WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 15, 2111-2123. Review Article ISSN 2277–7105

AN *AYURVEDIC* CLINICAL PRACTICE PROTOCOL FOR THE MANAGEMENT OF TENNIS ELBOW (*SNAYUGATA VATA*)

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Article Received on 05 July 2026,
Article Revised on 25 July 2026,
Article Published on 01 August 2026,

https://doi.org/10.5281/zenodo.21773376

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How to cite this Article: Dr. Samruddhi Vaidkar[1], *Dr. Pranesh Gaikwad[2], Dr. Vaishali Chaudhari[3], Dr. Ravina Verma[4]. (2026). An ayurvedic clinical practice protocol for the management of tennis elbow (snayugata vata). World Journal of Pharmaceutical Research, 15(15), 2111–2123.

ABSTRACT

Tennis elbow, clinically known as lateral epicondylitis, is one of the most common causes of lateral elbow pain resulting from repetitive overuse of the extensor tendons of the forearm. Although various conservative and surgical treatment modalities are available, the recurrence of symptoms and prolonged recovery remain major clinical challenges. Ayurveda offers a holistic approach to musculoskeletal disorders through individualized treatment based on Dosha, Dushya, and the stage of the disease. However, the absence of a standardized Ayurvedic clinical practice protocol often leads to variations in treatment selection and outcomes. The present article aims to develop an Ayurvedic clinical practice protocol for the management of tennis elbow by integrating classical Ayurvedic principles with available contemporary evidence. Relevant information was collected from classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and other authoritative treatises, along with published literature retrieved from electronic databases such as PubMed, Scopus, Google Scholar, and AYUSH Research Portal. Based on the literature review, a structured protocol encompassing clinical assessment, stage-wise management, internal medications, external therapies, Panchakarma interventions, rehabilitation, and dietary and lifestyle recommendations was formulated. The proposed protocol is intended to provide a practical framework for clinicians and may serve as a

foundation for future clinical validation and evidence generation in Ayurvedic management of tennis elbow.

KEYWORDS: Tennis elbow, Lateral epicondylitis, Ayurveda, Clinical practice protocol, Snayugata Vata, Agnikarma.

INTRODUCTION

Tennis elbow, also known as lateral epicondylitis, is a common musculoskeletal disorder characterized by pain and tenderness over the lateral epicondyle of the humerus resulting from repetitive overuse of the common extensor tendon, particularly the extensor carpi radialis brevis.[1]

Pain is typically aggravated during resisted wrist and finger extension, leading to reduced grip strength and difficulty performing activities involving repetitive wrist movements. Although originally associated with tennis players, the condition is now more frequently encountered among individuals engaged in repetitive manual occupations such as carpentry, plumbing, painting, tailoring, driving, and computer-related work.[2,3]

The dominant upper limb is affected more commonly because of greater mechanical stress. The prevalence of tennis elbow is estimated to be 1–3% in the general population, with the highest incidence occurring between 40 and 60 years of age.[4]

Current evidence indicates that tennis elbow is primarily a degenerative tendinopathy rather than an inflammatory disorder. Histopathological studies have demonstrated collagen disorganization, angiofibroblastic degeneration, fibroblast proliferation, and neovascularization with minimal inflammatory cell infiltration. Conservative treatment, including activity modification, non-steroidal anti-inflammatory drugs (NSAIDs), physiotherapy, bracing, corticosteroid injections, platelet-rich plasma therapy, and rehabilitation exercises, remains the mainstay of management.[5]

However, these interventions often provide variable long-term outcomes, recurrence is common, and prolonged use of analgesics or corticosteroids may be associated with adverse effects.

In Ayurveda, tennis elbow is not described as a distinct disease entity but can be correlated with Snayugata Vata, a subtype of Vatavyadhi involving the vitiation of Vata Dosha in the Snayu (tendons and ligaments).[6]

Repetitive strain (*Atichesta*), excessive physical exertion (*Ativyayama*), trauma (*Abhighata*), and age-related tissue depletion aggravate Vata, particularly Vyana Vata, which localizes in the Kurpara Sandhi and surrounding soft tissues.[7]

This results in Shoola (pain), Stambha (stiffness), tenderness, weakness, and restricted movement, closely resembling the clinical presentation of tennis elbow. In some patients, Kaphavrita Vyana Vata may also contribute to the pathogenesis.[8]

Classical Ayurvedic texts recommend *Snehana* (oleation) *Upanaha* (bandage with hot medicated paste), Agnikarma (thermal cauterization) and Bandhana (bandaging) and Unmardana (massaging) and appropriate internal medications for the management of Snayugata Vata.[9]

Among these, Agnikarma has been specifically indicated by Acharya Sushruta for disorders affecting Snayu, Sandhi, Asthi, and Kandara, owing to its ability to relieve pain and reduce recurrence. Although recent clinical studies have reported encouraging outcomes with Ayurvedic interventions such as Agnikarma, Abhyanga, and Upanaha Sweda, the available evidence remains limited and lacks a standardized treatment sequence. Developing an Ayurvedic clinical practice protocol based on classical principles and available evidence will facilitate uniform clinical decision-making, improve treatment consistency, and provide a foundation for future clinical research.

MATERIALS AND METHODS

The present protocol was developed through a comprehensive review of classical Ayurvedic literature and contemporary scientific evidence on the management of tennis elbow. Modern literature related to the etiology, pathophysiology, clinical features, diagnosis, and treatment of tennis elbow was reviewed alongside Ayurvedic concepts of Snayugata Vata, Vatavyadhi, and Snayu.

A literature search was conducted in PubMed, Scopus, Web of Science, Google Scholar, and the AYUSH Research Portal for relevant publications up to December 2025 using the keywords *Tennis Elbow, Lateral Epicondylitis, Ayurveda, Snayugata Vata, Agnikarma,*

Upanaha, Panchakarma, Lepa, and *Musculoskeletal Disorders*. Clinical trials, observational studies, case reports, narrative reviews, and systematic reviews were included. Classical references were sourced from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, Bhavaprakasha, Sharangadhara Samhita, Yogaratnakara, and relevant Nighantus.

The collected evidence was critically appraised and synthesized to formulate a structured Ayurvedic clinical practice protocol based on the principles of Vata Shamana, Vedana Shamana, Shothahara, Brimhana, and Snayu-poshana. The protocol encompasses patient assessment, stage-wise management, internal medications, external therapies, Panchakarma interventions, rehabilitation, dietary and lifestyle modifications, and follow-up.

Review of Literature

Modern Review[10]

Tennis elbow also known as, Lateral epicondylitis is a common overuse disorder of the common extensor tendon, predominantly involving the extensor carpi radialis brevis (ECRB) at its origin on the lateral epicondyle of the humerus. It results from repetitive eccentric loading during forceful gripping, wrist extension, forearm supination, and radial deviation. Although classically associated with tennis, only about 10% of cases occur in athletes; most affect individuals engaged in repetitive occupational activities such as carpentry, plumbing, painting, tailoring, computer work, and other manual labour. Repetitive strain, poor ergonomics, smoking, obesity, and heavy physical work are recognized risk factors.

Tennis elbow affects approximately 1–3% of the population, with equal incidence in men and women, predominantly after 40 years of age. The dominant upper limb is more frequently involved because of greater mechanical stress. Although spontaneous recovery occurs in 80–90% of patients within one to two years, persistent pain and functional limitation are common, especially in those with continued occupational exposure.

Histopathological studies demonstrate collagen disorganization, fibroblast proliferation, vascular hyperplasia, granulation tissue, microtears, and angiofibroblastic degeneration with minimal inflammatory cell infiltration, confirming that tennis elbow is primarily a degenerative tendinopathy rather than an inflammatory disorder. Ultrasonography may reveal tendon thickening, calcification, hypoechoic areas, and intrasubstance tears, while magnetic resonance imaging (MRI) helps identify degenerative tendon changes.

The diagnosis is largely clinical, based on a history of gradual-onset lateral elbow pain aggravated by gripping, lifting, resisted wrist extension, and forearm supination. Tenderness over the ECRB origin, reduced grip strength, and positive Cozen's, Mill's, and Maudsley's tests support the diagnosis. Imaging is reserved for atypical cases or patients who fail to respond to conservative treatment.

Conservative management is the first-line treatment and includes activity modification, patient education, NSAIDs, counterforce bracing, physiotherapy, stretching, eccentric strengthening exercises, and manual therapy. Refractory cases may benefit from platelet-rich plasma, autologous blood injection, extracorporeal shockwave therapy, prolotherapy, botulinum toxin, or topical nitrates. Surgery is considered only after 6–12 months of unsuccessful conservative management and usually involves debridement or release of the ECRB tendon.

Despite the wide range of available therapies, no single treatment has consistently shown superior long-term outcomes. Therefore, there is growing interest in integrative approaches that combine pain relief, tendon healing, functional rehabilitation, and recurrence prevention.

Ayurvedic Review[11]

Tennis elbow (lateral epicondylitis) is not described as a separate disease in the classical Ayurvedic texts. However, considering its causative factors and clinical presentation, it can be correlated with *Snayugata Vata*, a condition included under the broad spectrum of *Vatavyadhi*. In this condition, aggravated *Vata Dosha* becomes localized in the *Snayu* (tendons and ligaments), leading to symptoms such as pain (*Shoola*), stiffness (*Stambha*), limitation of movement, and functional disability.

Among the five subdivisions of *Vata*, *Vyana Vayu* plays a key role in maintaining normal musculoskeletal function. It regulates all voluntary movements, including *Gati* (locomotion), *Akshepana* (flexion), *Utkshepana* (extension), *Nimesha* (closing of the eyes), and *Unmesha* (opening of the eyes). As these activities depend on the coordinated action of joints and their supporting structures, any disturbance in *Vyana Vayu* can adversely affect the *Snayu*, resulting in impaired movement and pain.

The classical texts do not describe separate *Nidana* (etiological factors) for *Snayugata Vata*; therefore, the general causative factors of *Vatavyadhi* are considered applicable. These

include excessive consumption of foods having *Ruksha, Sheeta, Laghu, Katu, Tikta*, and *Kashaya* qualities, as well as faulty dietary practices such as fasting (*Anashana*), inadequate food intake (*Alpashana*), irregular meals (*Vishamashana*), and overeating (*Adhyashana*). Lifestyle factors such as excessive physical exertion (Ativyayama), repetitive movements (*Atichesta*), carrying heavy loads (*Atibhara Vahana*), prolonged night awakening (*Atiratrijagarana*), suppression of natural urges (*Vegadharana*), and trauma (*Abhighata*) are important contributors to *Vata* aggravation. Mental stress in the form of excessive worry, grief, anger, and fear, along with seasonal influences such as *Varsha Ritu* and *Shishira Kala*, may further predispose an individual to Vata imbalance.

According to *Acharya Charaka*, repeated exposure to these etiological factors aggravates *Vata*, which then circulates through the body and lodges in *Rikta Srotas*, where tissue depletion (*Dhatu Vaishamya*) has already created susceptibility. When this aggravated *Vata* localizes in the Snayu, particularly around the *Kurpara Sandhi* (elbow joint), it gives rise to *Snayugata Vata*. Repetitive occupational activities, excessive strain, and trauma produce localized Vata aggravation that affects the tendon tissue, resulting in degeneration of the *Snayu Upadhatu*. Clinically, this manifests as pain over the lateral aspect of the elbow, tenderness, reduced grip strength, and painful restriction of movements, which closely resemble the features of tennis elbow.

The clinical manifestations of *Snayugata Vata* described by *Acharya Sushruta* include *Shoola* (pain), *Stambha* (stiffness), *Kampa* (tremors), and *Akshepa* (abnormal or restricted movements). These features correspond well with the symptoms observed in tennis elbow. Since the condition usually affects a single upper limb, it may also be viewed under the concept of *Ekanga Vata*. *Sushruta* further highlights the structural importance of *Snayu* in maintaining joint stability and facilitating movement, emphasizing that injury to these structures results in severe pain and impairment of function.

The probable Ayurvedic Samprapti of tennis elbow may be summarized as follows:

Nidana Sevana (Vata-provoking Ahara and Vihara, excessive physical exertion, repetitive movements, and trauma*)*

↓

*Vata Prakopa (*predominantly *Vyana Vayu Dushti)*

↓

Dhatu Vaishamya and Sroto Riktata

↓

Khavaigunya in Snayu of Kurpara Sandhi

↓

Sthanasamshraya of Vata

↓

Snayugata Vata

↓

Shoola, Stambha, Kampa, Akshepa, and Kriyahani

Flow Chart No. 1 *Samprapti* of *Snayugata vata*

The management of *Snayugata Vata* primarily aims to pacify aggravated *Vata*, relieve pain, restore the integrity of the affected tendon, and improve functional movements. Classical Ayurvedic texts advocate therapies such as *Snehana*, *Swedana*, *Upanaha*, *Bandhana*, *Mardana*, and *Agnikarma* for disorders involving the *Snayu*. The choice of treatment depends on the stage of the disease and the associated *Dosha* involvement, with emphasis on therapies possessing *Vedanasthapana, Shothahara, Brimhana,* and *Rasayana* properties.

Although individual clinical studies have reported beneficial outcomes with these interventions, the literature lacks a standardized sequence for patient assessment, treatment selection, duration of therapy, progression of rehabilitation, and follow-up. Therefore, integrating classical Ayurvedic principles with contemporary evidence is essential for developing a structured clinical practice protocol that can guide practitioners in the comprehensive management of tennis elbow.

Clinical Assessment

A comprehensive clinical assessment should be performed before initiating treatment. Detailed history should include onset and duration of symptoms, occupation, hand dominance, history of repetitive activities, previous trauma, associated systemic disorders, and previous treatment received. Clinical examination should assess tenderness over the lateral epicondyle, pain during resisted wrist extension, grip strength, range of motion of the elbow and wrist, and functional limitations. Cozen's test, Mill's test, and Maudsley's test should be performed to support the diagnosis.

Ayurvedic assessment should include evaluation of *Prakriti*, *Vikriti*, *Dosha* predominance, *Dushya*, *Agni*, *Ama*, *Srotas* involvement, *Rogabala*, and *Rogibala*. Patients presenting with features of *Ama* should undergo *Amapachana* before administration of nourishing therapies.

Chikitsa Siddhanta

Although *Acharya Charaka* has not described a separate treatment specifically for Snayugata Vata, the general treatment principles of *Vatavyadhi* are applicable.[12] These include *Snehana*, *Swedana, Basti*, and the administration of *Vatahara medicines*. Acharya Sushruta recommends *Snehana, Upanaha, Agnikarma, Bandhana, and Mardana* for disorders involving the *Snayu*.[13] Acharya Vagbhata advocates *Snehana, Daha (Agnikarma),* and *Upanaha*,[14] while *Yogaratnakara* recommends *Snehana, Swedana, Mardana*, and *Upanaha* for the management of *Snayugata Vata*.[15]

Overall, these treatment principles aim to alleviate aggravated *Vata*, relieve pain, promote healing of the affected tendon, restore normal movement, and prevent recurrence.

Proposed Clinical Management

Based on the classical principles of *Vatavyadhi Chikitsa* and the clinical course of tendinopathy, a stage-wise management approach may be adopted.

Acute Stage

The acute stage is characterized by severe pain, tenderness, and difficulty performing routine activities. The primary goal is to relieve pain, pacify aggravated Vata, and protect the affected tendon.

Patients should avoid activities that aggravate pain, particularly repetitive gripping, forceful wrist movements, and heavy lifting. *Local Abhyanga* using *Vatahara* medicated oils followed by mild *Swedana* may help reduce pain and stiffness. Once acute inflammatory signs have subsided, *Agnikarma* may be considered in selected patients with persistent localized pain. Internal medicines possessing *Vatahara* and *Shothahara* properties may be administered according to the patient's clinical condition. Patient education regarding activity modification, proper ergonomics, and avoidance of repetitive strain is equally important during this stage.

Subacute Stage

As pain gradually decreases, treatment should focus on promoting tendon healing, restoring mobility, and improving muscle strength.

Regular *Abhyanga* followed by appropriate *Swedana*, such as *Nadi Sweda, Upanaha Sweda, or Patra Pinda Sweda*, may be continued. *Agnikarma* may be repeated in patients with persistent localized tenderness when indicated. Internal medicines possessing *Brimhana* and *Rasayana* properties may support tissue repair. Gentle stretching exercises and gradual grip-strengthening exercises may be introduced according to the patient's tolerance to restore functional capacity.

Chronic or Recurrent Stage

Management of chronic or recurrent tennis elbow aims to strengthen the affected tendon, restore function, and prevent recurrence.

Continued local therapies such as *Abhyanga* and *Swedana*, along with appropriate *Rasayana* therapy, may facilitate tissue healing and improve tendon strength. *Agnikarma* may be repeated in selected chronic cases according to classical indications. Progressive strengthening exercises, ergonomic modifications, occupational rehabilitation, and periodic follow-up are recommended to restore functional capacity and minimize recurrence.

Internal Medicines[16,17]

Selection of internal medicines should be based on Dosha predominance and stage of disease. The following formulations may be considered according to clinical judgment.

Table No. 1: Ayurvedic medications.

Medicine	Therapeutic Purpose in Tennis Elbow (*Snayugata Vata*)
Trayodashanga Guggulu	Pacifies *Vata*, relieves pain, strengthens *Snayu* and muscles, and promotes tissue repair.
Yograja Guggulu	*Vatahara* and *Shoolahara*; reduces pain, stiffness, and residual Ama, improving mobility.
Mahayograja Guggulu	Useful in chronic *Vata Vyadhi*; promotes strength, tissue regeneration, and joint function.
Simhanada Guggulu	Performs *Ama Pachana*, reduces inflammation and pain, and improves joint mobility.
Rasnadi Guggulu	*Vedanasthapana* and *Shothahara*; relieves pain, stiffness, and improves elbow movement.
Lakshadi Guggulu	Promotes healing of *Snayu*, ligaments, and bones; supports tissue regeneration.
Dashamoola Kwatha	Pacifies *Vata*, reduces pain, inflammation, and muscle spasm, and promotes soft tissue healing.
Rasnasaptaka Kwatha	Relieves pain and stiffness, pacifies Vata, and improves flexibility.
Erandamuladi Kwatha	*Vatahara* and *Shoolahara*; relieves pain, stiffness, and improves joint mobility.

Ashwagandha Churna	*Balya, Brimhana, and Rasayana*; strengthens muscles and tendons and promotes tissue repair.
Guduchi Churna / Guduchi Ghana Vati	*Rasayana*; reduces inflammation and promotes tissue healing.
***Shallaki* Preparations**	*Shothahara* and *Vedanasthapana*; reduces pain and inflammation and improves function.
Eranda Taila	*Vatahara* and *Vatanulomana*; relieves pain, reduces stiffness, and nourishes tissues.

The dosage and duration should be individualized according to the patient's age, digestive capacity, associated diseases, and physician's clinical judgment.

External Therapies[18,19,20]

Table No. 2: External therapies.

Therapy	Therapeutic Purpose
Abhyanga	Pacifies *Vata*, relieves pain and stiffness, improves local circulation, nourishes soft tissues, and prepares the affected part for *Swedana*.
Swedana (Nadi Sweda, Upanaha Sweda, Patra Pinda Sweda)	Relieves pain and stiffness, improves flexibility, reduces muscle spasm, and facilitates *Vata* pacification.
Agnikarma	Alleviates chronic localized pain, stimulates healing, and reduces recurrence in disorders involving *Snayu, Sandhi, Asthi*, and *Kandara.*
Lepa	Reduces localized pain, swelling, and inflammation according to *Dosha* predominance.
Bandhana	Stabilizes the affected joint, provides mechanical support, and minimizes strain on the tendon.

Panchakarma

Table No. 3: Panchakarma therapy.

Procedure	Therapeutic Purpose
Snehana	Pacifies *Vata*, nourishes tissues, and prepares the body for *Swedana* and *Basti*.
Swedana	Relieves pain, stiffness, and improves mobility prior to *Panchakarma*.
Matra Basti	Provides nourishment, pacifies chronic *Vata*, and is suitable for long-term management.
Anuvasana Basti	Oleation therapy that pacifies aggravated *Vata* and nourishes tissues.
Niruha (Asthapana) Basti	Eliminates vitiated *Doshas*, especially Vata, and restores physiological balance.

Pathya–Apathya

Table No. 4: *Pathya–Apathya.*

***Pathya* (Recommended)**	***Apathya* (To be Avoided)**
Warm, freshly prepared meals *Ghrita* and medicated oils *Mudga* (Green gram) Adequate sleep and rest	Repetitive gripping activities Heavy lifting during painful episodes Sudden forceful wrist movements Repetitive occupational strain Exposure to cold and dry environments Dry, cold, and *Vata*-aggravating foods Excessive fasting Night awakening (*Ratri Jagarana*) Excessive physical exertion

DISCUSSION

Tennis elbow is a common overuse tendinopathy characterized by pain and functional impairment of the elbow. Although it is not described as an independent disease in the classical *Ayurvedic* texts, its clinical features and pathogenesis closely resemble *Snayugata Vata*, a subtype of *Vatavyadhi*. Repetitive strain, excessive physical activity, and trauma aggravate *Vata*, particularly *Vyana Vayu*, leading to pathological changes in the *Snayu* around the *Kurpara Sandhi*.

Ayurvedic management focuses on *Vata Shamana*, pain relief, tissue nourishment, and restoration of function through a combination of *Snehana*, *Swedana*, *Upanaha*, *Agnikarma*, *Bandhana*, and appropriate internal medications. These interventions aim to reduce pain and stiffness, improve local circulation, promote tendon healing, and restore mobility. The integration of rehabilitation measures, ergonomic correction, and lifestyle modification further enhances functional recovery and may help prevent recurrence.

Although several clinical studies have reported encouraging outcomes with *Ayurvedic* interventions, the available evidence is limited by small sample sizes, methodological variations, and lack of standardized treatment protocols. Therefore, well-designed randomized controlled trials with standardized outcome measures are required to establish the efficacy and safety of these interventions.

CONCLUSION

Tennis elbow can be clinically correlated with *Snayugata Vata* based on its etiopathogenesis and symptomatology. Classical Ayurvedic principles provide a comprehensive approach through *Vatahara* therapies, external procedures, internal medications, *Panchakarma*, and appropriate *Pathya–Apathya*. A stage-wise treatment approach integrated with rehabilitation

and ergonomic modifications may offer effective symptom relief, functional improvement, and reduced recurrence. However, further high-quality clinical research is needed to develop evidence-based treatment guidelines and strengthen the role of *Ayurveda* in the management of tennis elbow.

Conflict of Interest

The authors declare no conflict of interest.

Funding

No external funding was received for the preparation of this manuscript.

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