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A comparative clinical study on the efficacy of *Nasya* with *Pinyaka / Panchamula Taila* and *Swalpa Masha Taila* in *Apabahuka* w.s.r. to frozen shoulder

Dr. Conception Costa¹, Dr. Sudarshan A.², Dr. Jeejo Chandran O³

¹Post Graduate Scholar, ²Professor and HOD, ³Assistant Professor, Dept. of Panchakarma, Muniyal Institute of Ayurveda Medical Sciences, Manipal, Udupi, Karnataka, INDIA.

ABSTRACT

Background: *Apabahuka* is a *Vataja Nanatmaja Vyadhi*, in which locomotive functions of *Amsa Sandhi* are affected mainly due to *Vata Dosha Prakopa* causing pain, stiffness and restricted movement of the shoulder. *Apabahuka* can be correlated to Frozen shoulder or Adhesive Capsulitis in modern medicine because of similar symptomatology. *Nasya* is indicated in *Urdhwajatrugata Vikaras*. *Pinyaka Taila* and *Swalpa Masha Taila* are *Vatahara Taila* used for *Nasya*. **Method:** A single blind randomised clinical study in which 40 clinically diagnosed patients of *Apabahuka*, fulfilling the inclusion criteria were selected and divided into two groups - Group A treated with *Pinyaka / Panchamula Taila Nasya* and Group B treated with *Swalpa Masha Taila Nasya*, comprising of 20 patients each. **Result:** Statistically *Nasya* with *Pinyaka Taila* showed better results in Pain (51.2%), Stiffness (48%), Tenderness (58.33%), with improvement in goniometric readings of shoulder ROM than *Nasya* with *Swalpa Masha Taila* in Pain (39.4%), stiffness (40.9%), Tenderness (58%). **Discussion:** *Rukshadi Gunas* of *Vata* are increased in *Apabahuka* hence *Viparita Gunas* like *Snigdhadhi* in the form of *Brumhana Nasya* with *Pinyaka Taila* was found to be effective in *Apabahuka*. In the present study Group A *Nasya* with *Pinyaka Taila* showed better effect than Group B *Nasya* with *Swalpa Masha Taila*.

Key words: *Apabahuka, Nasya, Pinyaka / Panchamula Taila, Swalpa Masha Taila, Frozen Shoulder.*

INTRODUCTION

Today many of the diseases develop due to faulty lifestyle and dietary habits which is driven by stress. *Apabahuka* is not life threatening disease but hampers the day to day routine activity of an individual.

Apabahuka is a *Vataja Nanatmaja Vikara*, involving

Address for correspondence:

Dr. Conception Costa

Post Graduate Scholar, Dept. of Panchakarma, Muniyal Institute of Ayurveda Medical Sciences, Manipal, Udupi, Karnataka, INDIA.

E-mail: concycosta6126@gmail.com

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Vata Dosha, which affects the *Amsa Sandhi*.^[1] The vitiated *Vata Dosha* localizes in the *Amsa Pradesha* leading to pain, stiffness in the shoulder with restricted joint movement. On the basis of similarity of symptoms, *Apabahuka* can be compared to Frozen shoulder.

The lifetime prevalence of frozen shoulder is estimated to be 2% -5% of the general population. The condition by which glenohumeral restriction is present from onset but progresses and reaches maximum as the pain is receding.^[2] In the early phase, there is marked joint capsular tenderness and stress pain and later there is painless restriction of all movements.

Nasya is considered as highly effective in *Urdhwajatrugata Vikaras* and is indicated in *Apabahuka*. Acharya Vagbhata has especially mentioned *Nasya* and *Uttarabhaktika Snehapana*. This study was done to assess the effect of *Pinyaka/*

Panchamula Taila,^[3] which is mentioned in Charaka Samhita and Ashtanga Hridaya as a *Vatahara Taila* is being taken for *Nasya Karma* in the management of *Apabahuka* for group A whereas *Nasya* with *Swalpa Masha Taila*^[4] which is mentioned in Charaka Samhita for Group B.

MATERIALS AND METHODS

Source of Data

Literary source

Literary aspect of the study was collected from classical Ayurvedic and modern text books and updated with recent medical journals and internet sources.

Clinical Source

40 patients suffering from *Apabahuka*, fulfilling the inclusion criteria were randomly selected for this study, from the OPD and IPD of MIAMS, Manipal, Udupi, Karnataka.

Pharmaceutical source

After proper identification, the raw drugs were collected from genuine sources and *Pinyaka / Panchamoola Taila* was prepared at MIAMS pharmacy as per the Standard Operative Procedure.

Sample Size

40 clinically diagnosed patients of *Apabahuka* were randomly selected based on inclusion criteria. They were equally divided into Group A and Group B, 20 patients in each group.

Group A: *Nasya Karma* with *Pinyaka/Panchamoola Taila*

Group B: *Nasya Karma* with *Swalpa Masha Taila*

Subject Selection

Inclusion Criteria

- Patients suffering from classical signs and symptoms of *Apabahuka* will be selected.
- Patients of either sex, irrespective of caste and religion.
- Patients between the age group of 20-80 years.

- Patients who are fit for *Nasya*.

Exclusion Criteria

- Patients less than 20yrs and above 80yrs.
- Patients unfit for *Nasya*.
- Patients with other serious systemic and infective disorders.
- Grave conditions like Fracture of the shoulder, Ankylosing Spondylitis, Spinal canal stenosis, malignancies etc.

Assessment Criteria

A detailed proforma will be prepared for the assessment of subjective and objective parameters. The data obtained will be analyzed statistically.

Subjective Parameters

Amsasandhi Shoola - shoulder pain (Assessed by Visual Analogue Scale).

Figure 1: VAS (Visual Analogue Scale)

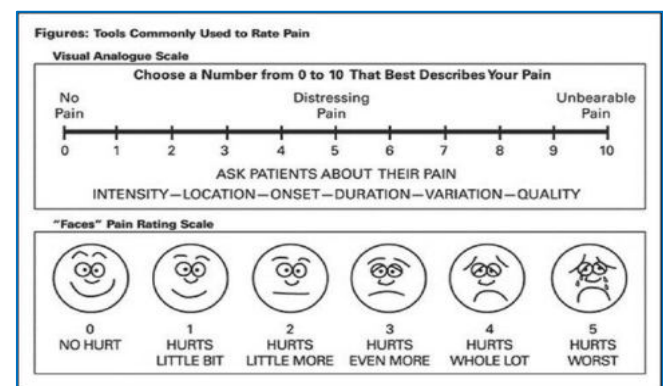


Table 1: Pain Gradation

Pain	Grade	BT	AT	AF
No Pain	0 - No pain (VAS)			
Mild Pain	1 - Upto 3 (VAS)			
Moderate Pain	2 - (4-6 VAS)			
Severe Pain	3 - (7-8 VAS)			
Intolerable pain	4 - (9-10 VAS)			

Amsasandhi Stabdhatta - shoulder stiffness

Table 2: Stiffness Gradation

Symptoms	Grade	BT	AT	AF
No Stiffness	0			
Mild-Difficulty in moving joints without support	1			
Moderate-difficulty in moving can lift only with support	2			
Severe-unable to lift	3			

Objective Parameters

Tenderness

Table 3: Tenderness Gradation

Symptoms	Grade	BT	AT	AF
No tenderness	0			
Pain on pressure	1			
Winces with pain	2			
Winces and withdraws the affected part	3			
Does not allow to touch the affected part	4			

Bahupraspandhitahara - Restricted movements of shoulder region (Goniometer reading).

Table 4: ROM Goniometric reading

Movement	Joint involved	BT	AT	AF
Flexion				
Extension				
Abduction				
Adduction				
Internal rotation				
External rotation				

Interventions

It is a comparative clinical study of 40 patients diagnosed with *Apabahuka*, who were selected as per

inclusion & exclusion criteria and divided randomly into two groups each comprising of 20 patients.

Group A: *Nasya Karma with Pinyaka/ Panchamula Taila*

- **Purva Karma:** *Sthanika Abhyanga* with *Murchita Tila Taila* and *Bashpasveda* with *Dashamoola Kwatha*.
- **Pradhana Karma:** *Nasya Karma* with *Pinyaka/ Panchamula Taila*.
- **Paschat Karma:** *Kavala* with *Sukhoshnajala* and *Dhoomapaana* with *Haridra Choorna*, proper rest and diet advised.

Group B: *Nasya Karma with Swalpa Masha Taila*

- **Purva Karma:** *Sthanika Abhyanga* with *Murchita Tila Taila* and *Bashpasveda* with *Dashamoola Kwatha*.
- **Pradhana Karma:** *Nasya Karma* with *Swalpa Masha Taila*
- **Paschat Karma:** *Kavala* with *Sukhoshnajala* and *Dhoomapaana* with *Haridra Choorna*, proper rest and diet advised.

Posology: 8 Bindu in each nostril.

Both the groups were treated for a period of 7 days.

RESULTS

Comparative effect of treatment on Pain in Group A and Group B

In *Apabahuka*, pain is felt due to *Vata Prakopa* caused by various *Nidanas*. By doing *Nasya* and its *Purva Karma* like *Sthanika Abhyanga* and *Svedana*, *Vata Shamana* occurs, which reduces the pain.

Group A - 51.2% improvement in pain

Group B - 39.4% improvement in pain

Comparative effect of treatment on Stiffness

Stiffness occurs due to *Sira Sankocha* and *Sleshaka Kapha Kshaya* thereby producing *Bahupraspanditahara* (restricted movement of *Bahu*). *Nasya* with *Pinyaka Taila* which contains *Laghu Panchamula*, *Pinyaka* and *Goksheera* can induce

nourishment, bring *Snigdhatta* to the *Sira Sankocha* thereby remove stiffness.

Group A - 48% improvement in stiffness

Group B - 40.9% improvement in stiffness.

Also, the after the treatment, range of movement increased, showing extremely significant results in Flexion, Extension, Abduction, Adduction, Internal rotation and External rotation which were assessed using Goniometric measurements.

Effect of treatment on tenderness

The drugs like *Laghu Panchamoola* in *Pinyaka Taila*, have *Vatahara*, *Shoolahara* and *Shophahara* property, which reduced tenderness.

Group A - 58.33% improvement in tenderness

Group B - 58.82% improvement in tenderness

Assessment of total effect of therapy

Overall response of the treatment in both groups

Overall effect of *Nasya* with *Pinyaka/Panchamoola Taila* in Group A and *Nasya* with *Swalpa Masha Taila* in Group B

Total Effect	Percentage	Group A		Group B	
		N	%	N	%
Cured	100 %	0	0%	0	0%
Markedly improved	76-99%	3	15%	1	5%
Moderately improved	51-75%	3	15%	2	10%
Mildly improved	26-50%	12	60%	13	65%
Unchanged	<25%	2	10%	4	20%

DISCUSSION

The present day lifestyle which is full of physical stress and strain has led to the development of diseases which may not kill the person but hampers the daily

routine activities and impair the quality of life. *Apabahuka* is one such disease in which *Vata Dosha Dushti* occurs which gets localized at *Amsa Pradesha*. This *Vata Dushti* does *Sira Sankocha* and *Sleshaka Kapha Kshaya* thereby producing *Bahupraspanditahara* (restricted movement of *Bahu*) and *Amsa Sandhi Shoola*.

Acharyas have not mentioned specific *Nidanas* for *Apabahuka*. But since it is a *Vataja Nanatmaja Vikara*, *Vata* is invariably involved. Hence the *Nidanas* which are mentioned for *Vata Vyadhi* are to be considered as *Nidanas* for *Apabahuka*. Apart from those *Nidanas*, some *Nidanas* like indulging in certain incorrect postures while sitting or lying down, or while using gadgets such as computers/phone, carrying heavy weight on one side of the shoulder, swimming or any direct trauma, improper diet, continuous use of AC/fan etc are practically observed in patients. These *Nidanas* do *Vata Prakopa* in *Amsa Pradesha* which causes *Sira Sankocha* and *Amsa Bandhana Shosha* leading to *Apabahuka*. In the present study maximum patients belonged to the desk job group who admitted to indulging in improper sitting/sleeping postures were found to be having *Apabahuka*.

The most common condition which resembles *Apabahuka* is Frozen shoulder or Adhesive Capsulitis which is characterized by pain and restricted shoulder movements. Adhesive Capsulitis may be triggered by local trauma, prolonged immobility of the arm, bursitis or tendinitis of the shoulder or may be associated with certain systemic disorders like MI, DM. Pathologically the capsule of the shoulder is thickened and a mild chronic inflammatory infiltrate and fibrosis may be present. In this condition pain and stiffness of the shoulder joint are the cardinal symptoms leading to restricted ROM.

The treatment modalities in Ayurveda are important in the management and prophylactic care of *Apabahuka* as modern medicine can harm the body with its potential side effects.

As the disease selected was *Apabahuka*, for which *Acharyas* have mentioned *Nasya* and *Uttarbhaktika Snehapana*, so *Nasya* was selected in this study. The

study was conducted in two groups namely group A treated with Nasya of Pinyaka / Panchamula Taila and Group B treated with Nasya of Swalpa Masha Taila.

Brumhana Nasya is *Vatahara*, hence reduces pain and stiffness. *Nasya* gives stimulation to the brain through the olfactory pathway thus inducing the production of neuro peptides which act as pain relievers.

The *Paka* of the *Taila* used for *Nasya* was *Mrudu*, which retains the water soluble principles along with lipid soluble particles at optimum level. The peripheral processes of the olfactory cells respond to volatile, water soluble and lipid soluble odourless chemical substances. The drug used for *Nasya* is of *Mrudu Paka* which maintains the water solubility for diffusing through the olfactory epithelium and lipid solubility for interacting with the lipids of the membranes of the olfactory receptors. All these factors contribute well for the specific ability of *Sneha Nasya* in stimulating the brain through olfactory pathway. In fact structures of the Limbic system, including Thalamus, Hypothalamus, Hippocampus and parts of the basal ganglia are concentration areas for neuropeptides called nodal points. *Nasya* can stimulate areas like amygdala in limbic system thus activating the neuropeptide pathway.^[5]

In shoulder stiffness, which is due to *Sira Sankocha* and *Amsabandhana Shosha*, *Nasya* with *Pinyaka Taila* provides relief, which contains *Laghu Panchamula* and *Goksheera* which brings nourishment and *Snigdhatta* to the *Sira Sankocha* thereby removing stiffness, improves circulation. Also, *Laghu Panchamoola* have *Vatahara*, *Shoolahara* and *Shophahara* property, it also reduced tenderness.

Pinyaka is having *Ruksha Lekhana* property but it is also *Madhura*, *Pushti Balakaraka*.

Goksheera - used as *Drava Dravya* in *Pinyaka Taila* is *Madhura*, *Snigdha* having *Sheeta Virya* and does *Vata Shamana* which can combat the *Ruksha* and *Lekhana* property of *Pinyaka*.

Swalpa Masha Taila is also indicated for *Apabahuka* and gives relief in pain and more chronic conditions where *Amsa Shosha* has begun as compared to

Pinyaka/Panchamoola Taila. *Masha* in this *Taila* can do *Brumhana* because of its *Madhura Rasa* and *Saindhava* is *Shoolahara* because of *Ushna Tikshna* properties.

Discussion on Nasya and its mode of action

Nasya Karma is indicated in *Apabahuka* by different *Acharyas*. *Acharya Vagbhata* has quoted "*Nasa Hi Shiraso Dwaram*" i.e. the nose is the nearest and easiest opening for conveying the potency of medicine to *Urdhwa Jatru*. *Acharya Sushruta* opines that the *Shrughataka Marma* is a *Sira Marma*, situated at the site of the union of the *Siras* supplying to the nose, ear and tongue. *Acharya Charaka* in *Siddhisthana* has mentioned that the *Nasya* drug acts through absorption by *Shrunghataka Marma*. The drug administered through nose as *Nasya* reaches the *Shrunghataka Marma*, spreads in the *Murdha* (brain) taking along *Marma* of *Netra*, *Karna*, *Kantha*, etc. & eliminates the *Prakupita Doshas* out through the principle of '*Munjadishikhavat*'^[5] from *Uttamanga*.

Under the complications of *Nasya Sushruta*^[6] noted that excessive *Shodhana Nasya* may cause *Mastulunga* (CSF) to flow out through the nose.

It is experimentally proven fact that wherever any type of irritation occurs, the local blood circulation of that part increases which is a natural protective function of the body. Hence, when provocation and expulsion of *Doshas* occurs due to irritating effect of drug administered, it results in the increase of blood circulation of brain.

CONCLUSION

Apabahuka is one among the *Vataja Nanatmaja Vyadhi*. Here *Vata* and *Kapha* is involved.

Maximum incidence was seen in the age group of 41-60 indicating the faulty lifestyle which is a predisposing factor. Surprisingly there were 20% patients in the age group of 21-40 which may be due to the *Beeja Dosh* or idiopathic.

In *Apabahuka*, since *Rukshadi Gunas* of *Vata* are increased hence *Viparita Gunas* like *Snigdhatta* in the

form of *Brumhana Nasya* with *Pinyaka Taila* was selected.

Pinyaka Taila is indicated in *Vataja* and *Kaphanubandhi Vata Vikara*, was found to be very effective in *Apabahuka* as it is a *Vataja Nanatmaja Vikara* and also has *Kaphanubandhi* in its *Samprapti*. In the present study, Group A - *Nasya* with *Pinyaka Taila* showed better effect than Group B *Nasya* with *Swalpa Masha Taila*. According to modern science, *Apabahuka* is compared to Frozen Shoulder on the basis of their etiology, signs and symptoms. No present treatment protocols are universally effective and there is a strong need for further research and development of more effective treatment strategies. Morbidity from this condition has significant individual and societal cost, and disability is always long-lasting, if not permanent.

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