

AYURVEDIC MANAGEMENT OF AVABAHUK WITH SPECIAL REFERENCE TO FROZEN SHOULDER: A CASE STUDY

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ABSTRACT

Background: Frozen Shoulder which is also known as Adhesive Capsulitis of Shoulder is characterized by stiffness and pain in the shoulder joint. Frozen Shoulder resembles the disease *Avabahuk* of Ayurveda. *Avabahuk* is a disease that affects *Ansa Sandhi* (Shoulder Joint). In *Avabahuk*, vitiated *Vata dosha* localizes in *Ansa Pradesh* and does the *sankoch* of *siras* leading to manifestations. Loss of *Bahupraspandana*, *Sira sankoch*, *stambha* and *shoola* at the shoulder joint are cardinal features of *Avabahuk*. Hence it can be correlated with frozen shoulder described in modern medicine. **Aim:** To study the effect of ayurvedic *chikitsa* in *Avabahuk* with special reference to Frozen Shoulder. **Materials and Methodology:** This study deals with

56years old patient diagnosed with Right Sided Frozen Shoulder. *Dakshinhasta Avabahuk* as ayurvedic diagnosis was made and managed with *Shodhana Chikitsa* (Purification therapy) like *Yoga Basti* along with *Shamana Chikitsa* and *Sthanika Chikitsa*. Patient was admitted in our institute for 21 days. **Result:** Patient got Symptomatic relief at the end of the treatment.

KEYWORDS: *Avabahuk*, Frozen Shoulder, *Basti*, *Uttarbhakta Snehan*, *Nasya*.

INTRODUCTION

Frozen Shoulder is one of the most common musculoskeletal problems seen in clinics.

Some have described it as a self-limiting disorder that resolves in 1-3yrs while other studies reports 20-50% of patients with adhesive capsulitis suffer long term ROM deficit that may

last upto 10yrs.

Shoulder joint is one of the most mobile joints in the human body at the cost of joint stability. The shoulder joint is structurally classified as a synovial ball and socket joint and functionally as multiaxial joint. Frozen Shoulder is characterized by stiffness and pain in the shoulder joint.

In Ayurveda, Frozen Shoulder resembles the disease *Avabahuk*. *Avabahuk* is a disease that affects *Ansa Sandhi* (Shoulder joint). In *Avabahuk*, vitiated *vata dosha* localizes in *Ansa Pradesh* and does the sankoch of siras leading to manifestations.

Causes (*hetu*) of *avabahuk* can be classified into

- i) ***Bahya hetu*** - It includes *ativyayam* (Excessive use), *visham cheshta* (Irregular movements), *marmabhighaat* etc.
- ii) ***Abhyantar hetu*** – These are *doshaprakopjanya hetus* (etiological factors) that vitiate *vata* in that region leading to *karmakshay* of bahu.

Even though the term *Avabahuk* is not mentioned in *Nanatmaja Vatavyadhi* ; *Acharya Sushrut* and others have considered *Avabahuk* as *Vatajavikara*. In *Madhav Nidan*, two conditions of the disease have been mentioned – *Ansa Shosha* and *Avabahuk*; where former can be considered as preliminary stage of later.

Loss of *Bahupraspandana*, *Sira Sankoch*, *stambha* and *shoola* at the shoulder joint are the cardinal features of *Avabahuk*. Hence it can be correlated with frozen shoulder described in modern medicine.

Case report

Patient name: XYZ

Age: 58yrs

Reg No: 3868

Occupation: Traffic policeman

Date of admission: 2/12/2019

Date of discharge: 23/12/2019

Complaints of-

Stiffness in Right Shoulder Joint since 6 days.

Inability to sleep on affected side.

Painful restricted movements in Right Shoulder Joint.

Past history: -

N/K/C/O -DM/HTN/PTB/BA/EPILEPSY/IHD

N/H/O- TRAUMA, ALLERGY OR ADDICTIONS.

S/H/O HAEMORRHOIDECTOMY – 5yrs ago

O/E : G.C – Fair / Afebrile

P -78/min

B.P – 130/80mmHg

Wt. – 65kg

S/E : R.S = AEBE clear

C.V.S = S1S2 sinus rhythm

C.N.S = Conscious and oriented

Investigations – CBC, LFT, RFT, BSL – F & PP, LIPID PROFILE – WNL

Local examinations

	Right shoulder	Left shoulder
1.Swelling	Absent	Absent
2. Local temperature	Absent	Absent
3. Tenderness	Present	Absent
4. Flexion	Painful	Painless
5. Extension	Painful	Painless

Assessment criteria

The improvement of patient was assessed on the basis of relief in symptoms of disease.

According to severity of symptoms, grading was given as below:-

Right Shoulder Joint –Subjective Parameters

1 Bahupraspanditahara (Stiffness)

Grade 0- No stiffness

Grade 1- Mild pain; can do strenuous work with difficulty

Grade 2- Moderate pain; can do daily routine work with great difficulty

Grade 3- Severe pain; unable to do any work

2 Bahu Shoola (Pain)

Grade 0- No pain

Grade 1- Mild pain; can do strenuous work with difficulty

Grade 2- Moderate pain; can do daily routine work with great difficulty

Grade 3- Severe pain; unable to do any work

3. Ansa Shosha (wasting of muscles)

Grade 0 - No wasting

Grade 1 - Mild wasting, can do work

Grade 2 – Moderate wasting, works with difficulty

Grade 3 - Severe wasting, cannot move

Objective parameters

Normal Range of movement of Shoulder Joint

	Normal range of movement
Flexion	160 ⁰ -180 ⁰
Extension	UPTO 60 ⁰
External rotation	UPTO 90 ⁰
Internalrotation	UPTO 90 ⁰

Treatment

The general line of treatment mentioned for *Avabahuk* includes:

1. *Nidan Parivarjan*
2. *Uttarbhakta Snehapana*
3. *Nasya*
4. *Shodhana Chikitsa*
5. *Shamana Chikitsa*
6. *Sthanika Chikitsa*

<i>Shodhana chikitsa</i>	<i>Shamana chikitsa</i>	<i>Sthanika chikitsa</i>
<ol style="list-style-type: none"> 1. <i>Yoga Basti</i> for 15dayswith <i>Niruha Basti – Dashmool, Guduchi</i> and <i>eranda mool kwath Anuvasana Basti – Ksheerbala tail</i> 2. <i>Nasya Karma</i> for 8 days with <i>Ksheerbala tail</i> 	<ol style="list-style-type: none"> 1. <i>Uttarbhakta Snehapana – 1 Cap Ksheerbala</i> 101 with lukewarm water 2. <i>Yogaraj guggulu</i> 2 bid 3. <i>Sinhanada guggulu</i> 2 bid 4. <i>Dashmool + Rasna kwatha</i> 30ml bd 5. <i>Triphala Churna</i> 3gm hs 	<ol style="list-style-type: none"> 1. <i>Sarvang Abhyanga</i> with <i>Prasarini Tail</i> and <i>Nadi Swedan</i> 2. <i>Patrapottali Swedana</i> at Right Shoulder Joint.

RESULT

Examination	Grade (B.T)	Grade (A.T)
1. <i>Bahu Praspanditahara</i>	2	0
2. <i>Bahu Shoola</i>	2	0
3. <i>Ansa Shosha</i>	1	0
4. Flexion	130 ⁰	170 ⁰
5. Extension	30 ⁰	52 ⁰
6. Internal Rotation	55 ⁰	86 ⁰
7. External Rotation	50 ⁰	86 ⁰

DISCUSSIONS

1. This article aims to study the effect of ayurvedic management in *Avabahuk* with special reference to frozen shoulder. Etiological factors play an important role in causing the disease. Therefore, *Nidan Parivarjan* is the important management in reducing the symptoms of disease. Though the specific *Nidan* (cause) of *Avabahuk* has not been mentioned separately however *Nidan* of *Vatavyadhi* can be considered as the cause.
2. The present case deals with the treatment which has the drugs having properties of *Vatahara* and *Balya*.
3. According to *Charakacharya*, *Basti* is the best treatment for any *vatavyadhi* and *Avabahuk* being considered as one of the *vatavyadhi*; *Yoga Basti* was given for 15 days with drugs having properties of *Vatahara* and *Balya*.
4. *Ksheerbala tail* being the *vatanashak* and *balya* can act as *bruhana* over the *shosha* of *ansa sandhi*. So it is used for *Nasya Karma* and *uttarbhakta snehapana*.
5. *Prasarini tail* balances *vata* and *kapha* as per *Sharangdharacharya*. So, it is used as local application (*Abhyanga*) for stiffness of joint.
6. *Dashmool* and *rasna* are considered as the best combination among any *vatanashak dravya* that treats all types of *vatadushti* and detoxifies the body. So it has been given internally.
7. *Sthanika vatashamanartha Abhyanga*, *nadi swedana*, *patrapottali swedana* was given.
8. Rest other *kalpas* were given for pain management, *vata anulomana* and *vata shaman*.

CONCLUSION

Hence it is concluded that Ayurvedic management of *Avabahuk* (Frozen Shoulder) is very effective.

The treatment given for *Avabahuk* was *Snehana*, *Swedana*, *Basti*, *Nasya* and *Uttarbhakta snehapana* which helped in *Vatadosha Shamana*, relief in symptoms and also an attempt to

provide safe and effective treatment to the patient.

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