



Case Study

THERAPEUTIC EFFECT OF MODIFIED SHRNGA VIDHI IN THE MANAGEMENT OF TENNIS ELBOW

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ABSTRACT

Tennis elbow (*Snayugata Vata at Kurpara Sandhi*) is a painful condition associated with repetitive microtrauma of the extensor tendon of elbow. In Ayurveda, it can be correlated with *Vrana* in the *Snayu*. Traditional para-surgical procedures like *Raktamokshana* (bloodletting) and *Agnikarma* (therapeutic cauterization) are mentioned as effective pain-relieving therapies. Though *Agnikarma* is an effective procedure, it is often painful and not patient friendly. Wet cupping which is a modified *Shrnga vidhi* found to have effect in Tennis elbow. **Objective:** To find out the clinical effectiveness of wet cupping (*Shrnga vidhi*, a form of *Raktamokshana*) in patients with tennis elbow. **Methods:** A clinical trial was conducted among 18 patients aged 21–60 years at VPSV Ayurveda College, Kottakkal. Participants were randomly selected from the population. The participants received wet cupping on 1st day, repeated on the 8th day. Assessments were done on day 1th, 8th, and 24th using VAS for pain, tenderness, Cozen’s test, Mill’s maneuver, swelling, and wrist movements. Statistical analysis was performed using Chi-square and relevant non-parametric tests. **Results:** wet cupping found to have significant result in reduction in pain, tenderness, swelling, and improved functional mobility ($p < 0.001$). **Conclusion:** Wet cupping is patient friendly and yields better pain relief and functional recovery.

INTRODUCTION

Tennis elbow is a condition where pain is felt in the lateral epicondyle of the elbow.^[1] Clinically it is also called as lateral epicondylitis or epicondylalgia or tendinopathy^[1] or tendinosis. Tennis elbow, or lateral epicondylitis, is a repetitive strain injury caused by microtrauma or failed healing of the extensor tendon^[2]. It is common among athletes and manual workers. The prevalence of Tennis elbow in general population is about 1-3% and affects both men and women of age group 35-54 years.^[3] A systematic review by Shiri et al. (2006) concluded that the prevalence is slightly higher in women than men and is commonly associated with certain occupational and recreational activities^[4].

Clinical symptoms include, tenderness in the lateral epicondyle, pain and swelling, difficulty in lifting small objects like coffee cups, radiation of pain from outside of the elbow to forearm and wrist which make pain and weakness of the limb, difficulty in wrist movements, supination and pronation of forearm. The primary pathological process involved is tendinosis of the extensor carpi radialis brevis tendon within 1-2 cm (0.5-1 inch) of its attachment to the common extensor origin at the lateral epicondyle. It can also refer to as extensor tendinopathy^[5]. No definitive treatment is available for Tennis elbow management. A combination of treatments usually results in better management. Conservative treatments include control of pain, electrotherapeutic modalities, soft tissue therapies and corticosteroid injection. Failure of conservative treatment after 12 months is suggestive of surgery^[6]. Rest, anti-inflammatory medications, physical therapy, counterforce brace, steroid injections, platelet rich plasma and extra corporeal shock wave lithotripsy or therapy (ESWL) are the non-surgical treatments. The treatments followed

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nowadays like pharmacological interventions and surgery have their own limitations. In Ayurveda, this condition is considered a *Vrana* caused by repetitive *Vata-prakopa* in the *Snayu* of *Kurpara Sandhi*, and is correlated with *Snayugata Vata*. According to *Acarya Suśruta*, even after a wound has completely healed, the residual mark or scar may persist for a lifetime [7]. The learned sages recognize this lasting impression as *Vrana*. In terms of *Nirukti* (etymological derivation), the word *Vrana* originates from the root phrase "*Vrana gatra vicurnane*", implying any form of injury or disruption to bodily tissues. *Acarya Dalhana*, in his commentary, elaborates that *Vrana* refers not only to physical damage but also to the discoloration or change in appearance of the affected region, further reinforcing its diagnostic significance in Ayurvedic pathology [8].

The sites where the ulcerative lesions may occur are eight in number. They are *Twak* (skin), *Mamsa* (muscles), *Sira* (vessels), *Snayu* (ligaments/tendons), *Asthi* (bones), *Sandhi* (joints), *Kosta* (internal organ), and *Marma* (vital parts) [9].

Snayugata Vata is classified under *Vatavyadhi*. When *Vata* is aggravated by internal or external factors, it gets localized in the *Snayu* (fibrous structures like ligaments and tendons), causing symptoms such as stiffness (*Stambha*), tremors (*Kampa*), pain (*Śūla*), and spasms (*Akshepa*) [10].

Among the sixty wound treatments described in Ayurveda, *Raktavisaravana* (bloodletting) is specifically indicated for pain relief and to prevent suppuration in deep, indurated, or inflamed tissues [11]. *Raktamokshana* using *Śrngā* (cattle horn) has evolved into modern wet cupping, which is widely practiced in musculoskeletal disorders [12].

Wet cupping therapy, which is a modified *Sringa* procedure, which comes under *Raktamokshana* found to be more effective in *Vrana chikitsa*.

The present study aimed to find the effect of wet cupping in the management of tennis elbow also to identify an effective and patient-friendly treatment modality.

MATERIALS AND METHODS

Sample Size: 18 Participants (21–60 years)

Setting: OPD, VPSV Ayurveda College Hospital, Kottakkal.

Method of procedure

Purvakarma

Materials required for the procedure were collected -Sterile cotton, 2 hijama cups with number 6, 18-gauge needle, vacuum suction pump. Vitals of the participant was monitored. An informed consent was taken from the participant and was assessed based on the diagnostic criteria. Participant made to sat on a

chair. Elbow of the participant flexed 90 degrees. The affected elbow and surrounding area cleaned with Povidone iodine solution and allowed to dry.

Pradhana karma

Two Hijama cups number 6 were kept on lateral epicondyle and extensor origin. suction given for 10 minutes initially. The cups were removed after 10 minutes and 2 pricks was given with 18- gauge needle on the site where the cups were initially placed. suction was given for 10 minutes.



Fig 1: Dry cupping



Fig 2: Wet cupping

Pascatkarma

The suction was removed, and the site was cleaned with Povidone iodine solution and bandaged. Vitals monitored after the procedure.

Assessment Parameters

- Pain (VAS)
- Tenderness at lateral epicondyle
- Cozen's test
- Mill's maneuver
- Swelling
- Wrist flexion and extension

Follow-up: 1st, 8th, and 24th days. before treatment and after treatment assessment were taken.

Analysis: Mean, SD, Chi-square test; p<0.05 considered significant.

RESULTS

The intervention showed statistically significant improvement ($p < 0.001$) in pain, tenderness, swelling, Cozen's and Mill's tests, and wrist mobility. Wet cupping demonstrated superior reduction in VAS pain scores and greater improvement in wrist function.

Table 1: Statistical analysis

Parameters		Mean	Std. Deviation	Mean Rank	Chi-Square	p value
Pain using VAS	1 st BT	2.944	0.236	4.306	49.445	0.001
	1 st AT	2.500	0.514	3.528		
	8 th BT	2.389	0.608	3.333		
	8 th AT	1.833	0.786	2.139		
	24 th	1.556	0.856	1.694		
Tenderness on lateral epicondyle	1 st BT	1.941	0.659	4.176	32.872	0.001
	1 st AT	1.412	0.618	3.029		
	8 th BT	1.294	0.470	2.706		
	8 th AT	1.235	0.437	2.588		
	24 th	1.176	0.529	2.500		
Cozen's test	1 st BT	2.389	0.608	4.639	49.530	0.001
	1 st AT	1.556	0.705	3.194		
	8 th BT	1.389	0.698	2.833		
	8 th AT	1.111	0.676	2.222		
	24 th	1.056	0.639	2.111		
Mill's Maneuver	1 st BT	2.389	0.608	4.694	51.267	0.001
	1 st AT	1.556	0.784	3.500		
	8 th BT	1.167	0.707	2.667		
	8 th AT	0.889	0.758	2.083		
	24 th	0.833	0.786	2.056		
Swelling	1 st day	25.428	1.014	2.528	17.706	0.001
	8 th day	25.156	0.997	1.889		
	24 th day	25.022	0.960	1.583		
Active extension of wrist	1 st BT	1.333	0.686	4.361	40.775	0.001
	1 st AT	0.722	0.752	3.111		
	8 th BT	0.667	0.767	3.028		
	8 th AT	0.333	0.594	2.333		
	24 th	0.222	0.548	2.167		
Active flexion of wrist	1 st BT	1.333	0.686	4.389	46.726	0.001
	1 st AT	0.889	0.758	3.500		
	8 th BT	0.667	0.485	3.028		
	8 th AT	0.222	0.428	2.083		
	24 th	0.167	0.383	2.000		

DISCUSSION

The results indicate that wet cupping is an effective para-surgical procedures for managing *Snayugata Vata* (tennis elbow). The superiority of wet cupping in pain relief may be attributed to bloodletting, which reduces local stagnation, improves circulation, and pain relief. The results show the positive effect in the management of Tennis elbow could be widely practiced.

In tennis elbow, the problem is repeated strain causing tiny tears in the tendon of extensor carpi radialis brevis muscle. *Acarya Suśruta*, attributes such problems to (overuse) *Śrama* and (trauma) *Abhighata*, which disturb *Vata*. Thus, tennis elbow can be understood as a *Snayu-vrana* with *Vata* dominance^[13].

Lateral epicondylitis, or tennis elbow, occurs due to repeated forceful use of the extensor supinator muscle group. This overuse causes micro tears in the extensor tendon, which trigger the healing process involving inflammation, proliferation, and remodeling. However, the healing is often incomplete, with poor revascularization, disorganized collagen, and scarring. Over time, the tendon becomes thickened with reduced tensile strength, leading to muscle weakness. Continued overuse worsens the condition, resulting in chronic inflammation and microtears leads to lateral epicondylitis or tennis elbow^[14].

In Tennis elbow condition *Snayu gata vata* associated with *Vrana* is the cause, so these modalities can be adopted in the treatment of Tennis elbow. *Raktamokshana* is a Karma used to relieve pain in *Vrana*^[15]. Among the sixty available wound treatments, *Raktavisaravana* (bloodletting) is especially indicated in cases of acute swelling, to alleviate pain, and to prevent further suppuration. It is also particularly useful in *Saśopha katina*-firm, indurated tissue-and in wounds that are deep red in colour, painful, extensive, or irregularly shaped. Wet cupping therapy, which is a modified *Sringa* procedure, which comes under *Raktamokshana* found to be more effective in *Vrana chikitsa*. Tennis elbow which is a *Vata pradana*, can be effectively treated with *Sringa* procedure^[16]. In tennis elbow, the main symptoms are pain, tenderness, and reduced grip strength. Wet cupping works through different mechanisms. According to the pain gate theory, the suction stimulates large nerve fibers that block pain signals^[17], reducing discomfort. It may also regulate chemicals like lactate and cytokines that worsen pain. Another theory suggests cupping promotes nitric oxide release^[18], which improves blood flow, prevents clot formation, and supports tissue healing. The mild tissue injury during cupping can also activate DNIC mechanisms^[17], helping suppress pain signals from the affected region. Cupping improves local circulation, relaxes muscle

spasms, and enhances removal of pain causing substances. The controlled bleeding eliminates toxins, while the negative pressure attracts macrophages, which help in tissue repair. Thus, cupping promotes healing and relaxation of muscles. However, one participant experienced complete recovery- pain, tenderness, and mobility improved after just two wet cupping sessions. Wet cupping was especially effective in reducing swelling, improving function, and lowering VAS scores. Participants also felt their forearm heaviness reduced after each sitting.

These findings are consistent with earlier studies demonstrating the efficacy of *Raktamokshan* in musculoskeletal pain management.

CONCLUSION

Wet cupping has effectiveness in reducing signs and symptoms of tennis elbow. so wet cupping is an effective management in reducing pain and improving functional abilities in Tennis elbow, could be widely practiced. Based on the structure affected tennis elbow can be correlated to *Snayu* and causative risk factors create a micro-trauma to the tendon it may be considered as a *Vrana*. Due to increased *Vata Prakopa* in *Snayu* leads to *Snayu gata vata*. Wet cupping has immediate effect in decreasing the symptoms of tennis elbow, it has increased sustainability in improving the grip strength and in reducing the pain while performing Cozen's test and Mill's manoeuvre. Wet cupping provided quality result in pain management and improving functional parameters like flexion and extension of wrist and forearm movements.

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