



# “Ayurvedic management of *Snayugatavata Roga* w.s.r to de Quervain’s tenosynovitis-a case study”

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## Abstract

*Snayu Sharir* is the structural constituent of human body and is well described in classical text of ayurveda . This structural and functional description of *Snayu* in Ayurveda resembles with ligaments / tendons / aponeurosis. Ayurveda explains *Snayugatavata* under the concept of *Vatavyadhi*. One such modern day disease ‘De Quervain’s Tenosynovitis’ can be placed under *Snayugatavata* due to its resemblance in sign, symptoms and site of disease establishment. Vitiated Vata dosa due to *hetu* like *Atichesta* and *Ativyayam*, settle down at the *Snayu* of thumb side of wrist, presenting features like tenderness, swelling , stiffness and restricted movements . The symptoms arise mainly due to *Kapha Avritta Vyan Vayu*.

A 32 yrs female subject, complaining of restricted movement and tenderness at the base of thumb, stiffness in wrist joint . The treatment protocol involves the application of *Agnikarma* , performed using heated Loha Shalaka to provide immediate therapeutic relief. This is followed by gentle application of Ksheerabala Tail, known for its soothing, lubricating, nourishing and *Rasayana* properties. To enhance healing and reduce inflammation, a medicated *Lepa* of *Ksheera Pishta Atasi* is then applied. Finally, the treated area is securely covered with crepe bandage to stabilize the site and prolong the therapeutic benefits of the procedure which follows *Samanya chikitsa* for *Snayugatavata*.

The subject showed significant and progressive improvement through these non-invasive therapies. This therapeutic outcome demonstrates the effectiveness of classical ayurvedic interventions in managing *snayugatavata*, correlated here with De Quervain’s Tenosynovitis . These results emphasize the potential of Ayurveda in treating soft tissue and tendon related disorders with minimal risk of side effects. This supports the need for more clinical trials and broader exploration of *Ayurvedic Chikitsa Siddhanta* in orthopaedic practice.

## 1. Introduction

*Snayu Sharir* is the structural constituent of human body and is well described in classical text of Ayurveda. *Sanyu* is described as a structure which aids in binding joints and weight bearing of body, structurally similar to something fibrous in nature. This structural and functional description of *Snayu* in Ayurveda resembles with ligaments/tendons/aponeurosis. Ayurveda explains *Snayugatavata*<sup>1</sup> under the concept of *Vatavyadhi*. Aggravated *Vata Dosh*a settle downs at *Snayu*, presenting symptoms like *Shoola*, *Kampa* and *Sthambha*. One such modern day disease DE QUERVAIN'S TENOSYNOVITIS .

De Quervain's Tenosynovitis is a painful condition affecting the tendons on thumb side of wrist. Chronic overuse of wrist causes compression and degeneration of tendons passing through the wrist near lower thumb. Over the last decade texting has become more popular causing repetitive thumb movement , thus increasing incidence of De Quervain's Tenosynovitis , therefore also called Texting Thumb. Also, women are seen more affected than men due to wringing of washed clothes, therefore also termed Washerwomen's Syndrome.

Till date treatment available are corticosteroid injections, palliative treatment, surgery and other occupational therapies. But none of this provides satisfactory results. Also, long term use of corticosteroid injections and analgesics has many side effects.

According to Ayurveda, *Snayugatavata* can be correlated with the condition of De Quervain's Tenosynovitis due to its resemblance in sign, symptoms and site of disease establishment. Vitiated vata dosa due to *hetu* like *Atichesta* and *Ativyayam*<sup>2</sup>, settle down at the *Snayu* of thumb side of wrist , presenting features like tenderness, swelling , stiffness and restricted movements . The symptoms arise mainly due to *Kapha Avritta Vyanvayu*.

Acharya Sushruta has advised *Snehana*, *Upanaha*, *Agnikarma*, *Bandha* and *Unmardana* as *Samanya Chikitsa* for all disorders of *Snayu* (Ligaments and Tendons), *Asthi* (Bones), *Sandhi* (Joints). There are many ayurvedic formulations available orally or for Topical application, detailed description of different types of *Bandha*<sup>3</sup> and *Agnikarma*<sup>4</sup> that can be used to help relieve signs and symptoms. In this case the patient is treated with *Agnikarma* and local application of ayurvedic *Tail*, *Lepa* and *Bandha*.

## 2. Material and Methods-

### 2.1 Ethical Consideration

1. Informed written consent taken.

2. The study conducted as per the Guidelines of International conference of Harmonization- Good clinical Practices.

### 2.2 Aims and Objectives

To evaluate efficacy of Ayurvedic treatment in ligament disorder with special reference to De Quervain's Tenosynovitis.

### 2.3. Case History

A 32 yrs female subject complaining of pain and stiffness at right wrist joint, experiencing tenderness and restricted movement of thumb since 8days. Thus, came to YAC PGT& RC Shalya Tantra OPD for diagnosis and treatment.

History of Previous illness

K/C/O- no any disease

S/H/O- no any disease

H/O- no any trauma or injury to right hand.

## Systemic examination

RS- AEBE Clear

CVS- S<sub>1</sub>S<sub>2</sub> Normal

CNS- Conscious and well oriented

## Local Examination

- Examination of Wrist and Hand-

1. Inspection- Mild swelling at the base of right thumb and wrist joint

Restricted movement of right thumb

No signs of abrasions or any discoloration noted.

2. Palpation- Tenderness present at the base of right thumb.

Stiffness at right wrist joint.

Difficulty in gripping with right hand.

Finkelstein's Sign<sup>5</sup> positive.

## Investigation

X-ray Right wrist AP and Lateral view- no signs of fracture or dislocation noted.

## 2.3 Treatment Protocol-

The treatment protocol involves the application of *Agnikarma*, performed using heated *Loha Shalaka* to provide immediate therapeutic relief. This is followed by gentle application of *Ksheerabala Taila*<sup>6</sup>, known for its soothing, lubricating, nourishing and Rasayana properties. To enhance healing and reduce inflammation, a medicated *Lepa of Ksheera Pishta Atasi*<sup>7</sup> is then applied. Finally, the treated area is securely covered with crepe bandage to stabilize the site and prolong the therapeutic benefits of the procedure.

**Table 1: Treatment Plan (showing schedule/intervention);**

Day	Treatment	Medicine/ procedure
DAY-1 DAY-3 DAY-5	<i>Agnikarma</i>  <i>Bandhana</i>	By Loha Shalaka at the site of maximum tenderness, followed by Shatadhauta Ghrita application. Crepe bandage application at wrist and thumb (during the day).
DAY-2 DAY- 4 DAY-6 DAY-7 DAY-8	<i>Snehana</i>  <i>Upanaha Lepa</i> <i>Bandhana</i>	With Ksheerabala Tail <i>Sthanik Abhyanga</i> . <i>Ksheera Pishta Atasi Lepa</i> application at right wrist and thumb. Crepe bandage application (during the day).

**Table 2: Assessment of Result;**

Features	Before treatment	After treatment
1. <i>Vedana</i> (vas scale)	Present	Absent
2. <i>Sparshasahatva</i> (tenderness at thumb)	Present	Absent
3. <i>Shotha</i> (swelling at wrist and thumb)	Present	Absent
4. Range of motion	Restricted movement	Freely movable

### 3. Observation-

Observation noted on 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> day

**Table 3: Local observation;**

Day	Observation
Day -3	Pain and tenderness reduced by 60%
Day -5	No pain and tenderness, swelling reduced by 75% Range of motion improved by 50%
Day-7	No pain, tenderness and swelling Range of motion improved by 75%
Day-9	Freely movable

### 4. Result and Discussion

Significant improvement was noted within first 3-5 days of treatment. Pain and tenderness reduced by 60% by day 3 and were completely resolved by day 5. Swelling decreased by 75% and range of motion improved by 50% initially, reaching full restoration by day 9. This therapeutic outcome demonstrates the efficacy of classical ayurvedic interventions in managing tendon related disorder such as De Quervain's Tenosynovitis.

This case study highlights the effectiveness of classical ayurvedic interventions in managing snayugataavata, correlated here with De Quervain's Tenosynovitis. The patient showed significant and progressive improvement through non-invasive therapies including Snehana, Upanaha, Agnikarma and Bandhana, without the use of corticosteroids or surgical intervention. These results emphasize the potential of Ayurveda in treating soft tissue and tendon related disorders with minimal risk of side effects. This supports the need for more clinical trials and broader exploration of ayurvedic chikitsa Siddhanta in orthopaedic practice.

### 5. Conclusion

The result suggests that when applied appropriately, Ayurvedic therapies may offer a non- invasive, effective alternative for musculoskeletal conditions, with minimal side effects. The success of this case encourages application of ayurvedic principles in similar musculoskeletal conditions and underscore the need for larger, controlled clinical studies to validate these traditional approaches. Integrating such therapies into modern practice could offer a cost-effective, sustainable, and patient friendly alternative in the management of orthopaedic and occupational stress disorders.

### References-

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<sup>5</sup> Norman S. Williams, Christopher J.K. Bulstrode and P. Ronan o' Connell, Bailey & Love's Short Practice of Surgery, Part 5 Elective Orthopaedics ch.36 , CRC Press , edition- 26<sup>th</sup> 2013, Pg-503.

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