



Case Study

AYURVEDIC MANAGEMENT OF SNAYUGATA VATA (LATERAL EPICONDYLITIS)

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ABSTRACT

Lateral epicondylitis (tennis elbow) is a chronic degenerative tendinopathy of the extensor carpi radialis brevis tendon associated with repetitive strain and occupational overuse, often showing only temporary relief and high recurrence with conventional therapies. In Ayurveda, it correlates with *Snayugata Vata*, involving vitiation of *Vata Dosha* leading to pain, stiffness, and functional impairment. **Materials and Methods:** This case report describes a 38-year-old male with a six-month history of lateral epicondylitis treated with a 21-day Ayurvedic regimen including *Vishagarbha Taila Abhyanga* and *Bashpa Sweda* as external therapies, along with internal medications: *Yograj Guggulu* (1gm thrice daily), *Rasnasaptaka Kwatha* (50ml twice daily), and *Malla Sindura* (62.5mg twice daily). Outcomes were assessed using the Numeric Pain Rating Scale (NPRS) and functional parameters at weekly intervals. **Results:** The patient showed marked improvement, with pain reducing from 8/10 to 2/10, complete resolution of tenderness and stiffness, and restoration of functional activity without any adverse effects. **Discussion:** The improvement may be attributed to the combined *Vata-shamaka*, anti-inflammatory, and analgesic effects of the therapies, where external treatments enhanced local circulation and reduced stiffness, while internal medications addressed the underlying pathology of *Snayugata Vata*. **Conclusion:** The integrated Ayurvedic approach demonstrated safe and effective management of chronic lateral epicondylitis in this case, suggesting its potential as an alternative therapeutic strategy, though further large-scale studies are required for validation.

INTRODUCTION

Lateral epicondylitis, commonly known as Tennis Elbow, is one of the most frequent upper-extremity musculoskeletal disorders. It is characterized by pain and tenderness over the lateral epicondyle, often aggravated by resisted wrist extension or gripping activities. The condition affects approximately 1.3% of the general population, with the highest prevalence in individuals aged 45–55 years, especially those involved in repetitive manual tasks or computer-based occupations.^[1,2,3]

The primary aetiology is considered to be overuse and micro-tearing of the extensor carpi radialis brevis (ECRB) tendon, leading to tendinosis rather than acute inflammation.^[4,5]

From an Ayurvedic perspective, the symptoms of pain, stiffness, and reduced function at the *Kurpara Sandhi* (elbow joint) can be correlated with *Snayugata Vata*, a condition caused by aggravation of *Vata Dosha* in the *Snayu* (tendons). Factors such as *Ativyayama* (overexertion), *Vishama Karma* (repetitive strain), and *Ruksha Ahara-Vihara* (dry diet and lifestyle) contribute to *Vata* vitiation, resulting in symptoms like *Ruk* (pain), *Stambha* (stiffness), and *Sotha* (swelling), which resemble the clinical presentation of Tennis Elbow.^[6,7,8]

The present case involves a 38-year-old male diagnosed with lateral epicondylitis associated with occupational overuse. The case is reported according to the CARE guidelines to document clinical features,

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Ayurvedic assessment, therapeutic intervention with *Vishagarbha Taila* and subsequent outcomes.

Case Description

A 38-year-old right-hand dominant male, employed in the IT sector and a recreational badminton player, presented with right elbow pain persisting for the past six months. The pain had progressively worsened over the previous two weeks and was described as stiff, aching and occasionally throbbing in nature. On a numeric pain rating scale (0= no pain, 10= worst imaginable pain), the intensity was rated as 8/10.

The onset of pain was insidious, following participation in a weekend badminton tournament. Initially, the patient sought physical therapy, which included the use of analgesics, ice application and an elbow strap, resulting in mild temporary relief. However, the pain was aggravated by simple computer-related tasks associated with his occupation. The discomfort was localized to the right elbow, with radiation towards the forearm and shoulder. Due to increasing pain, the patient was unable to continue playing badminton or perform his regular IT work efficiently.

History of present illness (Clinical findings)

He has been employed in the IT sector for the past two years and reported a period of increased workload about one month ago. During this time, he developed more pain in the right elbow. He self-medicated with over-the-counter analgesics without medical prescription, which provided temporary relief

for one to two days, however, the pain soon recurred. As the symptoms persisted without complete relief, the patient sought consultation at the ITRA OPD, Jamnagar.

Past history

There was no history of HTN, DM2, TB, Thyroid and any kind of Surgery or chronic illness.

Family history

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

Clinical Findings

Pain localized over the lateral epicondyle, radiating to the forearm.

Pain score: 8/10 on Numeric Pain Rating Scale (NPRS).

On examination

Special tests performed included Chair Lift Test, Cozen's Test, Mill's Test and Maudsley's Test.

- Chair lift test: Pain over the lateral epicondyle while lifting a chair with forearm pronated - Positive.
- Cozen's test: Pain over the lateral epicondyle on resisted wrist extension - Positive.
- Mill's test: Pain over the lateral epicondyle on passive wrist flexion with the elbow extended - Positive.
- Maudsley's test: Pain over the lateral epicondyle on resisted middle finger extension -Positive.

All the above tests were positive, indicating lateral epicondylitis.

Asthvidha pariksha

Pariksha	Observation (in this case)
1. Nadi (pulse)	Vata predominance Pitta- Shighra, spasmodic
2. Mutra (urine)	Nirama (normal; no specific abnormality observed)
3. Mala (stool)	Prakruta (regular, normal consistency)
4. Jihva (tongue)	Nirama (clean)
5. Shabda (speech/voice)	Prakruta (normal tone and clarity)
6. Sparsha (touch/skin)	Anushnasheeta (tenderness and local warmth at lateral epicondyle)
7. Drik (eyes/ appearance)	Prakruta (normal; no systemic illness signs)
8. Akriti (build/ appearance)	Sthula (medium build, no deformity noted, mild discomfort on movement of right elbow).

General Examination

Weight - 62.4 kg

Height - 5'7"

Temperature - Normal

Pulse rate - 78 beats/min.

BP- 124/80 mmhg

RR- 22 breaths/ min

Diagnostic Assessment

- **Modern Diagnosis:** Lateral epicondylitis (Tennis elbow)
- **Ayurvedic Correlation:** *Snayugata Vata*
- **Samprapti Ghataka**
 - *Dosha: Vata*
 - *Dushya: Rasa, Rakta, Mamsa*
 - *Upadhatu: Snayu*
 - *Srotas: Rakta, Mamsa*
 - *Ama: Jatharagni and Dhatvagni Janya*
 - *Udbhava Sthana: Amashaya*
 - *Sanchara Sthana- Vam Kurpara Sandhi*
 - *Vyakta Sthana: Kurpara Sandhi*

Intervention**External Therapy**

Procedure	Medicine	Dose/Method	Duration
<i>Abhyanga</i> (local oil massage)	<i>Vishgarbha Taila</i>	Quantity sufficient; gentle massage over the affected area.	21 days
<i>Bashpa Sweda</i> (steam fomentation)	-	Applied after oil massage.	21 days

Internal Medication

S. No.	Drug	Dose	Kala (Timing)	Frequency & Anupana	Duration
1	<i>Yograj Guggulu</i>	2 tablets (500mg each)	After food	Thrice daily with lukewarm water.	21 days
2	<i>Rasnasaptaka Kwatha</i>	50ml	Before food	Twice daily	21 days
3	<i>Malla Sindura</i>	62.5mg	After food	Twice daily with <i>Ghrita</i> .	21 days

Follow-Up and Outcomes

The patient was assessed weekly for symptomatic changes during the 21-day treatment period and at the end of therapy for overall improvement in pain and function.

Parameter	Before Treatment	After 7 Days	After 14 Days	After 21 Days
Pain intensity (NPRS)	8/10	5/10	3/10	2/10
Tenderness over lateral epicondyle	Severe	Moderate	Mild	Absent
Stiffness and restricted movement	Present	Decreased	Minimal	Absent
Performance of occupational and sports activities	Markedly affected	Partial relief	Improved	Normal functional ability restored

DISCUSSION

Lateral Epicondylitis (Tennis Elbow) is currently understood as a degenerative tendinopathy rather than an inflammatory condition. Histopathological studies have demonstrated collagen disorganisation, fibroblast proliferation, and Angio fibroblastic hyperplasia at the origin of the Extensor Carpi Radialis Brevis (ECRB) tendon, supporting the concept of tendinosis rather than acute inflammation.^[9] Conservative management in modern medicine typically includes rest, non-steroidal anti-inflammatory drugs (NSAIDs), physiotherapy, bracing,

and corticosteroid injections; however, recurrence and incomplete recovery are common, particularly in cases associated with occupational overuse.

From an Ayurvedic standpoint, the clinical features of *Ruk* (pain), *Stambha* (stiffness), and *Shoola* at the *Kurpara Sandhi* (elbow joint) can be correlated with *Snayugata Vata*, characterised by aggravation of *Vata Dosha* in *Snayu* (tendons and ligaments). Factors such as *Ativyayama* (overexertion), *Vishama Karma* (repetitive strain), and *Ruksha Ahara-Vihara*

contribute to *Vata* vitiation and impaired *Snayu* function as described in classical Ayurvedic texts.^[10] This conceptual correlation provides a basis for *Vata*-pacifying therapeutic interventions targeting *Snayu* and *Sandhi*.

In the present case, external therapies such as *Vishgarbha Taila Abhyanga* followed by *Bashpa Sweda* appeared to alleviate symptoms by improving local circulation, reducing muscle spasm, and relieving stiffness-actions consistent with the *Vatahara* and *Sothahara* properties described in Ayurvedic pharmaco-therapeutics. Previous studies have indicated that *Abhyanga* and *Swedana* can enhance local tissue perfusion, reduce pain perception, and improve musculoskeletal flexibility and function.^[11,12] Internal medications such as *Yograja Guggulu* and *Rasnasaptaka Kwatha* are traditionally indicated in *Vata Vyadhi* and musculoskeletal disorders for their *Deepana-Pachana*, *Shothahara*, and *Vatanulomana* properties. Pharmacological studies suggest that *Guggulu* formulations possess anti-inflammatory, antioxidant, and analgesic activities, which may contribute to tendon healing and reduction of chronic musculoskeletal pain.^[13] *Malla Sindura*, when administered judiciously as per classical guidelines, is described to enhance *Agni*, support tissue metabolism and act as a *Rasayana* with *Yogavahi* properties in *Rasa Shastra*.

The clinical improvement observed in this case, including a reduction in pain score from 8/10 to 2/10 and resolution of tenderness and stiffness, aligns with the expected outcomes of *Vata*-pacifying therapy. An approximate 80% improvement within 21 days is consistent with previous Ayurvedic clinical observations reporting beneficial effects of *Abhyanga*, *Swedana*, and *Guggulu*-based formulations in musculoskeletal disorders.^[14] Importantly, no adverse effects were reported, indicating good tolerability of the treatment protocol.

However, as this is a single case report, the findings cannot be generalised. Furthermore, objective assessment tools such as grip strength measurement, Patient-Rated Tennis Elbow Evaluation (PRTEE), and ultrasonographic assessment of ECRB tendon changes were not employed, which limits objective validation. Future studies incorporating larger sample sizes, validated outcome measures, and imaging modalities are required to establish the reproducibility and clinical efficacy of this Ayurvedic treatment approach.

Overall, this case highlights the potential of a structured Ayurvedic intervention targeting *Dosha*, *Dushya*, and *Srotasa* in the effective management of *Snayugata Vata* (lateral epicondylitis). Integration with

modern diagnostic and assessment tools may further strengthen its clinical applicability.

CONCLUSION

The present case demonstrates that Ayurvedic management can provide significant clinical relief in *Snayugata Vata* (Lateral Epicondylitis/Tennis Elbow) through a holistic approach addressing both local and systemic pathology. The combined application of *Vishgarbha Taila Abhyanga* and *Bashpa Sweda* resulted in marked reduction in pain, stiffness, and tenderness, likely due to their *Vatahara* and *Sothahara* properties. Concurrent administration of internal medications such as *Yograja Guggulu*, *Rasnasaptaka Kwatha*, and *Malla Sindura* appears to have contributed to the correction of underlying *Vata* imbalance, along with improvement in *Agni* and *Dhatu* metabolism. This integrated Ayurvedic regimen, based on the principles of *Dosha*, *Dushya*, and *Srotasa* involvement, may serve as an effective and safe therapeutic approach in the management of chronic musculoskeletal conditions such as Tennis Elbow.

However, as this observation is based on a single case, the findings cannot be generalized. Further validation through well-designed clinical studies with larger sample sizes is essential. Additionally, incorporation of objective assessment tools such as grip strength measurement, ultrasonographic evaluation of tendon pathology, and standardized functional scoring systems is recommended to enhance the scientific validity and reproducibility of the treatment outcomes.

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