

Holistic Ayurvedic Approach along with *Viddha Karma* in Carpal Tunnel Syndrome: A Case Report

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ABSTRACT

Carpal Tunnel Syndrome (CTS) is a common neuropathy caused by compression of the median nerve within the carpal tunnel. It manifests as pain, numbness, tingling, and weakness in the affected hand. CTS can be correlated with *Vata Pradhana Vyadhi* in *Ayurveda*, where aggravated *Vata* and *Pitta* Dosha lead to nerve dysfunction and inflammation. This case report describes a 50-year-old female with a 6-month history of progressive numbness, tingling, pain, and swelling in both hands, predominantly affecting the thumb, index, and middle fingers, with nocturnal aggravation. Clinical examination revealed positive Tinel's and Phalen's tests. She was diagnosed with CTS and managed with an Ayurvedic treatment along with *Viddha karma*. After 1 month of conservative treatment, the patient experienced significant symptom relief, improved grip strength, and enhanced functionality. This case highlights the importance of Ayurvedic treatment along with *Viddha karma* and early intervention in preventing disease progression.

Keywords: Inflammation, Neuropathy, Phalen's sign, Tinel's Sign, *Vata pradhana vyadhi*

CASE REPORT

A 50-year-old female, working as a clerk, reported to the Kayachikitsa department's outpatient department with complaints of progressive numbness, tingling, pain, swelling, low muscle power of the bilateral hand, mainly the thumb, index, and middle finger for six months. Symptoms were aggravated at night and interfered with daily activities. The patient was previously diagnosed with Carpal Tunnel Syndrome (CTS) by an Orthopaedic physician. She was prescribed Tab Gabapentin NT 400 mg at night and Tab Etrobox 120 mg once daily for 30 days by a local physician but did not experience significant relief. So, she approached the Ayurvedic Hospital for further treatment. A proper history revealed that she was a clerk and worked on a computer for more than 12 hours a day. There was no history of carpal bone injuries or wrist fractures. Her past medical and family history were unremarkable. To rule out cervical radiculopathy as a differential diagnosis, a radiographic (X-ray) of the cervical spine was performed, which revealed no abnormalities. On Ashtavidha Pariksha (Ayurvedic eightfold examination), the patient's Nadi (pulse) was 78 beats per minute. Mala (bowel habits) indicated constipation, while Mutra (urination) was normal, with a frequency of 5–6 times per day. The Jivha (tongue) appeared Saama (coated). Shabda (speech), Drik (vision), and Sparsha (touch) were normal; the latter was Anushna-sheeta (neither hot nor cold). The patient's Akriti (body built) was *Madhyam* (moderate) [Table/Fig-1].

Examination	Findings
Nadi (Pulse rate)	78 times/min
Mala (Stool)	Constipated
Mutra (Urine)	5-6 times/day, Prakrit
Jivha (Tongue)	Saam
Shabda (Sound)	Prakrit
Drik (Vision)	Prakrit
Shaparsha (Touch)	Anushnasheeta
Akriti (Built)	Madhyam

[Table/Fig-1]: Ashtavidha Pariksha (Eightfold examination).

Blood tests {Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR) and blood sugar} were within normal limits. Clinical

examination revealed positive Tinel's [1] and Phalen's tests [1], leading to a final diagnosis of Carpal Tunnel Syndrome. The patient was managed with Ayurvedic interventions, including *Snehana* (oleation therapy), *Swedan* (sudation therapy), and *Shashtika Shali Pinda Swedan*. Oral medications comprised Capsule Palsineuron, Sahacharadi Kashaya, Tablet Shallaki XT, and Ksheerbala 101, administered along with *Viddha Karma* therapy.

Treatment Plan

The patient underwent a month-long integrative Ayurvedic management protocol. Local *Snehana* (oleation) was performed daily on both hands using *Sahacharadi Taila* to promote lubrication of the affected structures. This was followed by *Shashtik Shali Pinda Swedana*, a sudation therapy with boluses of medicated rice, to improve local circulation and reduce stiffness. Local *Dhara* with warm *Dashmoola Kwatha* was applied daily to soothe inflammation and relax musculotendinous tension [2]. *Viddha Karma* (therapeutic needling) was performed on alternate days to alleviate nerve compression symptoms. Additionally, a medicated *Lepa* prepared from *Dashang Churna*, *Shunthi*, and *Rasna* mixed with *Sahacharadi Taila* was applied locally once daily to further reduce pain and swelling [Table/Fig-2].

Procedure	Frequency	Duration
Local snehana with Sahacharadi taila (Bilateral hands)	Once a day	1 month
Shashtik shali pinda Swedan	Once a day	1 month
Local Dhara with Dashmoola kwath	Once a day	1 month
Viddha karma	Once a day	1 month (Alternate days)
Lepa with Dashang+Shunthi+ Rasna with Sahacharadi taila	Once a day	1 month

[Table/Fig-2]: Treatment details of patient.

Oral Medication

Additionally, the patient was prescribed Cap Palsineuron (360 mg capsule), administered as 1 capsule thrice daily with lukewarm water, Sahacharadi Kashaya, was given at 20 mL twice daily with equal lukewarm water, Tab Shallaki XT 440 mg was administered as 1 tablet twice daily with lukewarm water, Cap Ksheerbala 101 was given as 1 capsule twice daily with lukewarm water for one month as described in [Table/Fig-3].

Medications	Composition	Dose and frequency	Duration
Cap Palsineuron	Samirpannag Rasa, Ekangvir Rasa, Vatavidhvanshak Rasa (360 mg capsule)	1 capsule thrice a day with lukewarm water	1 month
Sahacharadi kashaya	Sahachara (Strobilanthes ciliatus), Devadaru (Cedrus deodara), Rasna (Pluchea lanceolata)	20 mL twice a day with equal lukewarm water	1 month
Tab Shallaki XT	Boswellia serrata extract (400 mg), Ricinus communis (20 mg) Tinospora cordifolia (20 mg)	1 tablet twice a day with lukewarm water	1 month
Cap Ksheerbala 101	Bala (Sida cordifolia) processed in cow's milk and sesame oil (Avertana 101 times)	1 capsule twice a day with lukewarm water	1 month

[Table/Fig-3]: Oral Medications.

The patient was assessed at baseline (day 0), on the 15th day, and on the 30th day of treatment. Symptom severity and functional status were evaluated at each visit to monitor clinical improvement. Hand muscle power was assessed using the Medical Research Council (MRC) muscle power grading system [3], in which Grade 4 denotes active movement against gravity with some resistance and Grade 5 represents normal power with full strength.

Boston Carpal Tunnel Syndrome Questionnaire (BCTQ) [4]: The symptoms assessment was performed using a 5-point graded scale adapted from the Boston Carpal Tunnel Questionnaire (BCTQ). Parameters included night-time pain intensity, frequency of pain-related sleep disruption, daytime pain intensity and frequency, pain duration, numbness, weakness, tingling, night-time sensory disturbances, frequency of awakenings due to tingling/numbness, and difficulty handling small items. Each parameter was scored from 1 (no symptoms) to 5 (extremely severe symptoms).

At baseline, the patient's BCTQ Symptom Severity Score was 40, improving to 29 at the 15th-day follow-up and 16 after one month, indicating a marked reduction in night-time pain, sleep disturbance, daytime pain, numbness, and tingling as shown in [Table/Fig-4]. On assessment at baseline (day 0), the patient's hand muscle power was graded at 4 with Tinel's test and Phalen's test both positive, and a BCTQ score of 40. At the 15th-day follow-up, muscle power improved to grade 5, while both special tests remained positive and the BCTQ score decreased to 29 By the end of one month of treatment, muscle power returned to grade 5, both Tinel's and Phalen's tests were negative, and the BCTQ score further reduced to 16 as in [Table/Fig-5] [1,3,4].

S. No.	Symptoms	Before treatment (baseline)	Follow-up (on 15 th day)	After treatment (on 30 th day)
1.	Night-time pain in hand/wrist	4	3	1
2.	How often pain disrupted sleep (past 2 weeks)	4	3	1
3.	Daytime pain presence	3	2	1
4.	Daytime pain frequency	4	2	1
5.	Average duration of daytime pain	4	3	1
6.	Numbness or sensory loss in hand	4	3	2
7.	Hand or wrist weakness	2	2	2
8.	Tingling in hand	4	3	2
9.	Night-time tingling or numbness severity	4	3	2
10.	Frequency of night-time awakening due to tingling/numbness (past 2 weeks)	4	3	2
11.	Difficulty handling small items (e.g., keys, pens)	3	2	1
12.	Total score	40	29	16

[Table/Fig-4]: Boston Carpal Tunnel Syndrome Questionnaire Scoring before, during, and after treatment for individual items.

Parameters	Before treatment (0 day)	Follow-up (on 15 th day)	After treatment (1 month)
Hand muscle power [3]	Grade 4	Grade 5	Grade 5
Tinel's tests [1]	Positive	Positive	Negative
Phalen's test [1]	Positive	Positive	Negative
BCTQ score [4]	40	29	16

[Table/Fig-5]: Observations and results at various follow-up durations over one month of treatment, symptoms improved significantly, with reduced numbness, tingling, and nocturnal pain, BCTQ score [1,3,4].

DISCUSSION

Carpal Tunnel Syndrome (CTS) is a neuropathy caused by the compression of the median nerve at the wrist, leading to pain, numbness, tingling, and weakness in the hand [5]. Ayurveda correlates CTS with Vata Pradhana Vyadhi, where aggravated Vata and Pitta Dosha cause Sira (nerve), Snayu (ligaments), and Majja Dhatu (nervous tissue) dysfunction, resulting in inflammation and nerve compression. A holistic approach is emphasised through internal medicines for Vata shamana, external therapies (abhyanga, swedana), and specific para-surgical interventions like Viddha Karma to relieve srotorodha and restore prana vaha srotas functioning. Some previous studies on CTS, along with their management and outcomes are shown in [Table/Fig-6].

Author name	Patient (Age and sex)	Diagnosis	Treatment	Outcome
Bhatt N et al., 2020 [6]	38-year-old obese female patient	Right-hand carpal tunnel syndrome	Local Abhyanga with Saindhavaadi Taila for 10 days	BCTQ score results showed 54.74% relief in symptoms.
GVP S et al., 2020 [7]	40-year-old female patient	Carpal tunnel syndrome	Agnikarma for 5-7 days	Marked improvement was noted in signs and symptoms of Carpal tunnel syndrome.
Sarika AK, Masalekar S, 2021 [8]	50-year-old female patient	Right-hand carpal tunnel syndrome	Agnikarma followed by Marmakkoottu Lepa for 21 days	Agnikarma provided relief from pain and inflammation, and helped relax the muscles.
Padadharia D et al., 2023 [9]	58-year-old female patient	Carpal tunnel syndrome	Navajivan rasa with agnikarma for 28 days	Showed improvement in pain and tingling sensation of wrist.
Present study	50-year-old female patient	Bilateral hand Carpal tunnel syndrome	Local massage, shashtik shali pinda swedan, local Dhara along with viddha karma and shaman treatment for 1 month	Showed significant improvement in BCTQ score and hand muscle power.

[Table/Fig-6]: Summary of studies on Ayurvedic management of carpal tunnel syndrome with diagnosis, treatment, and outcomes [6-9].

The present study differs from previous studies in using Viddha Karma alongside Shaman treatment, a combination not explored in prior research. Ayurvedic management of carpal tunnel syndrome includes Viddha Karma (needling therapy) to alleviate aggravated Vata and relieve nerve entrapment, and Siravedhana (therapeutic bloodletting) to improve local circulation [10]. Abhyanga (oil massage) with Sahacharadi Taila is administered for neuromuscular nourishment, while local Dhara using Dashamoola Kwatha (herbal decoction fomentation) is employed to reduce stiffness and inflammation [11].

Shashtik Shali Pinda Swedan involves the use of rice boluses that are heated and applied to the affected area to induce sweating. In the context of CTS, this treatment is believed to help alleviate symptoms by reducing inflammation and promoting blood circulation in the wrist and hand. The heat from the rice boluses relaxes the muscles, relieves stiffness, and reduces swelling, which may provide relief from the pressure on the median nerve, a key contributor to CTS [12].

Viddha Karma, a technique involving the application of fine needles or specific puncturing methods at targeted points, plays a therapeutic role in treating CTS by promoting local circulation and alleviating nerve compression. This procedure helps in reducing inflammation and swelling around the median nerve, improving blood circulation [10]. By stimulating specific points, *Viddha Karma* is believed to relieve pain, reduce stiffness, and restore mobility to the wrist and hand, which can be especially beneficial in conditions like CTS where nerve pressure is a primary concern.

The patient was prescribed Cap Palsineuron containing *Samirpannag Rasa*, *Ekangvir Rasa*, and *Vatavidhvanshak Rasa*, which possess vata-shamaka and nerve tonic properties, helping to reduce inflammation, improve nerve conduction, and alleviate pain and tingling sensations [13]. Sahacharadi Kashaya, comprising *Sahachara (Strobilanthes ciliatus)*, *Devadaru (Cedrus deodara)*, and *Rasna (Pluchea lanceolata)* was given for its vata-pacifying, anti-inflammatory, and muscle-strengthening effects [14]. Tab Shallaki XT, containing *Boswellia serrata* extract, *Ricinus communis*, and *Tinospora cordifolia* was administered for its anti-inflammatory and analgesic properties [15]. Cap Ksheerbala 101, prepared from *Bala (Sida cordifolia)* processed in cow's milk and sesame oil through 101 *Avartana* cycles, was prescribed as a nerve tonic to nourish nerves, improve myelination, and enhance functional recovery [16].

The present study highlights the potential of a holistic Ayurvedic approach in the management of CTS. The integration of *Viddha Karma* along with *Shamana Chikitsa* offers a unique therapeutic strategy that not only addresses the symptomatic relief but also targets the underlying *Vata vitiation* considered central in the pathogenesis of CTS. By combining oral medication with external therapies such as *Abhyanga*, *Dhara*, and *Shashtik Shali Pinda Sweda*, the treatment provides multidimensional benefits-improving circulation, reducing inflammation, alleviating nerve compression, and strengthening neuromuscular functions. This integrative protocol demonstrates encouraging results and opens the scope for further clinical studies with larger sample sizes to establish its efficacy and to compare outcomes with conventional modalities.

CONCLUSION(S)

This case study highlights the effective management of CTS through Ayurvedic interventions. After one month of treatment, there was a significant clinical improvement. The evaluation criteria used in the case study indicated marked progress in the patient's condition.

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