

Acupuncture Proven To Heal Tennis Elbow

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Acupuncture combined with massage is effective for the treatment of tennis elbow, lateral epicondylitis. Recent research was conducted on ninety athletes at the Science and Experiment Center of Guangzhou Physical Education Institute. The athletes were randomly divided into three groups. Group 1 received acupuncture only. Group 2 received massage only and group 3 received acupuncture combined with Traditional Chinese Medicine (TCM) massage. All three groups showed



significant positive clinical outcomes. The acupuncture combined with massage group showed greater improvement than the other groups suggesting a synergistic effect. No adverse events occurred. The data was compiled after 20 days of treatment. The researchers concluded that acupuncture and TCM massage are safe and effective for the treatment of lateral epicondylitis.

Tennis elbow (lateral epicondylitis) is a form of tendinitis. Symptoms are usually elbow and arm pain. Repetitive motions often lead to lateral epicondylitis such as movement during tennis, weight lifting, painting, typing, knitting and woodwork. The pain typically worsens when lifting, gripping, twisting and straightening the wrist. Conventional medical approaches for treating lateral epicondylitis include physical therapy, non-steroidal antiinflammatory medications (NSAIDs), icing, bracing, local steroid injections and surgery. Acupuncture and TCM

tuina massage have a historical record for the successful treatment of lateral epicondylitis that is over 1,000 years. This new scientific experiment using a carefully controlled investigation for examining the efficacy of these ancient modalities confirms the historical record.

The acupuncture group received acupuncture in either the sitting or supine posture. The acupuncturist used 40mm disposable acupuncture needles. Needle retention time was 30 minutes after the arrival of the deqi sensation at each acupuncture point. The acupoints used in the study were primarily local points based on the clinical presentation of each patient. Acupuncture points included LI12, LI11, LI10, LI4, SJ5 and ashi points.

The massage group received TCM massage in a sitting posture with the elbows bent and relaxed. Techniques included kneading, grasping, one finger meditation manipulation and plucking ashi

points. Massage was applied to acupuncture points including: Quchi (LI11), Chize (LU5), Hegu (LI4), Neiguan (PC6), Waiguan (SJ5), Yangxi (LI5), Shousanli (LI10). Each massage lasted for 15 to 20 minutes. Following the massage, the patient was told to relax with the forearms at rest.

The combination group received acupuncture treatment after being massaged on the same day. Each treatment modality was applied once daily for all groups. One course of either massage and/or acupuncture consisted of 10 days. There was a two-day pause following the first course. The entire treatment was 2 courses for a total of 20 treatments.

The group that received both acupuncture and TCM massage showed the greatest clinical improvements. A total of 20 patients in the combination group were completely cured after the 20 treatments. Another 5 patients made excellent improvement and an additional 5 patients made moderate improvement. One patient in the combination group made no improvement. Occasionally, patients felt uncomfortable after the acupuncture needling for approximately one day, however, the soreness disappeared after one day's rest. Based on the results, the researchers conclude that acupuncture and massage are effective in treating lateral epicondylitis for athletes and that combining the therapies increases positive patient outcomes.



Reference:

Qiu, Yanchun. "Comparative Study on the Treatment of Acupuncture and Massage of External Humeral Epicondylitis for Athletes." *Journal of Guangzhou Physical Education Institute* 34.1 (2014): 100-102.