

A case study on Ayurvedic management of Avabahuka

by Jana Publication & Research

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Abstract –

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

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

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

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

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

Introduction –

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

Ansa Sandhi Stabdhata- Stiffness and rigidity in the shoulder, leading to difficulty in moving the arm.

Bahupraspandanahar- Decreased or reduced movement of the shoulder joint (hypomobility), resulting in limitations in daily activities.

These symptoms align with the common clinical presentation of frozen shoulder, which typically progresses through three stages- 7

Freezing Stage- Pain and gradual loss of motion.

7rozen Stage- Stiffness with minimal pain but significant limitation in movement.

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

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

This illness affects 3–5% of the general population. Patients with diabetes may see a 20% rise in it. In 6–17% of patients, 8 the second shoulder becomes impacted after the first one has healed.

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

Case description –

51-year-old lady consulted the outpatient department (OPD)

at Government Ayurved Hospital, Raipur, Chhattisgarh, with the complaint of severe aching pain 1

with restricted movement of her left shoulder joint since 1 year. Since six months ago, the

patient has been experiencing upper limb discomfort. The numbness was accompanied by

intense, excruciating, pricking pain. She then went to see a doctor, who gave her analgesics, but

she did not experience any noticeable improvement. Later, for Ayurvedic treatment, the patient

sought advice from the Kayachikitsa OPD Government Ayurved Hospital in Raipur.

Past History –

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

2

Personal history –

- Appetite - Good
- Diet - Mixed type
- Sleep - Reduced for 6 months
- Micturition - Normal
- Bowel - Normal
- Addiction - Not found

General examination –

- G.C.-Good
- Pulse-78/mi. 6
- B.P.-110/80 mm of hg
- Icterus-Not found
- Pallor-Not found
- Lymphadenopathy-Not found

Systemic examination –

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

Local examination

- Muscle tone: Normal
- Deformity at shoulder joint- Absent
- Muscular atrophy- slight wasting
- Tenderness- Tender
- Local temperature- Normal
- Restriction of movements with severe pain
- Restricted range of Movements –
 - Abduction – 45°
 - Flexion – 40°
 - Extension – 10°
 - Internal rotation – 30°
 - External rotation – 30°

Investigations

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

Therapeutic intervention –

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

Treatment Plan –

Prasarinyadi Kashaya - 25 ml, empty Stomach

Karpasasthyadi Tail - 4-4 Drops (In Each nostril)
In 15 day of interval

Karpasasthyadi Tail - Local application

Yogasan – Tadasana, Gomukhasan, Balasana, Ardha Matsyendrasana

Assesement criteria –**Shoulder pain –**

	CRITERIA	GRADING
2	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

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

Range of motion at shoulder joint –

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

Outcome –

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

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

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

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

Discussion –

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

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

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

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

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

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

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

They may include:

- Range of motion exercises to prevent the shoulder from becoming frozen and to increase the mobility of the joint.
- Stretching exercises to relieve muscle tightness and improve blood flow.
- Strengthening exercises to support the muscles around the shoulder joint, improving overall stability and preventing further injury.

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

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

Conclusion –

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

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

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