



**Ayurvedic management of *De Quervains Tenosynovitis* by
Jalauka Avcharan A case report.**

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Abstract-

*De Quervains Tenosynovitis*¹ is a condition in which the abductor *pollicis longus* and extensor *pollicis bravis* attach to the thumb are affected. Patient complaining of pain, swelling with restricted movement. In modern medicine NSAID'S, corticosteroids, thumb *splica* splint, tendon release surgery etc. Treatments are available along with their side effect and post-surgery complication.

According to Ayurveda we can correlate it with *Sira –Kandara gata Vyadhi*². *Sira Kandara* means tendons which are *Upadhatu of Rakta dhatu*³. From ancient times in *Ayurveda Jalauka Avacharna (Raktmokshana)*⁴ is useful in *Raktagata vyadhi*. Hence we have selected *Jalauka Avcharan* in this patient to get relief from her symptoms and can do her daily work.

Keywords- *De Quervains Tenosynovitis, Jalauka Avcharan, Sthanik snehana swedana*

Introduction-

De Quervains Tenosynovitis occurs more in female than male. The causes are many daily activities of the wrist joint such as playing golf or racket, washerwoman's, trauma, continuous use of android mobile and other sports.

Modern treatment modalities are not beneficial and patient does not feel fully recovered hence Ayurveda has to more hope to research on this area. Peoples are looking for ray of hope from *Ayurvedic* treatment modalities.

Jalauka Avacharna is very useful treatment because the Leech Saliva contains more than

100 Bio Active substances. These are responsible for various therapeutic benefits like Anti-inflammatory, antithrombotic, anticoagulant, vasodilator, *bacteriostatic* and also have blood lymph circulation enhancing properties etc.

So, we have selected this patient to treat by *Jalauka Avacharna* then *sthanik Snehan Swedan* then wrist belt is advised which give significant effect.

Objective-

1. To reduce the Pain, swelling and to improve normal movement of wrist joint and thumb.
2. To study the effect of *Jalauka Avacharna* in *De Quervains Tenosynovitis*.

Brief case history-

A 43 years old female patient diagnosed as *De Quervains Tenosynovitis* who was treated with *Jalauka Avacharna* then *sthanik Snehan Swedan*, wrist belt. The case was taken in *Aarogyashala Rugnalaya, Nashik* which is *Ayurved* hospital attached to *Ayurved Seva Sang's Ayurved Mahavidyalaya, Nashik*. No conventional modern drugs were used during the course of treatment.

Case report-

A 43 years old female patient came to *Arogyashala Rugnalaya Ganeshwadi Panchvati Nashik* with following complaints-

1. *Shotha* over medial aspect of wrist joint below thumb.

2. *Sandhishool* over wrist joint during thumb movement.
3. Restricted movement of thumb.

History of present illness-

A patient is healthy before 10 days. She had history of trauma on right wrist joint 9 days ago.

She had taken orthopedic opinion who diagnosed as a *De Quervains Tenosynovitis*.

He suggested surgery for it. But patient is not willing for surgery and for alternative treatment she came to *Aarogyashala Rugnalaya* for *Ayurvedic* treatment.

Past history- No any specific history.

General examination-

- P-84/min
- BP- 120/70 mmHg
- SPO2-99 on RA
- RR-18/min
- TEMP-Afebrile

Systemic Examination-

- RS- B/L clear
- CVS-S1S2 N
- CNS- conscious and oriented
- P/A- soft

Local examination-

1. Finklestein's test –positive in patient (it means that you have to bend your thumb across the palm of your hand and bend your fingers down over your thumb. The test is positive if the patient complains of pain over wrist extensor compartment of the wrist.)

2. Movement of abduction and extension of thumb is painful and restricted.

3. Tenderness present.

Investigation-

- Sr. uric acid-5.2mg%
- BSL R -72mg%
- X-ray of Right wrist joint-NAD
- Sr. creat-1.1mg%
- CBC-HB-10.5gm/dl; WBC-6.1x10⁹; PLT-2.20lac

Materials and methods-

In this study a single patient with symptoms of *De Quervains Tenosynovitis* was selected from Aarogyashala Rugnalaya Nashik.

Treatment Protocol-

Assessment was done by subjective and objective criteria before and after treatment.

In this case we did 4 settings of standard procedure of *Jalaauka Avcharan*, each setting after 7 days followed by *sthanik snehana swedan* after 2 days and wrist belt application with wrist rest.

Subjective Criteria –

- Pain
- Swelling

Objective criteria-Range of movement in extension and abduction of thumb.

1) Pain-

- 0- No pain
- 1- Slight pain on movement
- 2- Moderate pain at rest
- 3- Severe pain at rest.

2) swelling-

0-no swelling

1-mild swelling

2-moderate swelling

3-severe swelling

3) Range of extension and abduction of thumb

0-freely movement, no restriction

1-mild restriction in movement

2-Moderate restriction in movement

3-severe restriction in movement.

Assessment-

DAY	0	7 th	14 th	28 th
Pain	+++	++	+	+
Swelling	+++	++	+	0
Movement of thumb	+++	++	+	0

Remark-

On 1st day after leech therapy patient got 15% relief.

On 7th day she got 40% relief.

On 14th day she got 65% relief from her complaints.

On 28th day she got 85% relief. Swelling of wrist joint is remarkably reduced, she feels slight pain after work, and there is no any restriction on movement. Then she was advised that she should be use wrist belt continuously for next 2 month. -

Apunarbhava Chikitsa-

1. *Asthimajjapachak kwatha and Rasraktapachak kadha.*
2. Continuous wrist belt

Discussion-

We managed this patient by leech therapy. By applying leech, the bioactive

substances released through saliva of leech which act as analgesic, anti-inflammatory, anti-coagulant etc.

Patient gets instant relief from pain about 45% after applying leech. After that we advised the patient to take *sthanik snehan* and *swedan* to reduce the vitiated *vata dosha*.

In this case tendons (*kandara*) are fractioned continuously due to excess wrist movements.

This treatment modality gives beneficial result in *De Quervains Tenosynovitis* to subside the pain, inflammation and restriction of the joint.

Lastly wrist belt gives better support to wrist joint and thumb.

Conclusion-

Injuries of the hand and thumb can be challenging since most patients frequently use them in their daily lives, thus delaying healing time.

This case highlights the fact that confidence can be found in *Ayurvedic* management principles even in cases where contemporary medicine's prediction is poor.

The patient was diagnosed in *Ayurvedic* terms and managed therefore. On this basis, the *Vyadhi* was identified as being *yapya* and treatment planned accordingly.

Hence, this treatment modality can be prescribed as an clinical procedure considering its effectiveness and safe therapeutic regimen for *De Quervain's tenosynovitis*.

However further research is needed on large sample size of the patient.

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