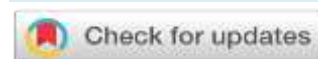


**AYURVEDIC PANCHAKARMA THERAPY MANAGEMENT OF AVABAHUKA WITH SPECIAL REFERENCE TO FROZEN SHOULDER- A SINGLE CASE STUDY.****Febin P Jose¹, Litty C. J²**

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Ayurveda considers neuro-muscular, musculo-skeletal disorders, and degenerative disorders into one single heading called the *Vatavyadhis*. *Avabahuka* is one among these *Vatavyadhis*, which is a common disease that affects the day-to-day activities of an individual. The patient experiences *Shoola* (pain) and *Bahupraspandanahara* (restricted range of movements) in this condition. Frozen shoulder or Adhesive Capsulitis is a disease having similar clinical features as in *Avabahuka*. *Panchakarma* treatments (Penta-bio purification therapies) like *Nasya* (instillation of herbal medication through the nose), *Uttarabhaktika Snehapana* (oral intake of medicated fatty substances after food), and *Patrapinda Sweda* (leaf bolus fomentation) are advised for the treatment of *Avabahuka*. In the present study, the patient was managed by these therapies and got significant results in pain, stiffness, and improvement in the degree of shoulder joint movement.

Keywords: *Vatavyadhis*, *Avabahuka*, Frozen shoulder, *Panchakarma*, *Nasya*, *Uttarabhaktika Snehapana*, *Patrapinda Sweda*.

INTRODUCTION

Ayurveda considers neuro-muscular, musculo-skeletal disorders, and degenerative disorders into one single heading called the *Vatavyadhis*. *Avabahuka* is one among these *Vatavyadhis*, which is a common disease that affects the day-to-day activities of an individual. The *Amsa Sandhi* (shoulder joint) is involved in this disease's condition. The patient experiences *Shoola* (pain) and *Bahupraspandanahara* (restricted range of movements) in this condition¹. In modern science, Frozen shoulder or Adhesive Capsulitis is a disease having similar clinical features as *Avabahuka*. Frozen shoulder is a condition that causes a restricted range of active and passive glenohumeral motion in the shoulder joint.²

The treatment guidelines include NSAIDS, hot fomentation, intra-articular injection, surgical procedures, and physiotherapy in the contemporary system of medicine.³

In Ayurveda, *Shamana Chikitsa* (palliative approach) and *Shodhana Chikitsa* (purification therapy) are mentioned in the treatment of Diseases. *Shamana Chikitsa* involves the usage of internal medication and *Shodhana Chikitsa* includes the *Panchakarma* treatments (Penta-bio purification therapies). In the present case study, an attempt is made to show the importance of *Panchakarma* treatments in the form of *Nasya Karma*, *Patrapinda Sweda*, and *Shamana Chikitsa in the form of Uttarabhaktika Snehapana* in the management of *Avabahuka*.

Aims and Objectives of the study:

1. To understand the *Ayurvedic Samprapti* (pathogenesis) and *Chikitsa* (treatment) of the disease.
2. To evaluate the efficacy of *Karpasasthyadi Taila Nasya Karma* in *Avabahuka*.
3. To evaluate the efficacy of *Patrapinda Sweda* (leaf bolus fomentation) in *Avabahuka*.
4. To evaluate the efficacy *Uttarabhaktika Snehapana* in *Avabahuka*.

Material & Methods:

Ayurvedic classics explain the *Chikitsa* of *Avabahuka* as follows.

1. *Avabahuka* can be managed by *Nasya Karma* and *Uttarabhaktika Snehapana*.⁴

2. Acharya Sushruta adopts *Vatavyadhi Chikitsa* in the management of *Avabahuka*.⁵

3. *Nasya*, *Uttarabhaktika Snehapana*, and *Sweda* are advised for the treatment of *Avabahuka* according to Vangasena.⁶

4. In degenerative diseases, like *Avabahuka Brumhana Nasya* and *Vatashamaka Chikitsa* are more effective.⁷

Considering these treatment guidelines from the classics, *Nasya*, *Patrapinda Sweda*, and *Uttarabhaktika Snehapana* were considered in the present case study.

Place of Study:

The present case study was done in the department of Panchakarma Government Ayurveda College & Hospital Bilaspur, Chhattisgarh.

Case Report:

Present history:

A female patient with an average built the age of 45 years visited the OPD in the Department of Panchakarma, Government Ayurveda Medical College Bilaspur, Chhattisgarh, with chief complaints of pain in the Right Shoulder and difficulty in lifting the arm for 3 months.

Past history:

The patient had a Road traffic accident after which she had pain in her right shoulder. She neglected the pain and tried some home remedies but couldn't get any relief. Gradually pain aggravated such that she also found difficulty wearing her cloths. She consulted an Orthopaedician and was under his treatment for the last 3 months. The patient also had undergone physiotherapy for the same complaint, but she dint get any significant improvement, slowly she started to develop stiffness in her right shoulder and was unable to do her daily routine work.

Examination:

On examination- the general condition of the patient was found normal. Blood pressure was 110/70 mmHg, Pulse rate was 76/minute, Weight-69 kg, and Height -5.2.

Astavidha pariksha

Nadi (pulse) was *Vata- Pittaja*, *Mala* (stool) was *Nirama* (normal), *Mutra* (urine) was of light yellow

coloured, *Jihva* (tongue) was uncoated, *Sabda* (speech) was normal, *Sparsa* (touch), *Drika* (eye-sight) & *Akriti* (physical characteristics) were found normal.

Dashvidha Pariksha.

Prakriti (constitution) of the patient was Vata-Pittaja, *Vikriti* (pathogenesis) was *Vata Kaphaj*, *Sara* (the essence of the body tissues), *Agni* (metabolism) was *Samagni* (normal), *Shaman* (body composition) was *Madhyama* (medium), *Vyayam Shakti* (exercise capacity), *Jarana Shakti* (digestion capacity), *Satva* (mental strength), *Bala* (strength) and *Ahara Shakti* (food intake capacity), was found *Pravara* (most excellent),

Systemic Examination.

Cardiovascular, Respiratory system, & CNS examination was normal with no abnormality.

Physical examination of arms and shoulders we have done to inspect any deformity and to see the range of movements. Both active and passive range of motion was observed during the examination.

On inspection of the shoulder from the side, front, and back no scars, or cuff/deltoid wasting we found. Bony landmarks and spinal and scapular alignment were normal. On palpation, there was no acromioclavicular-induced pain.

Flexion, Extension, Abduction, Internal rotation, and External rotation associated with Shoulder joint range of movement were actively and passively assessed.

Table 1: Observations of examination

Range of movements	Observation	Normal range ⁸
Flexion	70 ⁰	180 ⁰
Extension	50 ⁰	45 ⁰ to 60 ⁰
Abduction	30 ⁰	150 ⁰
Internal rotation	30 ⁰	70 ⁰ to 90 ⁰
External rotation	40 ⁰	90 ⁰

Specific Shoulder joint examination:

Yergason’s test (resisted forearm supination with the elbow flexed to 90⁰), Speed’s test (resisted shoulder forward flexion), and Shoulder Drop Arm test were normal.

Investigations:

X-ray, both anteroposterior (AP) and axial, dint show any fracture, dislocation, or Glenohumeral joint ar-

thritis

Criteria for assessment:

Assessment of the condition was done based on the examination and Symptoms mentioned in *Ayurveda* classics which include *Shoola* and *Bahupraspan-danahara*. A Performa adopts the standard method of scoring of subjective and objective parameters we used.

Treatment Protocol:

Total duration: 60 days.

Table 2: Course of Treatment

Day	Treatment	Medicine	Duration of therapy
1.	<i>Patrapinda Sweda</i>	<i>Karpasasthyadi Taila</i> for <i>Abyanga</i>	7 days 35 min
2.	<i>Nasya Karma</i>	<i>Karpasasthyadi Taila</i> 4drops in each nostril	7 days 30 min (entire procedure)
3.	<i>Uttarabhaktika Snehapana</i>	<i>Karpasasthyadi Taila</i> 05ml -0 5ml	with milk 30 days

The patient was advised to take Panchakarma therapies before which counselling was done to the patient

about the disease's condition and further therapies were started with patient consent.

Karpasasthyadi Taila was smeared on the affected joint and upper half of the body, then *Abhyanga* (Ayurvedic massage) was done in the affected joint and upper half of the body in the downward direction for five minutes.

Then *Patrapinda Pinda* (leaf bolus) was heated in *Karpasasthyadi Taila* and applied to the patient's body and affected joint instantly after checking the temperature gently by the therapist for 30 minutes. The procedure was done for 7 days.

Marsha Nasya type of *Nasya* was selected with *Karpasasthyadi Taila*. *Abyanga* was performed first over the neck, and head region with *Karpasasthyadi Taila*. Mild *Swedana* (fomentation) was done on the part of the body above the shoulders. The patient was made to lie down on the table in the supine position. The legs were slightly elevated, and the head lowered. Their eyes were covered by a cotton pad. The drug was slowly instilled into each nostril in *Avichinna Dhara* (steadily dropped in an uninterrupted fashion) one after the other. The other nostril was covered during the instillation of the drug in one nos-

tril. The patient is told to inhale the medication slowly.

The patient was advised not to shake her head during the therapy. Mild *Swedana* was done again on the part of the body above the shoulders. The patient was strictly advised not to swallow the medicine, but to spit it out in the spittoon kept aside. The patient was allowed to spit until the smell and taste of the drug faded from the throat. Then the patient was advised to rest for 100 *Matrakala* (30 – 32 seconds). The dose of *Nasya* was fixed to 8 -8 *Bindu* (drops) in both nostrils.

The post-procedure of *Nasya Karma* was followed by *Dhoomapana* (smoke inhalation) and *Kavala* (gargling). The patient was instructed to take lukewarm water for drinking, bathing, and face washing. Head bathing, using cold water, and food were strictly avoided throughout the procedure.

Uttarabhaktika Snehapana with *Karpasasthyadi Taila* was done at home by the patient as instructed. 10 ml in divided doses (morning and evening 05 ml each) followed by lukewarm milk for 30 days.

Table 3: Shamana Aushadi used after the treatment.

Day	Treatment	Dose	Anupana	Duration
1.	<i>Bala Arista</i>	0-15ml-15ml	Equal Qty of water	14 days
2.	<i>Yogaraj Gugglu</i>	1-0-1	With Bala Arista	14 days
3.	<i>Karpasasthyadi Taila</i>	Q.S local application	Lukewarm	30 days

Pathya:

The patient was asked to avoid lifting heavy objects and use the right lateral position for sleep. She also was advised to avoid day sleeping, cold, oily, and spicy food.

Follow-up and Outcomes:

The patient was assessed clinically on the 7th day after the *Patrapinda Sweda*, in which she had a reduction in pain and the range of moments. After completion of *Nasya Karma*, the patient had good relief in pain but no further significant improvement in the range of moments was observed. During the follow-up after 30 days of *Uttarabhaktika Snehapana* and internal medication patient got complete relief in pain. The stiffness in the shoulder joint reduced and

the range of movements improved considerably. The patient was now able to perform her daily routine work with ease.

DISCUSSION

The manner of *Doshic* vitiation and the course they follow, culminating in the development of specific clinical manifestation is known by the name *Samprapti*. Understanding *Samprapti* is vital in the planning of the treatment of any disease since *Chikitsa* enunciated in Ayurvedic text is nothing but *Samprapti Vighatana* (bringing the pathogenesis).

In *Avabahuka Samprapti* can be caused due to (i) *Bahya hetu* (external cause) — due to injury in the region surrounding the *Amsa sandhi*, or due to

(ii) *Abhyantara hetu* (internal cause) — which includes, indulging in the etiological factors that aggravate *Vata* leading to the vitiation of *Vata* in that region. Both reasons cause *Karmahani* (loss of function) of *Bahu* (shoulder joint).⁹

Here we consider the *Bahya hetu* (external cause), as the patient had undergone a road traffic accident. Considering the references from the classical Ayurvedic textbooks in this condition the *Vyana Vata* vitiates the *Snayu* and produces *Sthabdhattha* in the *Amsa Predesha* and produces *Avabahuka*. aggravated *Vata*, causes the decrease of the *Shleshaka Kapha*, leading to *Gatisanga* (restricted movement) and producing *Avabahuka*.¹⁰

Drug review:

Karpasasthyadi Taila described in *Taila Yoga Adhikara* of *Sahasrayoga* is generally practiced in the treatment of *Avabahuka*. The ingredients of *Karpasasthyadi Taila* are *Karpasa* (*Gossypium Herbaceum*), *Rasna* (*Alpinia Galanga*), *Masha* (*Vigna Mungo*), *Kulattha* (*Macrotyloma Uniflorum*), *Devadaru* (*Cedrus Deodara*), *Bala* (*Sida cordifolia*), *Kustha* (*Sausseria Lappa*), *Nagara* (*Zingiber Officinale*), *Shatapushpa* (*Anethum Graveolens*), *Pippali Moola* (*Piper Longum*), *Shigru* (*Moringa Olifera*), *Punarnava* (*Boerhaavia Diffusa*), *Aja Ksheera* (Goat milk) and *Tila Taila* (Sesame oil).¹¹

The indication of the Yoga itself states that it is effective in almost all *Vatavyadhi* and especially on *Avabahuka*. It does *Balya* (Strengthening) and *Bhramana* (Nourishment) Karma. Most of the contents of *Karpasasthyadi Taila* have *Katu Rasa* (pungent taste), this *Katu Rasa* even aggravates *Vata Vyadhi*, but with the influence of *Snigdha* (Unctuous), *Guru Guna* (Heaviness) of *Taila*, *Usna Guna* (hot) and *Veerya* (potency) of the ingredients, it subsides the aggravated *Vata* in *Avabahuka*. The *Usna Guna* of the ingredients of *Karpasasthyadi Taila* subsides the *Sheeta Guna* (coldness) of *Vata* to subside the pain and Stiffness thus providing a significant effect on symptoms of *Avabahuka*.¹²

Treatment review:

Patrapinda Sweda is a type of *Pinda Sweda* (bolus fomentation) in which leaves of medicinal plants

which subside *Vata* along with other drugs are used. Leaves of medicinal plants *Eranda* (*Ricinus communis*), *Nirgundi* (*Vitex negundo*), *Arka* (*Calotropis gigantea*), *Chincha* (tamarind), *Shigru* (moringa leaves), along with pieces of lemon, grated coconut, Turmeric powder, *Rasnadi Churna*, *Methika* (*Trigonella foenum-graecum*), *Saindhava Lavana* (rock salt) used has analgesic and anti-inflammatory properties, thus they pacify the morbidity of *Vata*. *Patrapinda Sweda* thus relieves pain, stiffness, and swelling associated with the joint.

Patients were treated with *Marsha Nasya* with *Karpasasthyadi Taila* in doses of 8-8 *Bindus* in each nostril. Considering the pathogenesis *Brimhana* (nourishing) *Nasya* was used.

All ancient Acharyas have considered *Nasa* (nose) as the gate way of *Sheera* (head). According to *Charaka Samhita*, the drug administered through the nose enters the *Uttamanga* (region above the shoulder) and eliminates the morbid *Doshas* residing there.

The lowering of the head, the elevation of the lower extremities, and the fomentation of the face seem to have an impact on the blood circulation of the head and face. As the efferent vasodilator nerves are spread out on the superficial surface of the face, receive stimulation by fomentation and it may engender increased blood flow to the brain.

The nasal cavity opens directly into the frontal, maxillary, and sphenoidal air sinuses, these sites have rich vessels of blood. The retention of the drug in the nasopharynx thus has a better chance of drug absorption.

Astanga Hrudhaya explains *Nasya* and *Uttarabhaktika Snehapana* are useful in the management of *Avabahuka*.¹³ *Vyana Vata* a sub type of *Vata* is responsible for the different movements like flexion, extension, etc associated with different parts of the body.¹⁴ Ayurvedic texts advise the use of medications in *Anna Ante* (after food) in *Pratah* (morning) and *Sayam* (evening) in diseases due to *Vyana Vata* and *Udana Vata*.¹⁵

Considering the *Samprapti* in the present case study the vitiated *Vata* due to its *Rookshadi* (dry) qualities does the *Shoshana* (absorbing) of *Shleshaka Kapha*

that is present in the *Amsa Sandhi* (shoulder joint). To subside this *Rooksha* quality and to normalize the *Shleshaka Kapha* qualities, *Brumhana Snehapana* (oral intake of medicated fatty substances) with *Taila* (best amongst *Snehas* for *Vata Vyadhi*) was used. In the context of using *Snehapana* for *Shamana* and *Brimhana* purposes, it is told to take a small quantity of *Sneha* after food.¹⁶ Considering these references from the classical textbooks *Karpasasthyadi Taila* in doses of 5 ml was given to the patient after food morning and evening for 30 days.

CONCLUSION

As *Avabahuka* is a *Vata Vyadhi*, which in general is difficult to cure. The present study shows highly significant results which indicate that proper care is taken in understanding the *Samprapti* of the diseases then *Avabahuka* can be managed by *Ayurvedic Panchakarma* therapies like *Nasya*, *Uttarabhaktika Snehapana*, and *Patrapinda Sweda*. There was a significant improvement in the pain, stiffness, and improvement in the degree of shoulder joint movement.

Table 4: Observations After treatment:

Range of movements	Before treatment	After treatment
Flexion	70 ⁰	120 ⁰
Extension	50 ⁰	60 ⁰
Abduction	30 ⁰	100 ⁰
Internal rotation	30 ⁰	70 ⁰
External rotation	40 ⁰	60 ⁰

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