



Research Article

AYURVEDIC MANAGEMENT OF CARPAL TUNNEL SYNDROME: A CASE STUDY

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ABSTRACT

Carpal Tunnel Syndrome is very common neuropathy and most often occurs in woman aged 30-50 years. It is due to entrapment of the median nerve within the carpal tunnel (in the wrist) leading to paraesthesia, tingling sensation, numbness and muscle weakness. It can be compared with Vata vyadhi in Ayurveda. We hereby reported a case of 37 years old female patient of Carpal Tunnel Syndrome complaining of pain, tingling sensation, numbness and weakness in left forearm and wrist which was treated for 2 months under an allopathic physician with no significant relief and advised her to go for surgery, so she came to OPD of Panchakarma, CBPACS. The Ayurvedic treatment includes a Shashtika Shali Pinda Sweda and Snehadhara on alternative days for period of 20 days along with oral medicines (Shaman Chikitsa) and physiotherapy. Significant clinical improvement was reported in quality of life after 20 days of treatment. During treatment, all the signs and symptoms of the patient was reduced. On discharge, patient was having complete pain relief. Therefore, it can be concluded that the selected treatment modality is beneficial in managing carpal tunnel syndrome and can avoid surgery and other proceeding complications

KEYWORDS: Carpal tunnel syndrome, Ayurvedic management, Physiotherapy

INTRODUCTION

Carpal Tunnel Syndrome or median neuropathy is caused by the entrapment of the median nerve at the wrist. Symptoms begin with Paraesthesia, numbness, pain in the median nerve distribution. With worsening, atrophy and muscle weakness may develop. The condition is most commonly caused by excessive use of the wrist and is usually associated with repetitive activities such as typing, etc. Most cases are idiopathic other than those related to occupational or environmental associations. Some predisposing factors like, hypothyroidism, diabetes mellitus may also cause the symptoms. Tenosynovitis with arthritis as in the case of rheumatoid arthritis and thickening of connective tissue, as in the case of amyloid or acromegaly may also cause carpal tunnel syndrome.¹Carpel tunnel syndrome can be correlated with vata vyadhi and it was managed following the basic guidelines of treating Vata vyadhi, which provided significant improvement. Shashtika shali pinda sweda worked as Balya for Mamsa and Asthi dhatu. Snehadhara improves motor and sensory system resulting in improved function of hand and forearm.

Case Report

A 37 years old female patient from Adarsh Nagar, New Delhi, was admitted in IPD of Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, New Delhi from 21/8/17 to 9/9/17.

Patient Name- ABC

Age:37years

Sex: Female

Religion: Hindu

Socioeconomic status: Middle class

Built-Medium

DOA & DOD-21/8/17 to 9/9/17

OPD/IPD No.-82281/5161

Address-Adarsh Nagar, New Delhi

Chief Complaints –Severe pain in left wrist and forearm
Numbness and tingling sensation and weakness in left arm.
All these complaints were from 3 months.

History of present illness

Patient was asymptomatic 3 months back. Gradually, she developed severe pain in her left wrist and forearm along with numbness and tingling sensation for three months. There was no obvious history of trauma, except the strenuous house hold work. Due to extreme severity of pain, she was not able to do her routine work. Her sleep was disturbed since then due to the shooting type of pain that comes in the midst of night. The pain aggravated during activities, cold climate, especially in the evenings or night hours. She went to nearby clinic and took allopathic treatment but found no relief and they advised her to go for surgery, so she came to OPD of Panchakarma, CBPACS for further management.

History of past illness

There was no obvious history of trauma, except the strenuous house hold work

Treatment history

She was taking anti-inflammatory and analgesics from past 2 month.

On examination, it was elicited that the patient had restricted Range of movements (ROM) of the Left shoulder joint and maximum tenderness was noticed at the head of humerus with no obvious swelling. Patient has a positive Tinel's sign, shooting pain from the wrist. On performing Phalen's test, instructing the patient to bend the wrist forwards completely for 60 seconds, numbness and pain increases. Based on these simple diagnostic tests and electrodiagnosis, we diagnose this patient with carpal tunnel syndrome.

Ashtavidha Pariksha

Nadi - Vatadhika tridosaja.
Mala- unsatisfactory
Mutra- 5-6 vegas, normal
Jihva - Saama
Sabda- Prakrit
Sparsa -khara, rooksha
Druk - Aatur
Akruti - Medium.
Vitals-
BP-130/90mm of Hg
Pulse-72/min
Respiratory rate-16/min

Treatment Plan

Abhyantar Chikitsa

Gutikas/Tablets

Yogaraja guggulu² 2 BD with Luke warm water

Trayodashanga guggulu³ BD with Luke warm water

Arishhta

Dasamoolarishta⁴ 4 tsf with water

Ras

Ras raj ras⁵ 1 BD for 5 days followed by 1 OD for 10 days

Churna

Ashwagandha churna⁶ 3gm BD with milk

Panchakarma

Snehadhara- Ekanga (Balashwagandha taila⁷ and ksheerbala taila⁸) – for 30 - 40 min

Shalishastika pinda sweda for 45 min

About snehadhara⁹

Snehadhara (parisheka) is a treatment in which medicated oil is poured over the desired part or full body. It gives benefits of both snehana and swedana simultaneously. This is a form of Bahya snehana.

About Shashtika Shali Pinda Sweda¹⁰

Shashtika shali refers to the rice that grows in 60 days. Hence, the name Shashtika. Pinda means a bolus. Sweda means fomentation or Suddation. Inducing perspiration by using heated round packs of rice is referred as Shashtika Shali Pinda Sweda. It is a kind of snigdha sweda. This procedure is unique, which comprises both Snehana (oleation) and Swedana (sudation) at the same time. This is popularly known as Navarakizhi.

RESULTS

With these 20 days of treatment, patient got tremendous relief from pain and tenderness and marked improvement in the Range

of movements (ROM) in the affected hand without any untoward effect.

DISCUSSION

Carpal tunnel syndrome is a condition in which Median nerve which controls movement and sensation of the forearm and hand get compressed due to narrowing of carpal tunnel, due to degeneration of one of the tendons passing through the tunnel. This compression leads to symptoms like pain, tingling sensation and numbness of the hand and fingers. The disease is not described in our classics. According to Ayurveda, it may be considered as Vata vyadhi with mamsakshaya. Vata Dosha is the deranged dosha in this particular condition.

First line of treatment in vitiation of Vata is Snehana and Swedana. Shastika shali pinda Sweda is a form of Snigdha Sweda in which snehana and swedana are applied simultaneously. It helps in inducing nerve stimulation and muscle's relaxation and increases the efficiency of muscle action by enhancing blood supply. It worked as Balya for Mamsa and Asthi dhatu. Snehadhara is also a combination of Snigdha Sweda. Vata shamaka oil like ksheer bala oil and Balashwagandha lakshadi oil is used for the snehdhara in this patient. It improves motor and sensory system resulting in improved function of hand and forearm. Dashmoola is Vata predominant 'tridosha shamaka' as it consists of Laghu panchamoola and Brihat panchamoola which pacify vitiated Vata pitta and Kapha vata respectively. Yograja Guggulu is a combination of drugs having Ushna, Amapachak, Shothaghna, Vatahara and Shoolaghna properties. Trayodashanga Guggulu is a combination of drugs which is indicated in vatavyadhi. It prevents degeneration of the bones. It acts as Vedanasthapaka. Ashwagandha churna was given as balya and it has a rejuvenating effect and it also pacifies vata dosha.

CONCLUSION

Most of the diseases which are having poor prognosis by Allopathic treatment have hope in Ayurvedic treatment. Carpal Tunnel Syndrome is also very difficult to treat without surgery. The success in present case has given encouraging results for future practice. It can be concluded that Snehadhara and Shastika Shali Pinda Sweda along with oral ayurvedic formulations are very effective treatment modalities and can be used effectively in the management of Carpal tunnel Syndrome.

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