



Case Report

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**AYURVEDIC MANAGEMENT OF ANTERIOR DISLOCATION OF SHOULDER
JOINT: RESTORATION AND RECOVERY**Akshara T¹, Rahul H², Danie George³

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**ABSTRACT**

Anterior shoulder dislocations are mostly common due to falls on an outstretched hand. This case study discusses a misdiagnosed case of shoulder dislocation, which was managed later through conservative management. The treatment plan includes *Sandhi Sthapana* (Reduction), *Bandhana* (Immobilization), and *Sukhcheshta Prasarana* (Physiotherapy). Following this, the Milch maneuver was performed along with ayurvedic medications and dietary modifications to improve the stability of joints and movements. Through 4 weeks of management, the patient was able to achieve significant relief from symptoms.

Keywords: *Amsa sandhimuktha*, *bandhana*, milch manoeuvre**Key Messages:** The focus was on reducing pain and preventing recurrence using Ayurvedic treatment principles.**INTRODUCTION**

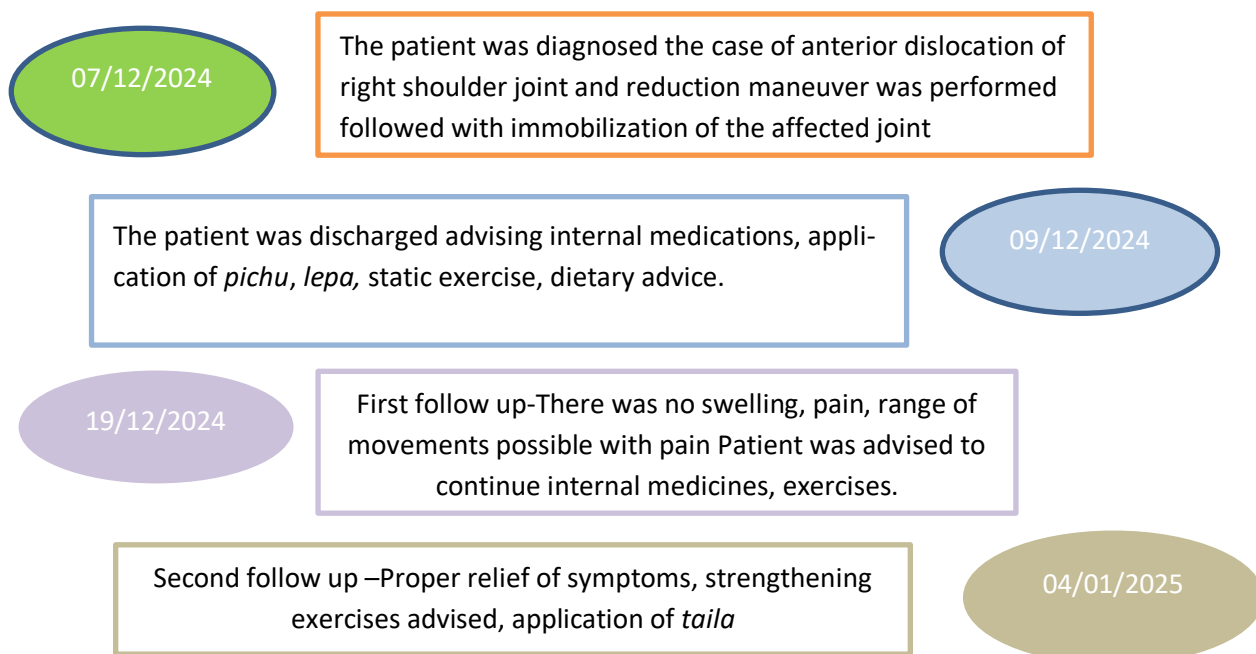
The shoulder joint in the human body is the most common site for dislocation. Anterior dislocation is significantly more prevalent than posterior dislocation, presenting a wide spectrum from minor instabil-

ity or a loose shoulder to a full dislocation. In the former case, the patient may experience pain in the shoulder, particularly during use. This pain results from the stretching of the capsule as the head shifts

out in the same direction without fully dislocating. This partial movement, known as subluxation, may spontaneously reduce or lead to dislocation. Once dislocated, it requires spontaneous reduction by another person, with or without anaesthesia. A fall onto an outstretched hand, while the shoulder is abducted and externally rotated, is the standard mechanism of injury. Occasionally, it can occur due to the humeral head moving out of the glenoid cavity. A posterior dislocation may arise from a direct impact to the front of the shoulder, forcing the head backwards. However, posterior dislocation can also result from an electric shock or an epileptic seizure. In Ayurvedic texts, *Acharya Susruta* provides detailed information in the chapter on *Bagna Nidana* regarding various etiological factors such as *Patna (fall)*, *Pidana (compression)*, *Praharana (blows)*, and *Aakshepana (throwing)* as causes of fractures and dislocations. Furthermore, he classifies these into *Sandhimuktha* (dislocation of joints) and *Kandabhagna* (breaking of bones). *Acharya* has also elaborated on the treatment principles for *Amsa Sandhimukta* (shoulder dislocation), which include three steps: *Sandhi Sthapana* (reduction), *Bandhana* (immobilisation), and *Sukhcheshta Prasarana* (physiotherapy).

TIMELINE

The timeline is depicted in Chart 1



CASE REPORT

A 54-year-old moderately built female patient, with a height of 154 cm and a weight of 71 kg, came for inpatient Ayurvedic management with chief complaints of neck pain, shoulder joint pain, low back ache, and knee joint pain for one year. The pain is aching in nature and worsens at night. She had already undergone allopathic treatment for the same. The patient is non-diabetic, non-hypertensive, and has no relevant family history. As a result of inpatient management, her pain in other joints has reduced, but shoulder joint pain on the right side persists.

Additionally, the patient reported a fall onto an outstretched hand three months prior, which exacerbated her condition. On clinical examination, swelling persisted, tenderness was evident, and all movements of the right shoulder joint were painful. Subsequently, radiographic investigations revealed sub glenoid anterior dislocation of the shoulder joint.

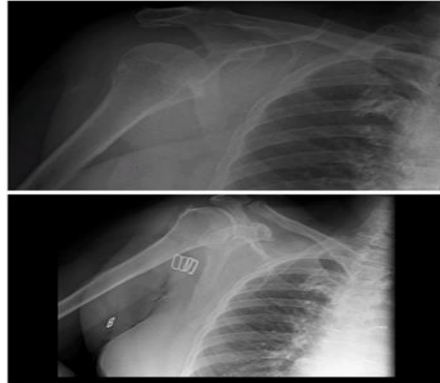
CLINICAL FINDINGS The patient was conscious and well-oriented. Vitals were within normal limits. Laboratory investigations show an ESR value of 55m/hr. On examination of the shoulder joint, there was swelling, tenderness, and restricted movements of the right shoulder joint.

Chart1-Timeline

DIAGNOSTIC ASSESSMENT

The case was diagnosed as sub glenoid anterior dislocation of the right shoulder joint based on the symptoms and was easily confirmed on an anterior-posterior X ray of the shoulder joint Figure 1

Figure 1 AP view of shoulder joint before and after reduction



THERAPEUTIC INTERVENTION

The patient was given reduction using milch maneuver followed by immobilization of the shoulder using chest arm bandage Figure 2 .The patient lies in a supine position .The practitioner holds the patient's arm at the wrist, abducting it to an overhead position and externally rotating it to 90 degrees. Subsequently, the practitioner pushes the humeral head into a superior and lateral direction. Traditionally, this method is performed without traction, but it can be modified by applying traction. ⁽⁷⁾ The Milch technique is a painless way to reduce the anterior dislocation of the shoulder.

Symptomatic improvements were noticed. The reduction was confirmed by the Dugas test and X-rays. Shoulder immobilization was done using a chest arm brace to provide adequate time for healing.

Figure 2 Bandaging



The patient was discharged after 2 days following reduction and was advised to hand exercise, application of *Murivena* followed by intake of internal medicines, which include *Musthadi marma kashaya*, *laksha guugulu tablet*, *gandha taila* soft gel capsule and application of *Jadamayadi choorna* externally. Exercise and diet modifications like intake of meat soup, milk, *ghrita*, and pea soup are being suggested.

FOLLOWUP AND OUTCOME

Depicted in Table 1

Day 1 Before Reduction	Day 2 After reduction	After 2 weeks	After 4 weeks
Severe pain, swelling grade 1, tenderness grade 2. Restricted movements	Pain reduced. With restriction of movements Bandaging done	Mild pain No swelling External rotation painful	No pain No swelling Range of movements possible

DISCUSSION

In Ayurveda Acharya Susrutha in *bagna chikitsa* had detailed regarding use of maneuvers regarding the method of *aanjana* (traction), *pidaana* (pressure), *sankeshpanma*, (reduction) and *bandana* (bandaging) to be done in case of any dislocations. ⁽⁴⁾ So, the traction is applied on the arm and pressure is applied on the axilla. Acute anterior dislocations are extremely painful conditions, and proper reduction saves the patient from it. *Marma* sites like *kakshadhara* and *lohitaksha* are very close to shoulder. So, this injury can cause serious complications due to injury to axillary vessels and brachial plexus. The early complications include injury to the axillary nerve resulting in paralysis of the deltoid muscle, rotator cuff injury, bankart's lesion, Hill Sachs lesion, fracture of greater tuberosity etc. The commonly used techniques require anaesthesia or sedation which requires a hospital stay and increases the cost of care, which also wastes time and manpower hence manoeuvre is being performed. As the condition is due to an *abhigataja nidana vata dosha* is vitiated mainly in *amsa sandhi* causing laxity and decreased stability of the shoulder joint hence internal medicines also focused on stabilizing the vitiated *vata dosha*. *Musthadi marma kashaya* is an *anubhoota* yoga which is used in case of *marma abhigathas*, fractures and dislocation of joints. It includes drugs like *rasna*, *bala*, *arka*, *mandukaparni* etc. in stabilizing *vata dosha*. *Lakshadi guugulu* tablet is a formulation indicated in managing bone fractures and other bone related disorders. It is known to be an excellent polyherbal medicine which helps to

prevent bone deterioration by delivering natural calcium, promotes the faster healing process in bone fractures, dislocations by increasing the calcium deposition on bones. Ingredients such as *Arjuna* and *Laksha* act on injured part to bring comfort by tightening the dilated capillaries and minimizing excessive edema at injury site. *Nagabala* act as powerful relaxant. *Aswagandha* contains Withaferin A reduces bone mineral density loss. *Shuddha guggulu* improves metabolism and mineral absorption in the bones further aiding in bone repair and joint health ⁽⁵⁾ *Gandha taila* soft gel capsules is an edible preparation of *gandha taila*, which is beneficial for all types of applications in case of fractures, dislocations. By its use the neck, shoulders and chest get strengthened. It contains *ksheera* owing to its *vatapithahara*, *jeevaniya*, *rasayana*. *Krishna tila*, *madhuka* having *vatahara*, *balya* properties ⁽⁸⁾

Murivenna is useful in conditions of dislocation, fractures as external application in the form of *pichu*. *Jadamayadi choorna* is being used for external application as its action on *ruja sophra*, *vathika* conditions. *Jadamamsi*, *kundururu*, *aswagandha*, *raktachandana*, *nata*, are proven for their *vedanasthapana* property. *Amaya*, *Kundururu*, *Aswagandha*, *Nata*, *Sarala* are proven for their *shophaghna* property due to their *katu rasa* and it dilates the obstructive Channels and it does *Doshavilayana* (liquefaction of *dosha*) and *srotoshodhana* which helps in relieving *margavarana* (obstruction of channels) and thus help in pacifying the vitiated doshas. Because of the *Jadamamsi*, *Aswagandha*, and *Rakta chandana* this medication will also help to improve patients mental

health also. The drugs like *Amaya*, *Rakta chandana*, *Aswagandha* are proven *Rakta shodhaka* and *Rakta Prasadhaka dravyas*, and these are anti-inflammatory, analgesic in action. ⁽⁶⁾

Immobilization was performed for providing proper time for healing, physiotherapy was to provide stability to joint, activate proper range of movements and to prevent further dislocation of joint.

CONCLUSION

This case report has provided a hope to manage dislocations of shoulder joint by using proper reduction manoeuvre and only using ayurvedic internal medications, exercise, dietary changes enabling joint stability as well enhancing proper range of movements of joint

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