



Case Study

A CASE REPORT TO STUDY THE EFFECTIVENESS OF CUPPING THERAPY ON MEDIAL EPICONDYLITIS/GOLFERS ELBOW

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ABSTRACT

Golfer's elbow or Thrower's elbow, also known as Medial epicondylitis refers to the chronic tendinosis of the flexor-pronator musculature, that is inserted on the medial epicondyle of the humerus. The overuse or repetitive stress on the elbow joint results in this tendinopathy. The cardinal symptom is pain on the inner and medial aspect of elbow joint & forearm, the stiffness of elbow and tingling sensation or numbness on forearm or fingers. The non-operative treatment includes mainly activity modification, rest, ice application, counter force bracing, anti-inflammatory medicines, corticosteroid injections while Surgery involves the open debridement and reattachment of the flexor/pronator group. A 51 years old male patient visited Kunwar Shekhar Ayurvedic hospital Shalya OPD with complaints of Severe pain (Shoola), swelling (Shotha), stiffness (Stabhdhta) on left elbow joint medial aspect, pain radiating from Left elbow to forearm while twisting or grasping any object or doing the strainful activities, pain and restriction in movements since 1 year. The patient was indulged in wood cutting act from last one year and after that he suffered from these problems. X Ray examination of elbow joint and hand was normal. As well as, the essential blood tests were in normal range. After careful assessment and examination, he was diagnosed with Medial epicondylitis/Golfer's elbow. The patient was given total 4 sittings of cupping therapy on affected site. The main aim of this study is to estimate the effectiveness of Rakta Visaravana technique via Cupping therapy in Medial epicondylitis and to put forth an alternative treatment modality in its management other than the Surgical and nonsurgical regimes. However, this intervention proved to be successful in providing a symptomatic relief to the patient. Thus, cupping therapy serves to be a good therapeutic alternative to conventional management modalities for Medial epicondylitis/Golfer's Elbow.

INTRODUCTION

The acute trauma or chronic overuse leads to elbow pathology that brings about significant pain and disability in the elbow joint. The normal elbow motion, strength and stability are essential for carrying out the daily activities and also for performing the professional and athletic skills.

Symptoms can arise from pathologies involved in cartilage, bone, muscle, tendons, ligaments or neurovascular structures [1]. Medial epicondylitis, commonly known as Golfer's elbow or Thrower's elbow is the overuse tendinopathy of the Flexor - pronator tendon, which is approximately 3cm long and crosses the ulno-humeral joint medially and runs parallel to the ulnar collateral ligament where it serves as a secondary stabilizer. The overall prevalence is <1%, but Golfer's Elbow may affect as many as 3.8% to 8.2% of patients in the occupational settings. A result of common flexor tendon (CFT) microtrauma and degeneration, medial epicondylitis typically occurs in the fourth to sixth decades of life, the peak working years and equally affects men and women[2].

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This flexor pronator tendon is the confluence of 5 muscles of forearm-the pronator teres, flexor carpi radialis, palmaris longus, flexor carpi ulnaris and flexor digitorum superficialis.



Figure 1. Common flexor tendon (CFT) origin from Medial epicondyle of humerus. [www.wikipedia.com]

The acts such as playing golf, football, tennis, javelin throw, weightlifting, carpentry, plumbing etc that involves repetitive forced wrist flexion and forearm pronation sets supraphysiologic stress on the tendon and eventually results in microtrauma and degeneration of the Conjoint flexor tendon (flexor pronator tendon).

Trauma->peritendinousinflammation-> angio-fibroblastic hyperplasia-> structural breakdown ->irreparable fibrosis or calcification-> thickening and contraction of tendon.

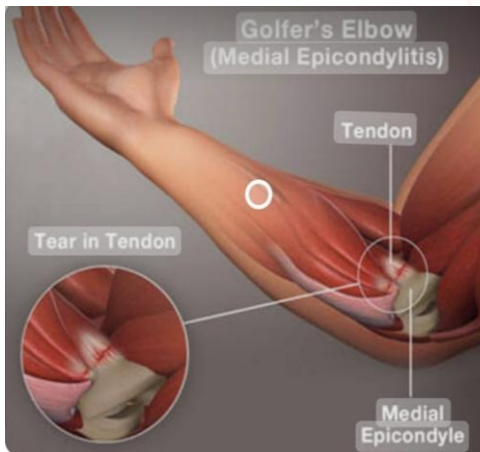


Figure 2: Microtrauma/repetitive strain causing tears & degeneration in CFT, peritendinous inflammation, structural breakdown resulting in Medial epicondyle sided pain. [www.wikipedia.com]

The Clinical presentation is such that patient will give a history of either an acute traumatic blow or repetitive elbow use. They will report an aching pain on the medial or ulnar side of elbow, radiating from the epicondyle down into the forearm and wrist. The pain worsens with forearm motion, gripping or throwing. There may be tingling sensation/numbness in the fingers especially the ring and little finger. Hand and

wrist weakness, the grip strength on affected side is diminished. The disease is common in smokers, diabetics and obese individuals [3].



Figure 3. The exact site of pain in Medial epicondylitis-inner or medial aspect of elbow. [www.youtube.com-daagnosis of medial epicondylitis]

The present case is treated with a *Rakta Visravana* technique- Wet Cupping therapy (*Shringa avacharana*) that it stimulates the neural ends, stretches the soft tissue, lengthens the connective tissue, removes the adhesions, increases the localized blood circulation, brings muscle relaxation, therefore, results in a deep tissue massage that normalizes the patient's functional status and relieves the painful muscular spasm and tension [4].

CASE REPORT

A 51 years old male patient visited Kunwar Shekhar Ayurvedic hospital Shalya OPD with complaints of severe pain (*Shoola*), swelling (*Shotha*), stiffness (*Stabhdhta*) on left elbow joint medial aspect, pain radiating from Left elbow to forearm while twisting or grasping any object or doing the strainful activities, pain and restriction in movements since 1 year. The patient was indulged in wood cutting act from last one year and after that he suffered from these problems. X-Ray examination of elbow joint and hand was normal. As well as, the essential blood tests were in normal range.

Physical examination was done by Golfer's elbow Test and Polke's Test [5], that elicited to be positive.

Golfer's Elbow Provocative Test: Stabilize the patient's elbow in flexed position followed by passively supinate the forearm and then actively flex the wrist. The examiner then attempts to force the wrist into extension. Sudden severe pain over medial epicondyle is suggestive of Medial epicondylitis. The palpation of medial epicondyle also elicits tenderness.

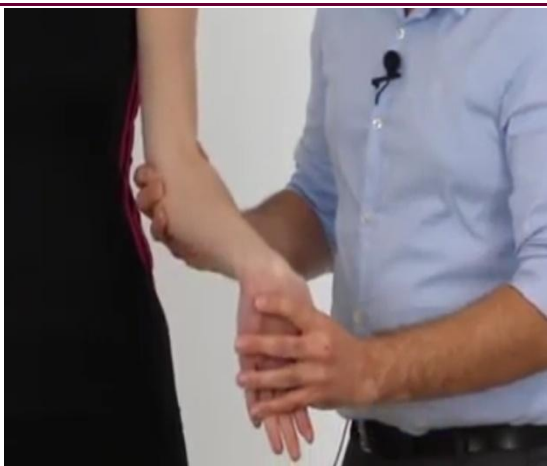


Figure 4. Technique of Golfer's elbow Provocative test. [www.youtube.com-diagnosis of medial epicondylitis]

Polke's test: Patient is in seated position and asked to grasp a book or any object of 2.5Kg or 5 pounds, with an elbow flexed and forearm supinated and the palm facing upwards. Pain begins in the medial epicondyle is suggestive of Medial epicondylitis.



Figure 5. Technique of Polke's test. [www.youtube.com-diagnosis of medial epicondylitis]

Treatment

Cupping therapy once a week – a total of 5 sittings in one month.

Main aim of the treatment is to provide relief symptomatically, main focus is to provide relief in pain and tenderness, rehabilitate the pathological tendon and prevent further recurrence.

Methodology

The following Wet Cupping therapy technique is adopted in the above said case:

Puravakaram

1. Written informed consent was taken from the patient briefing him the entire procedure and the duration of therapy.
2. The required materials that are *Shringa Yantra* (Hijama Cups), 11 no. surgical blade, kidney tray, guaze pieces, *Yashtimadhu taila*, drapes were kept ready.

3. All the essential vitals- temperature, pulse, respiration and blood pressure were recorded prior to the procedure.



Figure 6. Modified *Shringa Yantra Pradhanakarma*

1. Patient was given supine position, the elbow was flexed and cleaned with betadine solution.
2. A *Shringa Yantra* (Hijama Cup) was applied over medial epicondyle of Left elbow to demarcate the site. The suction was well created and maintained there for atleast 15 minutes.
3. After 15 minutes, all the cups were removed.
4. Using 11 no. Surgical blade, multiple minute incisions were made in the demarcated sites. This pricking caused the oozing of blood.
5. Again cups were applied after pricking, for complete oozing of blood in the respective cups at neck and lower back.
6. Proper observation of the whole process was made till the impure blood got collected and filled the Cups.
7. Then all cups were removed when the blood stopped oozing and clots were formed.



Figure 7. Wet Cupping therapy over medial epicondyle of Left elbow done on the patient.

Paschata Karma

1. A sterile guaze is used to clear the impure blood and clots.

2. The sterile gauze soaked with *Yashtimadhu taila* was applied over incised circular area after the Cupping procedure.
3. Follow up after 15 days.
4. DOs: Patient was advised to take a light diet and do light work.
5. DONTs: Not sitting in air conditioned room, avoid heavy weight lifting and strainful activities that involved elbow overuse.

Criteria for Assessment

The bothersome feature in Medial epicondylitis is the pain and tenderness over medial epicondyle, that hampers the daily activities of the patient and decreases the quality of life. Hence, the main symptom pain is taken for consideration, whose assessment is done by the patient itself, on the basis of Numerical rating score scale. The two diagnostic tests- one provocative Golfer's elbow test and other Polke's test will help in evaluating the effectiveness of Intervention. At last, patient will determine his Functional improvement and set a numerical score on the basis of symptomatic improvement.

Pain

Pain rating is started from the 0th day when he arrived to the OPD for treatment purpose. Total 4 sittings were given of Cupping therapy and on every visit, that is once a week, the patient was asked to give the Pain rating using the numerical rating score scale.

1	2	3	4	5	6	7	8	9	10
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Golfer's Elbow Provocative test

Grade 0- Negative (no tenderness on palpation over medial epicondyle)

Grade 1-Positive (tenderness present on palpation over medial epicondyle)

Polke's Test

Grade 0-Negative (no pain felt on medial epicondyle on lifting a heavy book)

Grade 1-Positive (pain felt on medial epicondyle on lifting a heavy book)

Self rated Functional Improvement.

On the basis of Numerical Scoring

- i. Poor- 1-3
- ii. Moderate- 4-6
- iii. Good- 7-9
- iv. Excellent- 10

OBSERVATION AND RESULT

Serial No.	Criteria	Before Treatment	After Treatment
1	Pain (numerical score)	10	1
2	Golfer's Elbow Provocative Test	Grade 1 (+ve)	Grade 0 (-ve)
3	Polke's Test	Grade 1 (+ve)	Grade 0 (-ve)
4	Self Rated Functional Improvement	1 (Poor)	9 (Good)

DISCUSSION

The mechanical action of Cupping therapy creates a vacuum on the skin and draws the soft tissues/muscles up into the cup. The process of drawing the soft tissue (muscle, skin, connective tissue, fascial) effectively stretches and lengthens the muscle fibres. This micro stretching allows the area to lengthen back to its Normal Resting stage and thus restores normal length to the tissue. This therapy exhibits mechanical, physiological and psychological effects on the body, decreases the fascial and muscular tension and spasm, relaxes the rigidity in soft tissues, tends to increase the blood flow and thus accelerates the cellular healing.

Cupping induces the release of endogenous analgesic opoid and adrenocortical hormones in the circulation, reduces the inflammation and controls pain.^[6] The Pain Gate Theory, Diffuse Noxious Inhibitory Controls and Reflex Zone theory- all these theories are in support of Pain reduction mechanism by Cupping Therapy.^[7]

Loss of blood along with vasodilatation tends to increase the parasympathetic activity and relaxes the body muscles.^[8]

The *Rakta visravana* technique via Cupping therapy removes the *Avarana* of *Kapha* and *Pitta dosha*, causes *Vata anulomana* and therefore, provides immediate relief in pain by pacifying the *Vata dosha* ^[9].

CONCLUSION

There is a considerable relief in pain. The tendency to perform the overall daily activities is improved without any painful restrictive movement. The morning stiffness is relieved. The patient did not require any NSAIDs for pain management during the whole treatment schedule. The Gripping strength and functional ability is increased. An efficient tendon stretching and painless range of motion of affected site is achieved by adopting this non invasive para surgical technique of Cupping therapy. However, a large scale study is required to prove the effectiveness of Cupping

therapy in the management of Medial Epicondylitis or Golfer's Elbow.

REFERENCES

1. Kevin e wilk, Christopher a. Arrigo, marc r safran, steven a. Avilles, pathology & intervenetion in musculoskeletal rehabilitation ,2nd edition, Chapter 9 Elbow, 2016, Pg 290
2. Shiri R, Viikari-Juntura E, Varonen H, Heliovaara M: *Am J Epidemiol*, Prevalence and determinants of lateral and medial epicondylitis: A population study, 2006; 164(11):1065-1074
3. Elbow/Forearm Physical examination-APTA Hand & Upper Extremity. <http://www.handpt.org>csm>
4. Akhtar H *et al* , Role of Hijama (Cupping Therapy) in the management of Niqras (Gouty Arthritis) I, 2017;6:256
5. Elbow/Forearm Physical examination-APTA Hand & Upper Extremity. <http://www.handpt.org>csm>
6. Akhtar H *et al*, Role of Hijama (Cupping Therapy) in the management of Niqras (Gouty Arthritis) 2017;6:256
7. Al-Bedah AMN, et al., The medical perspective of cupping therapy: Effects and mechanisms of action, *Journal of Traditional and Complementary Medicine* (2018), <https://doi.org/10.1016/j.jtcme.2018.03.003>
8. Abdullah M.N, Al-Bedah *et al*, The medical perspective of Cupping therapy: Effects and mechanism of action ,2018
9. Dr Namrata Patel Et; Al: Role of Siravedha in the Management of Pain- A Review. *International Ayurvedic medical Journal {online}* 2016 {cited 2016 June} Available from: http://www.iamj.in/posts/images/upload/953_957.pdf

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