

An Ayurvedic Approach in the Management of Trigger Finger: A Single Case Study

Fathima T,^{1*} Febina Shereen ²

¹ Assistant Professor, Department of *Shalyatantra*, KMCT Ayurveda Medical College Hospital, Manassery, Kozhikode, Kerala, India

² House Surgeon, KMCT Ayurveda Medical College Hospital, Manassery, Kozhikode, Kerala, India

ABSTRACT:

Trigger finger, occurs when a tendon becomes inflamed and swollen, and cause painful locking of the digits while bending them. It is characterized by a popping or catching sensation, pain at the base of the digit, and a tender lump on the palm. This condition can be correlated to *Snayugata Vata*. This is a single case study of trigger finger (*snayugata vata*) managed with *Upanaha* using *Nagaradi Choorna*, splint bandage with *Murivenna*, and *Agnikarma* using *panchaloha shalaka*. The procedure was administered for 6 days. The patient was observed for a follow-up period of 1 month to rule out recurrence of symptoms. The patient could perform daily life activities without discomfort and pain.

KEYWORDS: *Agnikarma, Dhatugatavikara, Snayugatavata, Tenosynovitis, Upanaha.*

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***Corresponding Author:**

Dr. Fathima T.

Assistant Professor, Department of *Shalyatantra*, KMCT Ayurveda Medical College Hospital, Manassery, Kozhikode, Kerala, India

Email: fathima1189@gmail.com

INTRODUCTION:

Trigger finger is a constricting tenosynovitis affecting the flexor tendons, most commonly at the level of the A1 pulley. While the patient can flex the digit, a palpable nodule gets trapped at the A1 pulley's proximal edge, causing the PIP joint (or IP joint in the thumb) to lock in flexion.

In advanced cases, the constriction becomes so severe that active flexion is not possible, or the digit remains fixed in flexion and cannot be completely extended. A congenital form of trigger finger or trigger thumb may be seen in infants; however, most cases resolve spontaneously by one year of age. In adults, initial management includes local corticosteroid injections. When conservative treatment fails, surgical management is undertaken by *Open A1 Pulley Release*.^[1]

Trigger finger arises from fibrous sheath constriction that disrupts flexor tendon gliding. Early pain occurs at the finger base during passive extension; progression causes proximal tendon swelling, leading to locking relieved by forceful snapping or passive straightening.^[2]

Trigger finger is more common in adults, primarily affecting the middle or ring finger. Initial symptoms include difficulty clenching or extending the digit, with the tendon catching and suddenly releasing with a snap—resembling a gun trigger. A palpable nodule is felt at the MCP joint. In children, the thumb is typically involved bilaterally, due to stenosing

tenovaginitis of the flexor pollicis longus.^[3]

This condition can be correlated with *SnayugataVata*. Vitiated *Vāta* undergoes *Sthānasamśraya* in the *snāyu* of the fingers, leading to the manifestation of *SnāyugataVāta*. In Ayurveda, Acharya Susruta, in the context of *Dhatugatavikara*, mentions characteristics like *stambha* (stiffness), *kampa* (tremors), *shoola* (pain), and *akshepana* (convulsions).^[4] When *vata* is found affecting ligaments, joints and bones, then therapies such as *sneha* (oleation), *upanaha* (warm poultices) *agnikarma* (branding/thermal cautery.), *bandhana* (bandaging), *unmardana* (hard massaging or squeezing), should be done without any laxity.^[5]

CASE STUDY:

59-year-old female patient complaints of painful locking of left ring finger since 4 months was reported in the IP of *Salyatantra* department of KMCT Ayurveda Medical College, Manassery, Kozhikode. There was no history of any trauma or surgery in left hand. The patient has a history of diabetes mellitus since 4 years and is under allopathic medication for the same. The patient had difficulty in gripping objects. On examination, the patient has slight tender nodule over the base of left ring finger. After careful assessment and examination, it was diagnosed as second grade trigger finger. [Figure 1]

The management procedures of this patient are mentioned. [Table 1].

Table 1 Management:

Procedure	Medicines used	Duration	Remarks	Figure
<i>Upanaha</i>	<i>Nagaradi Choornam</i>	12hrs for 3 days	Tenderness reduced	Figure 2
Splint Bandage	<i>Murivenna</i>	6 hours For 3 days	Tenderness and mass reduced	Figure 3
<i>Agnikarma (with shalaka)</i>	<i>JathyadiTaila</i>	1 sitting	Stiffness, pain and locking reduced.	Figure 4



Figure 1 Locking in Trigger finger



Figure 2 Upanaha



Figure 3 Splint Bandage



Figure 4 After Agnikarma

DISCUSSION:

Acharya Sushruta stated *Agnikarma* to be better than *Ksharakarma*. [6]. He also quotes that the disease treated with proper *Agnikarma* has no chance of recurrence. [6]. It cures the disease which are not managed with *Bheshajakarma*, *Shastra Karma* and *Kshara karma* [6]. *Acharya Susruta* also mentions that *agnikarmas* indicated in *snayu*, *sandhi*, and *asthigatavata* disorders. [7] *Acharya Susruta* mentions *upanaha* in the management of *Vata* disorders of *snayu* and *sandhi*. [8].

From an Ayurvedic perspective, the diagnosis of this condition can be correlated with *Snayugata Vata* under *Vatavyadhi*. Numerous etiological factors ultimately lead to the vitiation of *Vata*. Once vitiated, *Vata* causes *sthanasamshrayaat* the *snayu* of *hastanguli*, causing *dhatu vaishamya* which is characterized by *snayusankocha*, *Stambha*, and *shoola*. In other words, the aggravated *Vata* causes *margavarana*, particularly at the level of the *snayu*, which in turn results in the vitiation of *sthanika Kapha* (localized *Kapha*). The combined vitiation of *Vata* and *Kapha* leads to the manifestation of symptoms characteristic of *Snayugata Vata*, corresponding to trigger finger. *Agnikarma* is an important therapeutic modality indicated in *Vata-KaphajaVikara*, where both *Vata* and *Kapha* are involved. [9]

Upanaha Sweda is a specialized form of *Swedana* that involves the application of warm medicated poultices to affected areas of the body. *Upanaha Sweda* alleviates *Vata* due to its *uṣṇa* and *snigdha guṇas*. These qualities directly

counteract the cold and dry nature of aggravated *Vāta*, restoring its natural balance. This form of *swedana* primarily acts by improving circulation and facilitating detoxification of the body. *Swedana* therapy has been employed to pacify *Vātadoṣa*, which is responsible for reducing pain and stiffness in the affected tendons and joints, decreasing localized inflammation, and improving joint mobility and flexibility.

Snāyugata Vāta refers to the pathological involvement of *Vātadoṣa* within the *snāyu*. Since *Vāta* governs all movement and flexibility in the body, its aggravation within the tendinous structures leads to the *shoola*, *sankocha* and *stambha* seen in conditions like trigger finger. *Upanaha Sweda* directly addresses this by pacifying *Vāta* at the site of involvement, making it a highly beneficial and targeted intervention. [10]

CONCLUSION:

This case study demonstrates the efficacy of Ayurvedic management in the treatment of Trigger Finger, clinically correlated with *Snāyugata Vāta*, a condition arising from the localization of vitiated *Vātadoṣa* within the *snāyu* of the digital region (left ring finger). The patient presented with *Stambha*, *Śūla*, *Samkocha*, and restricted movement of the left ring finger. The treatment protocol adopted in this case was aimed at *VātaŚamana* and *Snāyu Balya*.

The patient got relieved from the presenting complaints in a period of 7 days and during the follow up period after 1 month, no recurrence was noted.

Hence, Splint Bandage and *Agnikarma* can be prescribed as an effective treatment procedure in management of Trigger finger.

Consent of the patient:

The consent of the patient has been taken for publication of the case details and accompanying images without disclosing the identity of the patient.

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