

REVIEW ON EFFECT OF *ATASI UPANAHA* IN *AVABAHUKA* WITH
SPECIAL REFERENCE TO *AMSA MARMA*

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ABSTRACT

Introduction: *Avabahuka* is a disease of *amsa sandhi* (shoulder joint) which has greatest range of motion. It has been described under eighty types of *vata vyadhi* by *sushruta*. *Avabahuka* hampers day-to-day activity and predominantly occurs in females in their fifty. The causes of *Avabahuka* may be classified into two groups. 1) Bahya hetu and Abhyantara hetu. *Marmaabhighata* is cause of *Avabahuka* which is bahya hetu. *Amasa marma* is a *vaikayalakar marma* situated in shoulder joint where trauma causes deformity. *Avabahuka* can be correlated with frozen shoulder as per modern sciences. *Upanaha sweda* is one among the modality of *swedana* used in the management

of *Avabahuka*. So this study is planned to review the effect of *atasi upanaha* in *avabahuka* w.s.r. to *amsa marma*. **Aim:** To review on effect of *atasi upanaha* (Poultice) in *Avabahuka* w.s.r. to *amsa marma*. **Objectives:** 1) To study of literature of *Avabahuka*. 2) To review the literature about *amsa marma*. 3) Review of *atasi upanaha in avabahuka*. **Methodology:** This is conceptual type of study. Textual materials are used for the study from which various references have been collected. *Avabahuka* is one such a disease which affects most of the function of hand. Loss of *Bahu praspanana*, *Stambha* and *shoola* at the shoulder joint are the cardinal features of *Avabahuka*. *Amsa mar maabhighata* also leads to produce *stabhdhabahuta* i.e., stiffness of shoulder. **Result:** Acharya mentioned properties of *Atasi upanaha* as *vata shamaka* by *guru*, *snigdha guna*, and *madhur rasa* which reduces the *vata dosha* provoked by *amsamarmabhighata* in *Avabahuka*. **Conclusion:** Hence we conclude that *Atasi upanaha* can be use as best treatment of *Avabahuka*.

KEYWORDS: *Avabahuka*, *Amsa Mar Ma*, *Atasi Upanaha*, Shoulder joint.

INTRODUCTION

Ayurveda is an ancient science which deals not only with treatment of diseases but also to maintain healthy state of body as mentioned in *Charak Samhita*. For understanding pathology of any disease one should know proper anatomy that is *Rachana Sharir* of that organ. The science of *marma* (vital points) is an extraordinary part mentioned in *ayurvedic* texts that has a tremendous value while performing surgery. According to *ayurveda* the knowledge of the position of *marma* and *marmabhigat* (injuries to vital points). Symptoms is essential performing any surgical treatment. In *ayurveda* 107 *marmas* explained in *sushruta sharirsthana*. *Amsa marma* situated at shoulder joint where trauma causes symptoms like *sthabdhata*. While studying patients of *Avabahuka vyadhi* we found *sthabdhata* symptom. *Avabahuka vyadhi* is originated from *amsa s* i.e. shoulder joint. So we can say that any trauma to *amsa sandhi* i.e. *marmabhigata* can lead to *Avabahuka vhyadhi* after comparing their symptoms and history. *Avabahuka* is musculoskeletal disease which hampers day to day activities. For any living organism the worst tragedy is said to be the life without movements. That can be one of the main reasons for *ayurvedic* literature considering “*vataj vikaras*” more important compared to disorders caused by other *doshas*. *Avabahuka* is one of those *vat vyadhis* which results *karmakshaya* of *bahu*. Any trauma to *marma* leads to provocation of *vata dosha* situated in *marma sthana*. In many other causes of *avabahuka vhyadhi* we can say that *marmabhigata* (trauma) can one be a cause leading to *Avabahuka*. As the main cause in *Avabahuka vyadhi* is *vata prakopa*, treatment would be *vata shaman* as *snehan*, *swedena*, *basti*, etc. while treating patients of *Avabahuka vyadhi*(frozen shoulders) we gone through *atasi upnaha*. We found it is highly efficacious. so there is a need to study the effects of *atasi upnaha* in *avabahuka*.

AIMS

To review on effect of *atasi upnaha* (poultice) in *avabahuka* with special reference to *amsa marma*.

OBJECTIVES

- 1) To study the literature of *Avabahuka.s*
- 2) To review the literature about *amsa marma*
- 3) To review *atasi upanaha* in *Avabahuka*.

Review of Literature

Marma

“*Maryanti eti marmani*”

- *Amsa* is an important *marm*(vital point in the body).
- It is located in the upper back and either side of vertebral column at the junction of shoulder and neck.
- ***Prushta gata marma***- *Amsa marma* are classified under *prushthgata marma* because it is located in the back, upper back region, shoulder and scapular region.
- ***Snayu marma***- *Amsa marma* is predominantly made up of *snayu* i.e. ligaments and tendons which forms structural components of this *marm*.
- ***Vaikalyakar marma***- *Amsa marma* when injured are said to produce deformity of the body or part of the body.
- ***Pramana of amsa marma***- it occupies a space of half *angula* dimensions.
- **Effect of injury**
- “*tatra stabdha bahuta*”(Su. Sha.6/27).

Injury of *amsa marma* leads to *stabdh bahuta* i.e.stiffness or rigidity of the shoulder or arm.

- Modern perspective (practical anatomy) of *amsa marma* –structures falling in the areas of *amsa marma*.
- Coraco –clavicular ligaments.
- Conoid ligaments
- Trapezoid ligaments
- Coraco –clavicular ligaments.

When *amsa marma* gets damaged, the effect of injury will chiefly involve the ligaments and tendons around the shoulder, scapula, clavicle and neck in comparison to the extent of damage caused to other tissues.

Avabahuka

It affects *amsa sandhi*. *Ava* means “*viyoga*” which means dysfunction or separation.”*bahuka* –*bahu* –the arm. Thus *avabahuka* can be defined as “*bahustambho avabahuak*”.

- *Avabahuka* is a *vata vyadhi* said by *sushruta*, *vagbhata*. *Amsa shosha* can be considered as the preliminary stage of the disease where loss or dryness of the *shleshaka kapha* from shoulder disease occurs. The next stage occurs due to the loss of *shleshaka kapha* &

symptoms like *shoola* during movement, restricted movement and so on. Even as this is commented in the *madhukosh teeka*, it is mentioned that *amsa shosha* is produced by *dhatukshaya* i.e. *shuddha vata janya* and *Avabahuka* is *vata kapha janya*.

- *Avabahuka* is one such a disease that hampers the day to day activity of individual. It is prevalent in mostly age above 50 yrs individuals and in diabetes mellitus patients.

Etiopathogenesis

The causes of *Avbahuka* may be classified into two groups

1) *Bahya hetu janya*

2) *Abhyantar hetu janya*.

1) *Bahya hetu janya*-Here the cause is direct injury to the *marma* region or surrounding the *amsa sandhi* which is also known as *bahya abhighataja*.

2) *Abhyantar hetu janya*- The etiological factors that aggravates *vata* leading to the vitiation of *vata* in that region and is also known as *dosha prakopjanya* which in turn leads to *karmahani* of *bahu*. The descriptions of hetus are given below.

a) *Aharaja*

Katu, tikt, kashaya rasa, laghu sukshma, sheetal guna yukt ahara.

b) *Viharaj*

Exercise directly or indirectly influencing the sholder or *amsa desha*.

c) *Plavana*

Overexertion in the the joint results in *vata kopa*.

d) *Bharvahan*

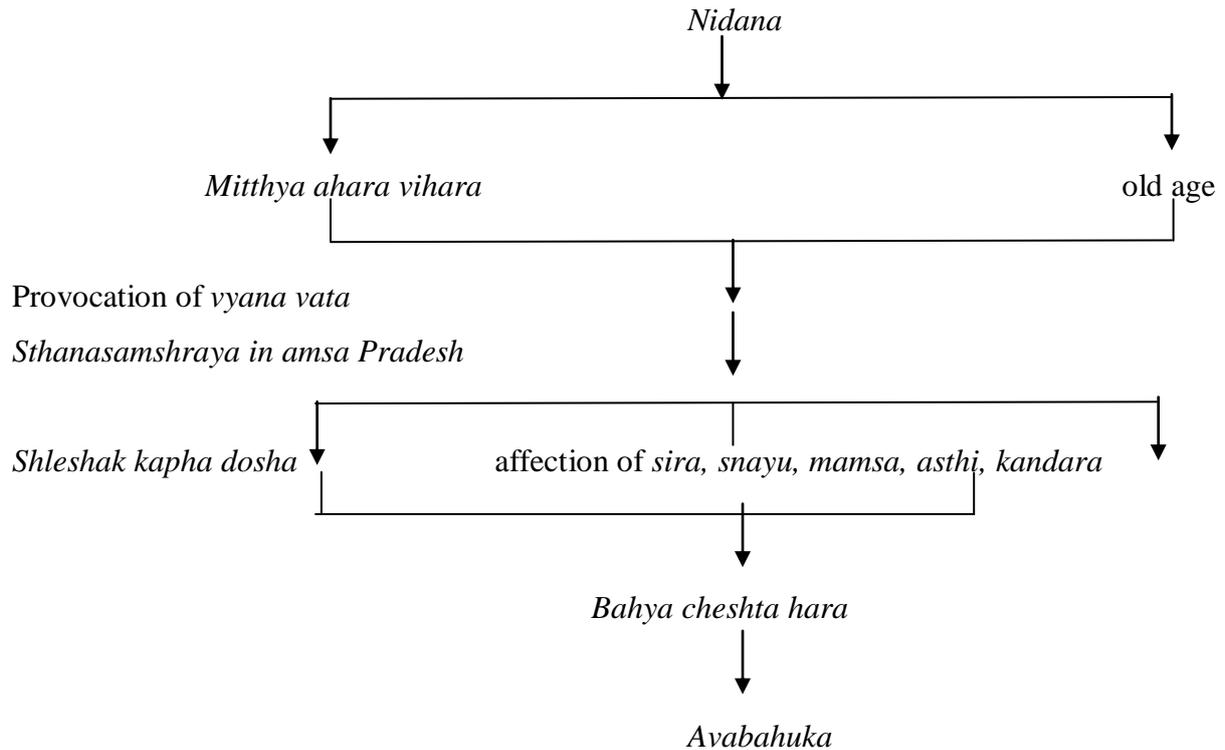
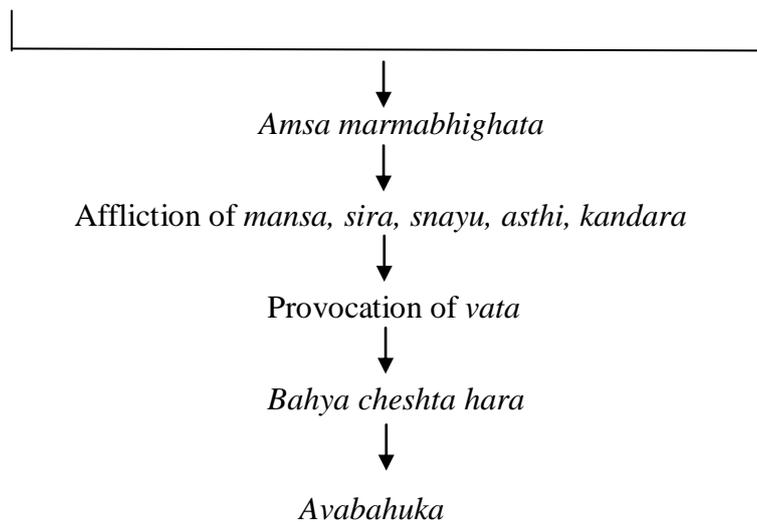
Carrying heavy loads leads to deformity in joint capsule.

d) *Balavat vighraha*

Wrestling with a person who is more powerful will cause *aghata* to the *amsa marma*.

e) *Dukkha shayya*

Improper posture that creates a great amount of pressure on *amsa sandhi* to disturb the muscular integrity and *vata prakopa*.

Samprapti**1) Samanya samprapti****2) Marmabhighata samprapti***Abyantara marmabhighata**Bahya marmabhighata***Roopa of Avabahuka**

- *Bahu praspandida hara*
- *Amsa bandhana shosha*
- *Shoola*

Avabahuka can be correlate with Frozen shoulder. Frozen shoulder, also called adhesive capsulitis, causes pain and stiffness in the shoulder. Over time, the shoulder becomes very hard to move. After a period of of worsening symptoms, frozen shoulder tends to get better, although full recovery may take up to 3 years. Frozen shoulder most commonly affects people between the ages of 40 and 60, and occurs in women more often than men. In addition people with diabetes are at an increasing risk for developing frozen shoulder.

- **Anatomy of shoulder joint:** Shoulder joint is a ball and socket joint made up of three bones namely humerus, scapula, clavicle. It is the most mobile joint in the body. The head of the upper arm bone fits into a shallow socket in your shoulder blade. Strong connective tissue, called the shoulder capsule, surround the joint. To help shoulder move more easily, synovial fluid lubricates the shoulder capsule and the joint.

- **Causes-**A few factors may put more at risk for developing frozen shoulder.

- Diabetes-Frozen shoulder occurs much more often in people with diabetes.

- Other diseases-Some additional medical problem associated with include hypothyroidism, hyperthyroidism, Parkinson's and cardiac disease.

- Immobilization-Frozen shoulder can develop after a shoulder has been immobilized for a period of time due to surgery, a fracture or other injury.

- **Symptoms-1)** Freezing stage-Any movement of shoulder causes pain, and shoulder's range of motion starts to become limited.

- 2) Frozen stage-Pain may begin to diminish during this stage. However, shoulder becomes stiffer, and using it becomes more difficult.

- 3) Thawing stage –The range of motion in shoulderbegins to improve.

UPANAHA (application of poultice)

- Etymology and definition – the word *upnaha* is split as a *upa+nah* in which up is 'upsarga' (prefix) means near, *nah bandhane* means to tie or bind. The other meanings of *upnaha* are bandage with warm paste of medicaments. It is a local treatment where in a combination of *churnas* (powered herb) are made into paste using *sneha dravya*(oil/ghee/muscle /fat/ marrow) kriya made hot and applied over the required site..

Types of upnaha

- 1) *Sagni*- where the drugs are heated first and then applied.

2) *Niragni*- where *ushnvirya dravya* are applied without heating.

Materials required for *upanaha*

- *Atasi choorna*
- Bandage cloth
- Leaves of *Eranda*, *Arka*, etc.(to cover the area).
- *Amla dravya* (*Dhanymla*, *Takra*, etc).
- Oil for *upanaha*
- Oil for *abhangya*
- *saindhav*

Methods of application: The *lepa* should be applied against the direction of hair follicles. *Lepa* thus applied facilitates easy absorption of the drug through the *roma kopa* and stays for long duration. The thickness of *lepa* application on the skin should be equal to the thickness of *adra mahish charma*.

Time of application: *Upnaha* tied in night should be removed in morning and that tied in a day should be removed in night. Time of application of *upnaha* can be extended in *sheet ritu*.

Atasi Upnah

- Latin name- *Linum usitaissimum*.
- Family- *linaceae*
- English name- *flax*
- *Guna*- *guru*, *snigdha*,
- *Rasa*- *madhur*, *tikta*
- *Vipaka*- *katu*
- *Virya*- *ushna*
- *Dosha*- *vatshamaka*, *kaphapitta vardhak*

DISCUSSION

Avabahuka can be correlated with frozen shoulder. In *Avabahuka* there is provocation of *vaat dosha* due to *amsamarmabhighata*. So to neutralize *vaatdosha* we need to do *vatnashaman kriya*. While studying *atasi dravya* we found that due to its *guru*, *snigdha guna* and *madhura rasa* and *ushna virya* may be useful in this disease. It is easy to use this *dravya* by local application in the form *upanaha*. The special advantages of *upanaha* is it can be applied

overnight. Due to the presence *sneha dravya upanaha* does not dry up and can be left on the body for longer duration compared to the other *lepas*. Mode of action of *atasi upanaha* is going through the arteriolar vasodilation. Arteriolar vasodilation is the process of relaxation of smooth muscle in arteriolar wall allowing increased blood flow through the artery. This redirects the blood into the superficial capillaries in the skin increasing heat loss by convection and conduction. Body needs to maintain a mean temperature for internal organs therefore it attempts to set an equilibrium. So there is a chance to use this *dravya* in patients of *Avabahuka* in the form of *atasi upanaha*. We tried it on some patients of *Avabahuka* and found that it is effective significantly. So there is a need to do more research and collection of scientific data to prove its efficacy.

RESULT

After thoroughly going through the literature of *amsa marma*, *Avabahuka* and *atasi upanaha*, we found that *atasi upanaha* must be significant efficacious in treating *Avabahuka*.

CONCLUSION

It is concluded that *atasi upanaha* is very useful in treatment of *Avabahuka* by literally review and study should be carried out and data should be collected to prove its efficacy.

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