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Role of *Upanaha Sweda* in the management of *Avabahuka* - A Case Study

Tanvi Sunil Joshi¹, Seema D. Bahatkar²

¹Final Year Post Graduate Scholar, Department of Panchakarma, R.A. Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

²Professor and HOD, Department of Panchakarma, R.A. Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

ABSTRACT

According to *Ayurveda*, *Vata Dosha* is responsible for most of the body functions including movements of all joints. *Avabahuka* described by *Acharya Sushruta* in eighty *Vata Vikara* is a disease of *Ansa Sandhi*. It represents with *Shoola*, *Graha* and *Sakashta Sandhi Kriya*. *Ansa Sandhi* i.e., shoulder joint has a very wide range of motion, so, pain and restriction of movements severely affects the daily activities. *Upanaha Sweda* is a type of *Swedan Karma* explained in the management of *Vata Dosha*. *Acharya Vangasena* has specifically mentioned *Upanaha Sweda* in treatment of *Avabahuka*. Application of mixture of *Vatahara Patra* and other *Dravyas* at the affected part helps to relieve pain, stiffness and difficulty in movements. In this case study, a female patient having symptoms of *Avabahuka* since 8 months was treated with *Upanaha Sweda* for 14 days and significant improvement was observed.

Key words: *Vata Vikara*, *Avabahuka*, *Swedan*, *Upanaha Sweda*.

INTRODUCTION

Vata Dosha, being the most important among *Tridoshas* plays a very important role in normal functioning of all body functions.^[1] Proper mobility and movements according to type of joints is provided by normal *Vata Dosha*.

Avabahuka is a *Vatavyadhi* described by *Acharya Charaka* in eighty *Vata Vikara*.^[2] *Avabahuka* term is composed of two words, *Ava* - dysfunction or separation and *Bahu* - is the term used for upper limb which is *Shakha* explained in *Shadanga Sharir*. In

Avabahuka, *Kupita Vata Dosha* enters *Ansa Sandhi* and causes *Akunchan* of *Sira* and *Snayu* forming *Ansa Sandhi*.^[3] Due to this, there is moderate to severe pain, stiffness and restricted movements of *Ansa Sandhi*. The symptoms are observed increasing gradually.

According to modern science, this condition can be correlated with frozen shoulder or adhesive capsulitis. It is a self-limiting disease having three stages - pain phase, frozen phase and thawing (recovery) phase. Etiology of frozen shoulder is not known. It can affect any person of either gender but commonly observed in patients with diabetes mellitus.

CASE REPORT

Case history

A female patient of age 46 years came to OPD of Panchakarma of our hospital with symptoms *Shoola* (severe pain) in left shoulder joint and arm region, *Graha* (stiffness), *Sakashta Kriya* and *Kriya Alpata* (restriction in movements of shoulder joint specifically in flexion, extension, abduction, and overhead abduction) since 8 months. Patient is a house wife but previously worked as a cook in catering business for 7-

Address for correspondence:

Dr. Tanvi Sunil Joshi

Final Year Post Graduate Scholar, Department of Panchakarma, R.A. Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

E-mail: jtanvi7@gmail.com

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8 years. The onset of symptoms was sudden and increasing gradually affecting the daily activities also.

Signs and symptoms

- 1) Vama Ansa Sandhi Shoola since 8 months
- 2) Vama Ansa Sandhi Graha since 8 months
- 3) Vama Ansa Sandhi - Sakashta Kriya
- 4) Khandit Nidra - Shoolajanya

Personal History

K/C/O- Hypertension since 1 year - Ongoing medicines - Tab. Telmisartan 20 mg.

No any surgical history.

Menstrual History - 3-4 days / 32 days; regular, mild painful with moderate flow.

Obstetric History- G2 P2 A0 L2 D0

1st- FTND - Female child; 16 years ago.

2nd- FTND - Male child; 12 years ago.

No any known allergy.

Examination

Table 1: Samanya Parikshan (General examination)

SN	Examination	Observations
1.	Nadi	Vatapradhan Kapha
2.	Jivha	Alpa Saama
3.	Mala	1-2 Vega Pratidin, Asamadhankarak
4.	Mutra	5-6 Vega Pratidin; 1 Vega Ratrau
5.	Shabda	Prakrut
6.	Sparsha	Alpa Ushna
7.	Druk	Nikat Drushtimandya, Upanetra Asti
8.	Akruti	Madhyam

Table 2: Srotas Parikshan

Srotas name	Examination	Srotas name	Examination
Pranavaha Srotas	Avishesh	Medovaha Srotas	Avishesh
Annavaaha Srotas	Avipaka	Asthivaha Srotas	Ansa Sandhi Shoola, Graha

Udakavaha Srotas	Avishesh	Majjavaha Srotas	Ansa Sandhi Shoola, Graha
Rasavaha Srotas	Angagaurav, Aruchi	Artavavaha Srotas	Avishesh; Niyamit Rajapravartan
Raktavaha Srotas	Ansagata Sira Sankoch	Purishavaha Srotas	1-2 Vega Pratidin; Asamadhankarak
Mamsavaha Srotas	Ansagata Snayu Sankoch	Mutravaha Srotas	4-5 Vega Pratidin, 1 Vega Ratrau
		Swedavaha Srotas	Avishesh

Table 3: Sthanik Parikshan (Local examination)

Range of motion of bilateral shoulder joints.

SN	Range of motion	Rt. Shoulder joint	Lt. Shoulder joint
1.	Flexion	90 degree	90 degree
2.	Extension	70 degree	50 degree
3.	Abduction	60 degree	40 degree
4.	Adduction	40 degree	40 degree
5.	Overhead abduction	170 + degree	110 degree

Investigations

All routine investigations of the patient were performed to assess basic parameters including BSL which were in normal limits.

X-Ray of Lt Shoulder joint was done. Mild osteoporotic changes were observed. Rest was insignificant.

Nidana Panchak

Hetu - Sheeta Vata Sevan, Sheeta Jala Sevan, Atishram, Agniseva, Atichintan, Ratri Janar, Ateetakalashan, Ruksha Sheeta Guru Ahar.

Pooravarooopa - Ansa Sandhi Shoola, Alpa Graha

Roopa - Ansa Sandhi Shoola, Graha, Sakashta Kriya

Upashay-Anupashay - Alpa Upashay after Lekan or Swedan.

Samprapti

Vata- Prakopak Ahar Sevan



Ansa Sandhi Sthani Vata Gamana



Ansa Sandhigata Sira- Snayu Sankocha



Ansa Sandhi Shoola, Graha, Sakashta Kriya



Avabahuka

Treatment

Table 4: Abhyantar Aushadhi (Internal Medicines)

Medicine	Kala	Dose and anupana
1) Ajmodadi Vati	Apana (Before meal)	500 mg with warm water
2) Triphala Guggul	Vyanodana (After meal)	500 mg with warm water
3) Maharasnadi Kwatha	Vyanodana (After meal)	20 ml with warm water
4) Haritaki Churna	Nisha	5 gm with warm water

Panchakarma Chikitsa

In Vata vyadhi Chikitsa Upakrama, Swedan is described as one of the treatment modality.^[4] Swedana or sudation is the procedure in which sweat is produced that helps to relieve Shaitya, Gaurav and Stambha.^[5] There are two main types of Swedan - Saagni (13 types) and Niragni Sweda (10 types).^[6] Upanaha Sweda is considered in both types of Swedan.

The word Upanaha is formed of two words- Upa- as Upasarga that means near and Nah-Bandhane which means tie or bind.

Upanaha Sweda is application of mixture of Vatahara or Vata-Kaphahara Dravya in the form of Churna or Kalka and covering it with large Vatahara Patra. These

mixtures are kept there for a certain time approx. 12 hours. Acharya Charaka has explained that Upanaha tied in the morning should be released in the night and Upanaha tied at the night should be released in the morning.^[7]

Upanaha Sweda as Panchakarma Chikitsa was performed in this patient for 14 days with Vatahara Patra and Dravyas.

MATERIALS

- 1) Eranda Patra
- 2) Nirgundi Patra
- 3) Arka Patra
- 4) Erand Tail
- 5) Erandamoola + Nirgundi + Rasna Churna
- 6) Haridra Churna + Saindhav
- 7) Roller bandage
- 8) Gas stove with cylinder
- 9) Pan and spoon
- 10) Golves

Upanaha Swedan**Poorvakarma****Preparation of Upanaha**

- 1) Fresh leaves of Eranda, Nirgundi and Arka are cut into small pieces.
- 2) Erand Tail - approx. 10 ml was taken in pan and heated. Haridra Churna, Erandamool Churna, Rasna Churna, Nirgundi Churna and Saindhav is added and mixed well.
- 3) Fresh cut leaves are added to the mixture and stirred well to cook properly.
- 4) A bolus of this hot mixture is formed and packed in large Eranda Patra.

Preparation of the patient

- 1) Cleaning and drying of the shoulder joint with warm water was done.
- 2) Sthanik Samvahan with warm was performed covering the Ansa Sandhi, neck, arm and scapular region.

Pradhan Karma

After *Sthanik Samvahana*, the prepared 2 bolus of *Upanaha* is placed at *Ansa Sandhi* and posterior to *Ansa Sandhi* and are tied properly with the roller bandage at night.

Upanaha Bandhan Kala - 12 hours

Pashchat Karma

In the morning, the *Upanaha* is removed. Patient is advised to clean the part with warm water and dry it. Again, *Samvahan* is performed with at the warm *Sahachar Tail*.



Upanaha Bandhan

Assessment

Subjective assessment

Shoola (Pain by VAS Scale) - 0 to 10 cms

Stambha or *Graha* (Stiffness)

No stiffness	0
Mild stiffness; on movement of shoulder joint	1

Moderate stiffness, on movement of joint or rest; interfering the daily activities	2
Severe stiffness, very difficult movements and also rest, inability to sleep, disturbs all daily activities.	3

Objective assessment

Range of motion measured with the help of goniometer - Lt shoulder joint

Observed Assessment in the patient

Assessment Criteria	Before Treatment	After Treatment
<i>Shoola</i> (Pain by VAS scale)	7	2
<i>Graha</i> (Stiffness)	3	1

Assessment Criteria	Before Treatment	After Treatment
Flexion	90 degree	90 degree
Extension	70 degree	80+ degree
Abduction	60 degree	80 degree
Adduction	40 degree	40 degree
Overhead abduction	110 degree	155 degree

DISCUSSION

Swedana is one of the prime modalities in treatment of *Vatavyadhi*. Due to its *Sheetaghna*, *Gauravghna*, *Stambhaghna* and *Swedakaraka* properties it pacifies *Vata*, helps in reducing *Stambha* in *Sira* and *Snayu*, reduces *Shoola* in the treatment of *Avabahuka*. *Acharya Vangasena* has thus explained *Upanaha Swedan Chikitsa* in management of *Avabahuka*.^[8]

According to *Acharya Sushruta*, *Vyana Vayu* takes role in proper functioning of all locomotor activities.^[9] *Shleshak Kapha* lubricates the joints to prevent friction and provides easy movements.^[10] Thus, vitiation of *Vata* and *Kapha Dosh*, in *Ansa Sandhi* cause *Sira* and

Snayu Sankocha resulting in *Shoola, Graha* etc. symptoms leading to *Avabahuka*.

Upanaha Sweda with mainly *Vatahara Dravyas* or *Kapha-Vatahara Dravyas* as given here, with their *Lagu, Ushna, Snigdha, Madhur, Katu, Lavan Rasa* etc. properties help in reducing symptoms of *Avabahuka*. Also, *Upanaha Sweda* improve *Rasa-Rakta Vikshepan* in the affected region that provides better nourishment to the joint maintaining the *Shleshak Kapha* and balancing the *Vata Dosha*.

CONCLUSION

Upanaha Sweda proves very beneficial in reducing signs and symptoms of *Avabahuka*. *Swedan Karma* is very useful in reducing *Shoola, Graha*, restricted movements in the *Ansa Sandhi* and provide easiness in activities, *Shoola Shaman* thus improves quality of life.

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