MANAGEMENT OF AWABAHUK WITH CHITRAKMOOL (PLUMBAGO ZEYLANICA ROOT) APPLICATION WITH SPECIAL REFERENCE TO FROZEN SHOULDER – A CASE REPORT

Dr. Harshada Sanap¹* and Dr. Mukund Magare²

¹P.G. Scholar (Kayachikitsa), R.A. Podar Medical (Ayu) College, Worli Mumbai -18.
²Associate Professor (Kayachikitsa), R. A. Podar Medical (Ayu) College, Worli Mumbai – 18.

ABSTRACT

Frozen shoulder also known as ‘Adhesive Capsulitis’ is a common condition in which the articular shoulder capsule swells and stiffens, restricting its mobility. It typically affects only one shoulder, but one in 5 affect both. It is a musculoskeletal disease. It may occur after trauma or overuse or no use of shoulder joint or from a disease. ‘AWBAHUK’ can be correlated with frozen shoulder, as both have same sign – symptoms. In ‘AWBAHUK’, vikrut vayu (vitiated vat) present at Anssthan (shoulder) contracts anbandhan (i.e. Ligaments, capsules) with progressive dhatukshaya (degeneration of body elements) of that specific region results in restricted movements. Chitrakmool i.e. root of Plumbago zeylanica application helps to remove stiffness formed due to fibrosis and thickness of capsule. A male patient 45 years old came with complaints of severe restricted movement, numbness, pain of right shoulder was treated with CHITRAKMOOL DAHAN (burn like action) and got significant relief.

KEYWORDS: Awabahuk, frozen shoulder, Chitrakmool, dahan.

INTRODUCTION

The condition of shoulder pain and stiffness represents ‘Frozen shoulder’. It is slowly progressive condition of musculoskeletal disorder. It starts with shoulder pain and grows towards decreasing mobility shoulder resulting in complete loss of function of joint if not treated.
If there is underlying pathology or disorders like RA, DM, etc then chances i.e. prevalence is more. DM is the most condition cause of secondary frozen shoulder and it covers incidence of 10-36% as compared with 2-10% in non diabetic patients.*

Awabahuk is described in Ayurveda by Father of Surgery Sushrut. Signs and symptoms of frozen shoulder are same as Awabahuk. So they can be correlated.


AIM
To study clinical effect of Chitrakmool (root of Plumbago zeylanica) application in the management of Awbahuk with special reference to Frozen shoulder.

OBJECTIVES
To study the mechanism of action of Chitrakmool application in Awbahuk.

MATERIALS AND METHODS
Centre of study: Post Graduate Department of Kayachikitsa R.A.Podar Medical (Ayu) College & M. A.Podar Hospital, Worli Mumbai 18.
Name: A. B. C.
Diagnosis: Frozen shoulder
OPD REG. No : 59682/5927
Age: 47 Years M
Profession: Mathadi Kamgar i.e head loader not working since 2 months
Prakruti: Kaphapradhan Vatanubandhi
Agni: visham C/O restricted movements of left shoulder joint Since 2 Months Vam bahu supti Since 2 Months (treatment taken but no relief)
N /H/O Any major illnes
N/k/C/O DM /HTN/CVA
N /H/O Any major surgery
Examination of shoulder joint:
Abduction 30°
Fore flexion 30°
External rotation -not able to move at all
Internal rotation – not able to move at all
UDAR PARIKSHAN- Gaseous distension most of the times

Samprapti (Etiopathology)

Consent: A well informed written consent of patient was taken before starting the treatment.
Duration of therapy: once a week for 4 weeks.
Follow up: 1 month at the interval of 7 days.

Procedure of application – After rubbing chitrak root on hard stone with little quantity of water the mixture was applied at painful region for 20 min and then cleaned. This procedure was done once a week for 4 weeks.

CHITRAK (PLUMBAGO ZEYLANICA)
Paryay: Anal, Shardul, Pawak, Deep, etc
Family: Plumbaginaceae
Chemical compound: Plumbagin, plumbagic acid, plumbazeylanone, naphthelenone

GRADATIONS /CRIETERIA FOR ASSESSMENT OF PARAMETERS
1) Shool (Pain) Grade 0 – No pain Grade 1- Mild pain Grade 2- Moderate Grade 3- Severe
2) Vedana (Tenderness)
Grade 0 - No tenderness
Grade 1-Patient feels pain on touch Grade 2-Wincing of face.

3) **Karmahani (Restricted movements)**
Grade 0 –All movements possible Grade 1 –Mild pain on movements Grade 2- Severe pain on movements Grade 3- Unable to move

4) **Supti (Numbness)**
Grade 0-No numbness at left hand and shoulder region
Grade 1-mild loss of sensation at left hand and shoulder region Grade 2-moderate loss of sensation at left hand and shoulder region Grade 3- severe loss of sensation at left hand and shoulder region.

### OBSERVATION AND RESULTS

<table>
<thead>
<tr>
<th>Signs &amp; symptoms</th>
<th>0 day Grades</th>
<th>7th day grades</th>
<th>14th day grades</th>
<th>21 day grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (shool)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tenderness (vedana)</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Restricted movements(karmhani)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Numbness(supti)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Probable mode of action

Chitrakmool Dahan at Vam Skandh Pradesh

Local Aam Pachan

Sheet Gun Shaman

Kaph vat shaman

Strotorodh removed

Samprapti Bhang
**DISCUSSION**

1) The patient got significant result. Frozen shoulder is a musculoskeletal disease and Achary Sushrut has advised Dahan karm for it. Which works on twak, mans, sira, snayu, asthi and Anssthan is combination of all this. According to dosh, awastha, etc treatment may become different.

2) Many times we use Agnidagdh shalaka karm in patients with frozen shoulder of DM patients as it may result in non healing wound. So for such a patient this can be a better solution. We can do it on OPD basis also.

3) After Chitrakmool Dahan karm small light black spots appear which disappear after few days. There is no pain on Chitrak mool dahan karm. This can be a ray of hope for this disease as it is cost effective treatment.

**CONCLUSION**

Chitrakmool dahan showed positive results in patient with Awabahuk.

**REFERENCES**

1. Sushrut sanhita sutrasthan, Nidan sthan, 1/82.

2. Sushrut sanhita commentary by Dalhanacharya.
4. Harrisons principles of internal medicine.
5. Charak Sanhita chikitsasthan, sutrasthan.
7. Madhav nidan Madhukosh commentary.
8. Dravyagunvidnyan by Vd Vishnu Gogate.