

AVABAHUKA (ADHESIVE CAPSULITIS) IS MANAGED WITH SIROVIRECHANA AND UTTARBHAKTIKA SNEHAPANA: A CASE STUDY**Roshni Dhurve**

Assistant professor, Pt. Shivnath Shastri Govt. Auto. Ayurveda College, Burhanpur (M. P.)

Corresponding Author: dr.roshni03mp@gmail.com<https://doi.org/10.46607/iamj3312092024>**(Published Online: September 2024)****Open Access**

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Article Received: 08/07/2024 - **Peer Reviewed:** 29/07/2024 - **Accepted for Publication:** 14/08/2024.**ABSTRACT**

Avabahuka is a disease considered under *Vata Vyadhi*. It is caused by *Vata Dosha* with *anubandha* of *Kapha Dosha*. In modern, it is similar to Adhesive capsulitis of shoulder joint which is usually known as Frozen shoulder. It is a chronic condition characterized by pain and loss of range of motion. It has a negative impact on quality of life and work performance. In this study, a case of 49 years old female patient complained with pain and restricted movement of the shoulder joint for 2 years. Treatment was given along with *Panchakarma* procedure for 1 month. She was treated with *Udhvartana* for 6 days followed by *Snehana* – *Swedana* and *Shirovirechana* with *Mahamasha taila* along with *Uttarbhaktika snehapana*. The improvement was assessed on the basis of grading of sign and symptoms and Range of motion (ROM) before and after the treatment.

Keywords: *Avabahuka*, Adhesive capsulitis, *Udhvartana*, *Snehana-swedana*, *Shirovirechana*, *Uttarbhaktika snehapana*.

INTRODUCTION

Avabahuka mostly affects the *Ansha sandhi* (Shoulder joint) due to aggravation of *Vata Dosha*. It is not mentioned in *Nanatmaja Vata Vyadhi*. *Acharya Sushruta* has mentioned *Avabahuka* in *Vataja Vyad-*

hi. *Acharya Vagbhatta* has described the Vitiated *Vata Dosha* seated in *Ansha sandhi* which contract the *Shiras* and cause *Avabahuka* in which the symptoms of *Bahupraspanditahara* occurs¹. *Acharya*

Sushruta has defined that Vitiated Vata Dosha is seated in Ansha sandhi produce loss of function or restricted movement of shoulder joint by causing contractions in Shiras, Anshabandhan avashoshan and non – functioning of the concerned tendon². Madhava has commented that Ansha shosha is produced by Dhatukshaya i.e. Shuddha Vata janya and Avabahuka is Vata – Kapha janya³. The symptoms of Avabahuka are often correlated with the symptoms of Adhesive capsulitis referred to as Frozen Shoulder. It is characterized by pain and restricted movement of the shoulder, usually in the absence of intrinsic shoulder disease. Prolonged immobility of the arm contributes to the development of Adhesive capsulitis. The capsule of the shoulder is thickened, and a mild chronic inflammatory infiltrate and fibrosis may be present. It occurs more commonly in women after age 50. Pain and stiffness usually develop gradually over several months to a year but progress rapidly in some patients. The shoulder is tender to palpation and both active & passive movement are restricted⁴. The prevalence of Adhesive capsulitis of the shoulder is between 3 % and 5 % in the general population. The majority of patient are aged between 40 and 59 years at diagnosis, but some evidence suggest that Adhesive capsulitis can also occur later in life⁵. The diagnosis of Adhesive capsulitis relies on physical examination. Radiographs of the shoulder show osteopenia. The diagnosis is confirmed by Arthrogra-

phy. Various treatment modalities are used to treat Adhesive capsulitis such as local injections of glucocorticoids, NSAIDs and physical therapy may provide relief of symptoms. Manipulation under anesthesia may be helpful in some patients⁶.

CASE HISTORY : A 49-year-old female patient complained with pain and restricted movement of the Right shoulder joint for 2 years. She has no history of Hypertension, Diabetes mellitus, Trauma or any other illness. She consulted a physician who prescribed her with NSAID's & topical application and also advised for physiotherapy. She was taken medicines and done physiotherapy for few months but didn't get any remarkable relief. Then she visited to our hospital and came to Panchakarma opd for consultation. She was advised with Panchakarma along with shamana aushadh for 1 month.

INVESTIGATION : X – ray of shoulder joint was apparently normal.

EXAMINATION OF THE PATIENT : General physical examination was done. On physical examination, Range of motion of the right shoulder joint was limited in all ranges with pain.

ASSESSMENT CRITERIA : The improvement was assessed on the basis of relief in the sign and symptoms of the disease and Range of motion of the right shoulder joint i.e. Abduction, hyperextension, flexion, internal rotation and external rotation.

Scoring pattern :

Scores of signs and symptoms of Avabahuka are as follow :-

Table no. 1 : Showing the table of scores of Bahupraspanditahara

Bahupraspanditahara	Score
Can do work without being affected	0
Can do strenuous work with difficulty	1
Can do daily routine work with great difficulty	2
Cannot do any work	3

Table no. 2 : Showing the table of scores of Shoola

Shoola	Score
No pain at all	0
Mild pain, can do strenuous work with difficulty	1
Moderate pain, can do normal work with support	2

Severe pain, unable to do any work at all	3
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Table no. 3 : Showing the table of scores of Stambha

Stambha	Score
No stiffness	0
Mild, has difficulty in moving the joints without support	1
Moderate, has difficulty in moving, can lift only with support	2
Severe, unable to lift	3

INTERVENTION : Treatment was given to the patient for the duration of 1 month.

Shodhana chikitsa :

Table no. 4 : Showing the table of Shodhana chikitsa

Panchakarma	Aushadha	Duration
Udhvartana	Triphala choorna	6 days
Snehana – Swedana	Mahamasha taila	24 days
Sirovirechana	Mahamasha taila (2 ml. at each nostril)	24 days

Shamana chikitsa :

Table no. 5 : Showing the table of Shamana chikitsa

Medicine	Dose	Anupana	Duration
Guggulatiktak gritha	20 ml	Lukewarm water	1 month
Vatagajankush ras	1 BD	Lukewarm water	1 month
Mahamanjisthadi kwatha	20 ml	Lukewarm water	1 month
Cap. Frozholon	1 BD	Lukewarm water	1 month

OBSERVATION :

Table no. 6 : Showing the table of assessment of sign and symptoms of Avabahuka before & after the treatment

Symptoms	B.T.	A.T.
Bahupraspanditahara	2	1
Shoola	2	1
Stambha	3	0

Table no. 7 : Showing the table of assessment of Range of motion (ROM) before & after the treatment

Range of motion	B.T. (In degree)	A.T. (In degree)
Abduction	160°	180°
Hyperextension	20°	50°
Flexion	150°	180°
Internal rotation	70°	90°
External rotation	90°	90°

IMAGES OF THE EXAMINATION OF RANGE OF MOTION : ROM was assessed before and after the treatment.



RESULT : Before treatment, *Bahupraspanditahara* was score of 2, *Shoola* was of 2 and *Sihamba* was of 3. After treatment, Mild significant improvement was found in *Bahupraspanditahara* and *Shoola* was score of 1 and 1 respectively. Complete relief was found score of 0 in *Stambha*. Before treatment, Abduction was found 160°, Hyperextension 20°, Flexion 150°, Internal rotation 70°, External rotation 90°. After treatment, Abduction was found 180°, Hyperextension 50°, Flexion 180°, Internal rotation 90°, External rotation 90°.

DISCUSSION

Avabahuka is a disease which is caused by vitiated *Vata Dosha*. *Vata Dosha* is situated in *Ansha sandhi* and produce symptoms such as *Bahupraspanditahara*, *Shoola*, *Stambha*. *Panchakarma chikitsa* may be effective to manage *Avabahuka*. *Acharya Vagbhatta* recommended *Sirovirechana* and *Uttarbhaktika Snehapana* are used for the treatment of *Avabahuka*⁷. In this study, *Panchakarma chikitsa* has been done along with *Shamana chikitsa* which is proved beneficial in the management of *Avabahuka*. *Snehana – Swedana* and *Sirovirechana* with *Mahamasha taila* along with *Uttarbhaktika Snehapana* with *Guggu-*

latiktak gritha was done for the duration of one month. Snehana – Swedana are the effective treatment for all types of Vatavyadhi. The properties of Sneha dravya are just opposite to Vata Dosha. Sneha dravya having the properties of Guru, Sheeta, Sara, Snigdha, Manda, Sukshma, Mridu, Drava⁸. Vitiating Vata Dosha alleviate due to these properties. In Avabahuka, Vyana Vayu is vitiating and avritha of Kapha Dosha cause Asthi-sandhi ruja and hinders the movement to a greater extent⁹. Acharya Vagbhatta has mentioned that when Sneha is given before food, it cures Adhobhaga roga, in the middle it cures Madhyabhaga roga and after food it cures Urdhwabhaga roga¹⁰. Acharya Sharangdhara has mentioned that Aushadha gives after meal in the condition of Vyana Vayu Dushti¹¹. Thus, Uttarbhattika Snehanapana is effective for the management of Avabahuka which is caused by Vyana Vayu Dushti. Udhavartana helps to remove the Avritha Kapha Dosha due to which Stambhata will reduce. Sirovirechana is beneficial for Urdhwajatrugata vikara. Shirovirechana acts as Shodhana, Shamana and Brimhana. Shodhana eliminates the vitiating Dosha, Shamana alleviates vitiating Dosha and helps to reduce the Kshobha of the marma and indriya caused by vitiating Dosha and Brimhana provides nourishment to the Shirogata indriya. The drug administered will reach to the Shringataka marma and spread through the opening of the shiras of the eyes, ears, throat and head¹². After absorption of the drug by Shiras, it acts on the diseases of Skanda, Ansha & Greeva and Doshas are expelled from the Shira pradesha¹³. Mahamasha taila is used for Shirovirechana which is Brimhana. Brimhana provides nourishment to the Shiras and alleviates the vitiating Vata Dosha.

CONCLUSION

Shirovirechana and Uttarbhattika Snehanapana are proved to be effective in the management of Avaba-

huka. A significant relief was found in pain, stiffness and movement of the shoulder joint. Shirovirechana provide nourishment to the Shirogata indriya and alleviate the vitiating Vata Dosha by its Brimhana and Vatashamana in Avabahuka.

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