

A CLINICAL CASE STUDY OF AGNIKARMA WITH PANCHDHATU SHALAKA IN AVABAHUK W.S.R. TO FROZEN SHOULDER

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ABSTRACT

Acharya Sushruta has mentioned different methods of management of diseases, such as *Bheshaja karma*, *Kshara Karma*, *Agni karma*, *Shastrakarma* and *Raktamokshana*. The approach of *Agni karma* has been mentioned in the context of diseases like *Arsha*, *Arbuda*, *Bhagandar*, *Sira*, *Snayu*, *Avabahuk*, *Asthi*, *Sandhigata Vata Vikaras* and *Gridhrasi*. *Avabahuk (Frozen shoulder)* is seen as a panic condition in the society; It is characterized by distinct pain leading to reduced shoulder movements. In modern medicine, the disease Frozen shoulder is managed only with potent analgesics or some sort of surgical interventions which have their own limitations and adverse effects, whereas in *Ayurveda*, various treatment modalities like

Siravedha, *Agni karma*, *Basti Chikitsa* and palliative medicines are used successfully. Among these, *Agni karma* procedure seems to be more effective by providing timely relief. *Shalakas* for *Agni karma*, made up of different Dhatus like gold, silver, copper, iron, etc. for different stages of the disease conditions, have been proposed. In the present work, a clinical study of *Agni karma* by using iron, copper and previously studied *Panchadhatu Shalaka* in *Avabahuk* has been conducted. One of the case of *Avabahuka* treated with *Agnikarma* is discussed. Result of the case study showed that *Agni karma* by *Panchadhatu Shalaka* provided better result in combating the symptoms, especially *Stabhadhata*(stiffness), *Ruka* (pain), *Spandana* (throbbing pain) and *Gaurava* (heaviness in shoulder joints).

KEYWORDS: Agni karma; Avabahuka; Panchadhatu Shalaka, Ruka.

INTRODUCTION

Ayurvedic Chikitsa Paddhati (line of treatment) is universally accepted science. In *Avabahuk* various structural and functional degenerative deformities takes place at the site of *Ansa Sandhi* i.e. shoulder joint. Stiffness is present at the site of the joint. In *Ayurvedic* literatures *Avabahuk* is described as the disease in which there is *Stambha* (stiffness) and *Ruja* (pain) at the site of *Ansa Sandhi* (shoulder joint) which makes the movements of the shoulder joint very painful and also restricted. *Lakshanas* (symptoms) of the *Avabahuk* are very similar to Frozen Shoulder in which there are degenerative, structural and functional changes takes place at the site of shoulder joint. Stiffness in the nerve roots at the shoulder region which makes difficulty to make movements of the shoulder joint has a result of the frozen shoulder changes in ligaments. Pain, tenderness and stiffness at the site of the *Ansa Sandhi* are the common symptoms of *Avabahuk*. Pain in the shoulder radiates to arm, restricted shoulder movements, numbness of the upper extremity are present. There is limited range of movements of the shoulder due to the stiffness in the shoulder region.

Acharya Sushruta have mentioned that Agnikarma Chikitsa is the best para surgical treatment regarding all other treatments as once the disease is cured with Agnikarma Chikitsa, it does not recur again. Acharya Sushruta have described the importance of Agnikarma Chikitsa, its instruments for burning and methods (*Dahanopakaranas*) along with indications and contraindication in details. Sushruta suggested, Agnikarma is the best Chikitsa (treatment) for removing *Sandhigata Vata Dosha Dushti* (vitiation of Vata in joints). *Avabahuk* (Frozen shoulder) has no specific cure in Modern surgery. Conservative therapy gives limited and temporary relief. Manipulation of shoulder joint is effective one but it is costly and recurrence rate is high. In contrast Agnikarma is easy, cost effective procedure in which less time is required and chances of recurrence are very less.

MATERIAL AND METHOD

Case report

A 55 yrs old female patient presented in *OPD* with c/o – severe pain in right shoulder from 1 month, pain worst at night. Pain at upper arm anterior aspect for 15 days, gradual restrictions in movement, can't move arm upward and outward and backward from 1 month.

History of Present illness

A 55 yrs old lady was apparently alright 1 month back suddenly she got dull aching pain at her right. shoulder. She took some pain killers available OTC at medical store but didn't get relief. Pain was gradually increasing in intensity she also noticed restrictions in movements.

Investigations

x-ray, shoulder, BSL(R), RA test. It was normal.

P/H - k/c systolic hypertension controlled on regular medication.

F/H – not significant.

O/E - GC – fair, morbid obesity+No pallor, No ecterus,

P- 80/min,

BP - 140/90

S/E CVS –S1 S2 – NAD,

CNS – Concious oriented

RS- Clear

L/E- Tenderness at anterior and posterior aspect of Right Shoulder, tenderness at anterior aspect of Right upper arm. Abduction extremely painful, unable to raise hand above 45 degree angle, painful and restricted movement.

On the basis of above observation and history we also diagnosed her as a case of frozen shoulder. I decided to go for Agnikarma (an ayurvedic concept of therapeutic cauterization) and consent for the same was taken after explaining her whole procedure properly. Most painful, tender points were marked with marker pen, skin was cleaned with Betadine, Agnikarma shalaka (an instrument made up of 5 metals viz. Zinc, silver, copper, iron and tin in equal proportion) was made red hot by burning it on LPG gas burner.

Instruments and Drugs**Instruments**

- *Panchadhatu shalaka* (3.8 cm long, weight 120 gm)
- Gloves Disposable
- Gauze Piece
- Stove
- Sponge Holder

Drugs

- *Tila Taila*
- *Madhu*
- *Ghrita*
- Betadine



Method of Agnikarma procedure

Agnikarma was done in 3 phases i.e. Trividhakarma viz. Poorvakarma (pre-operative), Pradhana karma (Operative/main procedure) and Paschata karma (post-operative).

Poorvkarma

Procedure of *Agnikarma* was explained in detail to the patients and also consent for *Agnikarma* was obtained. Patient were advised to take *Sheeta, Picchila & snigdha aahara* prior procedure. *Sthanik Snehan* with *Tila Taila* and *Nadi Svedana* with *Dashamula Kwath* was done. Shoulder joint was draped with sterile towel. Patient was advised to sit or lying down with comfort. Most tender areas over shoulder joint were marked.

Pradhankarma

Panchdhatu Shalaka was heated over the burning gas until it became red hot. *Agnikarma* was done at most painful points by *Bindu Dahana* (dot burning) with 'touch and go' method until the limit of *Samyak dagdha vrana* (mark of proper burning) i.e. *Mamsa dagdha*.

Pashchat karma

Pratisarana (application) with *Madhu* (Honey) and *Ghrita* (Ghee) was done at the site of *Dagdha*. Sterile bandage should be applied over it. Patient sent to home after rest of half

hour. *Vata prakopa* diet like potato, groundnuts, brinjal, pumpkin was advised to avoid. Patient was advised to avoid *Dagdha* region by contacting with water for 24 hours.

RESULTS AND DISCUSSION

Today's lifestyle is very fast as well as it is very mechanical also. In this busy life, physical and mental stress of the workload is very common thing. This 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 *Avabahuk*. Also, in the age group of above 40 years we can found this disorder most commonly in general practice. *Avabahuk* is very painful condition and often compromises the routine lifestyle of the patient. So good management and affordable line of treatment for patients are major requirements for this most commonly found disorder of today's era. In modern medicine and surgery administration of analgesics, application of physiotherapy, manipulation of shoulder joint etc. are advised to treat Frozen shoulder. But these have some limitations. Analgesics have Whereas, *Agnikarma Chikitsa* is one of the best para-surgical procedure without any harmful side effects. It is effective, time saving and cost-effective procedure.

Understanding *samprapti* (pathogenesis) of any disease is helpful to decide plan of treatment. In *Avabahuk*, *Vata dosha dushti* (vitiation) at the site of *Ansa mool pradesha* (shoulder region) is the main component of the disease. Due *Vata prakopaka ahara* and *vihara* (lifestyle & diet habit), *Vata* vitiation takes place at the site of *Ansa mool pradesha* (shoulder region). Previous history of fracture or dislocation of shoulder joint gets prone easily to the *Avabahuk*. *Agnikarma* is done with red hot metal probe viz. *Panchadhatu shalaka* (Copper probe) in present study. *Ushna*, *Sukshma*, *Ashukari* gunas help to reduce and pacify vitiation of *Vata*, *Satmbha* and *Avarodha*. Counter pain mechanism helps to suppress pain. In this way *Samprapti bhanga* is achieved.

CONCLUSION

- Females, people doing heavy work and aged patients were found more prone to *Avabahuk*.
- *Agnikarma chikitsa* is effective in Pain management.
- *Agnikarma chikitsa* is effective treatment for *Avabahuk*.
- Overall, 95.87% average effect in symptoms was observed in present study.
- *Agnikarma* significantly reduced Pain, Stiffness, Tenderness and Numbness in *Avabahuk* patient.

- No adverse effects were seen during treatment.

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