

MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER) WITH ABHYANGA SWEDANA, PRATIMARSHA NASYA AND AYURVEDA MEDICINES: A CASE STUDY

Dr. Bhusal Nirmal^{*1}, Dr. Hivale Ujwala S.² and Dr. Mangal Gopesh³

¹PhD Scholar, Department of Panchkarma, NIA, Jaipur, India.

²PhD Scholar, Department of Panchkarma, NIA, Jaipur, India

³Assistant Professor, Department of Panchkarma, NIA, Jaipur, India.

Article Received on
7 June 2017,

Revised on 27 June 2017,
Accepted on 18 July 2017

DOI:10.20959/wjpr20178-9060

***Corresponding Author**

Dr. Bhusal Nirmal

PhD Scholar, Department of
Panchkarma, NIA, Jaipur,
India.

ABSTRACT

Avabahuka is the disease where the Vata located at the base of the shoulder constricts the Siras and there by losing the movements of the shoulder joint. The symptoms of Avabahuka can be co- related to the symptoms of Adhesive capsulites or better known as frozen shoulder. Frozen shoulder is a clinical syndrome with painful restriction of both passive and active shoulder movements. A male patient aged 55 years came with complaint of pain and difficulty in movement of right hand. He was unable to move his right hand from shoulder joint due to pain and stiffness since 10 days. Patient did not get relief in pain and stiffness from home remedies and over the counter pain killers instead

the stiffness increased so came for treatment. Patient was managed by Abhyanga with Dashamula Taila, Dashamula decoction Swedana, Pratimarsha Nasya with Anu Taila and intake of certain Ayurvedic medicines. Patient had complete relief in pain and stiffness. After treatment there was full range of shoulder movement. Abhyanga, Swedana, Nasya along with some Ayurveda medicines showed significant improvement in the case of Avabahuka.

KEYWORDS: Avabahuka, frozen shoulder, Abhyanga, Pratimarsha Nasya.

INTRODUCTION

Avabahuka is the disease where the Vata located at the base of the shoulder constrict the Siras and there by losing the movements of the shoulder joint.^[1] The symptoms of Avabahuka can be co- related to the symptoms of Adhesive capsulitis or better known as

frozen shoulder.^[2] Frozen shoulder is a clinical syndrome with painful restriction of both passive and active shoulder movements.^[3] It may follow bursitis or tendinitis of the shoulder or be associated with systemic disorders such as chronic pulmonary disease, myocardial infarction and diabetes mellitus.^[4] In early stages, the pain is worst at night and the stiffness limited to abduction and internal rotation of the shoulder. Later the pain is present all the times and all the movements of the shoulder are limited.^[5] Shoulder pain a very common musculoskeletal complaint in men and women over the age of 40 years.^[6] Adhesive capsulitis has an incidence of 3–5% in the general population and up to 20% in those with diabetes.^[7] Snehana Nasya is indicated as the preferred treatment of Avabahuka.^[8] Anu Taila is commonly used Sneha Nasya with many benefits.^[9] The drugs having Vata and Kaphahara properties along with Brimhana, Balya and Srotoshodhana actions may be useful. Drug administration along with the proper course of Abhyanga, Swedana and Pratimarsha Nasya provides additional relief and thus helps in management of the Avabahuka.

Patient Information

A male patient aged 55 years came to the Panchakarma OPD at National Institute of Ayurveda Jaipur, India with complaint of pain and difficulty in movement of right hand. He was unable to move his right hand from shoulder joint due to pain and stiffness since 10 days. The patient was diagnosed Diabetes mellitus since 2 years but was taking prescribed antidiabetic (metformin 500mg BD) and according to patient he was monitoring sugar on glucometer and was in range. Patient did not get relief in pain and stiffness from home remedies and over the counter pain killers instead the stiffness increased so came for Treatment. Dietary history shows that he had mixed diet (vegetarian and non-vegetarian). Patient was habitual to smoking.

Clinical Findings

On physical examinations patient was found afebrile with Blood pressure - 130/86 mm of Hg, Pulse rate - 84/minute, R.R. - 18/minute. On Systemic examination no abnormality was found in respiratory, cardiovascular and central nervous system activity. The patient was Vata Pitta Prakruti, having Mridu Koshtha and Madyam Bala. Rasavaha, Raktavaha, Medovaha, Mutravaha Srotodushti Lakshanas were observed. On Numeric pain rating scale patient had moderate pain whole day and on Goniometry the range of shoulder movement was markedly reduced.

Samprapti Ghataka

Dosha	-	Vata (Vyana Vata), Kapha (Sleshaka Kapha).
Dushya	-	Rasa, Rakta, Mamsa, Mēdas, Asthi, Majja.
Upadhatu	-	Sira, Snayu, Kandara.
Srotas	-	Rasavaha, Raktavaha, Medovaha, Mutravaha (due to Prameha involvement)
Srotodusti Prakara	-	Sanga (In Vataja Avabahuka) Margavarodha (In Vata Kaphaja Avabahuka)
Roga Marga	-	Madhyama
Udbhavasthana	-	Amapakwashaya, Asthi, Majja
Vyaktastana	-	Bahu Pradesha, Amsasandhi
Adhisthana	-	Amsa Pradesha
Roga Avastha	-	Asukari.

Therapeutic Intervention

Patient was admitted on 18/5/17 having I.P.D. NO. 1963. Patient was treated by Abhyanga with Dashamula Taila, Dashamula decoction Swedana, Pratimarsha Nasya with Anu Taila and certain Ayurvedic drugs (Pittantaka Yoga 1gm Amalki churna 3 gms 2 Times a day with water and Dashamula Kwatha 40ml 2 Times a day and Pathya Aahar(dietetic regimen).

RESULTS / OUTCOMES

On numeric pain rating scale there was no pain and complete range of movement was observed on Goniometry after 15 days of treatment and the patient was advised the same treatment for a month. Patient had complete relief in pain and stiffness in shoulder joint. There was full range of shoulder movement. On follow up after 15 days no symptoms reappeared. Ayurveda diet plan was advised and patient was following with regular intake of anti diabetic drug that he was taking earlier. Patient was satisfied with the management.

Range of movement at shoulder joint

Movement		Before treatment	After treatment
Forward Flexion		90 ⁰	180 ⁰
Extension		30 ⁰	45 ⁰
Abduction		100 ⁰	150 ⁰
Rotation	External	60 ⁰	90 ⁰
	Internal	50 ⁰	80 ⁰

DISCUSSION

As Avabahuka is a Vata Vyadhi, which in general is difficult to cure. However Vata Vyadhi when it is new, devoid of complications and has affected a patient who has strong will and physique can be managed with Chikitsa. Avabahuka in its initial stage is Sadhya and becomes Kricharasadhya or Asadhya after long period of time. The disease Avabahuka comes under Vatavyadhi and the line of treatment of Vatadosha comprises of Snehana, Swedana, Samshodhana, and Nidana Parivarjana. Since the Sthana of Avabhuka is in Amsasandhi which is seat of Kapha, care should be taken not to produce Kapha Prakopa. In case of Vata Kaphaja type of Avbahuka, treatment should be done to remove Margavarodha produced by Kapha and in turn Vata Shamaka treatment. Bahya type of Sneha Karma is indicated as there is restriction of movement in Amsasandhi. Abhyanga reaches up to the different Dhatu if it is applied for the sufficient time. Hence, it is clear that the drug used in the Abhyanga gets absorbed by the skin. Swedana is also prescribed independently as the main treatment in Vataja and Kaphaja disorders. The process which relieves Stambha (stiffness), Gaurava (heaviness), Shita (coldness) and which induce Sweda (sweating) is known as Swedana Karma. Swedana not only relieves stiffness, but also clears blocking of passages (Srotorodha). Generally Srotas as a structural entity is Kapha Pradhana and its important function is Ayana or transport which is under the control of Vata. There by it is evident that there is a predominant influence of Vata and Kapha over the Srotas. Similarly Swedana has the opposite qualities to that of Vata & Kapha, thereby producing a palliative effect on them and thus clears the Srotodushti or Sanga. As Avabahuka is one of the Vatavyadhi, Snehana type of Navana Nasya or Brimhana Nasya are most beneficial. This therapy is used to obtain Tarpana and is indicated in the condition of Dhatushoshana Avastha. The drugs used in Snehana type of Navana Nasya or in Brimhana Nasya are having the Guna like Snigdha, Sukshama, Sara, Ushna etc., which are antagonistic to Gunas of Vata and thus palliates the Vata dosha. Most of the drugs in Anu Taila are having Vatahara, Shula Prashamana, Shothahara, Brimhana and Balya actions and widely indicated for the purpose of Vata Vikaras. Dashamula oil Abhyanga swedana may have relieved pain and stiffness in the shoulder. Dashamula oil may have nourished the joints of the shoulder region, pacified the Dosha. Internal Medication Dashamula decoction all Dravyas have Vata Shamak property and most of the ingredients have Vata Kapha Shamak property. Dashamula poses anti-inflammatory and analgesic action. Pittantaka Yoga and Amalki churna was advised to manage the mild burning sensation in upper abdomen oftenly. Patient was strictly advised to

follow healthy dietary and lifestyle regimen. Thus the internal medicines and healthy dietary and lifestyle regimen used helped in management of Avabahuka.

CONCLUSION

There was significant improvement in the case of Avabahuka. Avabahuka though is difficult to manage, but Abhyanga, Swedana, Nasya along with some Ayurveda medicines can be good option for better management.

REFERENCES

1. Tripathi B Astanga Hridayam of Srimad Vagbhata (Nidanasthan 15/ 43) Reprint, Varanasi, Chaukambha Sanskrit Pratishthan, 2015; 542.
2. Das, B., Ganesh, R. M., Mishra, P. K., & Bhuyan, G. A study on Apabahuka (frozen shoulder) and its management by Laghumasha taila nasya. *Ayu*, 2010; 31(4): 488–494. <http://doi.org/10.4103/0974-8520.82048>.
3. Joshi J and Kotwal P Essentials of Orthopaedics and Applied Physiotherapy, New Delhi: Elsevier, 2011; 356.
4. Editor Dan L. Longo et.al, Harrison's Principles of Internal Medicine 18th Edition, Volume II, Mc Graw Hill Medical, 2861.
5. Maheshwari J Essential Orthopaedics; New Delhi: Mehta Publishers, 2007; 258.
6. Editor Nicholas A Boon, Nicki R. Colledge, Brian R Walker, John A. A. Hunter, Davidson's Principle and practice of Medicine 20th Edition, Churchill Livingstone, Elsevier, 2006; 1079.
7. Manske, R. C., & Prohaska, D. Diagnosis and management of adhesive capsulitis. *Current Reviews in Musculoskeletal Medicine*, 2008; 1(3-4): 180–189. <http://doi.org/10.1007/s12178-008-9031-6>.
8. Tripathi B, Astanga Hridayam of Srimad Vagbhata (Chikitsasthan 21/ 44) Reprint, Varanasi, Chaukambha Sanskrit Pratishthan, 2015; 809.
9. Tripathi B Astanga Hridayam of Srimad Vagbhata (Sutrasthan 20/ 38) Reprint, Varanasi, Chaukambha Sanskrit Pratishthan, 2015; 250.