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## The comparison of the efficacy of neural therapy versus steroid injection in the treatment of lateral epicondylitis (Tennis elbow)

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**Abstract:** Introduction: Because of no consensus on the best treatment for management of lateral epicondylitis, the other alternative treatment options need to be explored for pain relief and cure of the disease process. Local steroid injection mostly diminish along with increased recurrence rate at long-term although steroid injection is very effective at short-term. However, there is limited data for skin complications related to local steroid injection (depigmentation, skin atrophy). Neural therapy provides to heal with the application of local anesthetics to autonomic ganglia, peripheral nerves, scar tissue, acupuncture and trigger points, skin and other tissues. Therefore, it was aimed to compare the effect of neural therapy versus local steroid injection in treatment of lateral epicondylitis and indicate skin complications related to local steroid injection.

**Methods:** Sixty patients with subacromial impingement syndrome were randomly divided into two groups (30 patients per group): Group 1: corticosteroid injection; Group 2: neural therapy. VAS and quick DASH scores were reported at baseline and 1, 3 and 6 months post-treatment.

**Results:** VAS and quick DASH scores in 1,3 and 6 months after the injection significantly decreased in both group 2 compared to baseline ( $p<0.001$ ). However, the pain relief and functional improvement were greater for neural therapy group than steroid group at 3 and 6 months post-treatment. There were no complication after injections in neural therapy group, but skin atrophy and depigmentation was observed in two cases in steroid group.

**Discussion/Conclusions:** Neural therapy may be considered as an alternative treatment option in the treatment of lateral epicondylitis.

**Keywords:** Lateral epicondylitis (Tennis elbow); Randomised clinical trial; Steroid injection; Neural therapy; Skin complications

### Introduction

Lateral epicondylitis, also known as tennis elbow, is the most common cause of elbow side pain that affects 1-4 % of the adult population and 15% of the working population. The mean age at diagnosis of the lateral epicondylitis is between 35-50 years and the female to male ratio is generally equal. The clinical manifestation of the condition primarily constitutes tenderness in the lateral epicondyle or on the surface of the extensor common muscle, refractory pain during the extension of wrist and middle finger, the reduction of grip strength and significantly limitation of daily activities [1,2]. Although the exact cause of lateral epicondylitis remains unknown, it seems most likely that lateral epicondylitis results from abnormal microvascular response and excessive mechanical loading on the lateral epicondyle of the elbow created by wrist and finger extensors [3,4].

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