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An Ayurvedic approach in the management of 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 a musculoskeletal disorder characterized by stiffness and pain in the shoulder joint. This typically occurs in cycle of 3 stages, painful phase, stiff phase, and thawing phase. This entity is resembling with *Avabahuka*, in *Ayurveda*. *Avabahuka* is a disorder of *Amsa sandhi*, and it has been mentioned by *Acharya Sushruta* under 80 types of *Vatavyadhis*. It is commonest condition in orthopaedic hospital. Frozen shoulder causes pain and restricted movements, which hampers daily activity of the patient. Modern medicine has NSAIDs, steroids for such condition but it is costly, have much side effects and gives temporary relief. hence a case study was carried out using *Ayurvedic* approach, which got effect on the range of movements. A 62 years female arrived at OPD, SSVRAMC with main complaints of left shoulder pain, stiffness, restricted movements, associated with disturbed sleep due to the pain since 1 month.

Key words: *Avabahuka, Frozen shoulder, Nasya, Patra Pottali Sweda, Rasnadi Guggulu*

INTRODUCTION

Avabahuka is one among the *Vataja Nanatmaja Vyadhi*^[1] which affects the normal functioning of the upper limbs there by hampering the normal routine lifestyle of an individual. It is mainly caused by vitiation of *Vyana Vata* vitiation and gets *Sthana Samsraya* in the *Amsa Sandhi* (shoulder joint). There it does the

Shoshana of *Shleshaka Kapha, Mamsa, Sira, Snayu*, leading to *Bahupraspandita Haratwa* (restricted movements of affected shoulder), *Shoola* (pain), *Sthambha* (stiffness).^[2] These clinical features closely resemble with Frozen shoulder as described in modern system of medicine.

Frozen shoulder is an idiopathic condition which manifests clinically as shoulder pain with progressive restricted movement, both active and passive along with normal radiographic scans of gleno-humeral joint.^[3] It can affect activities like eating, dressing, personal hygiene and works, so life of the patient becomes miserable.

In general population prevalence rate is about 3%-5% and up to 20% in those with diabetes. It is peak in between the ages of 40-60 years and is more common in women.^[4]

Temporary relief can be achieved by Analgesics, Local intra articular injections of cortico-steroids in

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glenohumeral joint followed by physiotherapy. Hence patients approach for alternative treatments with lesser side effects. *Ayurveda* (the science of life) has described effective remedies for such illness such as *Nasya*, *Uttarabhakthika*, *Snehapana*, *Swedana*, *Shamanoushadies*.^[5] In this case study *Nasya* with *Mahamasha Taila*, *Sthanika Patra Pottali Sweda*, *Rasnadi Guggulu* were selected.

CASE STUDY

A 62 years female patient approached to *Kayachikitsa* OPD of Shri Siddhivinayaka Rural Ayurvedic Medical College, Hospital & Research Centre, Harugeri, Belagavi, Karnataka with complaints of left shoulder pain, stiffness, restricted movements, associated with disturbed sleep due to pain since 1 month.

Patient was apparently normal before 1 month, gradually she developed pain in the left shoulder joint, restricted movements, associated with disturbed sleep due to pain. She was unable to do movements of same joint which caused her to limit the daily performance. For these complaints she took allopathic medicine which has given her relief for few days. Later on, complaints of pain, restricted movements reoccurred which made her to visit the hospital. Treatment started on 16/4/24 to 22/4/2024. (OPD No-240421382, IPD No-IP2400521) There was no any past history of Diabetes mellitus, Hypertension, thyroid disorders.

Clinical findings

Blood pressure - 120/70mm of Hg,

Pulse rate - 72 bpm

Respiratory rate - 14cpm

Systemic Examination

Central Nervous System : Conscious and well oriented

Cardiovascular System : S1 and S2 heard and no murmurs

Respiratory System : Air entry bilaterally equal, NVBS, no added sounds

Astasthan Pareeksha

1. *Nadi* : *Vata-Kaphaja*

2. *Mutra* : *Prakruta*

3. *Mala* : *Prakruta*

4. *Jivha* : *Alipta*

5. *Shabda* : *Prakruta*

6. *Sparsha* : *Anushnasheeta*

7. *Drik* : *Prakruta*

8. *Aakriti* : *Madhyama*

Dashavidha Pareeksha

Prakruti: *Vata-Kaphaja*

Vikruti: *Vyana Vayu, Shleshaka Kapha,*

Sara: *Madhyam*

Samhanan: *Madhyam*

Vaya: *Madhyam*

Satmya: *Vyamishra*

Satva: *Madhyam*

Abhyavaran Shakti: *Madhyam*

Jarana Shakti: *Madhyam*

Vyayama Shakti: *Avara*

Local examination

- Muscle tone : Normal
- Deformity Left shoulder joint : Absent
- Muscular atrophy : slight wasting
- Tenderness : Mild tender
- Local temperature : Normal

Range of Movements

- Abduction - 60°
- Flexion - 45°
- Extension - 50°
- Internal rotation - Severe pain with Dorsum of hand touching to L2 only (15°)

Diagnosis

Diagnosis was made based on classical signs and symptoms of *Avabahuka* i.e., *Shoola* (Pain the shoulder)

joint), *Sthambha* (stiffness), *Bahuprasandita Haratwa* (restricted range of movements).

Treatment

Nasya with *Mahamasha Taila*, *Sthanika Patra Pottali Sweda* along with oral medicine *Rasnadi Guggulu* was given as per the following;

Table 1: Therapeutic intervention

Aushada	Matra	Sevana Kala	Anupana	Kala
<i>Mahamasha Taila</i>	8 drops each nostril	Morning	-	1-7 days
<i>Sthanika Patra Pottali Sweda</i>	-	Morning	-	1-7 days
<i>Rasnadi Guggulu</i>	500mg BD	After food	<i>Sukoshna Jala</i>	1-30 days

OBSERVATION & OUTCOME

After completion of treatment that was of 1 month patient got significant relief. *Nasya* gave effects in terms of pain and stiffness. The pain during movement and that was getting worse at night got diminished after 15 days of treatment. The range of motion of the shoulder joint also got improved.

Table 2: Assessment

Criteria	Before treatment	After treatment
Pain (VAS)	8	2
Stiffness	Severe	Mild
Flexion	45°	120°
Extension	50°	60°
Internal rotation	15°	60°
Abduction	60°	120°

DISCUSSION

Acharya Vagbhata's quotation *Naasa Hi Shirasodwaram*^[6] states that, nose is the easiest and closest opening for conveying the potency of medicines to the cranial cavity. The *Nasya Dravya* acts by reaching '*Sringataka Marma*' from where it spreads

into various *Srotas* (vessels and nerves) and brings out vitiated *Dosha* from the head. *Acharya Sushruta* considers *Shringhataka Marma* as a *Sira* and *Sadyo Pranahara Marma*^[7] and as a composite structure consisting of four *Siras* in connection with four sense organs - viz, nose, ear, eye and tongue. Further pattern of induced activity depends on chemical and physical properties of the stimulant medication, for which lipid based *Balya* medication was selected i.e., *Mahamasha Taila* which mainly contains *Masha* (black urad pulse), very commonly famous for its properties like *Brumhana*, nervine tonic, immune modulator and anti-inflammatory. The other main contents *Dashamoola*, *Chaga Mamsa*, *Atmagupta* (*Mucuna pruriens*) and *Jeevaniya* drugs and others making it *Madhura Vipaki*, *Snigdha*, *Ushna Viryatmaka* and *Vatahara* in nature hence effective in treating conditions like *Avabahuka*.

Patra Pottali Sweda possesses *Ushna*, *Sukshma* and *Laghu Guna* that removes the *Avarodh* from the *Srotas* caused by vitiated *Vata* and *Kapha* and hence brings *Doshas* into *Samyavastha*. *Swedana* not only proves itself as a boon in pain management but also has anti-inflammatory property too. According to Vant Hoff's principle the basal metabolism of the body increases by certain percentage for every 1 degree rise in body temperature. Rise in temperature induces relaxation of muscles and hence muscle spasm with inflammation and pain gets reduced. Muscle relaxes most readily when tissues are warm which in turn reduces the spasm, inflammation and pain.^[8]

The *Rasnadi Guggulu*^[9] mentioned in *Yogaratanakar Vatavyadhi Adhikar* which contains the drugs like *Rasna*, *Guduchi*, *Eranda*, *Devadaru*, *Shunti* and *Guggulu* these drugs are having *Ushna Virya* acts as *Deepana*, *Pachana Vatakaphanashaka*, *Shoolahara*, *Shothahara* and *Balya*.

CONCLUSION

This case study demonstrated that *Ayurvedic* management of *Nasya Karma* seems very effective for the treatment of *Avabahuka* i.e., frozen shoulder and this attempt was made to provide safe and effective treatment to the patient within short period. From the above case, it can be said that *Avabahuka* i.e., frozen

shoulder can be successfully managed through *Nasya Karma* as *Shodhana*, *Patra Pottali Sweda* along with *Shamanoushadi*.

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