



TENNIS ELBOW: A MARMA PERSPECTIVE CLINICAL INTERPRETATIONS

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ABSTRACT

Background: Acharya Sushruta has described 107 *Marma*, which are vital anatomical structures composed of *Mama*, *Sira*, *Snayu*, *Asthi* and *Sandhi*¹. Injury to these *Marma* results in Pain, Deformity, or Loss of function depending upon their type. *Kurpara Marma*, situated at the junction of *Bahu* and *Prabahu*, anatomically corresponds to the elbow joint and is classified under *Vaikalyakara Marma*, where trauma leads to functional impairment. Tennis elbow, or lateral epicondylitis, is a common Sports-related overuse injury affecting the lateral aspect of the elbow joint, leading to Pain and Restricted movement of the Upper limb. **Aim:** To conceptualize Tennis Elbow from an Ayurvedic perspective with special reference to *Kurpara Marma*, *Kurpara Sandhi*, *Rujakara Marma* and *Marma Aghata*. **Materials and Methods:** A Conceptual review of classical Ayurvedic texts, including *Sushruta Samhita* and *Astanga Hridaya*, was carried out along with a review of relevant modern medical literature related to Tennis Elbow and Elbow joint Anatomy. **Discussion:** Tennis elbow occurs due to repetitive strain and micro-trauma to the extensor tendons and supporting ligaments around the elbow joint. From an Ayurvedic viewpoint, repeated mechanical stress leads to *Marma Abhighata* at the *Kurpara* region, resulting in *Vata Prakopa* and *Snayu Dushiti*. As *Kurpara Marma* is a *Vaikalyakara Marma*², its injury predominantly manifests as Pain, Swelling, Stiffness, and Functional disability, closely resembling the clinical features of Tennis Elbow. **Conclusion:** Tennis Elbow can be understood as a *Marma*-dominant *Vata Vyadhi*, Sports injury involving *Kurpara Marma* and *Kurpara Sandhi*. Understanding its Pathogenesis through a *Marma* perspective highlights the importance of early Preventive and Therapeutic measures to reduce Pain, improve joint function, and Prevent disability.

KEYWORDS: *Kurpara Marma*, *Snayugata Vata*, *Rujakara Marma*, *Vaikalyakara Marma*, *Marmaghata*, Tennis Elbow, Sports Injury.

INTRODUCTION

Ayurveda has contributed several foundational concepts to the understanding of Human Anatomy and clinical pathology, among which *Marma Sharira* described by Acharya Sushruta in *Sharira Sthana* holds unique significance. *Marma Sharira*, often referred to as the Science of Vital points, represents Anatomically and Functionally critical regions of the body. In addition to Sushruta, Acharya Charaka, Vagbhata, and their commentators have elaborated on the structure, classification, and clinical importance of *Marma*.

According to Acharya Dalhana, *Marma* denotes a Vital Anatomical site where injury can result in severe morbidity or even death. Acharya Sushruta defines *Marma* as the convergence of five structural components

Manasa, *Sira*, *Snayu*, *Asthi* and *Sandhi* which collectively serve as the seat of *Prana*.^[3] Therefore, Any Trauma to *Marma* leads to varying degrees of functional loss or deformity, depending on the predominant tissue involved. *Kurpara Marma* is Anatomically situated at the junction of the arm (*Bahu*) and forearm (*Prakoṣṭha*) and corresponds closely with the Elbow joint, sharing significant structural and functional similarities. It is classified as a *Vaikalyakara Marma*, wherein injury results in deformity, stiffness, or persistent functional impairment of the upper limb rather than immediate fatality.

A joint represents the anatomical junction where muscles, bones, ligaments, and tendons converge to provide both stability and mobility. In Ayurveda, joints

are collectively described under *Sandhu Sharira* and are classified into *Chala* (movable) and *Achala* (immovable) types, enabling the execution of various voluntary movements.

Tennis Elbow is a common musculoskeletal disorder of the elbow joint characterized by pain, restricted range of motion, and impaired functional capacity, significantly affecting occupational performance and quality of life. Despite advances in diagnostic modalities and therapeutic interventions, the condition often demonstrates a chronic and recurrent course. Ayurveda offers a systematic framework for understanding such disorders through the concepts of *Sandhi* (joints), *Snayu* (tendons and ligaments), and *Marma* (vital anatomical points). Among these, *Marma Sharira*, as elaborated by *Acharya Sushruta*, holds particular clinical significance in conditions arising from Trauma and Repetitive strain. Interpreting Tennis Elbow through a *Marma*-based Ayurvedic perspective provides a rational approach to elucidating its pathogenesis and highlights the scope for Preventive and Therapeutic strategies aimed at reducing chronicity and functional disability.

VAIKALYAKARA MARMA

Vaikalyakara Marma comprise a total of 44 vital anatomical sites within the human body. They are designated as *Vaikalyakara* because injury to these structures results in *Vaikalyatva*.^[4] manifesting as deformity or long-term functional disability rather than immediate fatality. These *Marma* are predominantly associated with *Soma Mahabhuta*.^[5] whose intrinsic properties of *Sheeta* and *Sthirata Guna* play a crucial role in sustaining life, preserving tissue integrity, and maintaining structural stability.

KURPARA MARMA

Kurpara Marma is classified under *Bahu Marma*, *Sandhi Marma*, and *Vaikalyakara Marma (Kurparakhyo Kunihi)*.^[6] Injury to this Marma results in contractures, restricted range of movements, and difficulty in grasping or holding objects, indicating its critical role in upper limb function. *Kurpara Sandhi* is described as a type of *Kora Sandhi*^[7], which is comparable to a hinge joint in modern anatomical terms.

RUJAKARA MARMA

According to *Acharya Sushruta* Excruciating Pain is produced when there is Injury at the site of *Rujakara Marma* predominant with *Agni & Vayu Mahabhuta*.^[3]

MARMAGHATA: According to *Acharya Sushruta*, *Kurpara Marmabhighata* leads to “*Kurprakhyo Kunihi*”. The Kuni term is used for deformities or Loss of Functions in Elbow joint.

TENNIS ELBOW: Lateral Elbow Tendinopathy (LET), commonly referred to as Lateral Epicondylitis or Tennis Elbow, is the most prevalent musculoskeletal disorder affecting the elbow joint and is a significant cause of

pain, functional limitation, and reduced work productivity. The condition primarily involves degenerative and micro-traumatic changes at the common extensor origin, predominantly affecting the Extensor Carpi Radialis Brevis (ECRB) tendon, along with contributions from the supinator and triceps tendons and surrounding periarticular structures due to repetitive overuse.^[9]

Epidemiological data indicate that nearly one-third of Tennis players and athletes above 35 years of age experience symptoms of Tennis Elbow. However, the condition is not limited to sports populations and is increasingly observed in non-Athletic occupational groups such as Homemakers, Carpenters, Miners, Drill operators, and Computer professionals. Activities involving repetitive Wrist extension, Gripping, and Sustained forearm use such as Washing, Brooming, and Prolonged laptop work act as major etiological factors by producing repetitive mechanical stress and Micro-trauma over the Lateral epicondyle, leading to progressive soft-tissue injury and tendinopathy.^[10]

Tennis Elbow is characterized by repetitive Micro-tears at the common extensor tendon origin, periosteal irritation, and Angio fibroblastic degeneration of the ECRB tendon rather than acute inflammation. Additional contributing factors include calcific deposits, involvement of the annular ligament, inflammation of the adventitious bursa, and neurogenic pain mechanisms, collectively resulting in pain, reduced grip strength, and difficulty in lifting or holding objects.^[11]

SNAYUGATA VATA

From an Ayurvedic perspective, the clinical presentation of Tennis Elbow closely resembles *Snayugata Vata*, described under *Vatavyadhi* by *Acharya Charaka*. Etiological factors such as *Vata Prakopaka Ahara* and *Vihara, Ativyayama, Atichesta* (excessive or repetitive movements), and *Abhighata*, particularly *Kurpara Marma Abhighata*, lead to *Vata Prakopa*. The aggravated *Vata*, in association with *Meda dhatu kshaya* and *Vikruta Snayu (Upadhatu)*, localizes in the *Snayu* due to *Srotoriktata*, resulting in *Shula*(pain), *Stambha*(stiffness), and *Sankocha*(contracture). This sequence of pathological events culminates in the manifestation of *Snayugata Vata*^[12], providing a coherent Ayurvedic explanation for the pathogenesis of Tennis Elbow.

AYURVEDA IN SPORTS MEDICINE

The classical Ayurvedic texts do not explicitly mention sports medicine, a careful observation reveals that Ayurveda inherently addresses many aspects relevant to it. Sports medicine is inherently multidisciplinary, involving preventive, curative, and rehabilitative care. Interestingly, the preventive aspect aligns closely with the primary goal of Ayurveda—maintaining health and enhancing resilience.

Ayurvedic interventions useful for sports-related injury i.e. Tennis elbow care include

- *Rasayana* therapy: Enhances strength, vitality, stamina, and immunity key factors for athletes.
- *Panchakarma*: Detoxification and rejuvenation therapies to maintain peak performance and aid recovery.
- *Swedana Karma* Plays an important role in Reducing the symptoms

1. *Snigdha Sweda (Abhyanga f/b Nadi Sweda)*

- Pacifies *Vata*
- Reduces pain, stiffness & dryness
- Improves joint mobility and nourishment, Useful in chronic stage of tennis elbow

2. *Ruksha Sweda (Valuka Sweda)*

- Reduces *Kapha* & *Ama*
- Decreases swelling and heaviness
- Relieves inflammation
- Useful in acute / inflammatory stage

3. *Snigdha–Ruksha Sweda (Patrapinda Sweda)*

- Balances *Vata–Kapha*
- Relieves pain + inflammation
- Enhances functional recovery of elbow joint.

Other Treatment Measures

- *Shastika Shali Pinda Sweda*- heal the torn tendon, rejuvenate and strengthen elbow
- *Lepa*
- *Upanaha*
- *Dhanyamladhara*
- *Pichu*
- *Agnikarma*
- *Swasthavritta, Ahara Vijnana, and Sadavritta*: For prophylactic and lifestyle management, optimizing physical and mental resilience.
- *Patta-bandhana* (bandaging techniques) as described by Acharya Sushruta: Useful for protecting joints or injured areas during sports activity.
- *Marma therapy*: Protection and healing of vital points for injury prevention and rehabilitation.
- *Vyayama*: Promote musculoskeletal health, flexibility, and circulation.
- *Yoga*: Reduces stress, improves mental focus, and enhances overall well-being.

• **GUGGULU KALPA IN TENNIS ELBOW**

- *Yogaraja guggulu*
- *Mahayogaraja guggulu*
- *Gokshuradi guggulu*
- *Kaishora guggulu*
- *Rasnadi Guggulu*
- *Nirgundi Guggulu*

Modern pharmacological agents like Anti-inflammatory, Analgesics, Antibiotics, and Barbiturates, often have side effects that can compromise the fitness and long-term health of athletes. In contrast, *Rasayana* formulations, either single drugs or combinations, provide safer alternatives to enhance performance naturally. In essence, Ayurveda offers a holistic framework for prevention, performance enhancement, injury management, and rehabilitation in sports medicine, bridging traditional wisdom with modern athletic demands.

DISCUSSION

Tennis Elbow is a chronic degenerative condition of the elbow joint resulting from repetitive micro-trauma and overuse of the extensor musculature, leading to pain, stiffness, and functional instability. From an Ayurvedic perspective, this condition can be closely correlated with *Kurpara Marma Abhighata* and *Snayugata Vata*, as described by *Acharya Sushruta* and *Charaka*.

Kurpara Marma, situated at the junction of the arm and forearm (Elbow Joint) is classified as a *Vaikalyakara Marma*. Injury to this *Marma* does not cause immediate fatality but results in *Vaikalyatva*, manifesting as deformity, restricted movements, contracture, and long-term functional impairment of the elbow joint. Repetitive strain, excessive use, and micro-injuries common Etiological factors in Tennis Elbow act as repeated *Abhighata* to *Kurpara Marma*, leading to progressive *Snayu* and *Sandhi* dysfunction. This explains the chronicity, recurrence, and functional disability observed clinically.

The predominance of *Vata Dosha*, aggravated by *Atichesta, Ativyayama, and Abhighata*, leads to localization of *Vata* in *Snayu* due to *Dhatu Kshaya* and *Srotoriktata*, producing Pain (*Shula*), Stiffness (*Stambha*), and reduced Grip strength. Thus, Tennis Elbow can be rationally understood as a manifestation of *Sayugata Vata* secondary to *Kurpara Marmabhighata*.

Ayurvedic Management plays a vital role in restoring functional stability of the Elbow joint by addressing both structural and functional derangements. *Ruksha Sweda* helps in the acute stage by reducing *Kapha* and *Ama*, while *Snigdha Sweda* pacifies aggravated *Vata*, nourishes depleted tissues, and improves joint mobility in chronic stages. *Snigdha Ruksha Sweda* enhance circulation, promote tendon healing, and reduce Pain. Adjunct measures such as *Nasya, Nasapana, Upanaha Sweda, Lepa, Parisheka, Dhara, Agnikarma, Viddha Karma, Marma Chikitsa, Guggulu Kalpas, Rasayana* therapy, *Bandhana* and *Vyayama* further strengthen Periarticular structures and prevent recurrence.

Thus, understanding Tennis Elbow through the concept of *Kurpara Marma* emphasizes the importance of early intervention and *Marma* protection. Ayurvedic treatment offers a holistic, safe, and effective approach to restore

functional stability, strength, and mobility of the elbow joint, aligning classical principles with modern rehabilitative needs.

CONCLUSION

Sports injuries such as Tennis Elbow can be comprehensively understood through the Ayurvedic concept of *Kurpara Marma Abhigata*, where repeated Micro-trauma to a *Vaikalyakara Marma* results in Pain, Stiffness, Deformity, and Functional instability of the Elbow joint. Viewing Tennis Elbow through a *Marma*-based perspective provides deeper insight into its pathogenesis, chronicity, and recurrence, which are often explained by structural pathology. The scope of Ayurvedic treatment principles in Sports injury management is Extensive, Encompassing Preventive, Curative, and Rehabilitative dimensions. Modalities such as *Abhyanga*, *Nasya*, *Nasapana*, *Upanaha Sweda*, *Lepa*, *Parisheka*, *Dhara*, *Agnikarma*, *Viddha Karma*, *Marma Chikitsa*, *Guggulu Kalpas*, *Rasayana* therapy, *Bandhana* and *Vyayama* address the underlying Doshic imbalance, promote tissue healing, restore joint stability, and enhance functional recovery without adverse effects. These principles align closely with the core objectives of Modern Sports medicine injury prevention, performance maintenance, and long-term Rehabilitation.

With growing global interest in holistic, non-invasive, and sustainable healthcare approaches, Ayurveda holds significant potential for global acceptance in Sports medicine. Ayurvedic therapeutic strategies in contemporary Sports injury management can reduce dependence on invasive interventions and offer safe, effective, and cost-efficient solutions. Thus, Ayurveda emerges as a valuable complementary system in the evolving global landscape of Sports medicine.

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