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The Effect of *Marma therapy* in Tennis elbow with special reference to Pain - A Single Case Study

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ABSTRACT

Lateral epicondylitis also known as Tennis elbow is a very common condition in middle aged patient which presents with pain and tenderness around the common extensor origin of the elbow. The diagnosis is usually clinical. 1 to 3% of adult population in each year affects with tennis elbow and it is more common in the dominant arm. It is generally regarded as an overuse injury involving repeated wrist extension against resistance although it can occur as an acute injury (Trauma to the lateral elbow). Most patients are well managed with conservative treatment and activity modification. Many surgical techniques have been proposed for patients with refractory symptoms. New non operative treatment alternatives with promising results have been developed in recent years. *Marma* science is one of the most important hidden treasures of ancient India. *Marmas* are well mentioned In Veda and Ayurveda. *Sushruta* has given the great importance to *Marmas* as he mentioned it covers half of subject of the surgery. *Marmas* are situated at *Sira, Snayu, Asthi* and *Sandhi*. Trauma to these *Marmas* can cause severe pain, disability and death also. *Marma* therapy is a pressure given to these various specific points of body i.e., *Marma* points for stimulation purpose. *Marma* therapy has a profound effect on nerves, joints, arteries and muscles. The purpose of *Marma Chikista* is to stimulate various organs and systems of the body. Hence in this study a clinically diagnosed OPD patient of Tennis elbow is treated with *Marma Chikista* for 7 days provided considerable relief of pain.

Key words: Tennis elbow, Marma therapy, Marma, Pain

INTRODUCTION

Tennis elbow was first described by Runge In 1873 and eventually given the name Lawn tennis arm by Henry Morris writing in the lancet in 1982. It is acquired many names like tendonosis, lateral epicondylitis, and angiofibroblastic hyperplasia. But the most popular

term is Tennis Elbow as it tends to occur in regular tennis players where there is a clear association with the late back hand and forced wrist extension.^[1] Lateral epicondylitis also known as Tennis elbow. It is a chronic symptomatic degeneration of the wrist extensor tendons involving their attachment to the lateral epicondyle of the humerus. It is a common condition, affecting between 1% and 3% of the population, generally affecting the middle-aged without gender predisposition.^[2] The majority of the patients complain of pain located just anterior to, or in, the bony surface of the upper half of the lateral epicondyle, usually radiating in line with the common extensor mass. The pain can vary from intermittent and low-grade pain to continuous and severe pain which may cause sleep disturbance. It is typically produced by wrist and finger extensor and supinator muscle contraction against resistance. The pain lessens slightly if the extensors are

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stressed with the elbow held in flexion.^[3] On inspection, there is no remarkable alteration in the early stages. As the disease evolves, a bony prominence over the lateral epicondyle can be detected. Muscle and skin atrophy as well as detachment of common extensor origin can be seen as a result of corticosteroid injections or long-standing disease.^[4] Range of motion is not usually affected. Motion may be painful in more advanced stages where it can be elicited in full elbow extension with the forearm pronated. If limited motion exists, other concomitant pathology needs to be excluded.^[5] To date, no universally accepted regime of treatment exists; however, some general principles of treatment should be taken into consideration. The treatment of LE should be orientated to the management of pain, preservation of movement, improvement in grip strength and endurance, return to normal function and control of further clinical deterioration.^[6]

Conservative treatment includes rest, epicondylar counterforce braces, NSAIDs, corticosteroid injections, Extracorporeal shock-wave therapy (ESWT), Percutaneous radiofrequency thermal treatment, The use of low-level laser therapy, Acupuncture, Botulinum toxin A injections. Patients with persistent pain and disability after a course of well-performed conservative treatment are candidates for clinical re-evaluation and, possibly, operative treatment. Open, percutaneous and arthroscopic approaches have been used.^[7]

Marma is defined as anatomical site where muscles, veins, ligaments, bones and joints meet together. There are one hundred and seven (107) *Marmas* (vital spots) out of which eleven are present in each limb, twenty-six in trunk (three in abdomen, nine in thorax, fourteen in the back) and thirty-seven in head neck region.^[8]

Classification of methods of Marma Therapy

The methods of *Marma* Therapy have been broadly classified into two categories, i.e., With Medicine (Pharmacological) and Without Medicine (Non-Pharmacological) as can be seen in Table 2.

Table 2: Classification of Marma therapy (with or without medicine)

With medicine	Without medicine
Aroma therapy	<i>Suchi Vedha</i> (piercing)
Nasal administration of herbs (<i>Nasya</i>)	<i>Mardana</i> (pressure)
Oil massage (<i>Abhyang</i>)	<i>Shatkarma, Bandha</i>
Dry massage (<i>Udvartan</i>)	<i>Yogasana</i>
Coating of herbs (<i>Lepa</i>)	<i>Pranayam</i>
Herbal path (<i>Avgahan</i>)	<i>Dhyan</i> (meditation)
Herbal Drip (<i>Parisheka/Dhara</i>)	<i>Pranic healing</i>

As Tennis elbow is a chronic degeneration of the wrist extensor tendons involving their attachment to the lateral epicondyle of the humerus so it is *Snayu* (muscle & tendon), *Asthi* (bone) and *Sandhi* (joint) situated disease. In Ayurveda, *Sushruta* defined *Marma* as those points of the human body which cause fatality when injured are known as *Marma*. *Sushruta* also mentioned that *Marmas* are situated at *Sira* (blood vessels), *Snayu* (muscles & tendons), *Asthi* (Bones) and *Sandhi* (Joints). These *Marmas* can cause pain, disability and fatality also when injured. These points are the seats of the vital force. If these vital points (*Marmas*) treated according to the *Marma* techniques described in text, a complete health and long life can be assured. So mixed *Marma* therapy i.e., oil massage with *Mahanarayana Taila* and then pressure on *Marma* point is selected for this tennis elbow patient.

CASE HISTORY

A female patient of 42 yrs. came to the surgery OPD on 24/09/2020. She complained of pain at right elbow since last 4 months. But pain was at peak since last 5 to 6 days. She was a known case of hypothyroidism since last 4 yrs. She had taken NSAIDs and was using Shoulder brace as per given treatment in private clinic

but didn't get complete relief. So, she came to surgery OPD. On clinical examination mild swelling and tenderness was present at the right elbow. Flexion, extension of right elbow was not restricted. Supination and pronation of right forearm was also normal. Routine blood investigations i.e., CBC, BSL (F & PP), Thyroid profile was done which was normal. So, *Marma* therapy was planned for the patient.

MATERIALS AND METHODS

Marma therapy was given daily for 7 days i.e., from 24/09/2021 to 30/09/2021 on Rt. elbow joint and Rt. Forearm. Pain was measured with the help of NRS (Numerical Rating Score) before *Marma* therapy and after 24 hrs. of *Marma* therapy.

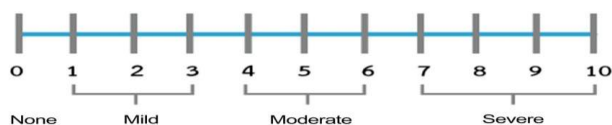
Day regime: 7 days

Observations: 24 hrly

Follow up: After 15 days

Objective criteria: NRS (Numerical Rating Scale) for assessment of pain

NRS (Numerical Rating Scale)



Grade

- No pain
- 1-3 mild pain
- 4-7 moderate pain
- 8-10 severe pain

Stimulated Marma points of Rt hand are as follows,

1. **Ani** - 4 fingers above the elbow joint
 2. **Karpur** - elbow joint
 3. **Indrabasti** - 4 fingers below the elbow joint
 4. **Talrhidya** - Centre of the palm
 5. **Kshipra** - At the root of thumb
- Taila applied** - *Mahanarayan tail* (oil)

Procedure

1. Warm *Mahanarayan* oil is applied on *Marma* point and *Marma* is pressed with finger for 10 seconds to stimulate the particular *Marma*.
2. Each *Marma* is pressed for 10 times

OBSERVATIONS

Table 1

Day	Date	Pain score by NRS
1	24/09/2021	10 (severe pain)
2	25/09/2021	8 (severe pain)
3	26/09/2021	6 (moderate pain)
4	27/09/2021	5.5 (moderate pain)
5	28/09/2021	5 (moderate pain)
6	29/09/2021	4 (moderate pain)
7	30/09/2021	2 (mild pain)

RESULTS

Observations and results indicated in Table 1 shows pain reduction in 7 days with *Marma* therapy. On local examination there was no inflammation and tenderness. The movements of elbow joints like Flexion, extension, supination and pronation were normal. On follow up of 15 days patient has no recurrence of pain and inflammation.

DISCUSSION

Ayurveda is a science of life which believes in treating mind, body and soul for ensuring a complete state of health and this ancient wisdom is well reflected in the unique concept and composition of *Marma* also. *Marma* are not only anatomical landmarks but also the sites where *Tridosha* are present with their subtle forms *Prana*, *Ojasa* (*Soma*) and *Tejas* (*Agni*). Manipulating or stimulating *Marma* in the management of various diseases is called *Marma Chikitsa* / Therapy. Through stimulation of *Marma* by

various methods the *Prana* (vital energy) existing in *Marmas* may be directed to remove blockages (even in remotely connected areas) and stimulate energy flow thus resulting in a state of healthy body, mind and spirit.^[9] The use of *Marma* Science as a therapeutic procedure has been observed in some ancient Indian traditions and practices. Oil massage, pressure, *Lepa*, *Nasya*, *Yogasanas* etc. stimulate the *Marma* points of the body resulting in the desired therapeutic benefits.^[10] The knowledge of *Marma* is employed in various ancient Indian traditional practices like Kalaripayat of Kerala, Varma-kalai of Tamil Nadu and Ayurvedic *Abhyanga* (massage) for therapeutic benefits. Thus, *Marma* Science can be regarded as one of the important healing system of ancient times. *Marmas* are connected to the *Nadis* (subtle nervous system) and *Chakras* (subtle energy centers) of the subtle body. The *Chakras* can be considered to correspond to seven main *Marmas* or *Pranic* centers, which provide energy to all other *Marmas*. Through stimulation of *Marma* points, the flow of *Prana* through the *Chakras* can be stimulated, thus activating them; the activation of the *Chakras* results in the awakening of subtle dormant areas in the brain, that leads to the experiencing of higher realms of consciousness, which are normally inaccessible. This, in turn, can lead to better control over the mind-body network including the autonomic nervous system and various organs, resulting in an overall healing effect. Since *Prana* is connected to *Vata Dosh*, whose vitiation leads to the maximum types of diseases, hence *Marma* Therapy can be especially useful in treating the *Vata* disorders, which correspond to chronic degenerative diseases.^[11]

Lateral epicondylitis is also a *Vata* disorder which results due to chronic symptomatic degeneration of the wrist extensor tendons involving their attachment to the lateral epicondyle of the humerus. That means according to Ayurveda, *Karpur Marma* i.e., elbow joint is got involved in Tennis elbow which is a *Sandhimarma* by anatomical classification and *Vaikayakar* (Deformity causing) *Marma* by functional classification. The continuous trauma to this *Marma* can causes the

symptoms like pain, inflammation and deformity (i.e., *Vaikalya*).

So *Marma* therapy given to the *Marmas* which are situated below the Rt.elbow joint i.e., *Kurpur*, *Indrabasti*, *Kshipra*, *Talrhidya*, *Kurcha*, *Kurchashir* stimulated these *Marmas* causing activation of flow of *Prana* which is situated at these *Marmas* through the *Chakras* resulting in the healing of wrist extensor tendon. Which ultimately minimized pain and inflammation at the elbow joint.

CONCLUSION

Marma therapy is simple, safe, effective and cost-effective alternative therapy in the management of Tennis elbow without any complication which surpasses the pharmacological treatment i.e., NSAIDS or steroids and other parasurgical procedures also.

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