

A CLINICO-ANATOMICAL ASPECT OF KURPARA MARMA W.S.R. TO TENNIS ELBOW & GOLFER'S ELBOW

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Article Received on
29 July 2020,

Revised on 19 August 2020,
Accepted on 09 Sept. 2020,

DOI: 10.20959/wjpr202011-18694

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ABSTRACT

The *Marma* point are an important element *Ayurveda*'s healing power.

In *Ayurveda* *Kupara marma* is correlated with tennis elbow and golfer's elbow. These injuries are most probable in young athletes due to overuse of forearm. In tennis elbow (lateral epicondylitis) the extensor Carpi radialis brevis (ECRB) muscles and tendon are involved. In golfer's elbow (medial epicondylitis) the pronator teres and flexor carpi radialis muscles and tendon are involved. These injuries are found in young person who overuse of forearm. The symptoms of pain, burning on the outer side of elbow (lateral epicondyle) and inner side of elbow (medial epicondyle) and weak grip. The symptoms are decrease proper rest of arm. In *Ayurveda*

treated by anti-inflammatory drug and mild massage. If the symptom does not decrease after 6-12 months of non-surgical treatment then doctor may recommend surgery.

KEYWORDS: Marma, Ayurveda, Tennis, Golfer's, Elbow, Epicondylitis, Radialis, Muscles.

INTRODUCTION

In *Ayurveda* *Marma* is a vital part of the body. The *Marma* point is a junction on body where two or more types of tissue meet, such as muscles, veins, ligaments, bones or joints. The *KurparaMarma* is present in upper limb joining place of arm and forearm. If it gets injured there will be disability. There are many anatomical and surgical structure related with

KurparaMarma which can be compared with elbow joint. The elbow joint is not abduct and flexion without pain, the same condition in tennis elbow and Golfer's elbow.

AIMS AND OBJECTIVES

The purpose of this paper is to evaluate the existing literature on *Ayurveda* medicine and *Ayurveda* karmas. Sports and games are a vital part of human physiology. Most injuries in young athletes are due to overuse.

Tennis elbow & Golfer's elbow

The *Marma* point of view the Tennis elbow and Golfer's is correlated to *KurparaMarma*. In *Ayurveda Acharaya Sushruta* and *Vagbhata* has mention *Kurpara Marma* is located in *Kurpara Sandhi*. The *Kurpara Sandhi* is formed by junction of lower end of humerus bone and upper end of ulna bone. According to *Acharaya Sushruta* measurement of *Kurpara Marma* is 3 *Angules*. The site of structure is cubital fossa and common extensor and flexor muscles. The *Kurpara Marma* is type of *Vakalyakara Marma*.

Acharya Sushruta is called “*KurprakhyaKuni*”. The *Kuni* term is use for deformities or unable to function. So elbow joint is not abduct and flexion without pain, the same condition in Tennis elbow and Golfer's elbow.

Tennis elbow and Golfer's elbow is a type of sports injury. The lower end of humerus form the two condyles (lateral and medial) which is expanded from side by side, and has articular and non articular parts. The inflammation of the tendon of extensor and flexor muscles of forearm, called epicondylitis. Epicondylitis is a painful condition of the elbow caused by overuse. This leads to pain and tenderness on the outside and inside of the elbow.

The lateral epicondyle have common origin of extensor muscles and medial epicondyle have common origin of flexor muscles. The elbow joint form 3 bones i.e. humerus, radius and ulna.

Muscles, ligaments, and tendons hold the elbow joint together. The extensor muscles attach on the lateral epicondyle. The extensor carpi radialis brevis (ECRB) muscles and tendon is usually involved in tennis elbow. Lateral epicondylitis or tennis elbow, involves the muscles and tendons of the forearm.

The flexor muscles are attached on the medial epicondyle. The primarily include pronator teres and flexor carpi radialis. The forearm muscles extend from lateral and medial epicondyle to wrist and fingers.

Cause:- Overuse of forearm.

Activities

Tennis and Golfer's elbow injury is not only playing tennis, golf, cricket, any sports injuries but also get it from jobs or activities that involve repetitive arm motion, such as painting, plumbing, carpentry, tree cutting etc.

Age

Most people who get tennis and Golfer's elbow are between the ages of 30 and 50, although anyone can get tennis elbow if they have the risk factors. In racquet sports like tennis, improper stroke technique and improper equipment may be risk factors.

Symptoms

- Location of pain in lateral and medial epicondylitis.
- Pain or burning on the outer and inner part of your elbow
- Weak grip strength

TREATMENT

The first step toward recovery is to give your arm proper rest. Approximately 80% to 95% of patients have success with nonsurgical treatment.

Therapeutic Exercise Program for Epicondylitis (Tennis Elbow / Golfer's Elbow). *Ayurvedic* approached to the treatment of Tennis and Golfer's Elbow condition includes administration of anti-inflammatory *Ayurvedic* medicines (reduce pain and swelling), application medicated oil's / powders to the area with mild massage, Swedana(sweating treatment), Lepana treatment is recommended depending upon the severity of the condition.

Surgical Treatment

If the symptoms do not decrease after 6 to 12 months of nonsurgical treatments, then doctor may recommend surgery. Most surgical procedures for Tennis and Golfer's elbow involve removing diseased muscle and reattaching healthy muscle back to bone. As with any surgery,

there are risks with Tennis and Golfer's elbow surgery. The most common things to consider include:

Infection

- Nerve and blood vessel damage
- Possible prolonged rehabilitation
- Loss of strength
- Loss of flexibility
- The need for further surgery

CONCLUSION

The Tennis and Golfer's elbow injury is found in more in sports player comparison to other person. The same symptoms of Tennis Elbow (Lateral Epicondylitis) and *Kurpura marma*. The symptoms are decrease in rest condition, anti-inflammatry drugs and oil for local applicant use for medication purpose.

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