

Integrative Management of Tennis Elbow Using Marma Chikitsa: A Case Study with VAS and PRTEE Scale Assessment

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Abstract

Background: Tennis elbow (lateral epicondylitis) is a common musculoskeletal condition, particularly prevalent among individuals aged 40–50, with higher incidence in females aged 42–46. It results from repetitive strain and overuse of the wrist extensors, leading to tendinosis at the lateral epicondyle of the humerus. Clinically, it presents with pain, reduced grip strength, and functional disability. In *Ayurveda*, this condition correlates with *Snayugata Vata*. *Marma Chikitsa*, a traditional *Ayurvedic* technique targeting vital energy points, has shown promise in managing *Vata*-dominant conditions.

Objective: To evaluate the efficacy of *Marma Chikitsa* in relieving pain and restoring function in a patient diagnosed with tennis elbow, using standard assessment tools like VAS (Visual Analog Scale) and PRTEE (Patient-Rated Tennis Elbow Evaluation).

Methods: A 38-year-old male software professional presented with right-sided lateral elbow pain for 3 months, confirmed as tennis elbow by clinical and MRI findings. He underwent Marma therapy targeting, *Koorpara*, and *Aani Marmas*, using gentle pressure and circular stimulation techniques. *Mahanarayan Taila* was applied for *Abhyanga*. Sessions were conducted once daily for 21 consecutive days. Evaluations were done at baseline and post-treatment using VAS, PRTEE score, and grip strength. MRI findings indicated mild-to-moderate tendinosis without bony abnormality.

Results:

The PRTEE score increased from 62/100 to 18/100, the VAS score decreased from 7/10 to 2/10, and the grip strength increased from weak to moderate. Within the first week, functional improvement was observed, and at the two-month follow-up, there had been no symptom recurrence.

Conclusion: In a tennis elbow example, *Marma Chikitsa* showed notable clinical improvement in discomfort, grip strength, and everyday function. Neuromodulation, improved local circulation, *Vata* pacification, and tendon repair are some possible explanations for its action. This instance demonstrates *Marma* therapy's promise as a non-invasive, safe, and economical treatment option for lateral epicondylitis.

Keywords: *Abhyanga*, *Marma Chikitsa*, lateral epicondylitis, Tennis elbow

1. Introduction

The prevalence of lateral elbow pain is high (1-3%) in the population, peaking between the ages of 40 and 50. The prevalence rises to 10% in women between the ages of 42 and 46. Lateral elbow pain affects 4–7 out of 1000 persons annually in general practice in the UK, the Netherlands, and Scandinavia.¹

Tennis elbow, medically termed lateral epicondylitis, is a painful musculoskeletal condition characterized by inflammation of the tendons that join the forearm muscles to the lateral epicondyle of the humerus. It is caused by repetitive wrist and arm motions. In *Ayurveda*, conditions resembling Tennis elbow and '*Snayugata Vata*' or '*Mamsavritta Vata*' are correlated.

Lateral elbow pain points to the diagnosis. It is typical for radiation to reach the distal forearm. Many patients report that their grip strength has decreased, making it difficult to do daily tasks and sports. Physical findings of point pain at the lateral epicondyle are almost constant, and soreness of the 'epicondylar muscle' bodies immediately distal to this point is common. It is best to look for pain when flexing the wrist against resistance. If the lateral epicondyle hurts when extending the wrist against resistance created by pressing on the third metacarpal's dorsum, the Thomsen test is positive. The exam involves pronating the forearm, extending the elbow, flexing the shoulder to 60°, and extending the wrist to 30°.²

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विषमं स्यन्दनं यत्र पीड्यते रुक् च मर्म तत् ।³

According to *Vagbhata*, the *Marma* is the area where discomfort to pressure should occur (*Peeditae Ruka*) and where one may experience strange pulsations (*Visham Spandana*).³ The *Charaka Samhita* mentions and states *Marma*, however it gives no details.^{4,5} According to Sushruta, *Marma* is where all of the aforementioned Dhatus—aside from Dhamani—converge. He utilized the term "Marma" to refer to both topographical treatment points and diseases of the vital organ system; consequently, igniting topographical cure places should preserve the system's *Marma*.⁶ According to Siddha, *Varmam* spots are the places in the body where the subtle *Varmam* energy is found.⁷ *Marma* is the place on the body where an energy blockage is felt.⁸

Touching it influences the body's biochemistry and can result in profound alchemical changes in a person's composition.⁹ It is the interface between physiology and consciousness. When these inner pharmacy pathways are activated, the body creates the hormones and neurochemicals required for the body, mind, and awareness to recover.¹³ *Marma* points are special bodily portions that are linked through Pranic channels to several internal organs, Doshas, and Srotas. These areas are used during

abhyanga in conjunction with the administration of various medicinal and aromatic oils to stimulate internal organs.¹⁰

Siddha claims that *Varmam* is a subtle energy that supports the body's and life force's healthy operation. *Marmas* are unseen, yet they can be detected at a location where the combined energy of the body, mind, and spirit are concentrated. These locations are found at Nadis, nerves, blood vessels, and the intersections of bones, muscles, and tissues. 'They are scattered throughout the body. Despite the fact that *Varmam* texts mention 8,000 *Varmam* points in the body, it is generally acknowledged that there are only 108 *Varmam* points, which form the cornerstone of the *Varmam* art.' They are divided into 12 *Paduvarmam* (points that are directly or indirectly connected to the brain's nerves and help treat illnesses related to the brain) and 96 *Thoduvarmam*.

Marma Chikitsa, a specialized therapeutic technique focusing on vital points (*Marma*), is traditionally used for pain management and functional restoration. This case study explores the effectiveness of *Marma* therapy in alleviating pain and improving functionality in a patient with tennis elbow.

2. Patient Profile

- **Age:** 38 years
- **Sex:** Male
- **Occupation:** Software Professional (working long hours on computer)
- **Dominant Hand:** Right
- **Clinical Diagnosis:** Tennis Elbow (Right Side) confirmed by Orthopaedic Specialist 1 month back

2.1 Chief Complaints

- Pain and tenderness over the lateral epicondyle (right elbow) for 3 months
- Difficulty in gripping objects, lifting items, and wrist extension
- Stiffness and weakness in the forearm muscles
- Pain exacerbated during computer work and household activities

2.2 Clinical Findings

- **Local tenderness:** Over lateral epicondyle
- **Pain intensity** on VAS Scale: 7/10
- **Functionality** on Patient-Rated Tennis Elbow Evaluation (**PRTEE**)¹¹ Scale: 62/100 (higher score indicates more severe disability)

2.3 Investigations

- **X-ray:** No bony abnormalities
- **MRI:** 'Mild to moderate increased signal intensity seen on T2-weighted and Proton Density (PD) Fat-Saturated sequences at the origin of the common extensor tendon from the lateral epicondyle, suggestive of tendinosis.'

Findings are consistent with mild-to-moderate tendinosis of the common extensor tendon at the lateral epicondyle, in keeping with lateral epicondylitis (tennis elbow).’

2.4 Ayurvedic Diagnosis

- **Vyadhi:** *Snayugata Vata* (*Vata* affliction in ligaments and tendons)
- **Samprapti:** *Vata* vitiation due to *Atiyoga* (overuse) of *Snayu* (tendon)

3. Treatment Plan

Primary Approach:

- *Marma Chikitsa* focusing on specific *Marma* points related to elbow and arm.

Marma Points Stimulated:

- *Koorpara Marma* (elbow region)
- *Aani Marma* (mid-forearm)

Technique Used:

- Gentle pressure, circular stimulation, and mild massage at the *Marma* points for 3–5 minutes per point.
- Application of *Mahanarayan Taila* (a medicated oil) for *Abhyanga* (local massage) to enhance *Vata* pacification.
- Sessions: Once daily for 21 consecutive days

Adjuvant Therapies

- Local mild fomentation (*Nadi Sweda*) post-*Marma* stimulation
- Advice on positional corrections during computer work
- Gentle forearm stretching and strengthening exercises prescribed after pain reduction

4. Observations

Outcome Measures

| Parameter | Baseline | After 21 Days |
|-----------------------------|----------|----------------------|
| VAS Score for Pain | 7/10 | 2/10 |
| PRTEE Functional Score | 62/100 | 18/100 |
| Grip Strength (Dynamometer) | Weak | Moderate Improvement |

- Significant reduction in local tenderness and pain within the first 7 days
- Improved wrist extension strength and reduced stiffness after 2 weeks

- Near complete restoration of normal grip strength and daily activities by the end of 3 weeks
- No recurrence of symptoms during 2-month follow-up

5. Discussion

The range of motion in the affected arm is limited and painful due to tennis elbow, which can be caused by inflammation, repetitive damage, and microscopic degenerative alterations at the origin point of the tendon of the extensor carpi radialis brevis muscle. Ayurvedic theory states that this condition may occur when *Kapha Dosha Anubandha*, which is one of the elements that creates *Ama* and *Srotovaigunya*, vitiates *Vata*. The body's *Shoola* (pain) and *Shoth* (inflammation) have been found to be largely influenced by the *Doshas* of *Vata* and *Kapha*. The best therapeutic approach for these diseases is *Marma Chikitsa*.

5.1 Local *Vata Shamaka* Effect (Balancing *Vata Dosha*):

Tennis elbow corresponds to *Snayugata Vata*, a condition caused by vitiated *Vata dosha* accumulating in ligaments (*Snayu*). *Marma* stimulation around *Kurpara Marma* (elbow joint) and associated points helps pacify *Vata* by:

- Improving local circulation
- Reducing dryness and stiffness
- Enhancing synovial fluid flow
- Nourishing affected structures

This relieves pain (*Shoola*) and restores smooth movements (*Prasaran Akunchan Shakti*).

5.2 Neuromodulation via *Nadi Sansthana* (Neural Pathways):

Many *Marmas* are closely aligned with nerve plexuses or peripheral nerves. Stimulation of *Kurpara*, and *Aani Marma*:

- Activates the somato-autonomic reflex arc
- Modulates nociceptive pathways reducing pain transmission
- Promotes endorphin and enkephalin release
- Restores neuromuscular coordination at the elbow joint

5.3 Circulatory Enhancement (*Sira Sancharana*):

Marma Chikitsa boosts microcirculation around the lateral epicondyle, enhancing:

- Oxygenation of hypoxic tendon tissues
- Clearance of inflammatory mediators
- Delivery of nutrients and repair factors

This accelerates healing of degenerative tendinopathy seen in Tennis Elbow.

5.4 Anti-inflammatory and Analgesic Action:

Application of medicated oils such as *Mahanarayan Taila* during *Marma* therapy imparts:

- Transdermal anti-inflammatory action (due to herbs like *Bala*, *Ashwagandha*)
- Muscle relaxation
- Softening of fibrotic tissues
- Reduction of local edema and congestion

This relieves spasm, tenderness, and radiating pain associated with Tennis Elbow.

5.5 Energetic and Psychological Rebalancing:

According to *Ayurveda*, *Marma* points are *Prana-Vahak* (channels of vital life force). Gentle pressure on *Marma* areas:

- Rebalances pranic flow disrupted by injury or strain
- Enhances mental calmness and reduces stress-related muscle tension
- Restores homeostasis between *Sharir* (body), *Manas* (mind), and *Prana* (vitality)

This has a systemic healing effect beyond the localized lesion.

5.6 Functional Restoration through *Snayu Mardana*:

- Stimulating *Marmas* helps restore elasticity and tone of involved *Snayus* (tendons and ligaments)
- Breaks myofascial adhesions and improves range of motion
- Improves proprioception and joint stability

6. Conclusion

The case highlights that *Marma Chikitsa* can effectively stimulate local blood circulation, modulate neuromuscular function, and balance localized Vata dosha, thereby relieving pain and improving joint functionality. The improvement in VAS and PRTEE scores suggests that *Marma* therapy can serve as a non-invasive, cost-effective, and holistic intervention for musculoskeletal conditions like tennis elbow. *Marma Chikitsa* proved to be an effective therapy for managing tennis elbow, leading to substantial pain relief, functional restoration, and improved quality of life. This suggests that *Marma* therapy may be incorporated as a primary or adjunctive treatment strategy for lateral epicondylitis, particularly in cases resistant to conventional therapies.

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