CASE REPORT
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Gua sha treatment in acute lateral and medial epicondylitis (Tennis and Golfer's elbow)

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Abstract

Lateral epicondylitis (Tennis elbow) affects the tendons that attach to the outside (lateral side) of the elbow, primarily the wrist extensor muscles. Medial epicondylitis (Golfer's elbow) affects the tendons that attach to the inside (medial side) of the elbow, primarily the wrist flexor and forearm pronator muscles. If an activity places repetitive strain on both muscle groups, both tendon attachments can become irritated. This research article includes 7 patients, 2 women and 5 men, aged between 30 and 60 years, treated with gua sha for lateral and medial epicondylitis. 6 patients were treated with only one treatment, with immediate pain relief and only one patient needed 3 treatments. So, while simultaneous medial and lateral epicondylitis is less common than isolated disease, it is certainly something that clinicians (particularly those working with athletes and physically active individuals) do encounter. Gua sha treatment, as part of the TCM, is a highly effective treatment for acute medial and lateral epicondylitis pain. It provides immediate relief by reducing persistent pain, allowing patients to feel better right after the session. In many cases, a single treatment is sufficient to significantly alleviate pain in the elbow, forearm and wrist region.

Key words – gua sha, traditional Chinese medicine, epicondylitis, elbow, pain

Introduction

Lateral epicondylitis (Tennis elbow) affects the tendons that attach to the outside (lateral side) of the elbow, primarily the wrist extensor muscles. Medial epicondylitis (Golfer's elbow) affects the tendons that attach to the inside (medial side) of the elbow, primarily the wrist flexor and forearm pronator muscles. If an activity places repetitive strain on both muscle groups, both tendon attachments can become irritated. Examples include:

- Heavy manual labor involving gripping, lifting, or twisting.
- Sports such as climbing, rowing, weightlifting, or racquet sports with poor technique or excessive training volume.
- Repetitive occupational tasks requiring forceful gripping or alternating wrist flexion and extension.

Symptoms when both are present:

- Pain on both the inside and outside of the same elbow (or both elbows).
- Pain when gripping objects.
- Discomfort with both wrist extension (lifting the hand back) and wrist flexion (bending the hand forward) against resistance.
- Tenderness over both bony prominences of the elbow.

A clinician typically diagnoses epicondylitis through:

- The location of tenderness.
- Pain reproduced with specific resisted wrist and forearm movements.
- Occasionally, imaging such as ultrasound or MRI if the diagnosis is unclear or symptoms persist.

Traditional Chinese Medicine (TCM) offers a holistic approach that addresses the underlying causes of pain rather than simply masking symptoms. Using therapies such as acupuncture, gua sha, tui na massage, TCM aims to restore the smooth flow of Qi (vital energy), enhance circulation, reduce inflammation, and support the healing and strengthening of the surrounding tissues. [1]

In Traditional Chinese Medicine (TCM), lateral epicondylitis (tennis elbow) and medial epicondylitis (golfer's elbow) are not viewed simply as localized tendon disorders. Instead, they are understood as conditions resulting from an imbalance in the body's Qi and Blood, often combined with external pathogenic factors or internal deficiencies.

Repetitive strain, overuse, or trauma can obstruct the flow of Qi and Blood through the meridians that pass around the elbow, particularly the Large Intestine, Sanjiao (Triple Burner), Small Intestine, Lung, Heart, and Pericardium channels. This stagnation gives rise to pain, tenderness, stiffness, and reduced mobility.

From a TCM perspective, epicondylitis may involve one or more of the following patterns:

- Qi and Blood Stagnation: Caused by repetitive movement or injury, leading to fixed, localized pain and tenderness.
- Wind-Cold-Damp Bi Syndrome: External pathogenic factors invade the channels, resulting in pain that may worsen in cold or damp weather and improve with warmth.
- Liver and Kidney Deficiency: Chronic or recurrent cases may reflect an underlying deficiency of the Liver and Kidney systems, which in TCM nourish the tendons and bones. Patients may experience persistent pain, weakness, and slower recovery.

Treatment is tailored to the individual's pattern of disharmony and typically includes acupuncture to restore the flow of Qi and Blood, reduce pain, and promote tissue healing. Tui Na massage, cupping, Gua Sha, herbal medicine, and therapeutic exercises may also be incorporated to relieve muscle tension, improve circulation, and support long-term recovery.

Rather than focusing solely on symptom relief, TCM aims to address both the local manifestation of pain and the underlying imbalance contributing to the condition, helping to restore function and reduce the likelihood of recurrence.[1] [2]

Material, methods, results and discussion

This research article includes 7 patients, 2 women and 5 men, aged between 30 and 60 years, treated with gua sha for lateral and medial epicondylitis. Patients were randomly selected and treated in the last 6 months of 2026 The treatments were performed in a massage and health center by a professional physiotherapist for a duration of 15-30 minutes. 6 patients were treated with only one treatment, with immediate pain relief and only one patient needed 3 treatments. In this patient treatments were done 10 days apart. On palpation, stiffness of the muscles around the elbow was present in all patients and they responded positively to pain when touched. All patients described the pain as sharp and stabbing. The pain was present in patients for several days to several weeks, but no more than a month.

Presenting symptoms were sharp pain in the elbow, limited movement in the forearm and hand, tenderness, stiffness, pain and weakness when lifting weight or heavy objects, weakness in the forearm and hand leading to weak grip and painful wrist flexion.

Petechiae and redness resulting from treatment were not visible for more than 3 days on the treated area. The treated area was around the elbow and medial and lateral side of the forearm. Gua sha is done by gently scraping the affected area with the tool, using a pressure to a level that feels comfortable, but is not painful. The tool is held at a 15 to 45 degrees angle to the skin. Starting point is the elbow and the skin is scraped down along the forearm muscles towards the wrist on both lateral and medial side. Long and smooth strokes are used. The focus should always be on the areas that feel painful or tender.

In 3 patients the condition was caused by lifting weight, in 2 patients the cause was kick boxing injury and in 2 patients it was work related due some irregular work position of the forearm. In 2 patients was treated the left arm, in 5 patients the right arm.

Those are all situations where both the wrist extensor and flexor-pronator tendon groups can be overloaded, making concurrent lateral and medial epicondylitis plausible. For the groups mentioned:

Weightlifters: Heavy gripping during deadlifts, rows, pull-ups, curls, and presses can overload both the extensor and flexor-pronator tendons. Technique errors, rapid increases in training volume, and inadequate recovery increase the risk.

Kickboxers: Repetitive punching, especially heavy bag work, requires forceful wrist stabilization. If the wrist is not maintained in a neutral position or punching mechanics are suboptimal, both tendon origins may be subjected to repeated tensile loads.

People leaning on one arm at a desk: Sustained compression and prolonged isometric contraction of the forearm muscles while supporting body weight can irritate the tendon insertions. Although this may not be the classic mechanism for epicondylitis, it can aggravate existing tendinopathy or contribute to symptoms, particularly if combined with repetitive computer work or gripping activities.

In practice, patients with combined symptoms often report:

- Pain over both the medial and lateral epicondyles.
- Pain with gripping.
- Pain during resisted wrist extension and resisted wrist flexion or forearm pronation.
- Reduced grip strength due to pain inhibition.

So, while simultaneous medial and lateral epicondylitis is less common than isolated disease, it is certainly something that clinicians (particularly those working with athletes and physically active individuals) do encounter.

When gua sha treatment is applied, a characteristic redness often appears on the skin, known in Traditional Chinese Medicine (TCM) as Sha. Although this discoloration may be viewed in Western medicine as an unusual skin reaction, TCM interprets it as a sign that the treatment is stimulating circulation and addressing underlying stagnation.

According to TCM theory, Sha and other changes in skin color reflect pathological factors associated with pain in a specific area of the body. As these factors are dispersed, the normal integrity of the affected region is restored, allowing Qi (vital energy) and Blood to flow more freely and continuously.

TCM explains that Sha develops when there is a blockage or stagnation in the movement of Qi and Blood. This stagnation may result from external influences such as Wind, traumatic injury, repetitive strain, or internal pathological conditions. A fundamental principle of TCM is that where there is stagnation, there is pain.

Qi and Blood are considered warm in nature. When their flow becomes obstructed, heat can accumulate in the affected area, manifesting as the reddish or purplish discoloration recognized as Sha. The appearance of Sha is therefore viewed as an indication that the stagnant Qi and Blood are being mobilized and that the body's natural circulation is being encouraged to return to balance. [2] [3]

Conclusion

Gua sha treatment, as part of the TCM, is a highly effective treatment for acute medial and lateral epicondylitis pain. It provides immediate relief by reducing persistent pain, allowing patients to feel better right after the session. In many cases, a single treatment is sufficient to significantly alleviate pain in the elbow, forearm and wrist region.

Informed patient consent

Complete written informed consent was obtained from the patients for the publication of this study.

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Conflict of interest

The authors have declared that no competing interests exist.

Acknowledgement

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