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"A ROLE OF AYURVEDIC MANAGEMENT OF AVABAHUKA W.S.R. FROZEN SHOULDER (ADHESIVE CAPSULITIS) A CASE STUDY"

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ABSTRACT:

Acharya Sushruta describes Avabahuka as one of the eighty types of Vata Vyadhis, primarily due to an imbalance in the Vata Dosha. It specifically affects the shoulder joint (Amsa Sandhi), disrupting normal upper limb movement and daily activities. Bahuspandithara, the classical Ayurvedic symptom of Avabahuka, indicates a significant loss of arm movement. This condition closely resembles frozen shoulder, also known as adhesive capsulitis.

Adhesive capsulitis is a musculoskeletal disorder characterised by the formation of adhesions in the glenohumeral joint, which leads to pain, stiffness, and restricted movement. It can occur either spontaneously (idiopathic or primary adhesive capsulitis) or due to other causes such as shoulder surgery or trauma (secondary adhesive capsulitis). This condition significantly impairs shoulder function and can be quite disabling.

KEY WORDS:- Adhesive capsulitis, Avabahuka, Frozen shoulder

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INTRODUCTION

An imbalance in the Vata Dosha causes Avabahuka, a condition primarily impacting the shoulder joint, also known as Amsa Sandhi. Vata Vydhi, a type of illness arising from disturbances in the Vata Dosha, classifies this disorder. Although it may not be listed among the specific diseases caused by Vata in some classical texts, renowned Ayurvedic scholar Acharya Sushruta, among others, has recognised it as a Vata-related disorder.

According to Sushruta Samhita,

"अंसदशस्थितो वायु शोषवित्वम शिराश्नकुंचया अंसबंधनम्, तत्रस्थो जनयत्वबाहुकम्"

This refers to the disease known as Ansha Shosha, in which the enraged local Vayu dries up the normal Kapha around the shoulder joints, and the form known as Avabahuka, in which the aggravated local Vayu contracts the nerves of the arms. [1]

The Ansa Shosha, which can be considered the preliminary stage, is due to the single action of the enraged Vayu, while the next stage, Avabahuka, is due to the concerted action of the deranged Vayu and Kapha. The Ashtanga Hridaya and Ashtanga Sangraha depict it.

"अंसमुलस्थि, वायु सिरग संकासव तत्र, बहुस्पंदितकम ज्ञात्यपबाहुकम"

which means the condition in which the vata gets located at the root of the shoulder, by constricting the siras (veins) therein, produces Apabahuka, characterised by the loss of the movements of the arms. [2] Acharya Charaka, in the Sutra Sthana of Charak Samhita, mentioned Bahushoshal[3] under Vata Nanatmaja Vyadhis, and in the Chikitsa Sthana, it was mentioned as Bahuvata. [4] In Madhava Nidana, Amsa Shosha (Vataj) and Avabahuka (Vata Kaphaj), two separate diseases are mentioned. [5]

AIM & OBJECTIVE:

To evaluate efficacy of viddhakarma & Ayurvedic Drugs in the management of a case of Avbahuka.

MATERIAL AND METHOD :

Method : single case study.

Type : prospective study, single case study

Place : PG department of kayachikitsa laxmanrao kalaspurkar Ayurvedic college Yavatmal, affiliated with D. M.M Ayurved college yavatmal.

A CASE REPORT : A 78 year female patient came to OPD of kayachikitsa department With chief complaints of

1.Dakshin hast ansa sandhi shul and shoth(Pain and swelling over shoulder joint) since 4 month

2.Dakshin hast kriyaalpata (Restricted movement) since 4month

3. Dakshin hast gulf sandhi shul and shoth(pain and swelling) since 4month

4.Pain in nape of neck region radiating to Right hand till the finger since 2 week.

HISTORY OF PRESENT ILLNESS

patient was said to be healthy before 4 months. Then she suffered from fever and pain in the nape of the neck radiating to the right hand, for which she consulted a local clinic and took medicine (Paracetamol), after which the fever subsided. But neck pain still persisted. Pain was severe, agonizing, and pricking associated with numbness. She was unable to lift her right hand. She consulted with a local hospital in her area but did not find any relief. So she approached our L. K. Ayurveda Hospital and was admitted on 02/04/2024 for further management.

CHARACTERISTICS OF PAIN

Nature of pain: Pricking-
Duration: Continuous
Severity: Severe
Radiation: From nape of neck to right upper hand
Aggrivating factors: Activity
Relieving factors: Analgesics
Diurnal variation: More at night

HISTORY OF PAST ILLNESS

MEDICAL HISTORY: K/C/o HTN on medication - tab. Telmed 40 mg OD
Not a case of diabetes Mellitus/ Thyroid/Asthma, No history of any accident or trauma

SURGICALHISTORY :-Nothing specific

PSYCIATRICS HISTORY:- NAD

FAMILY HISTORY-no relevant family history contributing to the current condition of the patient.

All members are said to be helthy.

Rugna Parikshan

NADI-74/Min B. P- 90/60

MAL- Samyak Pluse-74/min

MUTRA – Samyak

JIVHA – Saam RR- 18/min min

SHABD – Spashta

SPARSH-Samshitoshna

DRUKA – Spasht

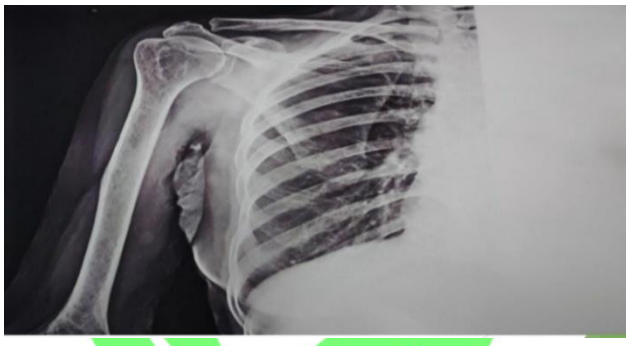
AAKRUTI - Krusha

Temperatur- afebrile

Dehbhar- 3-.7 kg

LOCAL EAAMINATION-

Shoulderjoint- Flexion, Extension, Abduction Adduction, Internal rotation, External rotation painfull and restricted.



INSPECTION swelling- parcially present reddness-absent, deformities-absent

PPALPATATION-. Tenderness- Present at Right scapular region. Temperature-raised at Right shoulder & elbow joint

SYSTEMIC EXAMINATION

CVS- S1S2 Sounds audible, No murmur sound

CNS- Consious and Oriented.

RS- AE-BE CClear

P/A- NoN ten derness/soft

INVESTIGATION

Hb-9.6gm% , WBC-10,620/cumm ,Plt-3.45lakh/cumm

ESR-33mm/1hr, RBC-3.78mil/cumm, Blood Urea - 18mg/dl, Serum Creatinine 0.61mg/dl HBsAg Negative, Serun billirubin-0.52mg/dl, SGOP-28IU/L

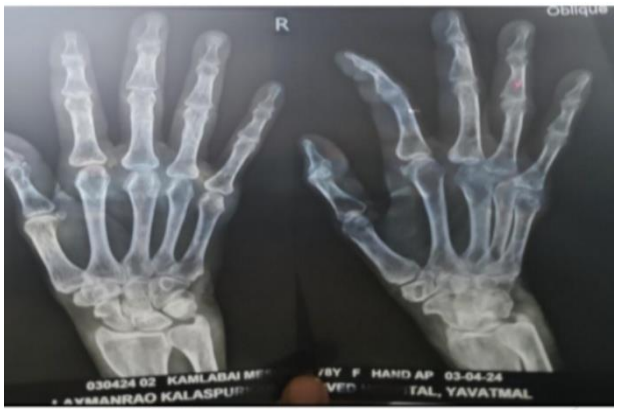
SGPT-34IU/L, Urine routine and microscopic Within Normal limit

Xray finding :

Overall Skeletal degenrative changes Evident with mild low bony density

Rest all normal.

No obivious fresh/recent Old bony injury focal lesion evident



SAMPRAPTI GHATAK

Dosha vata predominant: (Vyana and Prana) Anubanbhatva- kapha (Sleshaka), pitta

Dushya Prashant: Asthi, Majja, Rakta, Mamsa.

Updhatu sira, snayu, kandara

Srotas - Asthivah, majjavah

Shrotodushti -sanga, vimarggaman

Rogmarga-madhyam rog marga

sthana- Amapakwashaya

Vyakta sthana -bahu

Adhishthan- ansa pradesh, ansa sandhi

Vyadhi swabhaav – Chirkali

DIAGNOSIS

with above clinical presentation patient is

Diagnosed as dakshin Avbahuka

MATERIAL :

Panchkarma Chikitsa

Stanik snehan swedan -6days

Manyabasti with dashmul and dardnash oil-6days

Viddha karma-in 6 setting

Physical exercise

Shaman chikitsa table

Trifala gaggle	500mg	Koshnajal	Vyanodane (BD)
Punarnava guggul	500mg	Koshnajal	Vyanodane (BD)
	250mg	Koshnajal	Vyanodane(BD)
	250mg	Koshnajal	Vyanodane(BD)
	250mg	Koshnajal	Vyanodane(BD)
	1gm each	Koshnajal	Vyanodane(BD)
Dashmul bharad kwath	30ml		BD
Swaadisht virechan churna	3gm	Koshnajal	Nishakale(OD)
Dashang lepa			Local application

PATHYA-Abyanga, svedana, mardana, Madhura, amla,lavana, snigdha padartha

APATHYA- Vata vardhaka ahara vihara

ASSESSMENT CRITERIA

	Before treatment	**After treatment**
Adduction	Painful	Mild
Abduction	Painful	Mild
Flexion	60°	120°
Elevation	40°	120°
Hyperextention	40°	90°

DISCUSSION

Hetu (causes) like Vatakarak Ahara (Vata-aggravating diet), Ativyayam and menopause age, Vata Dosha (Vyana Vayu), and Aam made by Agnimandhya have built up in the Amsa Sandhi. Together with Vata Prakopa's removal of Sandhi lubrication, this caused joint constriction, which led to Shool (pain) and Stambha (stiffness), which are the main signs of Avabahuka and are typical of Vata and Kapha, respectively. In addition, Amsa Sandhi is the seat of Kapha. Therefore, we established the therapy regimen to pacify the Vata-Kapha Dosha Dushti both internally and externally, and to address the Kha Vaigunya by strengthening the joints.

➤ **Abhyanga** - Has Snigdha (unctuous), Guru (heavy), and Mridu (soft) properties, which reduce the vitiation of Vata thus addressing the Kshaya (decay) in the Dhatu.

► **Swedana**- Is very useful for symptoms such as Sankocha (contraction or flexion), Ayama (extension), Shula (pain), Stambha (stiffness), Gaurava (heavine ss), and Supti (numbness). Swedana relieves Stambha (stiffness), Gaurava (heaviness), Seeta (coldness), and induces Sweda (sweating).

➤ **MANYABASTI-** Help with blood circulation. Nourishes and strengthens the neck muscles and tendons; hence, it increases the flexibility and mobility of the neck. Relieves pain, swelling, redness, and stiffness.

► **Viddhakarma-** The procedure involves inserting a needle into the skin. Acharya Vagbhta describes two significant aspects that occur during vata dosha ventilation: Dhatu Kshaya (degenerative pathology) and Avarana (obstructive pathology). Suchivedhana expels the vitiate dosha from the body and eliminates the Avarana of the vatadi dosha, providing immediate pain relief. Avabahuka's sampratibhanga also lessened stiffness in the subsequent repeating settings. The blockage is removed, allowing for good circulation around the shoulder joint. Sira carries Vata, Pitta, Kapha, and Rakta (doshas). When we perform Rakta (blood) through any kind of Raktamokshana, the majority of vitiated Doshas are discharged.

Suchivedan- The majority of tender sites are associated with central filaments, which are also responsible for conveying pain impulses. In Avabahuka, we disrupted the route responsible for the production of pain.

► Physiotherapy-Specific exercises will help restore mation.

► Therapy includes stretching or range of motion exercises for the shoulder.

► Sometimes heat is used to help loosen the shoulder up before the stretching exercises.

SHAMAN CHIKITSA

After panchkarma, chikitsa shaman drugs should be administered. They can be given as single drugs or compound drugs. The drugs used in this treatment are vaathar, vaatanulomak, and aam pachak.

Triphala Guggul

Is an old Ayurvedic mixture of herbs that gives you the benefits of Triphala, Pippali, and Guggulu all at once. Guggul is beneficial for reducing inflammation, while Triphala helps with detoxification and going to the toilet. When pippali is added, it gives the mixture strong stomach properties.

Punarnava Guggul

Punarnava guggul helps reduce the inflammation occurred due to Vata Dosha and also useful to promote strength of bones and joints. It acts as an excellent anti inflammatory, analgesic medicine

Vaatvidhvans

Ras-immunomodulatory and anti-inflammatory properties, which make it effective in reducing joint inflammation and pain. Tablets is made with heavy metals and works as alterative, diuretic and analgesic medicine.

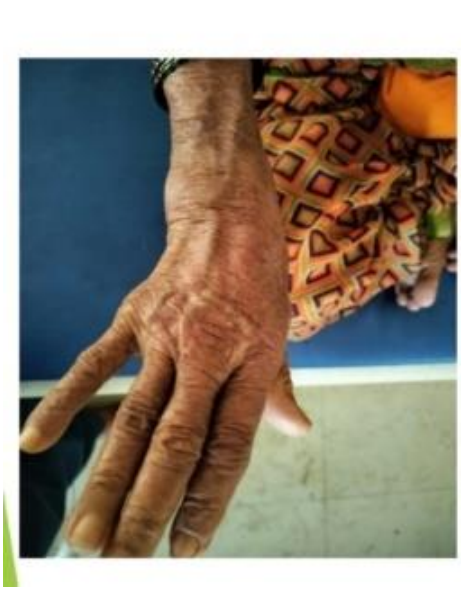
Arogyavardhini vati

By improving the digestive system, Arogyavardhini vati boosts the digestive fire, clears the body's pathways for nutrients to reach the tissues, regulates fats, and eliminates toxins. By managing all three doshas, Arogyavardhini vati makes health better all around.

► **Dashmul bharad kwath**-

As a potent immunomodulator. Analgesic nervine, and it helps to direct the Vata doshas in the body to flow downward and alleviates most nervine disorders associated with weakness, debility and pain.

► **Swadisht virechan churn**- Swadishta virechan churn used as vaatanulomak and balance vata.



CONCLUSION

From above discussion we can conclude that There were marked reduction in sign and symptoms of Avbahuk vyadhi (frozen shoulder) Thus this ayurvedic treatment can be utilised in treating patients who are suffering from Avbahuk(frozen shoulder)

Frozen Shoulder Or Adhesive Capsulitis

The term "frozen shoulder" was first introduced by Earnest Codman in 1934. He described a painful shoulder condition of insidious onset that was associated with the stiffness and difficulty in sleeping on the affected side. He also identified the hallmarks of the disease that was marked reduction in forward elevation and external rotation. Neviaser, in 1945 coined the term adhesive capsulitis". The three characteristics of frozen shoulder are insidious shoulder stiffness; severe pain, even at night; and near complete loss of passive and active external rotation of the shoulder.6

This is an ill understood condition which presents with upper arm pain that progresses over 4-10 weeks before receding over a similar time course. Glenohumeral restriction is present from the outset, but progresses and reaches its peak as the pain recedes.

In early phase there is marked anterior joint/capsular tenderness and stress pain in a capsular pattern; later there is painless restriction, often of all the movements. Frozen shoulder is more common in diabetics and may be triggered by a rotator cuff lesion, local trauma, myocardial infarction or hemiplegia.[7)

Phases Of Frozen Shoulder [8] Neviaser et al. and Hannafin et al. identified 4 classical stages of this condition.

1. Stage 1 (Painful phase): It is the painful phase, characterized by a gradual onset of symptoms persisting for less than 3 months. It consist of an aching pain reffered to the deltoid insertion and inability to sleep on the affected side.

1. Stage 2 (Freezing phase): This phase is characterized by nocturnal pain when thepatient is lying on the affected side. A significant loss of both active and passiveROM is seen. Symptoms persists for 3 to 9 months.
2. Stage 3 (Frozen Stage): This stage persists for 9 to 14 months. There is predominance of shoulder stiffness, pain may still be present at the end of the motionor at night.
3. 4. Stage 4 (Thawing Stage): This stage persists between 15-24 months and is characterized by minimal pain and a gradual improvement of ROM due to capsular remodeling.

Management

1. **Non-Operative Treatment**

- NSAIDs to relieve symptoms at anystage.
- Corticosteroids
- Intra-articular corticosteroid injections.

- Capsular distension injections.
- Physiotherapy
- Hydrodilation: It is an outpatient procedure. It involves the intra- articular injection of a large amount of normal saline to distend and rupture the capsular adhesions.

1. Surgical treatment

- Manipulation under anaesthesia.
  Arthroscopic release and repair

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