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RESEARCH ARTICLE

A CASE STUDY ON AYURVEDIC MANAGEMENT OF AVABAHUKA

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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 Stabdhatta (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.

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Introduction:-

Avabahuka is said to be a condition that arises from the Vata Dosha and affects the Amsa Sandhi, or 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 –

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Ansa Sandhi Shool- Pain in the shoulder joint.

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

Bahuprasandanahar- 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-

Freezing Stage- Pain and gradual loss of motion.

Frozen 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, 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 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.

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/min
- 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,Gomukhasana,Balasana,Ardha Matsyendrasana

**Assesement criteria –
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

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, Prasarniyadi 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 reliving the adhesions in the capsule. Rasona 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. Prasarniyadi 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.

Reference:-

1. Sushrut samhita, ambikadatt sashtri, chaukhambha publication sushrut nidana- 1/82, page no.-304.
2. Sahastrayoga hindi, vaidya mahendra singh, kendriya ayurved vigyan anusandhan parishad, page no.- 68,252.
3. Ashtang hrudaya, bramhanand tripathi, chaukhambha Sanskrit pratisthan Delhi 2012, ashtang hrudaya nidana- 15/43, page no.542.
4. Madhav nidanam-1, madhukosha vyakhya vibhushitam, shri yadunandan upadhyay, publication- chaukhambha prakashan Varanasi sanskaran, Madhav nidana 22/64, page no.545.
5. Charak samhita, vidyotini hindi commentary, Rajeshwar datt shastri, Kashinath shastri, Gorakhnath chaturvdi editors Varanasi ; chaukhambha bharti academy 2013, chikitsa sthan- 28/15-16, page no.-776.
6. Priyavrat Sharma, dravyaguna vigyan, 2nd part, chaukhambha bharti prakashan 2012.
7. WHO-DFC sponsored project on-developing guideline for clinical research methodology in ayurveda- by proff.M.S. Baghel, 2011.
8. Journal of Ayurveda and intergated medical sciences Volume-I, Issue-1, May-June 2016, Page No. 16-23.
9. Essential orthopaedics (Including clinical methods), 6th edition, maheshwari & Mahaskar.
10. Ashtang hrudaya, bramhanand tripathi, chaukhambha Sanskrit pratisthan Delhi 2012, ashtang hrudaya sutra sthana-20/1, page no.-244.