



A Review Study On Snayugata Vata Affecting Kurpara Sandhi With Special Reference To Tennis Elbow

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Abstract: Now a days due to changing lifestyle, improper diet habits, professionally adopted postures, people are facing many physical as well as mental health issues . Tennis Elbow (Lateral epicondylitis) is a condition characterized by pain & tenderness at the lateral epicondyle of humerus due to non-specific inflammation at the origin of the extensor muscles of the forearm. Although , it is sometimes seen in tennis players, other activities such as squeezing clothes, carrying a suitcase etc.are frequently responsible . So besides tennis players , surgery staff, secretaries, violin players, politicians shaking hands & house wives, doing house hold works can also develop Tennis Elbow. The prevalence rate of Tennis elbow between 1 and 3%.

On the basis of signs and symptoms , tennis elbow can be correlated with the condition of ‘Snayugata Vata’ described in Ayurveda . It is developed when the vata dosha aggravates due to aticheshta, ativyayam, etc. and gets localized in snayu of kurpara sandhi.

Keywords:- Snayugata vata, Tennis elbow

Introduction

Now a days due to changing lifestyle, improper diet habits, professionally adopted postures, people are facing many physical as well as mental health issues . Tennis Elbow (Lateral epicondylitis) is a condition characterized by pain & tenderness at the lateral epicondyle of humerus due to non-specific inflammation at the origin of the extensor muscles of the forearm. Although , it is sometimes seen in tennis players, other activities such as squeezing clothes, carrying a suitcase etc.are frequently responsible ¹. So besides tennis players , surgery staff, secretaries, violin players, politicians shaking hands & house wives, doing house hold works can also develop Tennis Elbow. The prevalence rate of Tennis elbow between 1 and 3%. The peak age interval is 40–50 years and in this group, the prevalence rises to 19%. 7.4% of industrial workers and 40–50% of regular tennis players. There was no correlation with gender in this series although there was a clear cut association with those who's occupation involved repetitive forearm and hand movement. It should be remembered that the most “at risk group” for tennis elbow are also likely to suffer from concomitant elbow pathology².]

Pain on torquing movements of forearm or pain aggravating during resisted dorsiflexion of the wrist and fingers also tenderness at epicondylar region, of humerus are the cardinal signs and symptoms. General cause of this condition is overuse of forearm, ultimately the recurrent trauma to underlying tissue of lateral epicondylar region. Dominant arm is more significantly affected.

On the basis of signs and symptoms, tennis elbow can be correlated with the condition of 'Snayugata Vata' described in Ayurveda³. It is developed when the vata dosha aggravates due to aticheshta, ativyayam, etc. and gets localized in snayu of kurpara sandhi.

In modern science treatment of tennis elbow mainly includes symptomatic relief with NSAIDS, local injection of hydrocortisone at the point of maximum tenderness¹.

In *Sushruta Samhita*, the description of Viddhakarma⁴ is given as a Parasurgical procedures which is unique therapeutic procedures because of its primitive, preventive and prophylactic actions which acts by releasing endorphin that reduces pain by releasing the vatavarodha. Viddhakarma is modified type of siravedha. Siravyadha is ardhachilkitsa in shalyachikitsa⁵. Viddhakarma is done on keshvahinya (minute capillaries) in which there is no oozing of blood, but only pacifying effect of doshas. Acharya Sushruta also mentioned that Vataja Vyadhi which do not get relief from Snehana, Swedana, Lepana, can be managed by using Vedhana Karm⁶. Hence Viddhakarma is taken for this research study to see the effects in Snayugata vata affecting kurpar sandhi.

Literature Review of Snayugata Vata:-

1. Sushrut Samhita:-

Acharya Anantram Sharma/ Sushrut Samhita / Nidan sthan/ Vatavyadhinidan / shloka no.27,29

Acharya Sushrut explained Snayugata vata in Nidan sthan first Chapter Vatavyadhinidan, 27th, 29th Shloka

Sthananusar Vataroga : Twaksthit, Raktasthit, Mamsasthit, Medsthit, Sirasthit, Snayusthit, Sandhisthit, Asthisthit, Majjasthit, Shukrasthit.

Snayugata Vata(ligaments) Signs & Symptoms: Stambha(stiffness), kampa(instability), shool, Aakshepan(convulsion).

2.Charak Samhita:-

Pra.Vai.Ya.Ga.Joshi/ Charak Samhita/ Chikitsa Sthan / Vatavyadhichikitsa adhyaya/ shloka no.35/ page no.624,625

Acharya Charak explained Snayugata vata in Chikitsa sthan Vatavyadhichikitsa adhyaya.

Lakshanas of Snayugata vata: Bending of part of affected site externaly or internaly, khalli, kubjata, snayushula.

Snayugata vata chikitsa: Snehapan, swedan, Mruduvirechan, Niruhabasti, nasya, dhumapan.

3. Ashtang Hruday:-

Dr.Brahmanand Tripathi/ Ashtang Hruday/ Nidan sthan / Vatavyadhinidanam / shloka no. 14/ page no.539

Acharya Vagbhat explained Snayugata vata in Nidansthan Vatavyadhinidan adhyaya

Snayugata vata lakshanas : Gridhrasi, Ayam, Kubadapan, ayam.

Snayugata vata chikitsa: Snehan, Swedan, Anuvasan basti, Agnikarma, Upanah swedan.

4.Madhav Nidan:-

Shri Sudarshan Sastri/Shri Madhavkar Madhav Nidan / Part II / Snayushul Nidanam/ Shloka no.1/ Page no.546

Snayugata vata explained in Madhav nidan part 2nd Snayushula nidanam adhyay.

Snayugata vata lakshanas : pain in affected snayu or affected limb.

In Samhita different acharyas explained snayu in bandhan , suturing.

5. Chakradatta:-

Dr.Indradev Tripathi/Chakradatta of Chakrapani/Chikitsasthan/shloka no.57/page no.138

Acharya chakrapani explained Snayugata vata in Chikitsasthan.

Chakradatta explained vatavyadhi chikitsa as Grudhrasi, Vishwachi, Koshtrukshirsh, Khanja pangulya, vatakantak, padadah, padaharsha these are to be treated by viddha chikitsa but exclude avabahuk because in avabahuk , there is mamsa shosha.

6.Bhaishajya Ratavali:-

Kaviraj Shri Ambikadatta Shastri Ayurvedacharya/ Bhaishajyaratnavali/ Vatavyadhichikitsa / Shloka no.14/ page no.529

In Bhaishajyaratnavali explained that Snayugata vata , Sandhigata vata, Asthigata vata treated by Snehan, swedan, upanah, agnikarma, bandhan, mardan.

7. Ayurvediya Vyadhivinishchaya:-

Pracharya Anant Damodar Athavale/ Ayurvediya Vyadhivinishchaya/ Mamsa, Med, Asthivaha Strotas/ Shloka no.35/ page no.529

In Ayurvediya Vyadhivinishchaya there was banding in body parts, stiffness of both hands or legs, pain in both limbs etc. and treatment is Snehan, Swedan, Vataghna chikitsa like Kuchala, dashamula, shilajit, Guggul kalpa etc.

स्नायुगत वात:-

स्नायूप्राप्तः स्तम्भकम्पौ शूलमाक्षेपणम तथा ॥

सुश्रुत संहिता निदान स्थान १/२७

स्नायुगत वात चिकित्सा:

स्नेहोपनाहाग्नीकर्मबंधोमार्दनानी च ।

स्नायुसांध्यास्थिसंप्राप्ते कुर्याद् वायावतन्द्नीतः ॥८॥

सुश्रुत संहिता चिकित्सा स्थान ४/८

The Chikitsa Sutra of Snayugata Vata comprises of Snehan, Upanaha, Agnikarma and Bandhana.

त्वकमांससिरास्नायूंसंध्यास्थिस्थितेत्यागरुजीवायूवृच्छीतकठीनसुप्तमांसे व्रणे
ग्रंथ्यअर्शोअर्बुदभगंदरअपचीचार्माकीलतीलकालकआंत्रवृद्धीसंधीसिराछेदानादिषु नाडीशोणितअतिप्रवृत्तीषु
चाग्रीकर्म कुर्यात् II सुश्रुत संहिता सूत्र स्थान १२/१०

Indication of Agnikarma= Pain at twak, mamsa, sira , snayu, asthi, sandhi, painless hypergranulations, ulcers, glands, tumours, fistula, apachi, warts, moles, inguinal hernia, after sira vyadhi.

Pathophysiology and Symptoms:-

The underlying pathophysiology of tennis elbow involves micro trauma to the extensor tendons, leading to inflammation and pain. The cardinal signs and symptoms include pain during resisted wrist extension, tenderness at the lateral epicondyle, and pain during activities that involve gripping or lifting. The dominant arm is typically more affected, which aligns with the findings that repetitive use is a significant risk factor⁷.

In Ayurveda, this condition can be correlated with 'Snayugata Vata,' which is characterized by similar symptoms such as stiffness, instability, and pain in the affected area. The Ayurvedic perspective emphasizes the role of vata dosha and its aggravation due to factors like overuse and improper posture. The treatment modalities in Ayurveda focus on balancing the doshas and alleviating the symptoms through various therapeutic interventions.

Treatment Approaches :-

Modern treatment for tennis elbow primarily involves symptomatic relief through non-steroidal anti-inflammatory drugs (NSAIDs) and corticosteroid injections. However, these approaches may not address the root cause of the condition and can lead to recurrence.

In contrast, Ayurvedic treatments such as Viddhakarma offer a unique approach. Viddhakarma, a parasurgical procedure described in the Sushruta Samhita, involves the use of minimal invasive techniques to relieve pain and inflammation. This method is believed to stimulate the release of endorphins, providing pain relief and promoting healing in the affected area. The procedure targets the minute capillaries without causing significant bleeding, thus ensuring a pacifying effect on the doshas.

The Ayurvedic treatment protocol for Snayugata Vata includes various methods such as Snehan (oleation), Swedan (sudation), and Agnikarma (cauterization). These treatments aim to reduce pain, improve mobility, and restore function to the affected area⁸. The combination of these therapies can provide a holistic approach to managing tennis elbow, addressing both the symptoms and the underlying imbalances in the body.

Discussion:-

Tennis elbow, or lateral epicondylitis, is a prevalent condition that affects a significant portion of the population, particularly those engaged in repetitive forearm and hand movements. The condition is characterized by pain and tenderness at the lateral epicondyle of the humerus, primarily due to inflammation at the origin of the extensor muscles. The modern lifestyle, which often includes prolonged periods of computer use, manual labor, and other repetitive tasks, has contributed to the rising incidence of this condition.

Conclusion :-

The increasing prevalence of tennis elbow in today's society highlights the need for effective treatment strategies that go beyond symptomatic relief. Integrating Ayurvedic practices such as Viddhakarma with modern medical approaches may offer a comprehensive solution for individuals suffering from this condition. By addressing both the physical and energetic aspects of the ailment, patients may experience improved outcomes and a better quality of life. Further research is warranted to explore the efficacy of these Ayurvedic interventions in the management of tennis elbow and to establish standardized treatment protocols that can be widely adopted in clinical practice.

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