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Role of *Urdhwashakhagat Ani Marma* (vital parts of the body) in Management of Tennis Elbow

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ABSTRACT

Marma points are the vital points of the body. The knowledge of these *Marma* points constitutes an important role in Surgery. In Chinese medicine, these points are nothing but *Acu* points. According to both the domains of medicine, the energy is assumed to settle down at the points. Once the energy is released in the most suitable way, this aspect can certainly help to heal the person. *Ani Marma* is one of the delicate vital point located in extremities. Proper stimulation of upper extremity *Ani Marma* can provide physical and psychological relaxation and strength to the arms which is very much required in common sports injury of arms like Tennis Elbow. Basically, in *Marma* therapy, the focus lies on manipulating the *prana* or subtle energy. But, with a broader perspective, they are also effective when the person is seeking to enhance blood circulation and relieving himself from stiff muscles or sports injuries. Tennis elbow is one of the commonest sports injuries we found now a days, so it becomes necessary to explore the role of *Ani Marma* in Tennis Elbow. In this paper *Ani Marma* will be reviewed along with Tennis elbow and its role in management of tennis elbow will be explored.

Keywords – *Ani Marma*, *Marma*, Sports injury, Tennis Elbow.



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INTRODUCTION

Ayurveda was antecedent of its time awfully in looking beyond the body to the overall important role of the individual's psyche in averting and healing of injuries and in increasing physical process. *Marma* points always lead to a radical transformation within the body. Since they have the quiescent to bring about the change, pressing them gently can help to cure a disease. *Marma*- the vital points of our body are described in classics of *Ayurveda* by ancient seers of *Brihatrayee* i.e., *Charak Samhita*, *Sushruta Samhita* and *Ashtang*. *Marma* point is that structure where there is conglomeration of structures like *Mansa(muscle)*, *Sira(vein)*, *Snayu(ligament)*, *Asthi(bone)*, *Sandhi(joints)*¹. These are the places where *Prana* (life) resides² and make it a very specific place. These are the points where sense of pain is felt more intensively comparing to other parts of the body³. *Marma* points are the place where an injury leads to

irregular pulsations and tremendous pain⁴. The knowledge of *Marma* constitutes half of the knowledge of *Shalya Tantra(surgery)*⁵. Injury at such vital sites may lead to instant death or person might suffer from unforeseen ailments or deformities⁶. *Ayurveda* was also the main source of treatment for war injuries. Hence, by extrapolation, Ayurvedic Treatment for Sports Injury is indeed a great option to look at for sports injury management – especially for the musculoskeletal system. Role of *Ayurveda* in sports medicine is increasing day by day and sports personalities are also relying on it. Tennis Elbow is also one of the very common sports injuries. *AniMarma* is closely related anatomically with Tennis Elbow. Thus, by exploring *AniMarma* and Tennis Elbow anatomically and understanding their common features along with the therapeutic benefits can introduce world to a novel concept of *Marma chikitsa* in Tennis Elbow- a sports injury.

MATERIAL AND METHOD

Tennis Elbow is studied deeply with various medical books and its structure, location, injury symptoms are correlated with *Ani Marma*. Review of *Marma* literature from classics of *Ayurveda* and their relevant commentaries. Relevant structural anatomy of *AniMarma* is explored with the help of various Modern medical books on Anatomy. Various articles have also been referred.

Literary review-

Tennis Elbow- It is one of the most common causes of Elbow pain in general population and among athletes. The medical terminology of Tennis Elbow is Lateral Epicondylitis. It is the painful condition of the elbow generally caused by overuse or repetitive stress of muscles and

tenderness around elbow joint. The annual incidence is 1-3% of the U.S. population. Men and women are equally affected. Typically, lateral epicondylitis affects individuals greater than age 40 years⁷. The etiology is not clearly understood, but microvascular trauma, cutaneous nerve injury, people playing sports like Tennis, Squash, Badminton, Cricket, to name a few.

Tennis Elbow involves the muscles and tendons of the forearm. The elbow joint is made up of 3 bones - Humerus, Radius and Ulna. There are bony bumps at bottom of Humerus called epicondyles.

The bony bump on outside (lateral side) of elbow is called lateral Epicondyle. The forearm muscles extend the wrist and fingers. The forearm tendons often called extensors attach muscles to the bone.

and friction wear of the Extensor carpi radialis brevis (ECRB) have all been proposed⁸.

This condition is primarily a degenerative overuse process of the Extensor carpi radialis brevis.

It is seen in

Extensor carpi radialis brevis is a muscle in the forearm that acts to extend and abduct the wrist. Extensor carpi radialis longus controls movements of the wrist. Extensor carpi ulnaris is a skeletal muscle located on the ulnar side of the forearm which acts to extend and adduct at the wrist from the anatomical position. Partial tears and degeneration of the fibers of Extensor carpi radialis brevis tendon can cause Tennis Elbow.

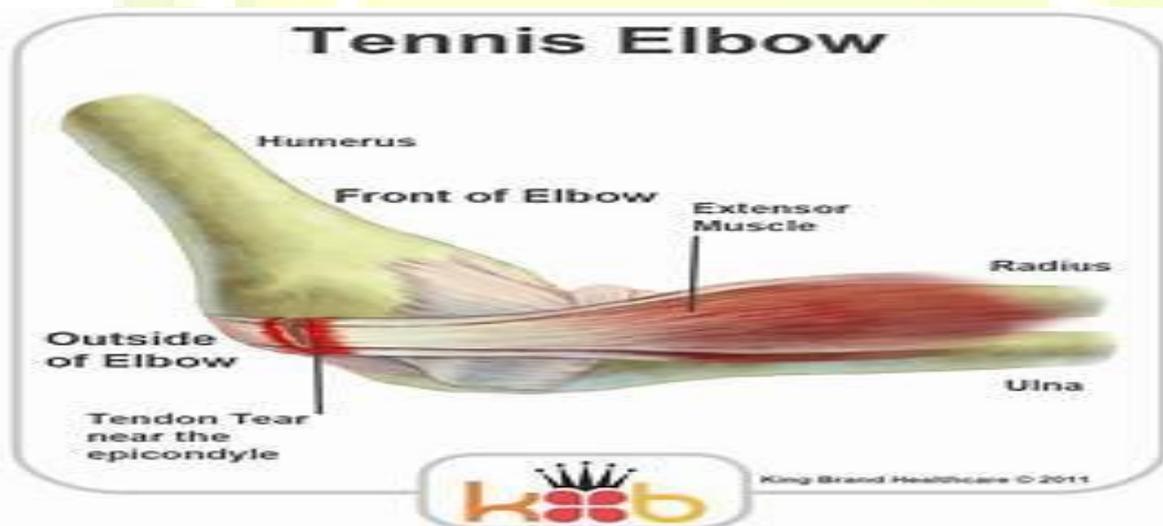


Figure 1-representing the partial tear of common extensor ligament of superficial extensors

The patient usually presents with pain at the outer side of the elbow. Pain is felt over the lateral epicondyle and radiates down the posterior surface of the forearm. Repeated forceful flexion and extension of the wrist strain the attachment of the common extensor tendon, producing inflammation of the periosteum of the lateral epicondyle. On examination, tenderness can be diagnosed at the lateral epicondylar region.

Ani Marma- The term *Ani* means the pin of the axle of the cart⁹ or the lynch pin¹⁰. Structurally it is

a type of *Koorcha Marma*. *Koorcha* means bunch of grass or brush like appearance. *Ani Marma* is located both in upper limbs and in lower limbs so called *Shakhagat Marma*¹¹. The location of upper limb *Ani Marma* is above and at both sides of the *Kurpara Sandhi* (Elbow joint) about 3 finger breath¹² above the elbow joint. It is about *Ardha* (1/2) *Angula* in measurement¹³. *Ani Marma* is predominantly made up of *Snayu* (ligament) component which forms the structural component of the *Marma*. The nerves and ligaments are dominant components and other components like

Mansa,

Sira(vein), *Asthi*(bone), *Sandhi* are recessive component.

Ani Marma on getting injury may lead to *vaikalyata* or deformity of the structures associated

depending upon the site of the injury. It is kept under the category of *Vaikalyakara*(deformed) *Marma* which are generally of *Saumyaguna*.(cooling) Due to this *Saumyaguna* (cooling) they abide *pranas* within the body. Its injury causes oedema and rigidity of the arm¹⁴.

Table 1: Information of Urdhwashakhagat Ani Marma as per classical sages-

S.no	Particulars	Information regarding Kurpar Marma
1.	Location	<i>Urdhwashakha</i> (upper extremity)
2.	Number	2
3.	Structural particularity	<i>Snayu Marma</i> (ligament)
4.	Prognostic particularity	<i>Vaikalyakara Marma</i>
5.	Anthropometric measurement	1/2 <i>Angula</i>
6.	Traumatic sign on <i>Marma</i>	<i>Shophaabhivridhi</i> (increased inflammation and <i>Stabdhatata</i> (stiffness)

Structures falling in the area of AniMarma as per Anatomy point of view are-

- Tendon of biceps brachii muscle, Biceps muscle, Coracobrachialis muscle, Triceps muscle and origin of Extensor carpi radialis longus, Extensor carpi radialis brevis, Extensor Digitorum, Extensor digiti minimi, Extensor carpi ulnaris - *Mansa* component
- Median nerve, Radial nerve, Ulnar nerve, Musculocutaneous nerve, Brachial artery – *Sira* component
- Common extensor tendon (of 4 muscles- Extensor carpi radialis brevis, Extensor Digitorum, Extensor digiti minimi, Extensor carpi ulnaris) – *Snayu*(ligament) component
- Lower end of Humerus with its epicondyles- *Asthi* (bone) component
- Humero radial, humero ulnar and Radio ulnar joints- *Sandhi* (joint) component

Locating the marma site ¹⁵. According to *Acharya Sushruta*, *Animarma* is one of the eleven *Marma* of the upper extremity. The *Marma* is located three finger breadth above the elbow joint. Anatomically, it is located in the medial aspect of the arm, two finger units proximal to the medial epicondyle of the humerus. For analysing the

marma site, first draw a line over the elbow crease

by keeping the elbow slightly flexed and not completely extended. The muscles get stout when in extended state. Then draw a straight perpendicular line from the midline centre of the elbow crease. Mark a point three fingers breadth above the elbow crease on the straight perpendicular line. Here, finger breadth should be measured with the patient finger only. Now draw a line from this point to one finger breadth medially. This achieved point is the site of *Animarma*.

How to stimulate AniMarma- Hold the arm of the patient with the four fingers and with the pulp of the thumb, stimulate the *Ani marma* by applying moderate pressure. Since it is a *Snayu marma*, the pressure applied should not be hard or too moderate. It is appropriate to press the *Marma* point when you are exhaling and release when you are inhaling. When you stimulate the *Animarma*, keep the face of palm upwards¹⁶.

Determining the pressure to stimulate the Animarma- To stimulate any *Marma*, direction of pressure plays an important role for the *Marma* to

be effective. For stimulation of *AniMarma*, the direction of pressure should not be downwards nor posterior. So, to determine the direction, make an imaginary line posteriorly in the midline. Apply pressure from the *marma* point towards this imaginary line. The pressure applied is intermittent in nature rather than the continuous pressure. The

whole press and release action will take approximately 3 secs. The *Marma* point is stimulated for 18-20 times per sitting, so the overall time taken is approximately 75 seconds¹⁷.

DISCUSSION

After Anatomically exploring the areas of *Urdhwa shakhagat*(upper extremity) *AniMarma* in our classics we found that it lies in the area of epicondyles slightly above the elbow joint (3 *Angula* above the *Kurpar Sandhi-elbow joint*). An injury to the structures associated with *Urdhwashakhagat* (upper extremity) *AniMarma* leads to oedema and rigidity of the arm, restricted extension movement of forearm and restricted adduction at wrist. *Urdhwashakhagat* (upper extremity) *Ani Marma* is *Vaikalyakar Marma* as some deformities still remains at injured site in spite of taking good care. The prognosis of the diseases in this area is bad. The area at which four superficial extensors of forearm attaches with a common tendon is roughly *Ardha angula*(half finger) and is enriched with arteries, veins, nerves, muscles which fulfills the anthropometric measurement criteria of *Urdhwashakhagat* (upper extremity) *Ani Marma*. The important structure present in this region is *Snayu* (ligament) and other

structures are surrounding and supplying it. So, we can say that *Urdhwashakhagat* (upper extremity) *Ani Marma* is *Snayu marma*. (Ligament) Injury to this *Marma* can impair extension of the arm, drawing of the arm forward and inward and restriction of the movement of the whole joint. Injury to the nerve may cause complete paralysis of the arm and injury to the artery may cause severe bleeding which leads to *Shopha Abhivridhi* (increased inflammation). In the conditions like Golfer's elbow, Tennis Elbow, Muscle wasting or Bicipital tendinitis, there is pain while moving the arms or while making a fist and stiffness in the Elbow joint. By stimulation of *Urdhwashakhagat* (upper extremity) *Ani Marma*, it opens the energy channels in the body that provides physical and psychological relaxation, and strength to the arms. Proper stimulation of this *Marma* can cure oedema and inflammation in upper limbs along with increased work efficiency of thorax organs like heart, lungs, oesophagus.

CONCLUSION

The *Urdhwashakhagat* (upper extremity) *Ani Marma* is anatomically explored as closely related to site of Elbow tennis. It is considered as *Vaikalyakara Marma* due to similarity in grave features. By stimulating *AniMarma* we can strengthen the arm and can cure oedema and inflammation in upper limb which is very much

required in Tennis Elbow treatment plan. The utmost care should be taken in normal healthy individuals especially sports person to avoid any trauma to site of *Urdhwashakhagat* (upper extremity) *Ani Marma* as its traumatic results are very grievous. *Ani marma* is considered important in self-care and self-healing practices.

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