

“A CLINICAL CASE STUDY ON THE MANAGEMENT OF AVABAHUK THROUGH AYURVEDA W.S.R TO FROZEN SHOULDER”

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ABSTRACT:

Avabahuk is a disorder described under *Vatavyadhi* in Ayurveda and can be clinically correlated with frozen shoulder due to the close similarity in signs and symptoms. Shoulder pain is commonly reported, accounting for approximately 16–26% of cases, and it is the third most common cause for musculoskeletal consultations in clinical practice. Frozen shoulder is characterised by severe pain, marked restriction of shoulder movements, and a progressive reduction in both active and passive range of motion.

In contemporary medical practice, treatment usually includes anti-inflammatory analgesics, specific shoulder exercises, and local application of pain-relieving ointments. However, these interventions often provide only limited or temporary relief, and satisfactory outcomes are not consistently achieved.

Case Report- A 50-year-old male patient presented with complaints of painful and restricted movements of the left shoulder joint, accompanied by neck pain and reduced strength in the right hand.

Conclusion- The patient was diagnosed with *Avabahuk* (frozen shoulder) and managed with Panchakarma therapies along with oral herbal medications. Following treatment, significant improvement was observed in both subjective symptoms and objective clinical parameters, indicating the effectiveness of the Ayurvedic approach in managing this condition.

KEY WORDS:- Avabahuk, Anti-inflammatory, Panchakarma

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INTRODUCTION

Vata is the dosha responsible for controlling all the neurological and neuromuscular activities in the body. It is responsible for all the movements in the body. Vata in its vitiated form gets filled in the *Rikta Strotas* (empty or susceptible channels) of the body, thereby producing various diseases that are called *Vatavyadhi*. 1 Under the term *Nanatmaja Vyadhi* of Vata, 80 diseases have been included. Charaka has stated that the causes of all these *Vatavyadhi* can be divided into two types, i.e., *Dhatukshayajanya* (caused by depletion of tissues) and *Margavrodhjanya* (caused by obstruction of Vata Dosha by others). 2

Avabahuka is considered to be a disease that affects the *Amsa Sandhi* (shoulder joint) and is caused by the Vata Dosha. Even though the term '*Avabahuka*' is not mentioned in the *Nanatmaja Vata Vyadhi*, Acharya Sushruta and others have considered *Avabahuka* as a Vata Vyadhi. 3 *Amsa Shosha* can be considered as the preliminary stage of the disease where loss or dryness of the *Shleshaka Kapha* (one of the types of Kapha) within the shoulder joints occurs. The next stage, that is, *Avabahuka*, occurs due to the loss of *Shleshaka Kapha*, and symptoms like pain during movement and restricted movement are manifested. It is commented in the *Madhukosha Teeka* that *Amsa Shosha* is produced by *Dhatukshaya*, that is, *Shuddha Vatajanya*, and *Avabahuka* is *Vata-Kaphajanya*. 4

The symptoms of *Avabahuka* are often compared with the symptoms of adhesive capsulitis, which is commonly referred to as frozen shoulder. 5 Adhesive capsulitis refers to a mysterious fibrosis of the glenohumeral joint capsule, manifested by diffuse, dull, aching pain within the shoulder and progressive restriction of motion, but usually no localised tenderness. 6 In early stages, the pain is worst at the hours of darkness, and therefore the stiffness is limited to abduction and internal rotation of the shoulder. Later the pain is present most of the time with limited movements of the shoulder joint. 7

A number of treatment approaches are recommended for the management of frozen shoulder. These include pain management through analgesics, anti-inflammatories, steroid injections [8, 9] and various treatment modalities like physiotherapy, which commonly involves active and passive stretching and joint mobilisations. 10 In severe cases of restriction, orthographic distension, surgical capsular release, or manipulation under anaesthetics has been advocated. In spite of the variety of approaches, there is a lack of substantial evidence to prove that treatment speeds recovery. 14 In the present case, a patient with frozen shoulder was assessed and treated with a Panchakarma therapeutic regime that included *Snehana* (oleation), *Sarvanga Bashpa Swedana* (sudation), local *Patrapinda Sweda*, and *Nasya* along with *Trayodashang Guggulu* and *Dashmul Kwatha* to determine if therapeutic intervention resulted in a measurable improvement in shoulder pain and range of motion.

Aims and objective

To evaluate the effect of panchakarma and shaman chikitsa in the management of *Avabdhahuk*.

CASE REPORT

There is only one case study. the patient gave her informed consent in her native language.

PATIENT INFORMATION

A 50year old male patient approaches to pakwasa samanvaya rugnalya, Nagpur with complaints of dull aching pain with restricted movement of right shoulder since 3 months.

HISTORY OF CURRENT ILLNESS

According to the patient, He was well three months before then the patient experienced pain in right upper limb. Pain was severe agonizing and of pricking nature associated with numbness .so, He consulted a physician who treated him with NSAIDs. When a patient's pain persisted after being treated in private hospitals with symptomatic allopathic medication, the patient subsequently consulted at shri Ayurved pakwasa Rugnalyaya ,Nagpur.

Past History

N/H/O – DM/ HTN/ THYROID

H/O RTA – 20years ago injury to right shoulder joint

S/H/O – Skin debridement 3 years ago

PERSONAL HISTORY

Ahara - Mixed Diet, *Katu-Lavan rasa*, *Ruksha Ahara*, *Viruddha Ahara*, *Adhyasana*, *Vishamsana*.

Mansahar – once in a month , egg twice in a week.

Appetite -Decreased appetite but takes food regularly

Vihara – *Diwaswapna*, prolong standing, improper sitting posture.

Bowel - regular bowel 1 time per day

Micturition - Normal

Sleep - Disturbed from 5 days due to pain

AsthaVidha Parikshana

Nadi: Vata Pittaja

Mala:samyak

Mutra:samyak

Jihva: Niram

Shabda: Spastha

Sparsha: Anushnasheeta

Druka: Spects present

Akruti: Madhyam

General Examination

BP:130/80mmHG

PR:74/min

RR:18times/min

Temp: 98.2F

Edema- No

Pallor- No

Icterus- No

Clubbing-No



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Systemic Examination

Respiratory sound: on Auscultation, AEBE equal, no abnormal sound detected

Cardiovascular sound: S1S2 nor

Gastrointestinal system: tender, no organomegaly detected

Central nervous system:

Consciousness-conscious and fully oriented

Musculo-skeletal system

- Gait – Normal
- Upper limbs – stiffness in the right shoulder joint with restricted range of motion.
- Lower limbs – Normal
- Redness and warmth / Weakness / Swelling / Deformity – Absent

Examination of spine

- Inspection - No visible deformity or sign of trauma
- Palpation – no tenderness present
- Movements - Cervical/Thoracic- NAD

SHOULDER JOINT EXAMINATION

SWELLING- Absent

Tenderness – present

The lift -off test (patient was asked to lift hand off his lower back) was positive

Vas score for pain in right shoulder was 7/10.

RANGE OF MOTION OF SHOULDER JOINT

	RIGHT	LEFT
Abduction	50	170
Flexion	70	170
Extension	15	60

MATERIALS AND METHODS

Centre of Study: Pakwasa Samanvaya Rugnalaya IPD, Nagpur. Simple random, single case study.

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Treatment Advised - SHAMANA CHIKITSA

SR.NO	NAME OF MEDICINE	DOSE	KAL	ANUPAN
1	<i>Trayodashang guggul</i>	2 BD	<i>Vyana Udana kaala</i>	Koshna jala
2	<i>Dashmool kwatha</i>	40 ML BD	<i>Vyana Udana kaala</i>	
3	<i>Agnitundi vati</i>	2 BD	<i>Apan kaala</i>	Koshna jala
4	CAP. FROZHOLON	1 BD	<i>Vyana Udana kaala</i>	Koshna jala

SHODHAN CHIKITSA

SR.NO	PROCEDURE	DAYS
1	SNEHAN WITH BALA TAILA (SARVANGA)	16
2	SWEDAN WITH DASHMOOL KWATHA	16
4	PRATIMARSHA NASYA WITH ANU TAILA	16days
5	PATRA PINDA SWEDAN WITH NIRGUNDI PATRA	16 DAYS

DISCUSSION

In the present case, etiological factors (*Hetu*) such as *Vatakaraka Ahara* (Vata-aggravating diet), *Atishrama* (excessive physical exertion), vitiation of *Vata Dosha*—particularly *Vyana Vayu*—and accumulation of *Ama* due to *Agnimandya* led to pathological changes in the *Amsa Sandhi*. The aggravation of *Vata* resulted in depletion of joint lubrication, while *Ama* accumulation caused obstruction within the joint structures. These pathological processes produced restricted joint movements accompanied by *Shoola* (pain) and *Stambha* (stiffness), which are hallmark features of *Avabahuka* and are characteristic of *Vata* and *Kapha* involvement, respectively. Since *Amsa Sandhi* is also considered a primary seat of *Kapha*, the treatment strategy was designed to pacify *Vata-Kapha Dosha Dushti* both internally and externally, while simultaneously addressing *Kha Vaigunya* by strengthening the affected joint. The probable modes of action of the administered *Shodhana* and *Shamana Chikitsa* are discussed below.

Probable Mode of Action of Panchakarma Chikitsa

Snehana (Abhyanga)

Abhyanga possesses *Snigdha* (unctuous), *Guru* (heavy), and *Mridu* (soft) qualities, which counteract the dry and rough properties of aggravated *Vata Dosha* and help correct *Dhatu Kshaya*. *Balataila*, the medicated oil used in this therapy, contains *Bala* (*Sida cordifolia*), which is known for its *Snigdha Guna* and *Vatahara* properties. These attributes likely contributed to the pacification of vitiated *Vata*, resulting in pain reduction and improved mobility of the affected shoulder joint. Pharmacological studies indicate that *Bala* contains bioactive compounds such as vasicine, vasicinone, vasicol, and vasicinolone, which possess anti-inflammatory and analgesic effects.^{15–17}

Swedana

Swedana is particularly indicated in conditions associated with *Sankocha* (contracture), *Ayama* (restricted extension), *Shoola* (pain), *Stambha* (stiffness), *Gaurava* (heaviness), and *Supti* (numbness).¹⁸ It alleviates stiffness and heaviness, reduces coldness (*Sheeta Guna*), and induces sweating, thereby enhancing joint flexibility. Additionally, *Swedana* facilitates clearance of channel obstruction (*Srotorodha*), contributing to symptomatic relief.¹⁹

Patra Pinda Sweda

Nirgundi (*Vitex negundo*) used in *Patra Pinda Sweda* possesses *Vedanasthapana* (analgesic) and *Shothahara* (anti-inflammatory) properties.²⁰ Classical *Nighantu* texts describe its use in disorders characterized by *Shotha* (swelling) and *Shoola* (pain),²¹ and it is also documented for its *Vataghna* action.²² The application of heat during *Nirgundi Patra Pinda Sweda* enhances local circulation and facilitates deeper penetration and absorption of the medicinal constituents, thereby reducing pain and stiffness.

Nasya

Classical Ayurvedic texts emphasize that drugs administered through *Nasya* reach the *Shringataka Marma* and exert therapeutic effects on disorders of the *Skandha*, *Amsa*, and *Greeva* regions.^{23,24} Administration of *Anu Taila Nasya* in this case likely aided in balancing *Doshas* and achieving *Vata Shamana*, thereby improving shoulder joint function.

MODE OF ACTION OF SHAMAN CHIKITSA

- 1) **TRAYODASHANG GUGGUL:** *vatanulomana* and *Aampachana* properties of the ingredients of *Trayodashanga Guggulu*²⁵ help in relieving *Malabaddhata* (Constipation). Due to *Deepana* and *Pachana* properties *Tandra*, *Gauravta*, and *Aruchi* are also reduced. Along with this, it has anti-inflammatory, anti-arthritis, anti-gout, analgesic, muscle relaxant, and antioxidant properties by energize the growth of bone forming cells by producing more osteoclasts and osteoblasts. It prevent the pro-inflammatory cytokines, activity of xanthine oxidase, hydrogen peroxide, and renal microsomal lipid peroxidation process and also blocks the action of histamine and enhances the level of dopamine.²⁶
- 2) **DASHMOOL KWATH** - The *tridoshar* merit of *dashmool kwath* relieves pain and swelling.²⁷
- 3) **AGNITUNDI VATI:** As the name suggest *Agni* means digestive fire, hence the one which improves digestive fire. *Agnitundi Vati* induces *Pachana* at gastrointestinal as

well as *Dhatauata* level (cellular and tissue level) and corrects *Jatharagni* as well as *Dhatvagni*. It is indicated in *Adhmana*, *Shula*, pain related to Vata imbalance.²⁸

- 4) CAP FROZHOLON: Ayurvedic soft gel capsules for frozen shoulder, joint pain and rotator cuff issues, containing herbs like *Shallaki*, *guggulu*, *nirgundi*, *rasna*, and *haridra* mixed in medicated sesame oil (*Tila taila*) base to reduce inflammation, ease stiffness and improve joint mobility. They work by supporting *vata* balance, reducing pain and promote healing of shoulder and soft tissues.

RESULTS

The condition of patient improved gradually along with the course of treatment. The range of restricted movements improved gradually from 50° to 80° for abduction, 70° to 90° for flexion, and 15° to 30° for extension. Visual analog scale (VAS) score for pain in the right shoulder was 7 before treatment, which came down to 4 after the first course of treatment regimen and gradually 3 after completion of the treatment.

Assesment of results:

RANGE OF MOTION OF SHOULDER JOINT (AFTER TREATMENT)

	RIGHT	LEFT
Abduction	120	170
Flexion	150	170
Extension	40	60

Vas score for right shoulder – 3/10 (AFTER TREATMENT)

CONCLUSION

Ayurveda treatment therapy with *Balataila Sneahan*, *Sarvanga Bashpa Swedana*, *Anutaila Nasya* along with *Trayodashang Guggulu* and *dashmoola Kwatha* is effective in reducing pain and improving flexibility of the affected shoulder joint in *Avabahuka* (frozen shoulder).

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