

Management of De Quervain's Tenosynovitis Through Marma Stimulation –A Case Series

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Publication Date: 2025/10/06

Abstract: De quervain's tenosynovitis, an overuse injury involving the abductor pollicis longus and extensor pollicis brevis tendons, presents with pain, tenderness, and restricted wrist movements. Ayurveda relates this condition to *snayugata vata*, and *marma chikitsa* provides a holistic, non-invasive treatment option. In this case series, four patients diagnosed with de quervain's tenosynovitis and Marma stimulation at *talahridaya*, *kshipra*, *kurcha*, *manibandha*, and *indrabasti* points, administered once daily for seven days and followed up to 14 days. Four patients were clinically diagnosed based on pain and finkelstein's test. The combined use of Marma therapy with internal medicines—*punarnavadi kashayam*, *amruthotharam kashayam*, and *gokshura punarnavadi gulika*—offered holistic relief by balancing *vata-kapha*, reducing inflammation, and strengthening connective tissues. By day 14, VAS pain scores had reduced markedly from 7–9 to 1–3, while tenderness improved from Grade 2–3 to Grade 0–2, with notable restoration of wrist mobility and a negative finkelstein's test observed in one patient. Acute cases responded more rapidly, whereas chronic presentations, in a diabetic patient showed gradual improvement. These results indicate that *marma* stimulation is effective in alleviating pain and improving function in de quervain's tenosynovitis, offering a safe, cost-effective, and integrative therapeutic alternative that also corrects underlying *vata* imbalance.

Keywords: Marma Stimulation, De Quervain's Tenosynovitis, Snayugata Vata.

How to Cite: Dr. Arya Aravind; Dr. Subi N. H.; Dr. Deepa Jose (2025) Management of De Quervain's Tenosynovitis Through Marma Stimulation –A Case Series. *International Journal of Innovative Science and Research Technology*, 10(9), 2535-2539. <https://doi.org/10.38124/ijisrt/25sep1466>

I. INTRODUCTION

De quervain's tenosynovitis, also known as de quervain's disease or stenosing tenosynovitis of the first dorsal compartment of the wrist, is a painful condition caused by inflammation of the abductor pollicis longus and extensor pollicis brevis tendons at the radial styloid process^[1]. It causes pain, swelling, and functional impairment during thumb movements, especially gripping, lifting, or twisting activities. It's often an overuse injury prevalent among repetitive wrist and thumb motions, like homemakers, office workers, athletes, and healthcare professionals. The primary diagnostic criterion for de quervain's tenosynovitis is positive finkelstein's test, which is highly specific for this condition, also swelling and tenderness over radial styloid process. In this test, the patient is asked to flex the thumb across the palm and close the fingers over it, forming a fist. The examiner then gently deviates the wrist towards the ulnar side. If sharp pain is elicited along the radial styloid region. Conventional management available in the present era includes rest,

splinting, NSAIDs, corticosteroid injections, and surgical tendon sheath release, but these may cause adverse effects or provide only temporary relief. Ayurveda offers a safe, non-invasive, and holistic approach.

Ayurveda consider musculoskeletal disorders as *snayugata vata* (vitiation of *vata* in ligaments and tendons). Clinical features of *snayugata vata*—pain, stiffness, swelling, and restricted movements are matching with symptomatology of de quervain's tenosynovitis. The *snayu* provides support, flexibility, and stability to joints. When *vata*, the governing principle of movement, becomes aggravated due to repetitive strain, overuse of the wrist, improper posture, or excessive exertion, it leads to pain (*shoola*), stiffness (*stambha*), swelling (*shotha*), and restricted movement (*akunchana-prasāra-vyavahita*).

Marma Chikitsa (Marma therapy) is a non-invasive method for pain relief and functional restoration^[2]. *Marma* are vital energy points where muscles, vessels, ligaments,

bones, and joints intersect, serving as seats of *prana* that regulate physiological and psychological functions^[3]. Stimulating points such as *talahrdaya*, *kshipra*, *kurcha*, *manibandha*, and *indrabasti* enhances circulation, reduces inflammation, relaxes muscles, improves mobility, and restores energy balance. Continuous stimulation modulates pain pathways, supports healing, and maintains structural and functional integrity. By the use of Internal medicine such as *punarnavadi kashayam*, *amruthotharam kashayam* and *gokshura punarnavadi gulika* provided good results by pacifying *vata kapha* imbalance. *Punarnava* (*Boerhavia diffusa*) reduces swelling and inflammation through its *shothahara* and *mutrala* actions, while also rejuvenating tissues. *Amrutha/guduchi* (*Tinospora cordifolia*) acts as a *rasayana*, enhancing immunity, clearing *ama*, and alleviating chronic inflammation. Together, provide systemic relief in musculoskeletal disorders.

II. CASE SERIES

➤ Case 1

A 26-year-old female software engineer presented with pain in her right wrist, which worsened while working on the computer and during activities such as lifting her baby. She had no history of systemic illness or trauma.

➤ Case 2

A 47-year-old female housewife reported right wrist pain, aggravated by daily household activities such as cooking and lifting utensils.

➤ Case 3

A 54-year-old female housemaid presented with gradually progressive pain in the left wrist, worsened by repetitive activities such as sweeping and washing. There was reduced grip strength.

➤ Case 4

A 45-year-old male clerk complained of chronic pain in the left wrist, aggravated by prolonged writing and file handling. H/O DM since 10 years under medication

Table 1 Clinical Examination Findings

	Case 1	Case 2	Case 3	Case 4
Chronicity	Acute	Chronic	Chronic	Acute
Hand	Right	Right	Left	Left
Occupation	Software engineer	House wife	House maid	Clerk

Table 2 On Examination – Affected Wrist and Hand

	Case 1	Case 2	Case 3	Case 4
inspection	NAD	Slight swelling on radial styloid process	Slight swelling on radial styloid process	NAD
palpation	G2	G2	G3	G3
ROM	Not affected	Pain during dorsal and palmar flexion	Pain during medial and lateral flexion only	Pain during dorsal flexion
Finkelstein's test	+ve	+ve	+ve	+ve

III. MANAGEMENT

➤ Marma Stimulation

Four patients underwent *marma* stimulation therapy using thumb and finger pressure at *talahrdaya*, *kshipra*, *kurcha*, *manibandha*, and *indrabasti* *marmas*. Each *marma* was stimulated 10 times in one sitting, with one sitting performed daily for a period of 7 consecutive days.

➤ Internal Medicine

- *Punarnavadi kashayam* + *Amruthotharam kashayam* - 90 ml bd b/f
- *Gokshura punarnavadi* tab 1 bd a/f

IV. METHOD OF STIMULATION

➤ Step 1

Patient should be comfortably sit in a wooden chair and ask him/her to deeply inhale and exhale slowly

➤ Step 2

Locate the *marmas* by using *angula* measurement. 1A= 2 CM (middle inter phalangeal joint)

➤ Step 3

Apply *marma* stimulation in the following order

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➤ Talahridaya

- Location : Centre of the palm, facing the root of the middle finger (center of the palmar surface of the hand superficial to the 3rd meta carpo-phalangeal joint ($\frac{1}{2}$ A), *mamsa marma*
- Stimulation : By placing the pulp of the thumb on the *talahrdaya marma* point. Apply pressure and release corresponding to the patient's breathing. Repeat 10 times in one sitting



Fig 1 Talahridaya

➤ Kshipra

- Location : Between thumb and index finger ($\frac{1}{2}$ A) *Snayu marma*.
- Stimulation : By placing the first inter phalangeal joint of the thumb on the *kshipra marma* point. Apply pressure and release corresponding to the patient's breathing. Repeat 10 times in one sitting.

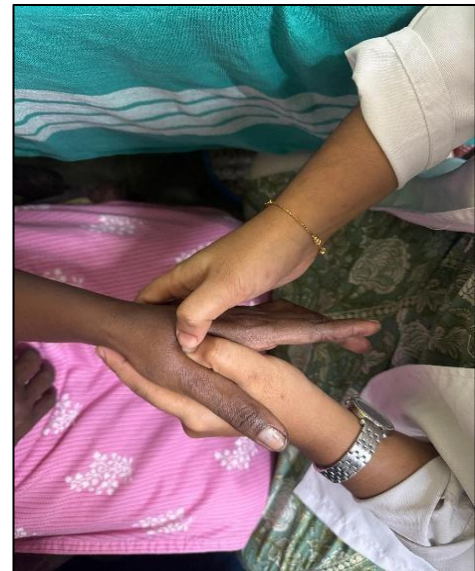


Fig 2 Kshipra

➤ Kurcha

- Location : Situated in the palmar aspect of the hand, at the root of the thumb (*angushtha mula*) and the root of the little finger (*kanishthika mula*). $\frac{1}{2}$ A, *snayu marma* It is the junctional area where tendons, vessels, ligaments, and nerves converge in the palm
- By placing the first inter phalangeal joint of the thumb on the *kurcha marma* point. Apply pressure and release corresponding to the patient's breathing. Repeat 10 times in one sitting.



Fig 3 Kurcha

➤ *Manibandha*

- Location: Junction of hand and forearm, both distal radio ulnar joint and radio carpal joint are in tandem.(2A),*sandhi marma*
- Stimulation : By placing the pulp of the thumb on the *manibandha marma* point. Apply pressure and release corresponding to the patient's breathing. Repeat 10 times in one sitting.



Fig 4 Manibandha

➤ *Indrabasti*

- Location : at the midpoint of the forearm , between the elbow (*koorpara sandhi*) and wrist (*manibandha sandhi*), $\frac{1}{2}$ A, *mamsa marma*.
- Stimulation : By placing the pulp of the thumb on the *indrabasti marma* point. Apply pressure and release corresponding to the patient's breathing .Repeat 10 times in one sitting.4



Fig 5 Indrabasti

VII. RESULTS

➤ *Finkelstein Test Assessed Through VAS Scale*

Table 3 Finkelstein Test Assessed Through VAS Scale

VAS Scale	Case 1	Case 2	Case 3	Case 4
1 st day	7	8	8	9
7 th day	3	3	4	6
14 th day	1	0	2	3

➤ *Tenderness Assessed Through Grading*

Table 4 Tenderness Assessed Through Grading

Tenderness	Case 1	Case 2	Case 3	Case 4
1 st day	G2	G2	G3	G3
7 th day	G1	G1	G2	G2
14 th day	G0	G1	G1	G2

All four patients demonstrated progressive improvement with *marma* stimulation and internal medicine over 14 days. The average VAS pain score decreased from 8 on day 1 to 4 on day 7 and 1.5 on day 14. The mean tenderness grade improved from 2.5 on day 1 to 1.5 on day 7 and 1 on day 14. Functional outcomes also showed notable enhancement, with restoration of wrist mobility and one patient achieving a negative finkelstein's test. Overall, the therapy resulted in significant pain relief, reduced tenderness, and improved functional capacity in all cases.

VIII. DISCUSSION

De quervain's tenosynovitis is an inflammatory condition characterized by pain, swelling, and tenderness at the radial wrist, typically aggravated by thumb and wrist movements. In Ayurveda, this clinical picture can be understood as *vata-kaphaja nanatmaja vyadhi*, where *vata* is chiefly responsible for pain and restriction of movement, while *kapha* contributes to swelling and stiffness. In this context, *Marma* stimulation at vital points such as *talahrdaya*, *kshipra*, *kurcha*, *manibandha*, and *indrabasti* proved highly effective. The gentle yet precise application of pressure on these *marma* not only pacifies aggravated *vata* but also enhances local circulation, reduces stiffness, and relaxes the musculature.

From a modern perspective, this action is well explained by the Gate Control Theory of Pain, where stimulation of nerve-rich *marma* points activates large sensory fibers that "close the gate" in the spinal cord, thereby preventing pain signals from reaching the brain. This neurophysiological mechanism accounts for the immediate analgesic effect of *marma* therapy. Complementing this localized action, internal medicines such as *punarnavadi kashayam*, *amruthotharam kashayam*, and *gokshura punarnavadi gulika* provided systemic relief by addressing the underlying *vata-kapha* imbalance. *Punarnava* acted as a potent *shothahara* (anti-inflammatory), *amruthotharam* with *guduchi* offered *rasayana* and *amapachana* benefits to reduce inflammatory toxins, and *gokshura* nourished and

strengthened connective tissues. The integration of *marma* therapy with these formulations resulted in consistent clinical improvement across all cases, with notable reduction in pain, tenderness and restoration of functional capacity within just 14 days. This synergistic approach highlights how ancient ayurvedic wisdom and modern pain physiology intersect, offering a safe, non-invasive, and holistic management strategy for de quervain's tenosynovitis.

IX. CONCLUSION

Marma stimulation combined with ayurvedic internal medicines proved highly effective in managing de quervain's tenosynovitis. Within 14 days, patients showed significant improvement, with some achieving complete relief and an overall better quality of life. *Marma* therapy worked by stimulating key points to balance *vata*, improve circulation, relax muscles, and reduce stiffness, directly addressing the source of pain. Meanwhile, internal medicines reduced inflammation, swelling, and tissue irritation. By doing so, it not only relieves symptoms but also helps avoid the risks of surgery and long-term drug use. Together, this approach not only relieved symptoms but also restored wrist function and quality of life. Thus, integrating *marma* therapy with ayurvedic medicines provides a safe, non-invasive, and holistic treatment option, uniting traditional wisdom with modern clinical understanding.

REFERENCES

- [1]. The De-Quervain tenosynovitis: literature review. Bakhach J, Chaya B, Bakhach E. Biomed J Sci Tech Res. 2018;8:1–3. [Google Scholar]
- [2]. Lad V, Durve A. Marma points of Ayurveda. Albuquerque New Mexico, USA, The Ayurvedic press; 2015
- [3]. Sushrut Samhita Vol 1, Reprint edition, Chaukhamba Sanskrit Sanstan, Varanasi, 2012.