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A Case Study on the Management of *Kurpara sandhigata* Vata

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N.V.Sree Chandana[1], Rohan Mohan Das[2*]

2nd year PG Scholar, Department of Kayachikitsa-Rasayana Vajeekarana, KAHER's Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belgavi, Karnataka. India.

1. Assistant professor, Department of Kayachikitsa, KAHER's Shri B M Kankanwadi Ayurveda Mahavidyalaya, Belgavi, Karnataka. India.

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ABSTRACT

Tennis Elbow also known as lateral Epicondylitis (LE), is a non-traumatic elbow condition. It is symptomatic degenerative disorder that affects the elbow causing significant discomfort and functional disability (1). It can have evolved as a result of generalized inflammation at the forearm extensor muscle origin. Clinical symptoms of pain, swelling and tenderness at the lateral epicondyle of the humerus that worsen with resisted dorsiflexion of the wrist and fingers are used to make the diagnosis (2). Anti-inflammatory analgesic drug use for a long period of time, as well as steroid injections are not without risks. There is currently no effective treatment for tennis elbow. In Ayurveda it can be corelated with *Kurpara sandhigatavata (margavarodhajanya)*. In this case report, a 35- years old male patient with tennis elbow is described. In the current investigation, it was shown that Ayurvedic treatment significantly reduced symptoms.

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INTRODUCTION:

Lateral elbow tendinopathy (LET) is the most common Musculoskeletal disorder of the elbow results in severe disability and reduced productivity(3).Extensor carpi radialis brevis, triceps and supinator tendons as well as the surrounding structures all are affected by lateral epicondylitis which is typically brought on by overuse (1). Microtears, Angioblastic proliferation and collagen deterioration in the extensor carpi radialis brevis (ECRB) muscles by repeated micro trauma. The position of the ECRB may potentially put it at a higher risk of harm. The muscle brushes against bone protrusions as the elbow bends and straightens hence muscle gradually deteriorate as a result of this overtime. In the past, the illness was discovered in athletes, particularly tennis players. It frequently happens during recurrent upper extremity tasks such using a computer, carrying heavy objects, pronating and supinating the arms forcefully and vibrating repeatedly. Automobile workers, cooks, painters, plumbers, carpenters, drivers, electricians and even butchers are more likely to develop tennis elbow than the general population according to studies. Significantly more frequently than the non-dominant limb, the dominant arm is affected. Both sexes experience lateral epicondylitis on an equal basis.The prevalence of tennis elbow ranges from 1% to 3%, peaking around the elbow (4). Only symptomatic therapies, such as the use of anti-inflammatory analgesics, steroid injections, physiotherapy and exercise are currently available. However, none of these deliver satisfying outcomes. The negative consequences of long-term usage of analgesics, painkillers and steroid injections are also present (5). Studies indicated that corticosteroid injection were more efficacious within 3-6 weeks than were wait and see or Drugs but that by 3 to 12 months injections were no better than control (6).

AIMS & OBJECTIVES:

To study the effectiveness of Ayurvedic treatment for Tennis elbow with a focus on *Kurpara sandhigatavata (margavarodhajanya).*

MATERIALS & METHODS

A 35 years old male patient of Tennis elbow was selected from OPD unit of Kayachikitsa Department, KLE BMK Ayurveda mahavidyalaya, Belagavi, Karnataka.

CASE STUDY:

A 35 years old male patient *vatakaphajaprakruti* visited OPD unit of Kayachikitsa department with the presenting complaints of severe unilateral pain with restricted movement in right hand since 2 years.

CHIEF COMPLAINTS:

Shula(pain), *Stambha* (Stiffness), *Shotha* (Inflammation), Restricted movement in lateral part of Right *Kurpara sandhi* (Elbow joint). The Pain Aggravates on exposure to cold, wind, and on Physical works. Upon examination, a right Elbow ache and an intense, sharp pain upon pressing on the lateral area of the elbow joint were noted. The Elbow's range of motion was also restricted due to the pain. Maximum discomfort and mild swelling were noted at the lateral epicondylar region of the humerus at the right elbow joint and the patient was reported as being unable to grip the object adequately with the affected hand.

HISTORY OF PAST ILLNESS:

The complaints started 2 years back. The patient described a insidious progression of symptoms that ended in excruciating pain. The patient described painting as the only consistent provocative activity with other random activities which require the use of the right hand and forearm causing pain. Self-management strategies including over-the-counter non-steroidal Anti-inflammatory medication were unsuccessful. The patient did not notice any improvement and consulted for Ayurvedic management.

GENERAL EXAMINATION

Weight – 62 kgs

Height – 155 cms

B.P- 120/80 mm of hg

Pulse rate – 88 bpm

PERSONAL HISTORY

Diet – mixed

Appetite – Unaltered

Bowel- Regular (1 time/day)

Micturition – Regular (5-6/day,1/nocturnal)

Sleep- Disturbed due to pain

FAMILY HISTORY:

No relevant family history.

INVESTIGATIONS: Dated 2/02/2022

1) CRP Titre – 4.0 mg/dl
2) RA Titre – 1.2 IU/ML

PAST HISTORY:

History -N/K/C/O DM, HTN and other systemic illness

Nothing relevant medical history and surgical history.

DRUG HISTORY:

Inj. Kenecort, NSAID- Zerodol P (Aceclofenac, Paracetemol) twice for conservative treatment.

ASSESSMENT TESTS are tabulated below in Table 1,2,3,4,5,6 respectively

Assessment test tables enlisted below includes Before treatment (BT) & After treatment (AT).

Table 1

Variable		BT	AT
Mills test	Right side	Positive	Negative
	Left side	negative	Negative
Cozen's test	Right side	Positive	Negative
	Left side	Negative	Negative
Maudsley's test	Right side	positive	Negative
	Left side	negative	Negative
Polk's Test	Right side	Positive	Negative
	Left Side	Negative	Negative

Table 2

Variable		BT	AT
Grip strength	Right side	Restricted	Possible
	Left side	Possible	Possible

Table 3

Variable		ROM	BT	AT
Elbow	Right side	Flexion	Restricted	Possible
		Extension	Restricted	Possible
	Left side	Flexion	Possible	Possible
		Extension	Possible	Possible

Table 4

Variable	BT	AT
VAS scale	9	2

Table 5

Variable	BT	AT
PSFS(Patient Specific Functional Scale)	1(Unable to perform activity)	10 (Able to perform activity at the same level as before problem)

Table 6

Patient -Rated Tennis Elbow Evaluation(PRTEE)	BT	AT
PAIN in your affected arm	38	3
Functional Disability	44	3
Usual Activities	30	2
TOTAL SCORE	75 (PS + FS)	5.5

REFLEXES

Biceps & Triceps Reflexes bilateral upper limbs Before and After Treatment is +2(Present /Brisk)

DIAGNOSIS

Kurpara sandhigatavata (Margavarodhajanya)- Tennis Elbow (Lateral Epicondylitis)

TREATMENT PLAN:

Procedure	Medicines	Dose & Dosage	Duration
Deepana, Pachana, Vataanulomaka	*Dhanvantarivati*	1 TID	3 days
	Rasna erandadiKashaya	3 Tsp TID	
SarvangaParisheka	*Dashamoolakwatha*	Q.S	3 days
Sadyovirechana	*Gandharvahastaditaila*	80 ml	1 day NO.of Vegas-8
Sarvanga Abhyanga f/b Bashpasweda	*NirgundiTaila* *Nirgundikwathasweda*	Q.S	5 days
Yoga basti			
Niruhabasti	*Erandamoolaniruhabasti(380 ml)*	Daily once	3 days
Anuvasanabasti	*Brihatsaindhavaditaila(60 ml)*	Daily once	5 days
Upanaha at Right elbow joint	*Rasna churna & Murivennataila*	Daily once	8 days

OBSERVATION AND RESULTS

The patient got relieved significantly of *shula* (pain), *shotha* (inflammation), *Stambha* (stiffness) and was able to do movements. After the treatment the scoring improved 9 to 2 on VAS scale, Mill's test, cozen test, Maudsley's test, Polk's test, Patient Specific Functional Scale & Patient Rated Tennis Elbow Evalution showed significant Improvement and range of movements are possible without pain.The pain reduced to 80%. On discharge, the patient was advised to take *Prasaranyadi Kashaya* 5 ml Twice a day and *Mahayogarajguggulu*2 TID after food was given as follow-up medicine for 4 weeks.

DISCUSSION:

Kurpara sandhigatavata (margavarodhajanya), important components are formation of ama and vitiated *vata*. This condition may result from the *vata* being vitiated by the *ama dosha* anubandha (one of the responsible factors for production of srotoavrodha) which gets lodged in *kurpara sandhi due to similarity in snigdhapicchilaguna of ama and kapha and specifically seat of sleshakakapha issandhis*. The *vata*and amadoshas are regarded to be the root causes of shotha (inflammation) and shoola (pain) in the body. *Pachanadravya* digest *Ama* whereas *Deepana dravya* separates *prakupita dosha* from *Dhatu*. It is highly advantageous for *Shodhana*that both medications serve to bring the *Nirama* condition by removing the *srotorodha* (channel opening) and prime the body for the *Vataanuloman (kosthashuddhi).*

AMA PACHANA, DEEPANA, VATA ANULOMANA-*Dhanvantaramvati(Shunthi,haritaki, kirattikta)* and *Rasna erandadi Kashaya (Rasna, Eranda, Sahachara, Shunthi, Bala, vasa) having drugs which are laghu,tikshnaguna, tiktakatu rasa, Madhura vipaka,ushnaveerya,* helps for *amapachana, agnideepan* and clears the srotorodha and might have helped for *vataanulomana* thereby reducing the *srotorodha* and *shula*, shotha, sthambha . SarvangaParisheka with dashamoolakwath was advocated in perspective of bahya ama pachanaand deepanaand further helps in clearing srotorodha and vataanulomana, and swedana itself is sthamba, Gouravagna thereby reducing *shula*, shotha, sthambha.*SadhyoVirechana* drugs reaches to the micro channels and by virtue of its *Ushna, Tikshna Guna* it scrapes out and liquefies morbid *Mala* and compact Doshas removes *srotoavarodha*. In this way, *Virechana* Drugs brings *Shakhagat Mala* (impurities in limbs) to *Koshtha*(GIT) and consequently expels out form the body. In this case *Sadyovirechana* with *Gandarvhastadierandataila* (80ml), also helps to remove the *kosthaashritaama* through*guda*and leena dosha *ama pachana* without causing *kledana* and *shoshan*in *mahasrotas.*

VATA SHAMAKA CHIKITSA-

Abhyanga with the *Taila* is absorbed through the skin by all *dhatus* and helps in liquifying the *vikruta doshas* in all *dhatus* and by *swedana* the vitiated doshas are brought to *koshta.* Basti administered in the *pakwashaya*,the*veerya of bastidravya* reaches all over the body through the *srotas* .The *veerya*of drugs is transferred by *apanavata* and then from apana to udana,vyana,samana,prana respectively expels the vikrutavata and maintains the normalcy of

kapha and *pitta* in their sites by its action. Action of *Basti* is not only dependent upon absorption of the active principle but also it affects the body as soon as these active principles comes in contact with the *Pakvashaya* proving the action of *Bastiveerya*(9). Then the *vikruta*doshas are expelled out. In *kurpara Sandhigatavata Sthanika Kapha Kshaya* is due to *Agantu Vata Dosha* so *BrihatSaindhavaditaila* is effective in *Sandhi Roga, Vataroga, and Kaphaja Roga* owing to the *ushna, tikshna, vyavayi,* and *sukshma* properties. It can probably act on the joints and remove the *srotorodha,* thereby, effectively improving the circulation in joints (8). it neutralizes the *Vata Dosha* and nourishes the *Sthanika Kapha Dosha*. *Erandamoola* is said to be a *Shreshta Vataharadravya*. *Erandamuladi Niruha Basti* acts as *Maruta Nigraha* (controls *Vata)*. The drugs are having *Ushna Veerya* and are *Vatakaphahara* in nature. Drugs are also possessing *Ushna, Teekshna* and *Sukshma Guna* which helps in the elimination of obstruction of *Srotas* which further helps in the formation of *Prakrita Dhatu*(9). It is also indicated in *ama*condition, by which it played major role in pacifying the *ama Dosha* and reducing the symptoms like *Stambha* (stiffness), *shula*(pain). *Upanaha,* the veerya of drugs are absorbed from one surface to other thereby reducing *shotha, shoola.* In this case *Upanaha*by *Rasna churna* and *Nirgunditaila* are *vata hara, shulahara* by cutaneous absorbtion of drugs with its potency and even helps in immobility of joint further helps for better healing process.Thus, all these properties of medicinal formulation act against clearing margaa*vrana of vata* caused by ama and restoring sthanikasleshaka *kapha* present at sthanika sandhi and helps in subsiding disease.

CONCLUSION:

The patient in this clinical case study has shown good symptomatic improvement after receiving treatment for Tennis elbow. Ayurvedic treatment has demonstrated that it is effective in easing TENNIS ELBOW (Lateral Epicondylitis) symptoms and preventing problems and recurrence.

Conflict of interest- none declared

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