

1 **A case study on Ayurvedic management of Avabahuka**

2 **Abstract** –

3 *Avabahuka* is identified as a disorder of the shoulder joint and is closely associated with frozen
4 shoulder based on its characteristic signs and symptoms. *Acharya Sushruta* classified *Avabahuka*
5 as a *Vatavyadhi* (a disease caused by *Vata* imbalance). *Ayurveda* offers various therapeutic
6 approaches for its management.

7 This article presents a case report highlighting the effectiveness of *Prasarinyadi Kashaya* and
8 *Karpasasthyadi Taila Nasya*, as described in the *Sahasrayoga* text, in managing *Avabahuka* in
9 routine clinical practice. The patient was treated with *Prasarinyadi Kashaya* and *Karpasasthyadi*
10 *Taila Nasya* therapy & mild physical exercise *yogasana*.

11 For assessment, the clinical symptoms of *Avabahuka* were evaluated based on *Ansa Sandhi*
12 *Shoola* (shoulder joint pain), *Ansa Sandhi Stabdhatta* (stiffness in the shoulder joint), and *Bahu*
13 *Prasandan Har* (restricted arm movement). The severity of these symptoms was graded on a
14 scale from 0 to 3.

15 Gradual improvement was observed in the patient's range of motion over time. The study
16 suggests that *Prasarinyadi Kashaya* and *Karpasasthyadi Taila Nasya*, combined with *yogasan*,
17 can be effective in alleviating the symptoms of *Avabahuka*, making it a promising therapeutic
18 option.

19 **Key words** : *Avabahuka*, *Vatavyadhi*, *Prasarinyadi Kashaya*, *Karpasasthyadi Tail*, *Nasya*,
20 *Yogasana*

21 **Introduction** –

22 *Avabahuka* is said to be a condition that arises from the *Vata Dosha* and affects the *Amsa Sandhi*,
23 or shoulder joint. Although the *Nanatmaja Vata Vyadhi* does not contain the name *Avabahuka*,
24 *Acharya Sushruta* and others have regarded *Avabahuka* as a *Vata Vyadhi*. *Amsa Shosha* is the
25 initial stage of the illness, characterised by the dryness or loss of *Shleshaka Kapha* in the
26 shoulder joints. The loss of *Shleshaka Kapha* leads to the following stage, when symptoms like
27 discomfort when moving and limited mobility appear known as, *Avabahuka*. *Amsa Shosh* is
28 formed by *Dhatukshaya*, or *Shuddha Vatajanya*, according to the *Madhukosha Teeka*, whereas
29 *Avabahuka* is *Vata-Kaphajanya*. *Avabahuka* symptoms and adhesive capsulitis symptoms—also
30 known as frozen shoulder—are frequently contrasted in medical literature. An enigmatic fibrous
31 glenohumeral joint capsule is known as adhesive capsulitis. It is characterised by a gradual loss
32 of mobility and a widespread, dull, agonising pain in the shoulder, with little to no localised
33 tenderness. Shoulder abduction and internal rotation are the only areas of stiffness during the
34 early stages of the condition since the discomfort is greater throughout the night. Later on, the
35 discomfort is usually felt and the shoulder joint's range of motion is restricted. The symptoms
36 described in the texts are typically seen in *Avabahuka* and include –
37 *Ansa Sandhi Shool*- Pain in the shoulder joint.

38 *Ansa Sandhi Stabdhatā*- Stiffness and rigidity in the shoulder, leading to difficulty in moving the
39 arm.

40 *Bahupraspandanāhar*- Decreased or reduced movement of the shoulder joint (hypomobility),
41 resulting in limitations in daily activities.

42 These symptoms align with the common clinical presentation of frozen shoulder, which typically
43 progresses through three stages-

44 Freezing Stage- Pain and gradual loss of motion.

45 Frozen Stage- Stiffness with minimal pain but significant limitation in movement.

46 Thawing Stage- Gradual improvement in motion and reduction of stiffness and pain.

47 In *Ayurveda*, *Avabahuka* is treated by addressing the underlying Vata imbalance and promoting
48 joint health through specific therapies aimed at reducing pain, improving mobility, and restoring
49 normal function.

50 This illness affects 3–5% of the general population. Patients with diabetes may see a 20% rise in
51 it. In 6–17% of patients, the second shoulder becomes impacted after the first one has healed.

52 More damage is done to the non-dominant shoulder than the dominant one. The symptoms
53 include shoulder joint limitation and discomfort that starts at night and lasts all day.

54

55 **Case description** –

56 51-year-old lady consulted the outpatient department (OPD)
57 at Government Ayurved Hospital, Raipur, Chhattisgarh, with the complaint of severe aching pain
58 with restricted movement of her left shoulder joint since 1 year. Since six months ago, the
59 patient has been experiencing upper limb discomfort. The numbness was accompanied by
60 intense, excruciating, pricking pain. She then went to see a doctor, who gave her analgesics, but
61 she did not experience any noticeable improvement. Later, for Ayurvedic treatment, the patient
62 sought advice from the Kayachikitsa OPD Government Ayurved Hospital in Raipur.

63 **Past History** –

64 The patient has no prior medical history of diabetes mellitus, hypertension, or right shoulder
65 trauma or damage. There is no history of musculoskeletal disorders in the family.

66

67 **Personal history** –

- 68 • Appetite - Good
- 69 • Diet - Mixed type
- 70 • Sleep - Reduced for 6 months
- 71 • Micturition - Normal
- 72 • Bowel - Normal
- 73 • Addiction - Not found

74

75

76 **General examination** –

- 77 • G.C.-Good
- 78 • Pulse-78/min
- 79 • B.P.-110/80 mm of hg
- 80 • Icterus-Not found
- 81 • Pallor-Not found
- 82 • Lymphadenopathy-Not found

83

84 **Systemic examination –**

- 85 • RS - No added sound found
- 86 • CVS – S1,S2 normal, no abnormal sound added
- 87 • CNS - Conscious & Oriented
- 88 • P/A - Soft and non-tender

89

90 **Local examination**

- 91 • Muscle tone: Normal
- 92 • Deformity at shoulder joint- Absent
- 93 • Muscular atrophy- slight wasting
- 94 • Tenderness- Tender
- 95 • Local temperature- Normal
- 96 • Restriction of movements with severe pain
- 97 • Restricted range of Movements –
 - 98 ▪ Abduction – 45°
 - 99 ▪ Flexion – 40°
 - 100 ▪ Extension – 10°
 - 101 ▪ Internal rotation – 30°
 - 102 ▪ External rotation – 30°

103

104 **Investigations**

105 The results of the conducted haematological and biochemical analyses were determined to be
106 within the physiological range. The shoulder joint X-ray appeared to be normal.

107

108 **Therapeutic intervention –**

109 Patient was treated as per the line of treatment of *Vatavyadhi* by *Sthanik Abhyanga* (Local
110 massage), *Nasya Karma* (Errhines) and *Shaman Chikitsa* (Palitative treatment). The effect of
111 Ayurvedic treatment was assessed in relation to improvement in overall clinical sign and
112 symptoms.

113

114 **Treatment Plan –**

115 *Prasarinyadi Kashaya* - 25 ml, empty Stomach

116 *Karpasasthyadi Tail* - 4-4 Drops (In Each nostril)

117 In 15 day of interval

118 *Karpasasthyadi Tail* - Local application

119 *Yogasan – Tadasana, Gomukhasan, Balasana, Ardha Matsyendrasana*

120 **Assesement criteria –**

121 **Shoulder pain –**

CRITERIA	GRADING
No pain at all	0

Mild pain, can do strenuous work without support	1
Moderate pain, can do normal work with support	2
Severe pain, unable to do any work at all	3

122

123 **Stiffness –**

CRITERIA	GRADING
No Stiffness	0
Stiffness for few minutes relieved by mild movement.	1
Stiffness lasting for 1 to 2 hours but, routine work are not disturbed.	2
Episodes of stiffness lasting for 2-6 hours. Daily routines are hampered.	3

124

125 **Range of motion at shoulder joint –**

Movement	Normal Range
Flexion	180°
Extension	50°
Abduction	180°
Internal Rotation	90°
External Rotation	90°

126

127 **Outcome –**

128 After 3 months of the Ayurvedic treatment regimen, the patient had marked relief in pain and
129 stiffness in the right shoulder joint.

130 Following the first 15 days of the treatment regimen, a notable improvement in range of motion
131 was seen on goniometry, allowing for excellent active and passive motions of the right shoulder
132 joint.

133 Before, during and after treatment, the range of movement of shoulder joint as follow.

134

Sr.no.	Assessment criteria	Before Treatment	During Treatment	After Treatment
1	Shoulder Pain	03	02	0
2	Stiffness	03	02	0
3	Flexion	03	01	0
4	Extension	02	01	01

5	Abduction	03	02	01
6	Internal Rotation	02	01	0
7	External Rotation	02	01	0

135

136 **Discussion** –

137 According to all *Samhitas* and *sangraha* granthas *Avabahuka* is described as a *Vatavyadhi*. The
 138 physical stress of the workload and fast lifestyle with improper dietary nourishment manifest so
 139 many disorders especially *Vatavyadhi* (disorders due to vitiation of *Vata*) like *Avabahuka*.
 140 *Avabahuka*'s *chikitsa* sutra emphasises the significance of *Nasya karma* in treating the disease.
 141 There are a number of benefits to administering *Aushadha* through *Nasya karma*.

142 The *Ashtang sangraha* explains that since *Nasa* is the gateway to *Shira Pradesh*, the drug
 143 administered through the nose reaches *Shringhataka*, & *Sira marma*, through *Nasa strotas* and
 144 spreads throughout the brain before arriving at a junction where *Netra*, *Shrotra*, *Kantha*,
 145 *Siramukha*, and other *doshas* are connected. This process eliminates the vitiated *doshas* that are
 146 present above the supraclavicular region.

147

148 *Karpasasthyadi Tail* comprises of *Karpasa beej*, *Masha*, *Kulatha*, *Bala*, *devdaru*, *Rasna*,
 149 *Shatpushpa*, *Shigru*, *Punarnava*, *Sarshapa*, *Pippalimool*, *Tila tail*, *Aja ksheer* having properties
 150 like *Snigdha Guna*, *Ushna veerya* and is *KaphaVata Shamaka*, acted as *Vedana Shamak* and
 151 *Shothahara*.

152 Most of the ingredients of *Karpasthyadi Tail* is *Katu rasa Pradhan* but the nature of *Snigdha &*
 153 *Guru guna* of *taila*, *Ushna guna & Veerya* of the *dravyas* helped the case subsiding the
 154 *Prakupita Vata*. i.e. *UshnaVeerya* of the ingredients of *taila* subsided the *Sheeta guna* of *Vata*
 155 and patient got relieved from *Shoola* and *Sthambha* condition.

156

157 Given that *Avabahuka* is a *Vaat-Kaphaj vyaadhi* In this situation, *Prasarniyadi Kashsya* proved
 158 to be useful.

159 It mainly comprises of *Prasarini*, *Rasna*, *Nagara* which is *Kapha-vatahar* and *Ushna veerya*,
 160 that help in reduction of inflammation at glenohumeral joint and facilitated the range of motion.
 161 *Nagar* is *Vibandhbhedini* which helped in reliving the adhesions in the capsule. *Rasona* helped
 162 as tissue vitalizer whereas *Balamool* helped in stabilizing the joint. The *Ushna veerya* of the
 163 drugs help to relieve the adhesions in the capsule. *Prasarniyadi Kashsya* has *Ghatak Ushna*
 164 *veerya* property acting as *Kapha-vaat Nashak*, *Vednasthapak*, *Stabdhta Nashak*, *Sandhankar* for
 165 the patient.

166 Along with herbal and *Nasya* treatments, physical exercise, *yogasan* play a crucial role in the
 167 recovery process. These *yogasan* typically focus on gentle stretching, strengthening, and
 168 mobilizing the shoulder joint to improve flexibility and restore movement.

169 They may include:

170 - Range of motion exercises to prevent the shoulder from becoming frozen and to increase the
 171 mobility of the joint.

172 - Stretching exercises to relieve muscle tightness and improve blood flow.

173 - Strengthening exercises to support the muscles around the shoulder joint, improving overall
 174 stability and preventing further injury.

175

176 The physical exercises also help in reducing muscle imbalances and compensatory movements
177 that often develop when one tries to avoid pain, ultimately addressing the root causes of
178 immobility in the shoulder.

179
180 The combined action of both the drugs & *yogasan* of the shoulder gave very good results in the
181 patient suffering from Avabahuka disease.

182

183 **Conclusion** –

184 The improved range of motion in Avabahuka is greatly benefited by the effect of *Prasarinyaadi*
185 *Kashaya*, adequate physical exercise and *Karpasasthyadi Tail Nasya*. As the most effective
186 therapy for *urdhwa-jatrugata* diseases, *Acharya Vagbhata* suggested *Nasya Karma* from the
187 verse "*Nasa hi shiras dvaram*". The therapy of Avabahuka includes *Nasya Karma* as it is a
188 *urdhwa-jatrugata* disease.

189 There was significant improvement in the case of Avabahuka. Avabahuka is difficult to manage,
190 but *Abhyanga*, *Nasya* along with *Prasarinyadi Kashaya* is effective in reducing pain and
191 improving flexibility of the affected shoulder joint in Avabahuka & can be good option for better
192 management.

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