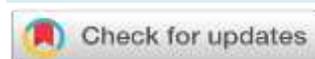


**ROLE OF AGNIKARMA AND MARMA THERAPY IN AVABAHUKA WITH SPECIAL REFERENCE TO FROZEN SHOULDER – A CASE STUDY****Jyoti Kaushik¹, Ajay Kumar², Tina Singhal³**¹PG scholar, Department of Panchakarma, Govt. Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India²Assistant Professor, Department of Kayachikitsa & Panchakarma, Govt. Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India³Assistant Professor, Department of Rachana Sharir, Govt. Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India**Corresponding Author:** drkaushikjyoti@gmail.com<https://doi.org/10.46607/iamj3111012023>**(Published Online: January 2023)****Open Access**

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Article Received: 08/12/2022 - **Peer Reviewed:** 28/12/2022 - **Accepted for Publication:** 09/01/2023**ABSTRACT**

Avabahuka is defined under eighty *Nanatamaja Vata Vyadhi* by Sushruta where vitiated *vata dosha* enters in veins of *Amsa Sandhi* (Shoulder joint) causing restricted movement of the Shoulder joint and atrophy of arm muscles. In the modern text, *Avabahuka* can be correlated with Frozen Shoulder. All actions of the body are somewhere depending on joints but when the joints get affected it not only causes disability but also psychological impacts like anxiety, irritability, and depression. The shoulder joint has the greatest range of movements and when it gets affected it limits daily routine activities, also unbearable pain hinders once psychological condition. Frozen shoulder usually gets better within 1-3 years, but this time is also difficult to reach. So, its treatment is very important. Various measures are described in Ayurveda for its treatment. In the present study, a 45 years old male complained of restricted movement of the left shoulder joint with unbearable pain for 3 months. He has been given *Agnikarma* and *Marma* therapy and after one sitting he got miraculous results in pain and motion with almost 85 percent relief. The second sitting of *Agnikarma* with *Marma* therapy was also done after one week and he get a complete cure. Pain always occurs due to aggravating *Vata dosha* and also in *Avababuka*, *vata dosha* is predominant. *Agnikarma* by its *ushna guna* relives *Vata dosha* and thus relives Pain and *Marma* therapy increases strength and blood flow to the

affected muscle. So, Agnikarma with Marma therapy can be the minimal time-consuming, cost-effective, and instant pain relief measure in Avabahuka.

Keywords: Avabahuka, Agnikarma, Frozen Shoulder, Marma therapy, Amsa sandhi, Panchakarma

INTRODUCTION

Among all joints of the human body shoulder joint has the greatest range of movement. Achaya Sushruta states that *hasta*(hand) is the *Pradhanam yantra*¹. Various movements like grasping, holding, manipulating, etc. are taken place by hand. But in some diseases movement of the hand become restricted, and painful which causes obstruction towards creation. *Avabahuka* is one of them where the restricted movement of the Shoulder joint occurs. The shoulder joint is also called the glenohumeral joint and it has more range of motion than any other joint in the body. Frozen Shoulder also called *Adhesive Capsulitis* results from a condition that enforces prolonged immobility of the shoulder joint. The shoulder is painful and tender to palpate, and both active and passive range of motion is restricted.²*Avabhuka* is a disease caused by vitiated *vata dosha* localizing around the *amsa pradesa* causing the *shoshana* of *amsa sandhis*, thereby leading to to akunchana of sira at that site and giving rise to *bahu praspandana haratwam*.³ Frozen shoulder most commonly affect people between the age of 40 to 60 and occurs in women more often than man. There are many methods for the treatment of Avabahuka in Ayurveda like *Siravedha*, *Agnikarma*, *Basti Chikitsa*, *Nasya*, *Snehana*, *Swedana*, and oral medication. Hence here in this case *Agnikarma* with *Marma therapy* is used. As Avabahuka is *vataj vyadhi* so, *Agnikarma* by its *ushna guna* help in relieving *vata dosha*, and *Marma therapy* tone up the strength of muscles around the shoulder joint and helps in increasing blood flow to the affected part of the neuro-muscular junction.

Patient information

A 45-year-old male has a complaint of restricted movement of the left shoulder joint with unbearable pain for 3 months. There was numbness and weakness in the left limb, stiffness in the arm, and difficulty in performing routine work. He has no history of

Diabetes mellitus, hypothyroidism, hypertension, or any other serious illness.

History of Present illness:

According to the patient, he was alright before 3 months but the sudden onset of left shoulder joint pain starts first which increases day by day and starts hampering her day-to-day activities. His gait is also disturbed day by day due to severe pain and stiffness. The patient took modern treatment also but got no satisfactory result so, he came to our Panchakarma OPD at Govt Ayurvedic College, Varanasi for Ayurvedic treatment.

History of Past illness: -

The patient hasn't any history of DM/HTN/Thyroid disease/any major surgery.

Personal history: -

- Occupation – Student
- Appetite – Decreased
- Addiction – No addiction
- Allergy – No history of any food or drug allergy
- Gait – Disturbed

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• Occupation - Labour

- Appetite – good
- Sleep – disturbed due to severe pain in the night
- Bowel – clear
- Addiction –no addiction
- Allergy – no history of any food or drug allergy

Asthavidha Pariksha:

- Nadi (pulse)- 70/min
- Mala (stool)- prakrut (natural)
- Mutra (urine)- prakrut (natural)
- Jihwah (tongue)- sama (coated)

- Shabda (voice)- prakrut (natural)
- Jihwah (tongue)- ruksha (dry)
- Shabda (voice)- prakrut (natural)
- Drik (eyes)- prakrut (normal)
- Akriti (built)- Madhyam

Nadi (pulse)-74/min

- Mala (stool)-vibandha (constipated)
- Mutra (urine)-prakrut (natural)
- Jihwah (tongue)-sama (coated)
- Shabda (voice)-prakrut (natural)
- Drik (eyes)-prakrut (normal)
- Akriti (built)-krish (lean and thin)

Dashavidha Pariksha: -

- Prakriti (constitution) – kapha pradhan vataj prakriti
- Vikruti (morbidities)- dosha (Vatapradhan)
- Satwa (psychic condition)- avara
- Sara (excellence of tissue elements)- Asthisara
- Samhanana (compactness of organs)- madhyam
- Vikruti (morbidities)- dosha (vata pradhan tridosha),
- Prakriti (constitution)- lean body (vata pradhan pitta)
- Pramana (measurement of organs)- madhyam
- Satmya (homologation)- Katu , Kashya rasa
- Aharasakti (power of intake and digestion of food)- avara
- Vyayamshakti (power of performing exercise)- avara
- Vaya (age)- 17 year

Clinical findings: -

In physical examination:-

- Muscle tone: Normal
- Deformity of Left shoulder joint- Absent
- Muscular atrophy- slight wasting is seen in the left shoulder joint
- Tenderness- Mild tenderness present in the left shoulder joint
- Local temperature- Normal
- Restriction of movements with severe pain
- Restriction range of Movements:
- Abduction- 90 degree

- Flexion- 160 degree
- External rotation – 90 degrees
- Internal rotation: Severe pain with Dorsum of a hand touching L2 only

Lab investigations:-

- RA/CRP/Serum Uric acid all are within normal limit
- X-Ray left shoulder joint shows not any significant abnormality

Material and methods:

In this case, first Marma therapy is done and then Agnikarma is done with two consecutive sittings after one week.

For Marma therapy:-

- Fingernails should be cut in both hands and Marma points in the body should not be betouched by the fingernails
- Don't talk to others while rendering Marma treatment and make the patient sit or lie down during the procedure.
- The pressure applied should be equal on every point.

For Agnikarma:-

Purva Karma (Pre-procedure of Agnikarma) -

Pre Agnikarma-Diet: - In all diseases and during all seasons, the Agnikarma can be done after feeding the patient with a pichhila diet, and on an empty stomach in case of Mal-presentation of the foetus, Calculus diseases, Fistula in ano, abdominal diseases, Piles and diseases of Oral Cavity⁴

Pradhankarma (Principal procedure of Agnikarma)

Before doing the procedure of *Agnikarma*, *Swasthika vachana* should be done; the patient kept in a suitable position by keeping their head in the East direction and held by expert assistants to avoid movement. After this the surgeon should make the different shapes of *Agnikarma viz.:- Valaya, Ardchandra, Swastika*, etc. as per need by heated Shalaka in a smoke-free fire of *Khadira* or *Badara* with the help of a blower or a fan. During this period if patients feel discomfort, then keep them satisfied by courageous, consolations talks, giving cold water for drink, and sprinkle cold

water. But the procedure of *Agnikarma* should be done till the production of complete cauterization.⁵

Paschyat Karma (Post Agnikarma Management) After completion of *Agnikarma Madhu* and *Ghrita* apply on the part where *Agnikarma* has done for *Ropana* of *DagdhaVarna*⁶.

Assessment criteria:-

Assesment is done on the basis of scoring before and after treatment.

Scoring of Symptoms:

1. Bahupraspandithara

Symptoms	Scores
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

2. Shoola

Scores

Symptoms	Scores
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

3. Amsashosha

Symptoms	Scores
No wasting	0
Mild wasting	1
Moderate wasting	2
Severe wasting	3

Result:

After one sitting, she got miraculous results in pain and motion with almost 85 percent relief. The second sitting of *Agnikarma* with *Marma therapy* was also done after one week and she get a complete cure.(Figure1 & 2)

Symptoms	Before treatment	After treatment
Bahuprasapandithara	3	0
Shoola	2	1
Amshashosha	1	0
Abduction	90 degrees	170 degrees
Flexion	160 degrees	180 degrees
External rotation	90 degrees	90 degrees

DISCUSSION

Avabahuka is defined as a disease where vitiated *vata dosha* enters in veins of *Amsa Sandhi* (Shoulder joint) causing restricted movement of the Shoulder joint and atrophy of arm muscles⁷. In the modern text, it is correlated with Frozen Shoulder. Ayurvedic proce-

dures can play a significant role in the management of *Avabahuka*. Pain can be correlated with *Ruja* which is the feature of aggravated *Vata dosha*. *Agnikarma* is one among the parasurgical procedure, *anushastra*, and *upayantra*. Acharyas said that *Agnikarma* is superior to *bheshaja*, *shastra*, and *kshar karma* because a disease burnt over *Agni* will never

reoccur⁸. By its properties, *Agnikarma* removes *Srot-rodha* and increases the *Dhatwagni* there by relieving the symptoms. The therapeutic Heat of *Agnikarma* increases the blood circulation locally and flushes away the Pain producing substance. *Agnikarma* acts in *Vataj* and *Kapha* afflicted conditions as this therapy has *Ushna*, *Teekshna*, *Sukshma*, and *Aashukari gunas*, which are opposite to *Vata* and *Kapha dosha*. Also, *Marma* is the vital point and defined as the centre of *prana*. *Marma therapy* increases strength and blood flow to the affected muscle thus helping in relieving pain and other symptoms in *Avabahuka*.

CONCLUSION

Avabahuka is *Vataj vyadhi* defined under 80 *nanatmaja roga*. It not only causes disability but also psychological impacts like anxiety, irritability, and depression. Here in this case *Agnikarma therapy* along with *Marma therapy* is found quite beneficial. There is a significant improvement in symptoms found after two consecutive sittings of *Agnikarma* with *Marma therapy* with a gap of one week.

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Figure 1-Hand Movement before treatment



Figure 2-Hand Movement after treatment