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Case Study

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ROLE OF VIDDHAKARMA IN AVABAHUKA (FROZEN SHOULDER) - A CASE STUDY

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ABSTRACT

Shoulder Joint(*Amsa sandhi*) has its clinical importance because of wide range of motion. Frozen shoulder is known as adhesive capsulitis. It is musculoskeletal disorder characterized by pain, restricted movement and stiffness in the shoulder joint. This resembles with *Avabahuka* in Ayurveda. *Avabahuka* is disorder of *Amsa Sandhi*. It has been mentioned by Acharya Sushruta under 80 types of *Vatavyadhi*. Basically conservative treatment which involve use of NSAIDS and physiotherapy but it is costly and have side effect and no complete cure. Some patient required surgical intervention involving manipulation under anesthesia, arthroscopic capsular release. In this case study, a patient suffering from pain at right shoulder, stiffness and restricted movements diagnosed as *Avabahuka* and was treated effectively with *Viddhakarma* (*Suchivedhana*), once a week for 3

consecutive weeks. Patient got relief regarding pain, stiffness, restricted movement and patient also got significant result in minimal time with cost effective treatment.

KEYWORDS: Frozen Shoulder, Avabahuka, Suchivedhan, Viddhakarm.

INTRODUCTION

Frozen shoulder is one of entity which hampers daily activity. It is unknown etiology disorder having pain and stiffness in the gleno-humeral joint. This joint consist of a ball and socket. It

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is one of the mobile joint in the body. It is also known as peri arthritis or adhesive capsulitis.^[1]

Avabahuka is a disease that usually affect the Amsa Sandhi and it is produced by the vatadosha. Even though the term Avabahuka is not mentioned in the Nanatmaj vatavyadhi. Acharya Sushruta and others have considered Avabahuka as a vataj vyadhi. [2]

Amsa shosha (wasting of shoulder) can be considered in the primary stage of the disease where loss or dryness of the shleshaka kapha from the amsa sandhi occurs which further produce symptom of Avabahuka like pain during movement, restricted movement of upper limb. Acharya Sushruta as mentioned in sharirsthana treatment of Avabahuka includes Siraveddha but in chikitsasthan they excluded Siraveddha for vatavyadhi treatment. So there is squabble regarding the management. Hence we used Suchivedha (Viddhakarma)modified form of Siravedha in the treatment of Avbahuka.^[3]

Siravedha is Ardhachikitsa that is half part of treatment in Shalyatantra. [4]

The aim of this study to find out efficacy of *suchivedha* in *Avabahuka* as well as to explore cost effective and quick relief treatment for the management of *Avabahuka*.

prevalence rate is 2-5% in general population.^[5]

CASE REPORT

A 50 years male patient, plumber by profession presented a complaints of pain, stiffness, restricted movement of Rt shoulder joint since 6 months. He had history of fall at home so for this issue he had taken conservative treatment from elsewhere and was advised operative measure but patient refused and came to OPD of shalya tantra (surgery).

Medical History

K/C/O Hypertension since 2 years on Tab.stamlo 5mg od No history of surgical intervention.

Personal History

Marital status-married

Occupation - Plumber

Addiction - None

Sleep - Normal

Bowel. - Regular

Family History \rightarrow

maternal - K/C/O HTN

paternal – No H/O DM/HTN any other diseases.

self- No H/O DM/HTN any other diseases.

General Examination

G.C fair, afebrile

P-80/min

Bp-130/80 mmHg

Systemic Examination-All vitals stable.

Local Examination.

Tenderness present at Rt shoulder region.

Restricted movement of Rt shoulder- positive

No Local rise temperature

No discoloration.

muscle tone-Normal.

Abduction-60°

Flexion -60⁰

Internal rotation -severe pain with dorsum of hand touch to S 3 only

All routine investigations done.

X ray Rt shoulder (AP view)-Normal

Serum uric acid – 5.2 mg/dl

Other parameters-WNL(within normal limit)

MATERIAL AND METHODS

Suchi (Needle no 26), Gauze piece, Spirit.

Management

Purva karma

- Informed written consent taken.
- 4 points on right shoulder joint marked having severe tenderness.
- Site cleaned with spirit.

Pradhan Karma

- By using *Suchi* (sterile Disposable needle No-26), *viddhakarma* was done on the marked point in *Ardha-yava matra* (Depth 6-8mm).^[6]
- Then local area is cleaned again with dry gauze. Needle was discarded and there is no need of dressing.

Duration

3 setting were done, once a week for 3 weeks consecutively.

Criteria of assessment.

Pain

Mild			N	100	deı	ate	е		Severe		
0	1	2	3	4	5	6	7	8	9	10 (cm)	

Severity of pain as per VAS (Visual analogue scale)

- 1. The Patient will be asked to mark the line to show how intense the degree of pain.
- 2. The improvement will be accessed on the basis of relief in signs and Symptom of the disease.

Pain assessment mentioned in table -1.

Score	features	Marks on scale
0	Absence of pain	0
1	Mild pain that can be easily tolerable	1-3
2	Moderate pain that can not be tolerable, interfere with function and need the treatment from time to time	4-6
3	Pain demanding constant attention	7-10

Stiffness

Stiffness assessment mentioned in table -2.

No stiffness	0
Stiffness; no medication	1
Stiffness; relieved by external application	2
Stiffness; relieved by oral medication	3
Stiffness; not responded by medicine	4

OBSERVATION AND RESULTS

Results are mentioned in Table -3.

Table I: Avabahuka (frozen shoulder).

	Criteria	Before treatment	After treatment
1	pain	9	3
2	Stiffness	4	1
3	Range of rotation	60^{0}	180^{0}
1	Internal rotation	Severe pain with dorsum	Mild pain with dorsum of hand
+	internal rotation	of hand touching S3 only	touching to interscapular region

DISCUSSION

Pain arises when tissue being damaged, and it cause the individual to expel the pain stimulus thus pain is a subjective sensation, There are various type of pain e. g superficial cutaneous pain, deep pain, referred pain, psychosomatic pain. *Viddhakarm (Suchivedhana)* includes pricking of the needle through skin. This mechanism can be compared with the action of trans cutaneous - electric nerve stimulation and the procedure likewise. According to Acharya Vagbhata, two important factor arise in vitiation of *Vatadosha* i.e. *Dhatukshaya* (degenerative pathology) and *Avarana* (obstructive pathology).^[7]

Suchivedhana brings the vitiated dosha out of the body and removes the Avarana of vatadidosha hence it gives instant relief regarding pain. Stiffness in repeated 3 setting due to demolish of obstruction. It provide healthy Circulation around shoulder joint.

According to Sushrut acharya, pain is the cardinal symptom of vitiated *Vatadosha*. Pain does not arise in the absence of Vata.^[8]

In *viddha* treatment when we insert the hollow fine needle into painful site, first *Avarutta* vata dosha comes out (*vatanulomana*) with its *Laghu* and *Chal guna* (properties) from that painful site and patient got relief immediately.^[9]

When we carry out *Rakta* (Blood) through any form of *Raktamokshana*, most vitiated dosha are expelled out first, when The needle pierced in painful part small amount of blood comes out which gives effect *Raktamokshana*.^[10]

The *Suchivedhana* is done over most tender points because they are points of central fiber which are further responsible for transmitting the pain impulse.



Figure 1: (X ray of right shoulder).



Figure 2: Before Treatment.



Figure 3: highest tenderness point mark.



Figure 4: viddhakarma (suchivedhan).



Figure 5: After Treatment.

CONCLUSION

This single case study shows effectiveness of Suchivedhana (Viddhakarma)in the management of frozen shoulder (Avabahuka). It is safe OPD level Procedure with cost effective. Which relieves instant pain.

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