

From Snayugata Vikara to Chronic Medial Epicondylitis (Golfer's Elbow): Bridging Classical Agni Karma and Contemporary Musculoskeletal Care: A Case Report

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ABSTRACT

Background: Snāyugata Vikāra is characterized by pain and functional impairment involving the tendinous structures due to aggravated Vāta Doṣa. Medial epicondylitis, a common overuse tendinopathy affecting the common flexor origin, closely resembles this clinical presentation. Acharya Suśruta advocated Agni Karma as an effective para-surgical procedure for disorders involving Snāyu, Sandhi, and Asthi.

Case Presentation: A 32-year-old male automobile worker presented with intermittent pain over the medial aspect of the right elbow for one month, which had become severe during the preceding 7–8 days following repetitive occupational activities. Clinical examination revealed localized tenderness over the medial epicondyle, pain aggravated by resisted wrist flexion and forearm pronation, reduced grip strength due to pain, and a positive Golfer's Elbow Test, while neurological examination, including assessment for ulnar nerve involvement, was unremarkable. Based on the characteristic history and clinical findings, a diagnosis of medial epicondylitis was established. The patient was treated with Agni Karma using a Pañcadhātu Śalākā in three sittings at seven-day intervals. Internal Ayurvedic medications, Vata-gajankusha Rasa, Kupilu Churna and Yogaraja Guggulu, were administered as supportive therapy throughout the treatment period.

Outcome: Progressive clinical improvement was observed after each sitting. At the end of therapy and on follow-up, the patient experienced marked reduction in pain, improved grip strength, enhanced elbow range of motion, without any adverse effects.

Conclusion: This case suggests that Agni Karma, when combined with appropriate internal Ayurvedic medication, may serve as an effective and safe conservative treatment approach for medial epicondylitis. Further well-designed clinical studies are required to validate these findings.

Keywords: Agni Karma; Medial Epicondylitis; Golfer's Elbow; Snāyugata Vikāra; Pañcadhātu Śālākā.

INTRODUCTION

Snāyu (tendons, ligaments and other fibrous supporting structures) constitute one of the principal anatomical components responsible for maintaining structural stability, joint integrity and coordinated musculoskeletal movements. According to Ayurveda, the integrity and proper functioning of Snāyu are predominantly governed by Vāta doṣa. Vitiating Vāta affecting the Snāyu results in pain (Śūla), stiffness (Stambha), restriction of movement and impairment of function, which are collectively described under the spectrum of Snāyugata Vikāra. Acharya Sushruta has emphasized the structural and functional importance of Snāyu and described appropriate therapeutic approaches for disorders involving these structures.¹

Among the various Anuśāstra Karma (para-surgical procedures) described in Ayurveda, Agni Karma occupies a unique position because of its rapid analgesic effect and comparatively lower recurrence rate. Acharya Sushruta has described Agni Karma as superior to Kṣāra Karma, stating that diseases treated appropriately with Agni Karma are less likely to recur and certain conditions that are difficult to cure by Bheshaja, Shashtra or Kṣāra Karma may be effectively managed by Agni Karma.² Furthermore, Agni Karma is specifically indicated in diseases affecting Snāyu, Sandhi, Asthi and Kandara, where aggravated Vāta Doṣa predominates.³ The therapeutic action of Agni Karma is attributed to its Uṣṇa, Tīkṣṇa and Sūkṣma properties, which help alleviate Vāta and Kapha, relieve pain, improve local circulation and restore normal function.⁴

"क्षारादग्निरीयान् ... तद्ग्रधानां रोगाणामपुनर्भवः।"²

This classical statement forms the fundamental basis for selecting Agni Karma in chronic painful musculoskeletal disorders where recurrence and persistent symptoms remain major clinical concerns.

Medial epicondylitis, commonly known as **Golfer's Elbow**, is a chronic degenerative tendinopathy involving the common flexor tendon origin at the medial epicondyle of the humerus. Repetitive wrist flexion and forearm pronation produce cumulative microtrauma resulting in collagen disorganization, Angio fibroblastic degeneration and progressive tendon dysfunction. Clinically, it presents with localized pain and tenderness over the medial epicondyle, pain during resisted wrist flexion and forearm pronation, reduced grip strength and limitation of occupational as well as routine daily activities. Contemporary evidence suggests that medial epicondylitis represents a degenerative tendinosis rather than a purely inflammatory disorder, explaining the limited long-term effectiveness of therapies directed solely toward suppression of inflammation.⁵⁻⁷

From an Ayurvedic perspective, medial epicondylitis can be closely correlated with Snāyugata Vikāra because the primary pathology involves the tendinous structures (Snāyu) and manifests with cardinal features such as Śūla (pain), tenderness, restriction of movement and functional disability resulting predominantly from aggravated Vāta Doṣa. Repetitive mechanical stress (Atiyoga) and continuous strain on the upper limb may be considered causative factors leading to localized Vāta Prakopa, eventually producing pathological alterations in Snāyu. Since Acharya Sushruta has specifically advocated Agni Karma in disorders involving Snāyu, its application in medial epicondylitis has a strong classical and conceptual basis.^{3,8}

"स्नेहोपनाहाग्निकर्मबन्धनोन्मर्दनानि च ।

स्नायुसन्ध्यस्थिप्राप्ते कुर्याद्वायावतन्द्रितः॥"³

The above classical reference advocates Agni Karma as one of the principal therapeutic interventions for disorders involving Snāyu, Sandhi and Asthi, thereby supporting its application in chronic tendinopathies. Conventional management of medial epicondylitis includes activity modification, non-steroidal anti-inflammatory drugs, physiotherapy, bracing, corticosteroid injections, platelet-rich plasma therapy and surgery for refractory cases. Although these treatment modalities provide symptomatic relief, recurrence, prolonged recovery and persistent functional impairment continue to remain important therapeutic challenges.^{5–7}

Several clinical studies have reported encouraging outcomes of Agni Karma in lateral epicondylitis (Tennis Elbow) and other chronic musculoskeletal disorders.^{9–11} However, published literature specifically evaluating the efficacy of Agni Karma in medial epicondylitis (Golfer's Elbow) remains extremely limited. This paucity of evidence highlights an important research gap. Considering the similar tendinous pathology, comparable biomechanical basis and the classical indication of Agni Karma in Snāyugata Vikāra, the present case was undertaken to evaluate the clinical effectiveness of Agni Karma in the management of medial epicondylitis while attempting to bridge classical Ayurvedic principles with the contemporary understanding of chronic tendinopathy.

CASE PRESENTATION

A 32-year-old male automobile workshop worker presented to the Shalya Tantra Outpatient Department with complaints of pain over the right elbow for the past one month. Initially, the pain was intermittent and occurred primarily during strenuous occupational activities. However, during the preceding seven days, the pain had progressively worsened, becoming severe enough to interfere with his routine work. The patient reported difficulty in gripping tools, lifting objects, forceful wrist flexion, and repetitive forearm movements, which significantly affected his occupational performance.

The patient had previously taken oral non-steroidal anti-inflammatory drugs (NSAIDs) prescribed elsewhere, which provided temporary symptomatic relief. However, the pain recurred and gradually intensified after discontinuation of the medication. There was no history of direct trauma, fracture, inflammatory joint disease, diabetes mellitus, or previous surgery involving the affected upper limb.

On general physical examination, the patient's vital parameters were within normal limits, and no systemic abnormalities were detected.

LOCAL EXAMINATION

Inspection

- No visible swelling, erythema, deformity, ecchymosis, or muscle wasting was observed around the right elbow.
- The overlying skin appeared normal.

Palpation

- Marked tenderness was elicited over the medial epicondyle of the right humerus.
- Local temperature was not raised.
- Absence of swelling and crepitus was noted.

Tenderness grading: Grade III (The patient winced and withdrew the affected limb on palpation over the medial epicondyle.)

Range of Motion

- Active movements of the right elbow were painful, with restriction of terminal flexion and extension due to pain.
- Passive movements were relatively preserved but elicited discomfort at the end range.

Special Clinical Tests

- **Golfer's Elbow Test:** Positive, reproducing pain over the medial epicondyle during resisted wrist flexion.
- **Resisted Wrist Flexion Test:** Positive.
- **Resisted Forearm Pronation Test:** Positive.
- **Passive Wrist Extension Stretch Test:** Positive, eliciting pain at the common flexor tendon origin.

Pain Assessment

Pain intensity was assessed using the Visual Analogue Scale (VAS).

- VAS at rest: 2/10 (mild pain)
- VAS during occupational activities: 6–7/10 (moderate to severe pain)

Functional Assessment

The patient experienced considerable difficulty in performing activities requiring repetitive gripping, forceful wrist flexion, forearm pronation, lifting mechanical equipment, and handling workshop tools. These limitations substantially affected his occupational efficiency and daily functional activities.

Final Diagnosis: Snāyugata Vikāra corresponding to Medial Epicondylitis (Golfer's Elbow)

THERAPEUTIC INTERVENTION**Materials Used (Figure 1)**

- Pañcadhātu Śalākā
- Spirit and sterile cotton/gauze
- Sterile gloves
- Gas burner for heating the Śalākā
- Pen for markings
- Fresh Ghṛta Kumārī (Aloe vera) pulp



Figure 1: Materials for Agnikarma

Procedure

- After obtaining written informed consent, the patient was positioned comfortably in a supine posture with the affected upper limb adequately supported.

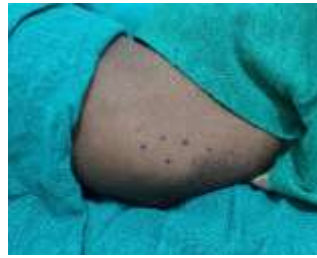


Figure 2: Marking with a Pen

- The medial aspect of the right elbow was exposed, and the area of maximum tenderness over the medial epicondyle was identified by palpation and marked with a pen. (Figure 2)



Figure 3: Heating with Shalaka

- The treatment area was cleaned with an antiseptic solution and allowed to dry.
- The Pañcadhātu Śālākā was heated until red hot and applied in the form of Bindu Dāhana over the marked tender points. (Figure 3)



Figure 4: Aloe vera Application

- Immediately after Agni Karma, fresh Ghr̥ta Kumārī (Aloe vera) pulp was applied over the treated area to reduce the burning sensation. (Figure 4)

TREATMENT PROTOCOL

Agni Karma was performed in three sittings at an interval of 7 days. The patient was evaluated clinically before each sitting and at every follow-up visit.

Internal Medication

The following oral Ayurvedic medications were prescribed throughout the treatment period:

- **Vatagajankusha Rasa:** 2 tablets twice daily before food.
- **Kupilu Churna:** 125mg BD after food.
- **Yograj Guggulu:** 2 tablets twice daily after food.

Follow-up

Clinical assessment was carried out at baseline and on the **7th, 14th, and 21st day**. Improvement was evaluated using the Visual Analogue Scale (VAS), tenderness grading, range of motion, Golfer's Elbow Test, pain during resisted wrist flexion and forearm pronation. Procedure-related adverse events or complications were not observed during the treatment period.

Table 1. Timeline of Therapeutic Intervention and Clinical Assessment

Day	Intervention	Assessment
Day 0	Baseline assessment, 1st sitting of Agni Karma, initiation of oral medications	Clinical assessment
Day 7	2nd sitting of Agni Karma with oral medications	Clinical reassessment
Day 14	3rd sitting of Agni Karma with oral medications	Clinical reassessment
Day 21	Final follow-up	Final outcome assessment

RESULTS

The patient demonstrated progressive clinical improvement following three sittings of Agni Karma administered at weekly intervals along with the prescribed internal Ayurvedic medications. Pain intensity during occupational activities showed a gradual reduction over successive follow-up visits. Tenderness over the medial epicondyle decreased from Grade III at baseline to Grade 0 by the final follow-up. Provocative clinical tests, including the Golfer's Elbow Test, resisted wrist flexion test, and resisted forearm pronation test, became negative by the end of treatment. Range of motion of the affected elbow improved from restricted and painful to full and painless. No procedure-related adverse events or complications were observed during the treatment period. The detailed clinical outcomes at each follow-up visit are presented in Table 2.

Table 2: Result of Agnikarma

Parameter	Baseline	Day 7	Day 14	Day 21
VAS Score (During Activity)	7	4	1	0
Tenderness (Grade)	III	II	I	0
Golfer's Elbow Test	Positive	Positive	Mildly Positive	Negative
Pain on Resisted Wrist Flexion	Positive	Positive	Mild	Negative
Pain on Resisted Forearm Pronation	Positive	Mild	Mild	Negative
Range of Motion	Restricted	Improved	Near Normal	Full

DISCUSSION

The present case demonstrated significant clinical improvement following three sittings of Agni Karma administered at weekly intervals along with the oral administration of Vatajankusha Rasa, Kupilu churna and Yograj Guggulu. Progressive reduction in pain intensity, tenderness, and positivity of provocative clinical tests, along with restoration of elbow range of motion, was observed during the 21-day follow-up period. The patient also reported marked improvement in performing routine occupational activities without any procedure-related adverse events.

In Ayurveda, the clinical presentation of this case can be correlated with Snāyugata Vikāra, a condition predominantly caused by vitiated Vāta Doṣa affecting the tendinous structures (Snāyu). The symptoms of Ruja (pain), Sparśāsahatva (tenderness), and Cheshtā Hāni (restricted movements) observed in the present case are suggestive of Vāta predominance. Considering the involvement of Snāyu and the chronic nature of pain, Agni Karma was selected as the treatment of choice, as Acharya Suśruta has recommended its use in disorders involving Snāyu, Sandhi, Asthi, and Sira, especially when pain is the predominant symptom. It is also mentioned that diseases treated by Agni Karma are less likely to recur, highlighting its importance in chronic painful musculoskeletal conditions.^{1,8}

The probable mode of action of Agni Karma can be understood from both Ayurvedic and contemporary perspectives. According to Ayurvedic principles, the Uṣṇa, Tīkṣṇa, Sūkṣma, and Āśukārī Guṇas of Agni help alleviate aggravated Vāta and Kapha, remove Srotorodha (microchannel obstruction), improve local circulation, and restore the normal function of the affected tissues. The localized thermal stimulus is believed to facilitate tissue metabolism and promote healing at the site of pathology.

From a modern scientific perspective, controlled therapeutic heat induces localized vasodilatation, thereby increasing blood flow and oxygen delivery to the affected tendon. Improved microcirculation may facilitate the removal of inflammatory mediators and metabolic waste products while promoting tissue repair. Thermal stimulation may also modulate nociceptive pathways through activation of heat-sensitive receptors and endogenous pain inhibitory mechanisms, resulting in analgesia. Furthermore, controlled thermal injury may stimulate fibroblast proliferation, collagen remodelling, and tendon healing, thereby contributing to restoration of tendon integrity and improvement in clinical symptoms.¹²⁻¹³

The concomitant administration of Vatagajankusha Rasa, Kupilu Churna, and Yograj Guggulu may have complemented the local effects of Agni Karma. Vatagajankusha Rasa and Yograj Guggulu are traditionally indicated in Vāta-predominant musculoskeletal disorders, while Kupilu Churna, owing to its Vāta-Kapha-hara, Vedanāsthāpana, and neuromuscular stimulant properties described in Ayurveda, may have contributed to pain reduction, improved neuromuscular function, and enhanced functional recovery.¹³⁻¹⁵

The clinical outcome observed in the present case is consistent with previously published studies evaluating Agni Karma in tendinopathies and other Snāyugata Vikāra, which have reported significant reductions in pain and improvement in functional outcomes following treatment.^{11,16-17} Although the present report describes only a single patient with a short follow-up period, the favourable clinical response suggests that Agni Karma, when administered with appropriate internal Ayurvedic medication, may be a safe, minimally invasive, and effective therapeutic option for the management of medial epicondylitis. Nevertheless, further well-designed controlled clinical studies with larger sample sizes and longer follow-up are required to validate these findings and establish stronger clinical evidence.

CONCLUSION

The present case demonstrated that Agni Karma, administered in three sittings along with Vatagajankusha Rasa, Kupilu churna and Yograj Guggulu, was associated with a marked reduction in pain and tenderness, improvement in elbow range of motion, and resolution of positive provocative clinical tests in a patient with Snāyugata Vikāra corresponding to medial epicondylitis. The procedure was well tolerated, with no treatment-related adverse events observed during the follow-up period. These findings suggest that Agni Karma may serve as a safe, minimally invasive, and effective therapeutic option for the management of medial epicondylitis. However, as this report is based on a single case with a short follow-up period, larger

well-designed clinical studies are required to establish its efficacy, safety, and long-term therapeutic outcomes.

PATIENT PERSPECTIVE

The patient reported progressive reduction in pain after each sitting of Agni Karma and was able to resume occupational activities with minimal discomfort by the end of treatment. He expressed satisfaction with the treatment outcome and did not experience any adverse effects.

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