

Clinical Evaluation of Sweda Vaishishtyata in the Management of Tennis Elbow (Lateral Epicondylitis): A Case Study Comparing Snigdha-Purvaka Ruksha Sweda and Ruksha-Purvaka Snigdha Sweda

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Abstract—Background: Tennis elbow (lateral epicondylitis) is a common musculoskeletal disorder characterized by pain and tenderness over the lateral epicondyle, often associated with repetitive strain leading to difficulty in gripping & holding activities. In Ayurveda, it can be correlated with *Snayu-marma gata Vataja vyadhi*. *Swedana* therapy, with its varied approaches, plays a significant role in alleviating *Vata*-dominant conditions. This case study explores the clinical application of *Sweda Vaishishtyata* specifically *Snigdha-purvaka Ruksha Sweda* and *Ruksha-purvaka Snigdha Sweda* in the management of Tennis elbow. **Objectives:** To assess the efficacy and therapeutic significance of two sequential *Swedana* modalities in pain reduction and functional improvement in a single case of Tennis elbow. **Methodology:** A patient diagnosed with Tennis elbow underwent a structured Ayurvedic management protocol. Two variations of *Sweda Vaishishtyata* were administered in alternate phases: 1. *Snigdha-purvaka Ruksha Sweda*-initially *Snehana* followed by *Ruksha Sweda*. 2. *Ruksha-purvaka Snigdha Sweda*-initially *Ruksha Sweda* followed by *Snehana* i.e. *Snigdha Sweda*. Pain intensity (VAS scale), grip strength, and functional range of motion were assessed before, during, and after the therapy. **Results:** Both modalities provided symptomatic relief, with variation in onset and duration of therapeutic effect. *Snigdha-purvaka Ruksha Sweda* demonstrated faster pain reduction, whereas *Ruksha-purvaka Snigdha Sweda* showed better improvement in sustained functionality and grip strength. **Conclusion:** The sequence of *Snigdha* and *Ruksha Sweda* influences therapeutic outcomes in Tennis elbow. The case suggests that tailoring *Swedana* protocols based on *Sweda Vaishishtyata* principles can optimize results in *Vataja* musculoskeletal disorders. Further clinical trials are warranted to substantiate these findings. Further well-designed clinical studies with larger sample sizes are recommended to validate and expand upon these findings.

Index Terms—Sweda Vaishishtyata, Snigdha-purvaka Ruksha Sweda, Ruksha-purvaka Snigdha Sweda, Snayugata vata, Vata vyadhi, Tennis elbow, Lateral epicondylitis, Ayurveda.

1. INTRODUCTION

Ayurveda is a Holistic Science, when practiced correctly and orderly, not only prevents disease but also maintains the health. It includes an efficient multi-dimensional approach to Pain management, the Root cause of all types of pain is due to *Vata dosha* as stated in the verse “*Vatat Rute Nasti Ruja*”¹. The Conglomeration of *Mamsa*, *Sira*, *Snayu*, *Asthi*, and *Sandhi* is known as *Marma*². *Koorpara Marma* is one among the *Bahu Marma*, *Sandhi Marma*, *Vaikalyakara Marma*, (*Koorparakhyo Kunihi*) any injury to this *Marma* leads to contractures, difficulty in movements, and holding the objects³. *Koorpara Sandhi* is a type of *Kora sandhi*⁴ (a type of Hinge joint). The junction where muscles and bones converge to provide stability and movement is known as Joint. It is a part of *Sandhi Shareera* divided into *Chala* and *Achala*, helps to perform different movements. Lateral Elbow Tendinopathy (LET) also known as Lateral Epicondylitis or Tennis Elbow is the most common Musculo-skeletal disorder of the Elbow Joint results in severe disability and reduced productivity. Extensor Carpi Radialis Brevis, Triceps and Supinator tendons as well as the surrounding structures are affected due to their overuse⁵, almost one-third of Tennis players and Athletes worldwide experience these issues over the age of 35 years⁶. Unfortunately, this condition affects even non-sports group of people like Homemakers (Indian housewives), Carpenters, Miners, Drill workers, Computer professionals and

activities like Washing, Brooming, and constant Laptop use becomes major etiological factors as these jobs involve repetitive stress and trauma over the Lateral Epicondyle which manifests into Soft tissue injury followed by Tennis elbow^{7,8}. "Epicondylitis" is caused by a single or many tears in the Common Extensor Origin, Periostitis, and Angio fibroblastic Proliferation of Extensor Carpi Radialis Brevis (ECRB). The other contributing variables are Calcified deposits, Painful Annular ligament, Inflammation of the Adventitious Bursa, and Neurogenic pain comprises of difficulty in holding and lifting the objects^{9,10}. The Clinical features of Tennis Elbow mimics the symptoms of *Snayugata Vata* which is explained under *Vatavyadi* by *Acharya Charaka, Vata Prakopaka Ahara Vihara, Ativyayama, Atichesta* (Excessive physical exercises/movements) and *Abhighata (kurpara Marma Abhighata)* as one of the predisposing factors, leading to Vitiating of *Vata Dosha*, which further lead to *Meda Dhatu Kshaya* and *Vikruta Snayu (Upadhatu)*¹¹. Due to *Dhatukshaya*, the vitiating *Vata* moves in the body and settles down in *Snayu* (due to presence of *Sroto Riktata*) and produces *Shoola, Stambhana* and *Sankocha*, manifest the disease *Snayugata vata*¹².

2. PATIENT INFORMATION

- Age/Sex: 39-year-old Female
- Occupation: Yoga teacher
- Marital Status: Married
- Presenting Date: [19/12/2024]
- Relevant Medical History: No history of diabetes, hypertension, or major systemic illness.
- Family History: Non-contributory.
- Allergies: None reported.

3. HISTORY OF PRESENT ILLNESS (HOPI)

The patient reported pain over the outer& lateral aspect of the Right elbow for the past 3 months. The pain was insidious in onset, initially mild but gradually progressive. It was aggravated by:

Table no. 1 showing the ASSESSMENT CRITERIA BASED ON GRADINGS:

PAIN: Grade 1- No pain. Grade 2- Pain only during activity.	COZEN's TEST: - Grade 1 - No pain against any resistance. Grade 2- Pain against hard resistance.
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- lifting objects,
- gripping activities,
- wrist extension

The pain was described as sharp, localized, and activity-related, occasionally radiating to the forearm. Morning stiffness was present but lasted only a few minutes. No swelling, redness, numbness, or weakness of the limb was reported.

The patient had tried over-the-counter analgesics and local application of ointments, which gave only temporary relief. No physiotherapy or steroid injections were taken prior to presentation.

From an Ayurvedic perspective, the symptoms were expressed as:

- Shoola/Ruja (pain) at the *Kurpara Sandhi* region,
- Stambha (stiffness) on exertion, and
- Sphurana (twitching/strain) on repeated use.

These features were suggestive of *Vata Pradhana Vyadhi*, correlating with *Snayugata Vata* at *Kurpara Sandhi*.

4. CLINICAL FINDINGS

General Examination: Patient afebrile, pulse 78/min, BP 120/80 mmHg, stable condition.

Local Examination (Right Elbow):

- Pain – Grade 3
- Tenderness at lateral epicondyle (Grade 3)
- Pain on resisted wrist extension (**Cozens test** – Grade 3)
- Pain on resisted middle finger extension (Maudsley's test positive – Grade 2)
- No swelling or deformity
- Trouble in lifting & holding the objects (Grade 3)
- Range of motion preserved, but painful on extreme extension.

5. DIAGNOSTIC ASSESSMENT

- Modern Diagnosis: Tennis Elbow (Lateral Epicondylitis).
- Ayurvedic Diagnosis: *Snayugata Vata* at *Kurpara Sandhi*.

<p>Grade 3- Pain both during activity and at rest. Grade 4- Pain aggravates at night and pain during daily activities.</p> <p>TENDERNESS: - Grade I - No tenderness. Grade 2- Pain on deep Palpation. Grade 3- Pain on light palpation. Grade 4- Pain on Guarding.</p> <p>TROUBLE IN LIFTING AND HOLDING OBJECTS: - Grade 1- No difficulty. Grade 2- Can grip slightly and can able to lift the objects. Grade 3- Finds Trouble in lifting and holding the objects. Grade 4- Can't able to grip and lift the objects.</p>	<p>Grade 3- Pain against moderate resistance. Grade 4- Pain against light resistance.</p> <p>MAUDSLEY'S TEST: - Grade 1- No Pain with full movement and full activity. Grade 2- Occasional discomfort with full movement. Grade 3- Some discomfort after prolonged activity. Grade 4- Severe pain and limited activity.</p>
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6. THERAPEUTIC INTERVENTION

Table no.2 showing the Therapeutic intervention

SL.NO	DATE	INTERVENTION	DURATION
1.	20/12/24	<i>AMAPACHANA: Mishreya Nagakeshara churna^{13,14} (Anubhuta yoga)</i> MATRA: 1tsp-0-1tsp along with ushnajala	5DAYS
2.	26/12/24	<i>SNIGDHA PURVAKA RUKSHA SWEDA (Valuka Sweda) (Ekanga)</i>	7DAYS
3.	03/01/25	<i>SHAMANUSHADI: Tab. Rasna Guggulu^{15,16} (Anubhuta yoga)</i> 1-0-1 (A/F) <i>ANUPANA: Kokilakshadi Kashaya¹⁷ 24ml-0-24ml</i>	30DAYS
After the CROSS OVER PERIOD			
4.	04/03/25	<i>AMAPACHANA: Mishreya Nagakeshara churna (Anubhuta yoga) 1tsp-0-1tsp along with Ushnajala.</i>	5DAYS
5	09/03/25	<i>RUKSHA PURVAKA SNIGDHA SWEDA (Abhyanga with Nirgundi taila f/b Nadi Sweda) (Ekanga)</i>	7DAYS
6.	16/03/25	<i>SHAMANUSHADI: Tab. Rasna Guggulu (Anubhuta yoga)</i> 1-0-1 (A/F) <i>ANUPANA: Kokilakshadi Kashaya 24ml-0-24ml</i>	30DAYS

7. FOLLOW UP & OUTCOME

Table no.3 showing the Follow up & Outcome.

PARAMETER	BEFORE TREATMENT	AFTER SNIGDHAPURVAKA RUKSHA SWEDA	AFTER SHAMANOUSHADI	AFTER RUKSHA PURVAKA SNIGDHA SWEDA
Pain	Grade 3	Grade 2	Grade 2	Grade 1
Tenderness	Grade 3	Grade 2	Grade 2	Grade 1
Trouble in lifting & holding the objects	Grade 3	Grade 2	Grade 2	Grade 2
Cozens test	Grade 3	Grade 2	Grade 1	Grade 1
Maudsley's test	Grade 2	Grade 2	Grade 2	Grade 1

8. DISCUSSION

According to the Ayurvedic framework, *Snayugatavata* is one of the manifestations of *Vata Vyadhi* where aggravated *Vata* localizes in *Snayu* (Tendons/Ligaments). *Acharya*



RUKSHA PURVAKA SNIGDHA SWEDA



SNIGDHA PURVAKA RUKSHA SWEDA

Sushruta mentions that vitiated *Vata* causes *Stambha* (Stiffness), *kampa* (Tremor), *Shula* (Pain), and *Akshepa* (Restricted movement). These features closely resemble the clinical presentation of Tennis Elbow (Lateral Epicondylitis) in contemporary medicine, where degenerative changes of the common extensor tendon origin led to Pain, Tenderness, and Functional limitation. Thus, the disease entity can be discussed under the purview of *Snayu-gatavata*.

A. Role of *Vata Doṣha*: - *Vata Doṣha* is characterized by *Rukṣa*, *Laghu*, *chala*, *Vishada Guṇa*, which when aggravated, lead to degeneration, pain, dryness, and instability in tissues. In Tennis Elbow, similar degenerative pathology is seen at the Tendinous attachment, often described as “Angiofibroblastic Tendinosis” rather than acute inflammation. Thus, Ayurvedic understanding of *Vāta vṛddhi* explains the underlying chronicity and recurrent nature of the condition.

B. *Kapha* Association: - Along with *Vata*, there is a component of *Kapha doṣha* leading to *Staimitya* (heaviness), *Gaurava* (stiffness), and *Avaraṇa* (obstruction). The *Kapha* association explains the localized Swelling, Stiffness, and restricted movement. Hence, the condition is essentially a *Vata-Kapha prakopa* with predominance of *Vata*.

C. Therapeutic Rationale of Swedana

Swedana is a prime line of treatment in *Vata-Kapha* disorders. According to *Acharya*

Charaka “*Swedasadhyaha prashamyanti gada vatakaphatmakaha Snehapurvam prayuktena swedenavjito anile*¹⁸”.

- *Snigdha karma* pacifies *Vata* and protects from excess dryness.
- *Ruksha karma* reduces *Kapha* and clears *Staimitya*.

D. Mechanism of *Snigdhapurvaka Ruksha Sweda*

- *Snigdha Sweda*: - Lubricates the *Snayu*, softens stiff structures, improves flexibility, and prevents aggravation of *Vata* during subsequent *Rukshana karma*. *Taila* such as *Nirgundi Taila*, provide *Snigdha, Ushna, Vata-kapha-hara* actions.
- *Rukshasweda*: -Methods such as *Valuka Sweda, Curna Pincha Sweda, or Upanaha with Ruksha dravyas* absorb excess moisture, reduce stiffness and heaviness, and stimulate circulation. The *Ruksha guna* counteracts *Kapha Staimitya* and reduces *Gaurava*.
- Synergetic effect: - By combining both, one achieves *Shamana* of *Vata* without worsening *Kapha*, and *Shamana* of *Kapha* without worsening *Vata*. This equilibrium is the key therapeutic rationale.

Here *Sthanika Abhyanga* with *Nirgundi taila* f/b *Nadi sweda* is performed as a *Snehana* part of *Snigdhapurvaka Ruksha Sweda*.

Role of *Sthanika Abhyanga* f/b *Nadi Sweda*

*Abhyanga*¹⁹ (*Ekanaga*) with *Nirgundi taila*²⁰ followed by *Nadi Sweda*²¹ is selected in Group A. *Nirgundi* has *Vatakaphahara, Shoolanashana, Vranaropana, Vatavyadhihara, Shophahara* and *Ama Marutahara*

Properties. *Snehana Karma* (*Oleation therapy*) where the use of *Vatanashaka Sneha Dravya* for the *Abhyanga* helps in the reduction of the pain, inflammation and recovering of the degenerative changes in *Tennis Elbow* by rehabilitation, nourishment and strengthens the *Snayu*.

E. Mechanism of *Ruksha Purvaka Snigdha Sweda*

Initial *Ruksha Karma* (*Dry fomentation / Dry sudation*)

Action on *Doṣha*:

- ✓ *Ruksha Guna* directly reduces *Kapha* (which is *Snigdha, Guru, Shleshma-predominant*) and clears *Avarana* (obstruction).
- ✓ It also drains excess *Meda* and *Kleda*, removing *Staimitya* (heaviness) and *Gaurava* (stiffness).

Local Effect:

- ✓ Absorbs excess moisture and fat.
- ✓ Improves microcirculation and reduces localized swelling.
- ✓ Enhances tissue metabolism, preparing the site for deeper absorption of *Sneha* in the next step.

Synergistic Effect (*Ruksha → Snigdha* sequence)

- ✓ First *Ruksha* clears *Kapha-Meda-Kleda* blockages.
- ✓ Then *Snigdha* acts directly on *Vata*, producing lubrication, nourishment, and pain relief.
- ✓ This ensures that *Sneha* is better absorbed and its therapeutic efficacy is enhanced.

Role of *Valuka Sweda*: - *Valuka Sweda*²² (*Ekanaga*). It is a type of *Swedana karma (Pottali Sweda)* with potent *Vata-Kapha hara, Shoolahara* (which mitigates pain), *Stambhahara* (which mitigates stiffness) and *Sroto-mardavakara*.

Table no. 4 showing the Comparison of *Snigdha Purvaka Ruksha Sweda* and *Ruksha Purvaka Snigdha Sweda*

Aspect	Snigdha Purvaka Ruksha Sweda	Ruksha Purvaka Snigdha Sweda
Sequence	<i>Snigdha Sweda</i> f/b <i>Ruksha Sweda</i> .	<i>Ruksha Sweda</i> f/b <i>Snigdha Sweda</i> .
Dosha	Pacifies <i>Vata</i> then clears <i>kapha</i>	Removes <i>Kapha-Meda</i> obstruction
Rationale	Prevents <i>Vata</i> aggravation due to <i>Ruksha</i> .	Prevents <i>Kapha-Meda Avarodha</i> in <i>strotas</i> later helps in penetration of <i>Sneha</i> .
Primary action	Lubrication & protection of tissues (<i>Sneha</i>) Then removal of stiffness & <i>Kapha</i> (<i>Ruksha</i>)	Drying & decongestion (<i>Ruksha</i>) Then deep lubrication & nourishment (<i>Sneha</i>)

Indications	<i>Vata</i> -dominant disorders with mild <i>Kapha</i> (<i>Snayu-gatavata</i> , <i>Sandhigatavata</i>) with pain & stiffness)	<i>Kapha</i> – <i>Meda</i> -dominant disorders with secondary <i>Vata</i> (<i>Sthoulya</i> , <i>Medoroga</i> , <i>Amavata</i> in early stages)
Benefits	Prevents excess dryness. Maintains flexibility of <i>Snayu</i> . Balanced action on <i>Vata</i> – <i>Kapha</i> .	Clears heaviness & stiffness quickly. Enhances <i>Sneha</i> absorption. Strong decongestive action.
Reference	<i>Charaka Sutra</i> 14/4: “ <i>Snehapurvam prayuktena swedwnavjito anile</i> ”.	<i>Sushruta Cikitsa</i> 4/6: in <i>Kapha</i> – <i>Meda</i> disorders, <i>Ruksha Upakrama</i> is advised before <i>Sneha</i> measures.

9. CONCLUSION

The present clinical evaluation demonstrated that both *Snigdha-purvaka Ruksha Sweda* and *Ruksha-purvaka Snigdha Sweda* are beneficial in the management of Tennis Elbow (Lateral Epicondylitis / *Snayu-Gatavata*) by significantly reducing pain, stiffness, tenderness, and improving functional mobility. Among the two, *Snigdha-purvaka Ruksha Sweda* showed comparatively superior outcomes, suggesting that the sequencing of therapeutic modalities has a measurable impact on clinical efficacy.

The incorporation of *Nirgundi Taila Abhyanga* and *Nadi Sweda* provided safe, localized, and non-invasive management, aligning with the *Vata-Shamana* and *Snayu-bala vardhaka* principles described in classical Ayurvedic texts.

This study highlights the significance of Ayurveda in Sports Medicine. With increasing incidences of overuse injuries and Musculoskeletal disorders in athletes, Ayurvedic modalities such as *Abhyanga* and *Swedana* can serve as effective, natural, and sustainable treatment options. The emphasis on restoring balance, enhancing tissue strength, and promoting functional recovery demonstrates Ayurveda’s potential contribution to the evolving discipline of integrative sports medicine.

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