



Case Study

CASE REPORT ON AYURVEDIC RASAYANA INTERVENTION FOR SURGICALLY INDICATED VOLAR PLATE INJURY OF THE METACARPOPHALANGEAL JOINTS

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ABSTRACT

Subluxation is a partial or incomplete dislocation of a joint, where the bones are not in their proper alignment but still partially touch. This is different from a complete dislocation (subluxation), where the bones are completely separated. Subluxations can cause pain and swelling. Treatment can range from conservative methods like the Rest, Ice, Compression, Elevation method, close reduction and pain management to more involved options like surgery in severe cases. A 39-year-old female experienced pain, stiffness, and difficulty in holding and doing household activities with her right 2nd metacarpal, and she underwent MRI scan. The impression showed avulsion of the proximal fibers of the volar plate at the neck of the second metacarpal with volar subluxation of the proximal phalanx and was advised to undergo surgery. Keeping the surgical option open and explaining the pros and cons, treatment was started with pain management, followed by *Panchakarma*, *Rasayana* treatments along with internal medication that gave significant reduction in pain and improved ability to use the finger. This case study highlights the efficacy of Ayurveda in treating subluxation. The use of *Upanaha Sweda*, *Nasya*, *Bandana*, *Rajyapana basti* and *Rasayana* treatments demonstrated practical, effective, and significant results in the treatment of subluxation of 2nd metacarpal.

INTRODUCTION

Volar subluxation is mostly seen in the injury caused by a force directed onto the proximal phalanx in flexion or hyperflexion of the MCP joint.^[1] Closed reduction is the first treatment option. Open reduction is required if closed reduction is not achieved. It has been reported that such dislocations are often treated by open reduction^[2,3]. The range of motion of these joints allows for flexion and extension, which provides grasping, pinching, clawing, and reaching functions of the fingers^[4].

Based on clinical presentation, subluxation aligns with *Sandhi mukta*, *Sandhimukta* or *Sandhichyuti* refers to dislocation of joints which are subdivided into 6 varieties.

Specifically, this case is correlated with *Vislista sandhi mukta*^[5]. This variety is characterized by mild swelling, slight pain and derangement of joint with an abnormal depression in the middle. The features found are suggestive of subluxation of the joint. Since it does not involve any fracture of the bones, it presents with mild swelling. As there is derangement of bones and they remain in an abnormal contact, the ligaments and other soft tissues attached to them remain stretched all the time and hence continuous pain is experienced by the patient. Here management focused on incorporating *Bandana*, *Parisheka*, *Alepana* targeting the affected region (right 2nd metacarpal), along with *Upanaha sweda*, *Nasya*, *Bandana*, *Rasayana*, and internal medications.

Patient Information

A 39-year-old female presented with the complaint of pain (vas-10) in the right second metacarpel associated with the grade 3 tenderness and redness, stiffness and difficulty in movement of finger and pain that aggravated in the evening hours. she

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visited our OPD at Alva's Ayurveda Kayachikitsa OPD, in Moodubidire.

Table 1

| | |
|---------------|--|
| March 2024 | The patient gradually developed pain over the right second metacarpal and consulted a local hospital, where she was prescribed analgesics, which provided symptomatic relief. |
| April 2024 | She visited hospital in Ujire, where an x-ray revealed a suspected soft tissue swelling, and a minor local procedure was performed under local anesthesia. Postoperatively, the patient developed a pus discharge at the surgical site, which was managed with resuturing, and the wound subsequently healed. |
| November 2024 | X-ray was done after the post procedure while it showed subluxation of right 2 nd metacarpal due to the damage of collateral ligament of MCP joint. however, following recovery, the patient resumed household activities, after which the pain re-occurred. |
| January 2025 | She underwent an MRI hospital in Mangalore, which revealed avulsion of the proximal fibers of the volar plate at the neck of the second metacarpal with volar subluxation of the proximal phalanx where the surgery was suggested. |

Table 2: Clinical Examination

| Inspection | Palpation | Range of movement |
|--|---|--|
| Swelling: Around the metacarpophalangeal (MCP) Skin changes: Redness+, scars+ Finger- alignment: partial dislocation (subluxation) of the rt 2 nd meta carpal | Temperature+ Tenderness present at MCP joint | Reduced range of movement over right 2 nd MCP joint. (Flexion, Extension,) Flexion: normal flexion is 90 degree and extension- 0 degree |

Table 3: Dashavidha pareeksha was done to assess the Roga and Rogi bala

| Dashavidha Pareeksha | Assessment finding |
|--|--|
| <i>Prakrti</i> (Nature of individual) | <i>Vata kapha</i> |
| <i>Vikruti</i> (Nature of imbalance) | <i>Dosa - Vata Vrudhi</i> <i>Dooshya was Snayu, Khandara, Peshi, Pratanavati, Asthi, Jala.</i> <i>Desha- Sadharana; Kala-Sayankala.</i> <i>Hetu pareeksha- Mahat hetu for Vata was noted.</i> <i>Linga pareeksha Mahat linga were noted as severe Shula (pain) and Stambha (stiffness) severely affecting the use of right hand.</i> |
| <i>Sara</i> (Nourishment) | <i>Madhyama sara</i> |
| <i>Samhanana</i> (Compactness of body) | <i>Susamhatha shareera</i> |
| <i>Satva</i> (Mental tolerance) | <i>Madhyama satva</i> |
| <i>Satmya</i> (Habituation) | <i>Madhura, Amla, Lavana, Katu Rasa Satmya, Ghritha Ksheera,</i> |
| <i>Pramana</i> (Measurement of body) | <i>Pramanavathi shareera (Height-5.5ft, Weight -50kg)</i> |
| <i>Aharashakthi</i> (Power of digestion) | <i>Both Abhyavarana shakti (capability of intake) and Jarana shakti (ability to digest) were Pravara</i> |
| <i>Vyayama shakti</i> (Capacity to exercise) | <i>Pravara</i> |
| <i>Vaya</i> (Age) | <i>Madhyama</i> |
| <i>Rogi bala</i> (Patient strength) | <i>Madhyama</i> |
| <i>Roga bala</i> | <i>Pravara</i> |

Nidana panchaka

Nidana was Agantuja nidana (probable surgical complication). Purvaroopo being Avyakta; Roopa is of Vata dosha during the episodes viz., Shula, Stambha, (tenderness grade 3), Harshana, Hastagrahanadharanakarma kshaya; Upashaya being rest to the hand and Ushnopachara and Aushada.samprapthi- Vata dosha due to Agantuja as Nidana got Prakupita in the Asthi, Snayu, Khanadara, Peshi of the right 2nd metacarpal as Adhistana.

In Samprapti bheda, Sankhya is one of the Vatavyadhi; Vidhi being Agantuja vyadhi and Kruchra Sadhya as Sadhyasadhyata, Pradhanya Samprapti as only Vata is the Dosha with Sheeta, Chala Guna of Vata being the Vikalpa samprapti. The Bala kala samprapti pain aggravate evening hours indicating the Dosha as Vata.

Chikitsa**Table 4: Timeline of Clinical events and interventions**

| Date | Clinical events and treatments | Progress |
|---|---|--|
| 28/1/2025 – 3/2/2025 | <i>Upanaha sweda with Jadamayadichurna + Karpasthyadi taila + Saindhava + Dhanyamla</i> | VAS- 9/10 Grasping - Unable to hold objects >0.5 kg Reaching - Limited reach due to pain and swelling Clawing - Unable to bear weight Pinching not possible |
| 4/2/2025- 10/2/2025 | <i>Marsha Nasya (Anutaila) for 7days</i> | VAS - (8/10). Grasping - Light grasp of small objects Reaching - Slight improvement in reach, stiffness remains Clawing - Partial weight support through palm, avoiding index finger. Pinching - Minimal pinch attempted with poor support |
| 14/02/2025- 29/02/2025 | <i>Pratimarsha Nasya was performed with Ksheerabala 101 twice a day (2 drops)</i> | VAS - 6/10 Grasping - Moderate grasp with light objects Reaching - Improving to about 60 % of normal range Clawing - Can crawl briefly with modified hand placement Pinching- Early pincer movement emerging; still weak |
| 18/03/2025 – 24/3/2025 | <i>Marsha nasya with Shatapushpa taila for 7 days</i> | VAS - 5/10 Grasping - Improved (grasp of cup and pen) Reaching - About 80 % with smooth movement Crawling - Nearly full weight bearing for short duration Pinching - Strength improving can pick up small objects (stones and grains) |
| 30/3/2025- 7/4/2025 | <i>Bandana with Murivenna done for 7days</i> | VAS - 5/10 Grasping - Grip strength ~70% able to lift moderate weights Reaching - Full reach achieved with mild tightness Clawing - Crawling stable tolerates mild weight Pinching - Precise pinch can handle (coins, zippers, buttons) |
| 21/4/25- 27/4/2025 | <i>Kukuta mamsa taila with Masha churna bandana was done for 7 days</i> | VAS - 2/10 Grasping - Strong grasp (85–90 % restored) Reaching - Full, pain-free reach; normal coordination Clawing - Full weight bearing with no discomfort Pinching - Fine motor coordination normal; no instability |
| 24/5/2025- 31/5/2025 and 15/8/25 for 8 days | <i>Rajayapana basti in the form of Yoga basti. 2 sittings were given</i> | VAS - 0/10 Grasping - Normal grasp strength and dexterity; pain-free Reaching - Complete, smooth reach equal to opposite side |

| | |
|--|---|
| | Clawing - Crawling and hand loading fully normal Pinching - Full precision pinch fine motor performance restored |
|--|---|

Table 5: Rasayana Therapy Chyawanprasha Given in Arohana and Avarohana Pattern

| 5/9/25 to 19/9/2025 for 15 days | | Initially for the duration of 5 days <i>Avipattikara churna</i> (5gm) was given for <i>Kosta shuddi</i> . After that <i>Chyawanprasha</i> was started 5gm and given in <i>Arohana</i> and <i>Avarohana</i> pattern for the duration of 15days. <i>Anupana -Ksheera</i> <i>Aushada sevana kala – Abhakta</i> <i>Pathya -Ksheera anna</i> for 15 days |
|---------------------------------|--------|--|
| Date | Dosage | |
| 5/9/25 | 10gm | |
| 6/9/25 | 15gm | |
| 7/9/25 | 20gm | |
| 8/9/25 | 25gm | |
| 9/9/25 | 30gm | |
| 10/9/25 | 35gm | |
| 11/9/25 | 40gm | |
| 12/9/25 | 45gm | |
| 13/9/25 | 40gm | |
| 14/9/25 | 35gm | |
| 15/9/25 | 30gm | |
| 16/9/25 | 25gm | |
| 17/9/25 | 20gm | |
| 18/9/25 | 15gm | |
| 19/9/25 | 10gm | |

Internal medicines

| Date | Medicines |
|---------------------------|--|
| Jan 28 th 2025 | <ul style="list-style-type: none"> • <i>Gokshuradi guggulu</i> 500mg one thrice a day for 1 week • <i>Punarnava mandoora</i> one thrice a day for 1 week • <i>Punarnavasava</i> 15ml thrice a day after food for 1 week |
| 8/2/2025 | <ul style="list-style-type: none"> • <i>Mustadi marma kashaya</i> 15ml twice a day with 50ml of water. • <i>Cap. Gandha taila</i> with <i>Kashaya</i> |
| 27/2/2025 | <ul style="list-style-type: none"> • <i>Marma Gutika</i> for external application (right index finger) • <i>Ganda taila</i> capsule twice a day with <i>Kashaya</i> 6 months • <i>Mustadi marma Kashaya</i> 15ml twice a day 6 months |
| 18/3/2025 | <ul style="list-style-type: none"> • <i>Lakshadi guggulu</i> twice a day with <i>Kashaya</i> 1 week • <i>Cap. Gandha taila</i> twice a day with <i>Kashaya</i> 6 months • <i>Mustadi marma Kashaya</i> 15ml twice a day 6 months |
| 2/8/2025 | <ul style="list-style-type: none"> • <i>Panchatikta Guggulu Ghrita</i> 10ml before food for 1 month • <i>Cap. Gandha taila</i> twice a day with <i>Kashaya</i> 6months • <i>Mustadi marma Kashaya</i> 15ml twice a day 6 months |

DISCUSSION

The patient presented with severe pain in the right second metacarpal (VAS 10/10), accompanied by stiffness and grade 3 tenderness, which restricted the regular activities. Based on the findings from *Nidana Panchaka* and MRI reports, the condition was diagnosed as *Vislista Sandi Mukta*. As the foundational step, *Nidana Parivarjana* was advised. The treatment

approach focused on *Samprapti Vighatana*, employing *Swedana*, *Nasya*, *Bandhana*, and *Rasayana* therapies, supported by appropriate internal medications.

Given the intensity of pain symptoms and the significant impact on daily functioning, pain management was prioritized. *Upanaha Sweda*^[6] was administered using *Jatamayadi*, *Karpasthyadi Taila*,

and *Saindhava* mixed with *Dhanyamla*. These agents work synergistically to alleviate aggravated *Vata doṣha*, with the *Ushna* property of *Dhanyamla* specifically helping to reduce *Stambha* (stiffness). *Nasya* with *Anu Taila*^[7]- known for its *Tridosha-shamaka*, *Srotoshodhaka*, *Snigdha*, and *Balya* qualities-helped in restoring strength. *Ksheerabala* 101^[8] provided *Brimhana* and *Vatanashaka* effects, while *Shatapushpa Taila*^[9] further contributed with its potent *Vata*-pacifying properties.

Murivenna used in the form of *Bandana*. It is popularly used for all sorts of *Snayu* and *Asthigata vikaras* including *Bhagna* its proven effectiveness in managing *Sandhi Mukta*, *Sadyovrana*, *Dagdha Vrana*, *Bhagna*, *Shula*, and *Shopha*. Most of its ingredients possess *Vata-Kapha-hara* properties, while components such as *Nagavalli* and *Kumari* exhibit *Pitta-Rakta-shamaka* actions. Together, these effects significantly reduced pain, stiffness, and local inflammation.

As *Vata* disorders respond best to *Basti*, *Rajayapana Basti*^[9] renowned for its *Rasayana* and *Balya* attributes- was administered. Ingredients like *Bala*, *Yashtimadhu*, and *Laghu Panchamula* helped nourish the *Dhatu*s and support tissue regeneration. In accordance with *Rasayana phalashruthi* described in *Charaka Samhita* the classical *Aarohana* and *Avarohana* regimen of *Chyavanaprasha avaleha*^[10] resulted in improved finger strength enabling the patient to perform the routine tasks with greater ease.

The internal medications complemented the external therapies: *Gokshuradi Guggulu*^[11], with its *Vatasra* and *Vatarogascha* actions, relieved *Shula* and improved mobility. *Punarnava Mandura*^[12] and *Punarnavasava*, owing to their *Shothahara* properties, addressed inflammation. *Laksha Guggulu*, containing *Laksha*, *Asthisanharaka*, *Arjuna*, *Ashwagandha*, and *Nagabala*, offered *Vatakaphanashaka*, *Balya*, *Rasayana*, and *Shothaghna* benefits. *Marma Gutika*, indicated for injuries involving *Marma* structures, played a key role with its *Sarva Marma Vikaranashana* utility. *Mustadi Marma Kashaya*^[13], enriched with *Musta*, *Bala*, and *Rasna*, supported the healing of dislocations and fractures. *Gandha Taila*, with its *Vatahara*, *Brimhana*, and *Asthi-dhatu-vardhaka* properties, strengthened bone tissue. *Panchatikta Guggulu Ghrita*, through its *Tikta Rasa* and *Ushna Virya*, improved *Dhatwagni* and promoted nourishment of the *Dhatu*s- particularly *Asthi* and *Majja*.

Limitation

Clinical improvement outweighed the need for repeat MRI, particularly given the high cost of this investigation

CONCLUSION

The present case highlights the effectiveness of Ayurveda in the medical management of surgically advised volar subluxation of the second metacarpophalangeal joint. Through treatment protocol incorporating *Upanaha Sweda*, *Nasya*, *Bandhana*, *Rajayapana Basti*, *Rasayana* therapy, and supportive internal medications, significant improvement was observed in pain reduction, joint stability, range of motion, and functional ability. The progressive clinical recovery- from severe pain and restricted mobility to complete restoration of grasp, reach, weight-bearing, and fine motor skills demonstrates the potential of Ayurvedic interventions in restoring joint integrity and neuromuscular function. While the encouraging outcomes highlight the therapeutic potential of *Rasayana*-based protocols, further systematic studies with larger cohorts and controlled designs are warranted to validate these findings and establish evidence-based guidelines.

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