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Effect of multimodality Ayurveda treatment in *Avabahuk* w.s.r. to Frozen Shoulder - A Case Study

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ABSTRACT

Avabahuk is a disease of *Ansa Pradesh* explained under *Vata Vyadhi* in *Samhitas*. It affects *Sira* of *Ansa Pradesh* and causes symptoms like *Stambhata* (stiffness), *Alpakriyata* (restricted movements), *Shotha* (inflammation), and *Shoola* (pain) in the shoulder region. In today's world where a person became habitual to a sedentary lifestyle. It leads to *Kupita Vata Dosha* or a *Kupita Vata Kapha Dosha* which causes *Avabahuk*. It is correlated with Adhesive capsulitis commonly known as frozen shoulder. Frozen shoulder is a clinical syndrome with painful restrictions of both passive and active shoulder movements. For the present case study, a patient with the above complaints is diagnosed with *Avabahuk* and managed with *Jambir Pinda Sweda* along with *Nasya*. *Nasya Karma* is one of the primary treatments of *Avabahuk*. It is especially indicated for diseases of the part in and above the shoulder. Consequently, *Jambir Pinda Sweda* is predominantly used in the *Vata-Kaphaj* condition. The constituent of *Jambir Pinda Sweda* has properties like *Ruksha*, *Tikshna*, and *Shothahara*. Thus, the aim of case study is to study the effect of multimodality treatment like *Jambir Pinda Sweda* and *Nasya* with *Karpasasthyadi Taila* in *Avabahuk*.

Key words: *Avabahuk*, Frozen Shoulder, *Jambir Pinda Sweda*, *Nasya*

INTRODUCTION

In the 21st century, all people became busy in day-to-day life and not taking care of their health which causes varieties of diseases. *Avabahuk* is one of the diseases which hamper the function of the upper limb. It commonly occurs in people of age between 40-70yrs irrespective of sex. The prevalence of this disease is 2-3% in the worldwide population.

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In classical *Ayurveda* texts, *Avabahuk* is explained under *Vatavyadhi*. It is formed with two words *Ava* + *Bahuk*. *Ava* means *Vikruti*, dysfunction, and *Bahuk* means an arm or forearm, thus it means dysfunction of *Bahu*. The cardinal features of *Avabahuk* are the loss of *Bahuspanda*, *Shoola*, and *Stambhata*.^[1]

Avabahuk in modern terms can be compared with Adhesive capsulitis commonly known as Frozen shoulder. It is characterized by stiffness and pain in the shoulder region along with restriction in movements of the arm.^[2] It interferes with the daily activities of a person and leads to difficulty in living a healthy and peaceful life. Also, affects routine activities like eating, dressing, personal hygiene, and other work because of immobility of hand. It is usually a common disease but ill-understood and tends to slow recovery under appropriate treatment.

In *Ayurveda Samhitas*, *Avabahuk* can be treated by *Panchakarma* like *Abhyanga*, *Swedan*, *Snehapana*,

Nasya Karma, and *Basti Karma* as like the treatment of *Vatavyadhi*.^[3]

Considering all the above points' patient was managed with *Abhyanga*, *Jambir Pinda Swedan*, and *Nasya* with *Karpasasthyadi Taila*. *Karpasasthyadi Taila* is explained in the treatment of *Avabahuk* in *Sahasrayoga* which has *Vata – Kaphahara* properties.^[4] Also, *Jambir Pinda Sweda* has *Shothahara*, *Ruksha*, and *Teekshna* properties. In this case study, the combined effects of *Nasya* along with *Jambir Pinda Sweda* were observed.

AIM

Effect of Multimodality *Ayurveda* treatment in *Avabahuk*.

OBJECTIVES

1. To study the efficacy of *Jambir Pinda Sweda* in *Avabahuk*.
2. To study the efficacy of *Nasya* with *Karpasasthyadi Taila* in *Avabahuk*.

REVIEW OF LITERATURE

- Pallavi R Bhramadande - Ayurvedic management in *Avabahuka* – A case study, SGR Ayurvedic College, 2019
- Dr PraveenKumar H. Bagali - Clinical management of *Apabahuka* through *Nasya* and *Nasaapana*, RGUHS, 2010
- Dr Febin P. Jose - A comparative clinical study on the effect of *Nasya* with *Karpasasthyadi Taila* and *Nagara Taila* in the management of *Avabahuka*

CASE STUDY

A 65-year-old male patient came to Dhanvantari Rugnalaya, IPD No. 20 with chief complaints of *Dakshin Ansa Shoola* associated with *Stambha* and *Kriyaalpata*. The patient is a farmer by his profession. The patient said that he was asymptomatic before 4 months then gradually pain starts associated with mild stiffness, and the pain was progressive. On further inquiry, he said that pain usually aggravates at night and alleviates only by analgesics. He was not able to lie down on the

affected side. There was no history of falls and also, he was not suffering from any chronic illness like Diabetes mellitus, Hypertension, Dengue, or Hypothyroidism.

Examination

Samanya Pariksha

Nadi - 78 per minute

Dehoshma - 98.6°F

Raktachapa - 110/80mmhg

Bhara - 62 kg

Ashtavidha Pariksha

Nadi - 78 per minute

Mutra - *Samyaka*, Day - 5-6 times, Night 0-1 time

Mala - *Samyaka*

Jihva - *Ishat Sama*

Shabda - *Spasta*

Sparsha - *Samsheetushna*

Drika - *Aprakrita* (Presbyopic)

Aakriti - *Madhyam*

Local Examination

Table 1: Musculoskeletal system: Shoulder Joint

Examination	Right Shoulder Joint	Left Shoulder Joint
Inspection	No scar mark seen Mild swelling Present	No scar mark seen No swelling present
Palpation	Tenderness present Temperature increases Swelling present	Tenderness absent Temperature normal Swelling absent
Movement	Abduction - restricted Adduction - restricted Flexion - restricted Extension - restricted	Abduction - normal Adduction - normal Flexion - normal Extension - normal Internal Rotation - normal

	Internal Rotation - restricted External Rotation - restricted	External Rotation – normal
Function	Restricted movements	Normal movement

Special Test

Drop arm sign - Positive

Empty Can test (Jobe's test) - Positive

Nidana Panchaka**Nidana (Causes)****Table 2: Nidana of Avabahuk**

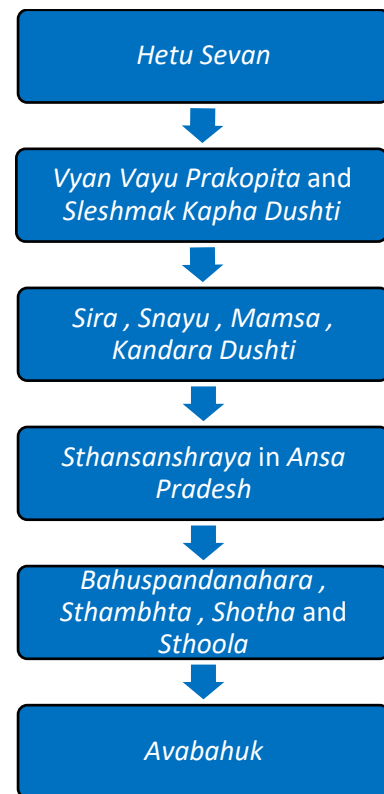
Nidana	Present in Patient
Aaharaja Nidana	
▪ <i>Katu Rasa</i>	+
▪ <i>Tikta Rasa</i>	-
▪ <i>Kashaya Rasa</i>	-
▪ <i>Alpa Bhojana</i>	+
▪ <i>Ruksha Bhojana</i>	+
▪ <i>Guru Bhojan</i>	+
Viharaja Nidana	
▪ <i>Ativyayama</i>	+
▪ <i>Prajagrana</i>	+
▪ <i>Atishrama</i>	+
▪ <i>Atibharaharana</i>	+
▪ <i>Abhighata</i>	-
▪ <i>Dukkhshaya</i>	+
▪ <i>Visham upchara</i>	-
▪ <i>Atiyana sevana</i>	-
▪ <i>Diwaswapan</i>	-
Mansika Nidana	
▪ <i>Atibhaya</i>	-
▪ <i>Atishoka</i>	-
▪ <i>Atichinta</i>	+

Purvarupa (Prodromal Symptoms)

Features of Disease like *Shotha*, *Shoola*, *Stambhata*, and *Alpakriyata* in its minimal severity.

Rupa (Symptoms)

Bahuspandanahara, *Shoola*, *Sthambhta*, and mild *Shotha* are features of Avabahuk.

Samprapti (Etiopathogenesis)**Flow Chart 1: Samprapti of Avabahuk****Samprapti Ghataka**

- *Dosha* : Vyana Vayu, Sleshmaka kapha
- *Dushya* : Sira, Snayu, Mamsa, Kandara, and Asthi
- *Strotas* : Mamsavaha, Asthivaha
- *Strotodushti* : Sanga and Vimargagaman
- *Roga Marga* : Madhyam
- *Udhhbava Sthana* : Pakvashaya
- *Vyakta Sthana* : Bahu
- *Adhithana* : Ansa Pradesh
- *Sadhyata Ashyadyta* : Kashtasadhya (Chirkari)
- *Upsahaya* : Analgesics and rest

- Anupashya : Atishrama

Chikitsa Sutra

अवबाहौ हितं नस्यं स्नेहाश्चोत्तरभाक्तिकः॥ (अ.ह.चि.२१।४४)

In *Ashatanga Hridaya Chikitsa Sthana*, it is mentioned that *Nasya* and *Snehapana* should be used.^[3]

In *Sushruta* and *Charak Chikitsa Sthana* treatment of *Avabahuk* is as according to the treatment of *Vatavyadhi*.^[5,6]

MATERIALS AND METHODS

Center of study - Dhanvantari Rugnalaya, Ashta, Sangli, Maharashtra

Study design - Simple Randomized Single Case Study

Treatment Schedule in Avabahuk

Panchakarma

- Snehana with *Karpasasthyadi Taila*
- Swedan with *Jambir Pinda Swedan*
- Nasya with *Karpasasthyadi oil*
- Gandush with *Ushna Jala*

Duration - 7 days

Follow up - 14th day

Table 3: Contents of *Karpasasthyadi Taila*^[4]

S N	Drug	Latin name	Rasa	Guna	Virya	Vipaka	Dosha Karmukta
1	<i>Karpasa Asthi</i>	<i>Gossypium herbaceum</i>	Madhura	Laghu	Anushna	Katu	Vatapitta Shamak
2	<i>Bala</i>	<i>Sida cordifolia</i>	Madhura	Guru	Sheeta	Madhura	Vata Pitta Shamak
3	<i>Masha</i>	<i>Vigna mungo</i>	Madhura	Guru	Ushna	Madhura	Vatashamak Pittakapha Kara

4	<i>Kulathra</i>	<i>Macrotyloma uniflorum</i>	Kashaya Madhura	Laghu	Tekshna	Ushna	Katu	Vatakapahara
5	<i>Devadaru</i>	<i>Cedrus deodora</i>	Tiktaka	Laghu	Snigdha	Ushna	Katu	Kaphavatahara
6	<i>Rasna</i>	<i>Alpinia galangal</i>	Tiktaka	Guru	Ushna	Ushna	Katu	Vata-Kaphashamak
7	<i>Kushtara</i>	<i>Sausseria lappa</i>	Tiktaka	Laghu	Ruksaha	Ushna	Katu	Kaphavata Shamak
8	<i>Sarsapara</i>	<i>Brassica juncea</i>	Katu Tiktaka	Tikshna	Ushna	Ushna	Katu	Kaphavata Nashak Pitta Vardhaka
9	<i>Nagara</i>	<i>Zingiber officinale</i>	Katu Tiktaka	Laghu	Snigdha	Ushna	Madhura	Kaphavata Shamak
10	<i>Shatapushpa</i>	<i>Anethum graveolens</i>	Katu Tiktaka	Laghu	Ruksaha	Ushna	Katu	Kaphavata Shamak
11	<i>Pippali Moola</i>	<i>Piper longum</i>	Katu	Laghu	Ruksaha	Ushna	Katu	Vata-Kapha Shamak Pitta Vardhak
12	<i>Chavya</i>	<i>Piper nigrum</i>	Katu	Laghu	Ruksaha	Ushna	Katu	Kaphavata Shamak

13	Shigru	Moringa olifera	Katu Tikta	Laghu Ruksha Teks hna	Ushna	Katu	Kapha-Vata Shamaka
14	Punarnava	Boerhaavia diffusa	Madhura Tikta Kashaya	Laghu Ruksha	Ushna	Madhura	Tridosha
15	Tila Taila	Seasamum indicum linn	Madhura	Guru Dravala Pichila Sara Mandasukshma Teekshna	Ushna	Madhura	Vata-Pittaghana
16	Ajakshera		Madhura	Dravala Pichila Sara Mandasukshma Teekshna	Ushna	Madhura	Vata Pittaghana

Jambir Pinda Swedana**Table 4: Contents of Jambir Pinda Swedana**

Drug	Latin name	Rasa	Guna	Virya	Vipaka	Doshakarma
Jambir	Citrus medica	Amla	Laghu Ruksha	Ushna	Amla	Vatashamaka
Haridra	Curcuma longa	Katu Tikta	Laghu Ruksha	Ushna	Katu	Kapha-Vata Shamaka
Saindhava Lavan	Rock salt	Lavana	Laghu Sukshma	Anushna	Madhura	Tridosha Shamaka

Assessment Criteria

The patient was assessed on the basis of relief in signs and symptoms, according to severity of symptoms grading was given as below:

Bahuspandanhara

- Can do work properly - 0
- Can do exhausting work with difficulty - 1
- Can do easy work with difficulty - 2
- Cannot do any work - 3

Shoola

- No pain - 0
- Mild pain during exhausting work - 1
- Moderate pain during work - 2
- Severe pain, not able to do work - 3

Sthambhta

- No Sthambhta - 0
- Mild Sthambhta during strenuous work - 1
- Moderate Sthambhta during daily work - 2
- Severe Sthambhta, not able to do work - 3

OBSERVATIONAL AND RESULTS**Table 5: Effect of therapy on symptoms**

S N	Symptoms	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1.	Bahuspandanhara	2	2	2	1	1	1	1
2.	Shoola	2	2	2	1	1	0	0
3.	Sthambhta	2	2	1	1	1	1	1

Table 6: Result of the study

SN	Symptoms	Before Treatment	After treatment	During Follow up
1.	Bahuspandanhara	2	1	1

2.	<i>Shoola</i>	2	0	0
3.	<i>Stambhata</i>	2	1	0

As the treatment given to the patient for 7 days there was significant relief in symptoms after *Nasya* with *Karpasasthyadi Taila* and *Jambir Pinda Sweda*.

DISCUSSION

In present case study, the patient was farmer which leads to *Atibhara*, *Ativyayam*, *Atishrama*, and *Gurubhojan* in his daily routine in all of his life span due to this there was morbidity of *Vata Dosha* along with *Kapha Dosha*. Due to vitiation of *Vata Dosha Bahu Shoola* was appeared and due to *Kapha dosha Stambhata* and *Bahuparspanditahara* which ultimately causes *Avabahuk*. The treatment mentioned in Ayurveda for the management of *Avabahuk* has a great efficacy.

Swedana^[7]

The process which reduces stiffness, heaviness, reduces the *Sheetata* and produces sweating, it dilates the blood vessel and ensures proper assimilation of medicated drug to the body.

Jambir Pinda Swedana

Swedana given by using a bolus formed of *Jambir* (lemon). *Jambir* has properties like *Laghu and Ruksha guna*, *Ushna Veerya*, and work as *Vata Shamaka* thus gives benefit in treating *Avabahuk*.

Nasya

Therapeutic procedure in which medicated drug is administered through nasal route. According to *Ayurvedic* classics in *Urdhavajatrugata*, *Nasya* is most favorable and thus beneficial in *Avabahuk*. The drug administered through nose enters in *Uttamanga* and eliminates the morbid dosha residing there. *Nasya* with *Karpasasthyadi Taila* is used as it comprises mainly *Karpasa*, *Masha*, *Kulatha*, *Bala*, *Pippalimoola*, etc., having the properties like *Snigdha Guna*, *Ushna Veerya*, and *Vata Kapha Shamak* so act as *Vedana Shamak*, *Shothahara*, and *Brumhana*.^[4]

Thus, combinedly, *Swedana* and *Nasya* work as *Vata* and *Kapha Shamak* and provides significant relief in treating *Avabahuk*. Above mentioned specific *Panchakarma* procedures help in treating *Avabahuk* and maintain the health of a person and improve his daily routine activities.

CONCLUSION

In a developing country like India where a major part of the population works as farmers, hard work labor, *Avabahuk* is common but unfortunately ill-understood by physicians. In conventional therapy Analgesics and Corticosteroids are used which only subside the symptoms of the disease, in that scenario *Panchakarma* treatment is like a boon for a patient of *Avabahuk*. There is a successful result in treating *Avabahuk* with the multimodalities of Ayurveda like *Snehana*, *Jambira Pinda Sweda* along with *Nasya* of *Karpasasthyadi Taila*. So, *Nasya* with *Jambir Pinda Sweda* is effective in treating *Avabahuk*. A large scale clinical study must be conducted to establish the efficacy of this modality of *Panchakarma*.

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