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A Case Study Of Management Of Tennis Elbow Or Snayugata Vata Affecting Koorpara Sandhi

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ABSTRACT

Pain is one of the major features that disturb the regular activities of every individual at some point of time. Tennis Elbow or *Snayugata Vata* affecting *Koorpara sandhi* (*Koorpara sandhi* means elbow joint) is one such condition, in which the major feature is pain. Tennis Elbow is described as self-limiting disease as it subsides over a period of six months to two years. But effective treatment can definitely shorten the total span of painful symptoms and the patient would be able to perform daily routine activities without the suffering of pain.

A 44 year old female came to the outpatient department of our Hospital with complaint of pain in right elbow and unable to perform day to day regular activities. She was given *Nirgundipatra Upanaha* (Local application) once daily and 2 Tablets of *Trayodashang Guggulu* 500mg each twice daily, orally for a period of 21 days. After 28th day, evaluation was noted on 0, 7, 14, 21 and 28th day.

Reduction in symptoms like pain was observed and objective as well as subjective parameters were taken into consideration. Study implications can be stated as due to increase in the patients of Tennis Elbow, an Ayurvedic treatment which is easy to perform and non-invasive in nature will help the general public.

Keywords: Tennis Elbow, Snayugata Vata, Nirgundipatra Upanaha, Trayodashang Guggulu.

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Introduction:

Today, the most common reason for which the patients visit the Doctor is pain. It is defined as an unpleasant feeling that is transferred from the site of pain, to the brain by sensory neurons (1). It disturbs the regular activities of every individual at some point of time. Tennis elbow or Snayugata Vata(2) affecting Koorpara Sandhi is a condition, where the major feature is pain.

As per the symptoms of Tennis elbow or Lateral epicondylitis, it is the disorder of the forearmpainful forearm. The pain may develop due to non-specific inflammation felt at the origin of extensor muscles of the forearm (3) or a degenerative process associated with a microscopic or macroscopic tear of tendon, produced by mechanical overload due to repetitive action while playing sports or during work (4). The main clinical features are pain, stiffness, restricted movement, tenderness and decreased grip strength. Besides Tennis players, surgery staff, secretaries, violin players, politicians shaking hands and house-wives, doing household work can also develop a Tennis-Elbow (5).

According to data one to three per cent of world population (6) suffers from tennis elbow. Though it is prominently seen in the age group 30 and 50 years, it is more commonly seen in the working people in the age group of 20 to 60 years (7).

Tennis Elbow is described as self-limiting condition that could last for six months to two years. In spite of this self-limiting character, if an effective treatment is given, it will reduce the total span of painful symptoms and the patient will be able to perform regular activities with comfort (8). Due to similarity of symptoms, it can be very well compared with Snayugata Vata of Koorpara Sandhi. Snayugata Vata is a type of Vata Vyadhi (9), which develops when Vata dosha aggravates or vitiates. Ayurvedic treatment regimen of a combination of Nirgundipatra Upanaha (poultice sudation of Vitex negundo) is applied locally and *Trayodashang Guggulu* (Ayurvedic Tablets) is given orally.

Case Report

A 44-year-old female came with complaint of pain in right elbow and unable to perform day to day regular activities. She had pain in the last two months and she felt a bit better with on the counter pain killers. But the pain aggravated after doing simple household work. The pain is mainly in right elbow and radiated towards forearm and shoulders.

History of present illness

The patient was alright before two months. She worked as a cook in the last two years and almost three months back she had to do extra work for a month. The pain in right elbow started at that time and she took pain killers frequently without prescription for the same. She felt better for a day or two but then the pain reappeared. The patient did not get complete relief and hence she came to Kayachikitsa (Medicine) Department, Mahatma Gandhi Ayurveda College Hospital and Research Centre, Sawangi, Wardha.

Past history

There was no history of Hypertension, Hypothyroidism, Diabetes mellitus, Tuberculosis, any kind of Surgery performed or chronic illness.

Family history

There was no evidence of any such disease in the family.

Physical examination

Prakṛti (body constitution) - Vata-kaphaja Nadi or Pulse: Vataj nadi, 82/min, regular

Jihwa (Tongue) – Sama (coated)

Agni bala (Digestive power) – *avara* (poor)

Sharir bala (physique) - avara (poor)

Sara (Composition) – Madhyam (medium).

Body temperature: 98.6 F Blood pressure: 126/70 mmHg

Respiratory rate: 20/min.

Mild pallor No icterus

No Bilateral pedal oedema

Systematic examination –

Respiratory System -Bilateral Air Entry

C.V.S. – Normal, No abnormal sound

C.N.S. - Conscious and oriented

P/A - Soft. Liver, Spleen – not palpable

Investigation

Plain X-ray Rt. Elbow showed no abnormality.

Material and Methods

Nirgundipatra Upanaha was given as local application and Tablets of Trayodashang Guggulu was given orally.

Treatment plan

Nirgundi patra or crushed fresh leaves, Saindhav lavana and Til taila were mixed in equal quantity and cooked to form a uniform mixture. The mixture was then applied warm, the temperature about 40 degrees centigrade, over the lateral epicondylar region of elbow and then secured with the crepe bandage. It was applied in the evening hours (Vata kala) and kept overnight.

Tablets of Trayodashang Guggulu were prepared, firstly by doing shodhana of Guggulu. Then herbal drugs were mixed with ghee and tablets of 500mg were prepared.

table 1: treatment scheme:

Medicine	Dose	Duration
Nirgundipatra	Local	21 days
Upanaha 📉	application -	
	daily once	
Tablet	10 AND	21 days
Trayodash <mark>ang</mark>	2 Tablets of	Thomas .
Guggulu orall <mark>y</mark>	500mg each -	- 100 Y
	twice daily	State of the state





fig.1. application of nirgundipatra upanah

fig.2. nirgundipatra upanaha in right elbow

Assessment Criteria:

The overall improvement in the patient was assessed based on relief she got in the signs and symptoms of the disease. The objective and subjective parameters were as follows –

- A. Objective parameter Grip strength evaluation by Hand Grip Dynamometer.
- B. Subjective parameters Pain, Functional disability, Pricking sensation, Radiation of pain, Tenderness, Cozen's test and Mill's maneuver.

Results

Result was drawn as on the basis of objective and subjective criteria. The result was as per the following table:

Sign-Day 21 Day 28 Criteria of Day 0 Day 7 Day 14 Assessment **Symptoms** Objective Hand Grip 0 kg0 kg2 kg 3 kg 5 kg Strength Evaluation in kgs Subjective Pain 10 8 6 1 Questions 5 **Functional** were asked disability to understand Pricking 8 7 6 4 0 the level of sensation difficulty and (Toda) rating was 9 8 4 0 Radiation 6 done on a of pain scale of 0 to 7 **Tenderness** 7 6 5 1 10. No pain 5 Cozen's 9 8 6 1 is 0 and **Test** painful or Mill's 8 8 6 5 2 difficult Maneuver condition is 10

table 2: result as per observations:

Discussion

Snayugata Vata can be very well compared with Tennis elbow. The vitiated Vata when gets lodged in Snayu or fibrous structure of Koorpara Sandhi or lateral side of elbow joint, it is termed as Snayugata Vata of Koorpara Sandhi.

Tennis Elbow is associated not only with sports but also with particular occupations. Tennis elbow, the designation given is not entirely correct for the condition, but still it is used widely. The etiology of the disease is not understood completely, but it is assumed that macroscopic abnormalities of the tendon collagen are seen due to repetitive overuse of tendon. An abnormal tendon structure and neovascularization is observed due to tendinopathy and degenerative changes.

Discussion on treatment

Nirgundipatra Upanaha is a type of Svedana (sudation therapy) (10). As per the studies published, the lipid medium helps in the penetration of the drug molecule and it is the most suitable media for penetration via stratum corneum (11). Taking this into consideration, it can be presumed that the oil used in preparation of Nirgundipatra upanaha, acts as a lipoidal medium and penetration of the drug molecules of Nirgundi is possible. An immediate anti-inflammatory effect is seen (12).

Nirgundi acts as *Vedanasthapana* (analgesic) and *Shothahara* (anti-inflammatory) (13). Further, the warmth present in the *Nirgundipatra upanaha*, helps in increasing the local temperature and thereby local circulation. The rate of drug absorption is better as local circulation is increased.

Trayodashang Guggulu is a combination of thirteen herbs including Guggulu processed in ghee. It possesses essential properties like Vata Shamana (Pacification of Vata dosha), Sandhibalyakara (gives strength to joints) and Vedanashamak (pain reliever) along with other properties. The contents in Trayodashang Guggulu are Balya (strength giver), Rasayana (rejuvenator) and provide strength to Dhatu. They are mainly Guru (heavy), Snigdha (unctuous), Madhur rasa (sweet in taste) and Ushna viryatmak (nature – hot) in properties, which corrects the Ayurvedic pathogenesis (Samprapti) and alleviate symptoms (14).

Guggulu is also a Rasayana (rejuvenator) and mainly used in Vata disorders. It has anti-inflammatory, anti-oxidant and analgesic properties (15).

As these drugs address every aspect of pathogenesis of *Snayugata Vata* affecting *Koorpara Sandhi* also termed as Tennis elbow, the above-mentioned regimen was chosen for the study (16).

Conclusion

This case study shows that Tennis Elbow *Snayugata Vata* affecting *Koorpara Sandhi* can be successfully managed with Ayurvedic intervention. It is a non-invasive, easy to perform, cost-effective and long-lasting treatment. This study will help people continue their routine and regular activities without pain. It is supportive for further research in pains, Reiter syndrome and other autoimmune dermatological disorders

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