

AYURVEDIC MANAGEMENT OF AVABAHUK W.S.R TO FROZEN SHOULDER: A CASE REPORT

Prajakta Giridhar Mhatre¹, Amit Chavan²

¹Post Graduate Scholar, ²Associate Professor
Panchakarma Department, Y.M.T Ayurvedic Medical College and Hospital, Kharghar,
Navi Mumbai, Maharashtra, India

Corresponding Author: prajaktamhatre138@gmail.com

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ABSTRACT

Avabahuka is a disease that usually affects the *Amsa sandhi* (shoulder joint). It is produced by the *Vata dosha*. The Present study has reported a case of *Avabahuka*. The patient had c/o severe pain and stiffness over the back of the neck associated with restricted movement of the left hand for 1 year, but since the 1-month patient was unable to bear the pain as the patient did not get relief in pain and stiffness from pain killers. For this, he came for treatment. Which was treated for 30 days. Patient was treated with, *Snehan* with *Dashamoola taila*, *Swedana* and *Mamsa rasa Nasya*. In this study, we come across the scope of Ayurvedic treatment to address such a disease. The treatment was purely based on the principles of Ayurveda. During the treatment, all the signs and symptoms were reduced to a greater extent.

Keywords: *Avabahuka*, *Sirasankochana*, *Shosha*, Frozen shoulder, *Nasya*

INTRODUCTION

Avabahuka is described under *Nanatmaja vatavyadhi* by Charaka. *Avabahuka* comprises of two words *Ava* and the *Bahuka*. *Ava* means *Viyoga* i.e., dysfunction or separation; and the *Bahuka* means the arm. Charaka

used the word *Bahushosha* (wasting) and *Bahusheer-shagatavata* (affects normal activities of hand). It is localizing around the *Amsa Pradesha* (shoulder region) and thereby causing *Shoshana* (weakness) of the

shoulder joint. *Amsashoshan* (wasting) is the preliminary stage wherein there is loss or dryness of *Shleshak kapha* (a type of the *kapha* humour) and *Avabahuka* is the next stage wherein there is loss of *Shleshak kapha* as a result *Bahupraspanditahara* (vata get lodged in the root of the shoulder) and *Shoola* (pain) are seen. *Nasya* is the most important procedure, as it is mentioned for managing *Urdwajatrugata rogas*. So, in some places it has been given first place in the sequence of panchakarma, the main and most important dosha involved is *Vyanavayu*. From a modern point of view, the disease involving the neurological, musculo-skeletal, psychosomatic, and gastrointestinal system disorders have more similarities with the *Vata vyadhi*. It indicates the wide-ranging involvement of *Vata* in various systems of the body. *Nasya* is said to be the first line of treatment in the management of *Avabahuka*. *Brumhana nasya* is indicated for *Avabahuka* in the classics. There is a direct reference of *Nasya* with *Mamsa rasa nasya* mentioned in *Chakradatta Vatavyadhi chikitsa*. With uncertain aetiology, frozen shoulder is characterised by clinically significant restrictions of active and passive shoulder motion and especially in the absence of a known intrinsic shoulder disorder *bahya* and *Abhyantara Snehan* treatment plays a vital role in the management of *Dhatu kshayaja vikaras*.

Materials and Methods

CASE REPORT

A 42-year-old male patient visited at Panchakarma OPD of Y.M.T Ayurvedic hospital Kharghar, Navi Mumbai

He was having the following complaints

- Pain at left shoulder joint
- Stiffness at left shoulder joint
- difficulty in the movements (ROM)
- disturbed sleep due to pain

All the above-mentioned complaints were in the last 1 year. The onset of pain at the left shoulder joint was increasing gradually but since the last 1-month pain had aggravated and the patient was having difficulty with the movements of the left shoulder joint. The patient came with the above complaints in the OPD of Y.M. T Ayurvedic hospital and was admitted to the

IPD panchakarma ward. The patient was advised following investigations BSL fasting and PP, HbA1c, X-ray of left shoulder joint, All the above reports were normal.

Criteria for Assessment of result

Based on the symptoms assessment was done. The following symptoms of the disease were observed in the patient as follows pain at left shoulder joint, difficulty in movements (ROM), Stiffness at the left shoulder joint.

Treatment Given: *Bruhana Nasyakarma* with *Mamsa rasa* 8-8 drops in each nostril, the above procedure was done for 1 month

Method of Nasya Karma

1. Purvakarma: *Snehan* with *tila taila mukha pradeshi* and *Nadi sweda* was done for 10 minutes

2. Pradhan karma: The patient was made to lie in the supine position and the head was advised to be in *Pralambita* Position, Patients eyes were covered with cotton. Then 8 *Bindu* of lukewarm *Ajja mamsa rasa* was taken in *Nasyapranadi* (dropper) and instilled in each nostril in a continuous stream (*Anavacchina*). After administration of *Nasya*, the patient was advised to lie in the supine position for about 2 minutes. Then the regions of the ears, forehead, skin of the scalp, cheeks, nape of the neck, shoulder, palms and soles were massaged, and the patient was allowed to spit out the *Kaphadi doshas* into the kidney tray placed right and left side of the patient.

3. Paschat Karma: -

Kavalgraha- *kavalgraha* is the process of holding the liquid in the mouth without the restriction of movements inside the mouth. Lukewarm water was used for *Kavalgraha*.

Dhumapana Varti was made by (*Raal, Haridra, Shudha Guggula, Shigru, Aguru* each in equal quantity with applying *Panchatikta ghrita*) was given to the patient. The patient was advised to inhale 3 times by each nostril and exhaled through the mouth only. After *Dhumapana* patient was advised to take some rest and then can go home by covering the head and exposed part of the face and neck. The patient was advised to avoid air conditioners, sit under a rotating fan, cold breeze, consuming cold water/drinks/stale food.

METHODS OF MEASUREMENT

Table 1: Showing Subjective Parameters-

1} *Amsa shoola* (shoulder pain)

0	No pain at all
1	Mild pain can do strenuous work with difficulty
2	Moderate pain can do normal work with support
3	Severe pain, unable to do any work at all.

2} *Bahupraspanditahara* (shoulder stiffness)

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

Table 2 (a). Objective parameters

Movement of shoulder joint (0-180)	ROM (IN DEGREE)			
Flexion	0-45	45-90	90-135	135-180
Abduction	0-45	45-90	90-135	135-180
Extension	0-15	15-30	30-45	45-60
Grade	3	2	1	0

Table 2(b). Internal and External rotation

ROM In degree	Grade
Upto 0	3
Upto 30	2
Upto 60	1
Upto 90	0

RESULTS

The patient had started recovering during the hospital stay and at the end of the treatment i.e., 30 days there

was a remarkable recovery. So, we concluded that the subjective and objective symptoms got better with the help of ayurvedic treatment.

Table 3: Showing Prognosis of Treatment

Subjective parameters	0 day (before treatment)	15 th day	30 th day	37 th day
Left shoulder joint pain	+++	++	+	-
Left shoulder stiffness	++++	+++	++	-

Table 4: Showing Changes in Objective Parameters

ROM	0 day (before treatment)	15 th day	30 th day	37 th day
Flexion	40	50	80	100
Abduction	50	65	80	120
Extension	35	40	45	50
Internal rotation	30	30	60	90
External rotation	35	40	65	90

DISCUSSION

The above results were assessed based on symptomatic improvement using the VAS scale, for subjective criteria like pain and the ROM was assessed by

using a goniometer scale for objective parameters which include symptoms like stiffness and difficulty with ROM. According to all *Samhitas* and *sangraha granthas Avabahuka* is described as a *Vatavyadhi*. The

physical stress of the workload and fast lifestyle with improper dietary nourishment manifest so many disorders especially *Vatavyadhi* (disorders due to vitiation of *Vata*) like *Avabahuka*. *Avabahuka* is a very painful condition and often compromises the routine lifestyle of the patient. In *Avabahuka*, *Vata dosha dushti* at the site of *Ansa mool pradasha* is the main component of the disease. Due to *Vata prakopaka ahara and vihara*, *Vata* vitiation takes place at the site of *Ansa mool pradasha* (shoulder region). The previous history of fracture or dislocation of shoulder joint gets prone easily to the *Avabahuka*.

CONCLUSION

The *chikitsa* sutra of *Avabahuka* itself has highlighted the importance of *Nasya karma* in dealing with the condition. The mode of administration of *Aushadha* through *Nasya karma* is having several advantages. The qualities of *Ajja mamsa* are mentioned in *Charaka Samhita* sutrasthana 27/61 that *Ajja mamsa* is not too cold nor too hot (*Naati sheeta*), it is not too *Guru*, nor too *Snigdha* that's the reason it is *Adoshalam* (does not cause an imbalance of doshas), It is homologous with the muscles of the human body, *Bruhanam* (improves muscles strength) *Sharirdhatusamanya*. As the case showed marked relief from symptoms such as pain, stiffness and ROM., It can be concluded that this treatment modality can be prescribed as standard procedure considering its effectiveness and safe therapeutic regimen for *Avabahuka*. In *Ashtang sangraha* it is explained that *nasa* being the entry to *Shira Pradesh*, the drug administered through nostrils reaches *Shringhatka* a *Sira marma* by *Nasa strotas* and spreads in the brain thereafter it reaches a junction place of *Netra*, *Shrotra*, *Kantha*, *Siramukha* etc and removes or detach the vitiated doshas present above the supraclavicular region and eliminate those from the *Uttamanga*. According to modern science, the rich vascular plexus of the nasal cavity provides a direct route into the bloodstream for medications, that easily cross mucous membranes., This direct absorption into the bloodstream avoids gastrointestinal destruction and hepatic first-pass metabolism (destruction of the drug by liver enzymes)., Allowing more drugs to be cost-effectively,

rapidly and predictably bioavailable compared to those medicines administered by the oral route.

REFERENCES

1. Dr. Banmali Das, Ravi Ganesh M, P.K. Mishra, Gurucharan Bhuiyan, Research officer, National Institute for Ayurveda drug development, oct-dec 2010, vol-31, issue-4, pg 488- 489, <http://www.ayujournal.org>.
2. Dr. Vikramaditya Jangir, Bhagwan Mahaveer Jain Ayurvedic Medical College, 2017, International Journal of Advance Research, Ideas and Innovation in Technology, Karnataka, vol-3, issue-4, available online at www.ijariit.com.
3. Bhawna, N.K. Multani, Zile Singh Kundra Assistant professor, college of physiotherapy, pt. B.D. Sharma university of health science, Rohtak, Prevalence of shoulder pain among adults in northern India, Asian Journal of Health and Medical Research (AJHMR) Volume 2, Issue 2, June, Page No.1-2, 2016
4. Ayurvedacharya pandit Jagannathan Sharma Bajpayee, Chakradatta by Chakrapanidatta, *Vatvyadhi chikitsa*, 3rd edition, 108, shloka no: -25,26, website <http://goo.gl/rzVMvF>
5. *Sushrut Samhita*, hindi vyakhya, edited by. Dr. Anantarama Sharma, published by chaukhamba surbharti prakashan, Varanasi
6. Dr. Brahmanand tripathi, *Ashtanga Hridayam* of sri-madvagbhata, published by chaukhamba Sanskrit Pratishthan, edited by Nirmala Hindi commentary, publication date 2014, page no: -82-83
7. *Charaka Samhita*, edited by Vidyadhar Shukla and prof. Ravi Datta tripathi published by chaukhamba surbharti prakashan, Varanasi, shloka no:28/98
8. Vaidya. Santosh Kumar Sharma "Khandal", *Ras Bhaishajya kalpana vigyana*, published by publication scheme, first edition:1992, eleventh edition:2013, Jaipur, *Dravyaguna vigyana* by yadavji, Page No-368

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