healing.

- Stimulation of the lateral spinothalamic tract, potentially triggering endogenous opioid release that may contribute to analgesia, as described in neurophysiology literature.

The *Swarna Shalaka*, being a noble metal, retains and distributes heat effectively while minimizing tissue trauma. Its use ensures uniform heat application, which enhances the depth of penetration due to *tikshna guna*, thereby aiding *vatashamana* and reducing pain and tenderness.

In the present case, significant reduction in pain assessed by VAS (Visual Analogue Scale) scores, improved grip strength, and range of motion were observed following the procedure. The patient's progress supports the rationale behind *Agnikarma* in restoring the function of *snayu* by: Softening and restructuring collagen, countering the *kharatva* of degenerated tendon tissue, reducing *vata* dominance and enhancing local healing.

CONCLUSION

This case study supports the therapeutic efficacy of *Agnikarma* with *Swarna Shalaka* as a safe, cost-effective, and minimally invasive modality in managing tennis elbow *(Snayugata Vata*). The synergistic use of *Ayurvedic* principles and modern anatomical understanding provides a promising integrative approach for musculoskeletal disorders.

REFERENCES

1. Essential orthopaedics - 5th edition by J. Maheshwari
2. Acharya Charaka - Charaka Samhita, edited by Tripathi B. Vol. 2, Varanasi Chaukhamba Surabharati Publication, Chikitsa sthana 28th chapter Sloka No., 2009; 16: 937.
3. Acharya Sushrutha - Sushrutha Samhita with Nibandha Sangraha commentary of Sri Dalhanacharya and NyayachandrikaPanjika of Sri Gayadasacharya edited by Vaidya Yadavji Trikamji Acharya, Chaukamba krishnadas academy Prakshana, Varmasi reprint, Chikista sthana, 2008; 8: 420.
4. Acharya Sushrutha - Sushrutha Samhita with Nibandha Sangraha commentary of Sri Dalhanacharya and NyayachandrikaPanjika of Sri Gayadasacharya edited by Vaidya Yadavji Trikamji Acharya, Chaukamba krishnadas academy Prakshana, Vamasi reprint, Sutra sthana 12 chapter, 2008; 4: 51.