

EVALUATION OF THE EFFECT OF MARMA CHIKITSA IN THE PAIN MANAGEMENT OF LATERAL EPICONDYLITIS- A CASE STUDY

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ABSTRACT

Lateral epicondylitis or Tennis elbow, is a common condition caused by repetitive strain injury, affecting the tendinous origin of the extensor muscles at the lateral epicondyle. *Marma* holds particular significance in the classics of *Ayurveda*. *Marma* is a subject which has been described by most of the *acharyas* in *sharir sthana*. In *Ayurveda*, the condition can be correlated with *snayugata vata* based on its sign and symptoms. This study presents a case of a 35-year-old female patient with classical symptoms of Lateral epicondylitis who underwent *Marma chikitsa* once a day for 15 days. Specific *Marma sthanas*, including *kshipra*, *indrabasti*, *kurpara*, and *ani marma*, were stimulated daily. Following the treatment, the patient experienced significant relief in pain and improved joint function with VAS score decreasing from 8 to 2 and the patient reported ease in daily activities without recurrence of pain during follow-up. No adverse effects were observed throughout the intervention. This case study supports the integration of

traditional techniques like *marma chikitsa* in managing musculoskeletal disorders.

KEYWORDS: *Marma Chikitsa, Lateral Epicondylitis, Tennis Elbow, Ayurveda.*

INTRODUCTION

Tennis elbow, medically known as lateral epicondylitis, is a painful condition affecting the tendons of the lateral epicondyle of the humerus. The bony prominence on the outside (lateral side) of the elbow is called the lateral epicondyle where several muscles of the forearm begin their course. Muscles, ligaments, and tendons hold the elbow joint together. Lateral epicondylitis, or tennis elbow, involves the muscles and tendons of the forearm that are responsible for the extension of wrist and fingers. The forearm tendons often called extensors attach the muscles to bone. The tendon usually involved in Lateral epicondylitis or tennis elbow is called the extensor carpi radialis brevis (ECRB), which attaches the ECRB forearm muscle to the lateral epicondyle. Condition is primarily caused by overuse or repetitive stress on the forearm extensor muscles, especially the extensor carpi radialis brevis (ECRB). The pain can vary from intermittent and low-grade pain to continuous and severe pain which may cause sleep disturbance. It is typically produced by wrist and finger extensor and supinator muscle contraction against resistance. The pain lessens slightly if the extensors are stressed with the elbow held in flexion.^[1] The condition is not restricted to athletes and is common in individuals involved in repetitive wrist and arm movements like homemakers, painters, and office workers.^[2]

There are so many Conventional management includes rest, NSAIDs, bracing, physiotherapy, corticosteroid injections and in chronic cases surgery. However, such interventions may have limitations, including side effects or recurrence.^[3] Traditional Indian medicine, particularly *Ayurveda*, offers alternative non-invasive therapies such as *Marma Chikitsa*. *Ayurveda* is a rich heritage of knowledge, discovered and developed by the wisdom of our ancestors and in *Ayurveda* classics, *Marma* have special importance. *Marma* is a subject which has been described by most of the *Acharyas* in *Sharir Sthana*. The *Marmas* are made up of *Soma*, *Maruta*, *Teja*, *Raja*, *Satwa*, *Tama* and *Bhutatma*.^[4] *Marma chikitsa* is an ancient neuromodulation therapy that is used to treat a number of diseases which involves the stimulation of vital energy *sthanas (marma)* to promote healing and restore balance. In *Ayurveda* Lateral epicondylitis resembles *Snayugata Vata*, a condition where vitiated *Vata dosha* affects *snayu* (ligaments/tendons), leading to symptoms like pain, stiffness, and restricted movement in joints. *vata dosha* aggravated as a result of *atichesta*, *ativyayam*, and other factors and become localized in the *snayu* of *kurpar sandhi*.^[5]

This paper explores the effectiveness of *marma chikitsa* in treating a 35-year-old female patient diagnosed with Lateral epicondylitis or tennis elbow.

CASE REPORT

The patient was 35 year old female consulted to Marma OPD of Pt. Khushilal Sharma Govt. Ayurveda college, Bhopal and she is housewife. Patient gradually developed pain and swelling in right elbow is aggravated by doing household work. she took allopathic analgesics to get some relief in pain but symptoms aggravated since 3 month.

PATIENT PROFILE

- **Age/Sex:** 35 years / Female
- **Occupation:** Housewife
- **CHIEF COMPLAINT:** Pain and tenderness on the lateral aspect of the right elbow for 3 months.
- **ASSOCIATED SYMPTOMS:** Weak grip strength, difficulty lifting household objects, exacerbation of pain with wrist extension

HISTORY

PAST MEDICAL HISTORY – No history of Hypertension and Diabetes mellitus..

PERSONAL HISTORY

1. Appetite - Normal
2. Bowel - Clear
3. Sleep - Disturbed
4. Micturition – Normal.

PHYSICAL EXAMINATION

1. Body weight - 53 kg
2. Heart rate - 76/min
3. Respiration rate - 19/min
4. Blood pressure - 110/80 mm Hg.

DIAGNOSIS

Diagnosis was made clinically based on:

- History of repetitive hand movements
- Pain localized over lateral epicondyle

- Cozen's Test^[6]
- Mill's Test^[6]
- Maudsley's Test^[6]

INTERVENTION: *MARMA CHIKITSA*

The patient underwent *Marma Chikitsa* once daily for 15 consecutive days. The treatment involved stimulation of specific *Marma sthanas* associated with upper limb function and pain modulation. Each *marma* point was stimulated 15–18 times using moderate pressure with the thumb for 30–60 seconds per point. Herbal medicated oil (*Mahanarayan Taila*) was used during therapy to enhance muscle relaxation.^[7]

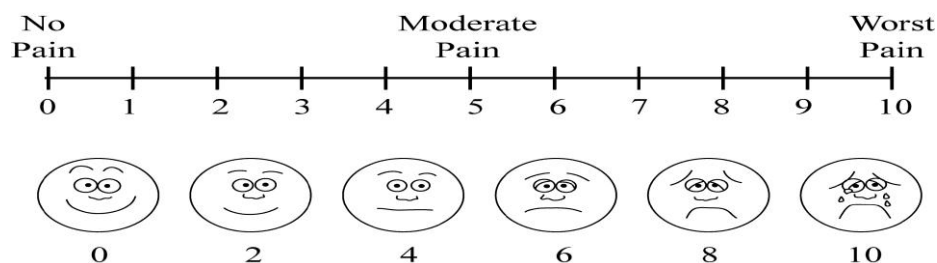
Sr. No	<i>Marma sthan</i>	Stimulation Time	Frequency	Duration
1.	<i>Kshipra Marma</i>	0.8sec	15-18times	Once a day
2.	<i>Talhridaya Marma</i>	0.8sec	15-18times	Once a day
3.	<i>Indrabasti Marma</i>	0.8sec	15-18times	Once a day
4.	<i>Kurpara Marma</i>	0.8sec	15-18times	Once a day
5.	<i>Ani Marma</i>	0.8sec	15-18times	Once a day



Talhridaya marma Kshipra marma.



Ani marma Indrabasti marma.

*Kurper marma.***ASSESSMENT CRITERIA-** VAS Scale for assessment of pain.

S. No.	Criteria	VAS Score	Grade
1	No pain	VAS range in between 0	0
2	Mild pain	VAS range in between 1-3	1
3	Moderate pain	VAS range in between 4-7	2
4	Severe pain	VAS range in between 8-10	3

OBSERVATION

Grading of pain

Day	VAS Score
2 nd day	8
5 th day	7
8 th day	6
11 th day	4
15 th day	2

Results- At the beginning of therapy, the patient rated her pain at **8/10** on the Visual Analog Scale (VAS). After 15 days of treatment:

Parameter	Pre-Treatment	Post-Treatment
Pain (VAS)	8 (grade-3)	2 (grade-1)
Grip Strength	Weak	Normal
Range of Motion	Restricted	Full Range
Functional Activity (Household work)	Limited	Resumed fully

The patient did not require analgesics during the treatment period and reported a sense of lightness and improved energy.

DISCUSSION

This case study illustrates the therapeutic potential of *Marma Chikitsa* as an effective, non-pharmacological intervention for managing lateral epicondylitis (tennis elbow). The substantial reduction in pain intensity, as quantified by the Visual Analog Scale (VAS) from 8 to 2 after 15 days of daily treatment, underscores the analgesic efficacy of this traditional *Ayurvedic* approach. *Marma* therapy targets vital energy points (*marma sthanas*) that are closely associated with neurovascular structures and musculoskeletal functions, facilitating pain modulation and functional restoration. *Kurpara Marma*, anatomically coinciding with the lateral epicondyle, likely enhanced local muscle relaxation and reduced myofascial tension, directly improving joint mobility and decreasing mechanical stress on the extensor tendons. Additionally, the activation of *Indrabasti* and *Ani Marmas* possibly enhanced systemic circulation and neuromuscular coordination, accelerating tissue repair processes and reducing inflammation. These findings align with existing literature that supports the role of *marma chikitsa* in enhancing lymphatic drainage, reducing inflammatory mediators, and restoring neuromuscular balance.^[8] The absence of adverse effects during the intervention emphasizes the safety profile of *Marma Chikitsa*, positioning it as a viable complementary therapy for musculoskeletal disorders refractory to or unsuitable for vitiated *Vata dosha*, consistent with *Ayurveda's* etiopathological understanding of *snayugata vata* in lateral epicondylitis. Overall, *Marma Chikitsa* offers not only alleviates pain but also improves functional capacity and quality of life in patients with tennis elbow. Future studies with larger sample sizes and controlled designs are warranted to validate these outcomes and elucidate the underlying physiological mechanisms of marma stimulation in musculoskeletal rehabilitation.

CONCLUSION

The case highlights the role of *Marma Chikitsa* as a safe and effective modality in the pain management of musculoskeletal disorders like lateral epicondylitis or tennis elbow. The application of *Marma Chikitsa*, an integral component of *Ayurveda*, offers a holistic and non-invasive therapeutic approach for its management. By stimulating specific *marma sthana* associated with the elbow, forearm, and upper limb, *Marma therapy* helps restore the flow of *prana* (vital energy), reduce inflammation, relieve pain, and enhance functional mobility.

Clinical observations and traditional Ayurvedic principles suggest that regular and systematic *Marma Chikitsa*, combined with proper lifestyle modifications can effectively promote tissue healing and improve overall musculoskeletal health. Therefore, *Marma Chikitsa* can be considered a safe, non-invasive, drug-free cost-effective, and promising complementary therapy in the management of lateral epicondylitis.

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