



Case Study on Avabahuka (Frozen Shoulder)

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ABSTRACT: Avabahuka is one of the Dhatu Kshayajanya Vata Vyadhi. It is the Vyadhi which hampers the functions of the hand. In Ashtanga Hridaya, Acharya Vagbhatta mentioned that Amsamulasthita Vayu causes Sankochana of Sira which results in to the restrictions of movements of hands. Avabahuka is correlated with the Frozen Shoulder in contemporary science. It is a condition which is characterized by stiffness and pain in the shoulder joint. Avabahuka includes Amsa Sandhi Shoola, Shotha, Stabdhatata, Sakashta Hastakriya etc. This condition occurs more commonly in Diabetic patients. Therefore, now a day's its management becomes more important. In Ashtanga Hridaya for Avabahuka Nasya treatment was mentioned as Sthanika Snehana, Swedana along with Shamana chikitsa.

KEYWORDS: Avabahuka, Frozen Shoulder, Dhatu Kshayajanya Vata Vyadhi, Shamana Chikitsa, Shodhana Chikitsa.

INTRODUCTION

Sushrutacharya were mentioned that Hasta is one of the Pradhana Yantra. Hand should be powerful, strengthful and free. But in this disease movement of the hand become restricted & painful. Among all the joints of human body, shoulder has the greatest range of motion. Avabahuka is firstly mentioned by Acharya Sushruta in which pain, stiffness of the shoulder joint leads to severely restricted. Acharya Charaka has classified Vatavyadhi under two types like Dhatukshtajanya and Margavrodhajanya. Vata Dosha is responsible for Shoola, Daurbalya.

Avabahuka includes Mamsvaha, Asthivaha Strotodushti. Contemporary Science Avabahuka was correlated with Frozen Shoulder.

Case Study - A 65 year old male patient came to Kamakshi Arogyadham hospital Shiroda, Goa with the complain of Dakshina Amsa Sandhi Shoola(pain in the right shoulder joint) at the anterior aspect(Dakshina Amsa to Kurpara Sandhi Samchari Vedana)

The pain increases at night time due to abnormal sleeping positions. Due to pain patient is unable to do any work. Patient is also having Dakshin Hasta Chimchimayana. All these symptoms persisted since from past 3months. Initial diagnosis was conducted using Ashtavidha and Dashavidha Pariksha.

Name of Patient - ABC, 65 year – Male.

Religion – Hindu.

Occupation – Retired Govt. Servant.

OPD No. – 24-1052.

IPD No. – 24-1021.

UHID No. – P-R3530.

Weight – 80 kg.

Chief Complaints:

1. Dakshina Amsa Sandhi Shoola at the anterior aspect.
2. Dakshina Amsa to Kurpara Sandhi Samchhari Vedana.
3. *Dakshin Amsa Hasta Chimchimayana.*
4. Dakshina Hasta Chimchimayana.

Ashtavidha Pariksha - 1. Nadi = 77/min 5. Shabda = Prakruta

2. Mala = 2-3 times/day 6. Sparsha = Prakruta
3. Mutra = Samyaka 7. Druka = Prakruta.
4. Jivha = Nirama 8. Akrti = Madhyama.

Ashtavidha Pariksha:

1. <i>Nadi = 77/min</i>	1. <i>Shabda = Prakruta</i>
2. <i>Mala = 2-3 times/day</i>	2. <i>Sparsha = Prakruta</i>
3. <i>Mutra = Samyaka</i>	3. <i>Druka = Prakruta</i>
4. <i>Jivha = Nirama</i>	4. <i>Akrti = Madhyam</i>

General Examination:

PR - 77/min

BP - 158/70 mm of Hg

RS - AE= BE, Clear

RR = 19/min

Dehoshma = 98.6⁰ F

CVS – S₁ S₂ N

CNS - Conscious, Oriented

P/A - Soft, No Tenderness

Agni = Prakruta

Prakruti = Vatapradhana

Koshtha = Madhyam

Nidra = Khandita [Due to pain]

Personal History:

8 am – BF = Chapati, Chai, Oats, Satva, Milk tea.

11 am – Oats, ½ Chapati.

1 pm Lunch – Rice, Bhaji, Fish curry, Chicken, Dahi.

Evening 4 pm – Vegetable soup, Chai.

8 pm Dinner – Chapati, Bhaji

Past History:

K/C/O – DM, HTN, Cholesterol [8-10 years]

MRI Cervical spine [25/5/24]:

- ✓ Diffuse asymmetrical bulge of C₅-C₆ and C₆-C₇.
- ✓ Mild impinge net on C₇ nerve root on left side by uncovertebral joint osteophytes.
- ✓ Mild diffuse alteration of narrow in cervical vertebrae.

MRI Right Shoulder Joint [25/5/24]:

- ✓ Diffuse alteration of signal intensity in the subscapularis and supraspinatus tendons, with relative spacing of infraspinatus and teres minor tendons.
- ✓ Partial thickness tear involving articular surface as well as bursal fibres of supraspinatus tendon affecting less than 50% of tendon thickness.
- ✓ Fluid in subacromial sub-deltoid bursa as well as gleno-humeral joint space postero-inferiorly extending into bicipital groove as well as subcoracoid recess.
- ✓ Focal signal abnormality at the biceps anchor near attachment of long head of biceps tendon.

Patient received Allopathic treatment, but had no relief. Thus, symptoms gradually increased along with shoulder movements.

Past medicine history:

As patient is known case of DM, HTN, Cholesterol etc he was taking following medicines ;

- Tablet Metformin 1 BD
- Tablet Aquazide 1 OD
- Tablet Enam 5 1 HS
- Tablet Atorvastatin 1 HS
- Tablet Glimeperide 1 BD [Empty stomach]
- Tablet Amlodipine 1 OD
- Tablet Metoprolol 1 OD

Investigations:

Blood Sugar - Post prandial = 155 mg/dl

Samprapti:

Hetu Sevana



Vyan Yayu Prakopa and Sleshmaka Kapha, Dushti.



Sira, Snayu, Mamsa, Kandara Dushti.



Sthana Shanshraya in Ansa Pradesh



Dakshin Amsa Sandhi Shoola, Dakshin Amsa to Kurpara Sandhi Samchhari Vedana, Dakshin



Amsa Hasta Chimchimayana, Sthambhta, Shotha.



Avabahuka.

Management:

Avabahuka was treated with the help of *Shodhana* as well as *Shamana Chikitsa*, the following managements were given to the patient 15 days.

Shodhana Chikitsa:

<i>Shodhana</i>	<i>Dravya</i>	<i>Duration</i>	<i>Period of Study</i>
<i>Manya to Hastanguli Snehana</i>	<i>Pinda Taila</i>	20 minutes	15 days
<i>Nadiswedana</i>	<i>Nirgundi, Dashamoola</i>	15 minutes	15 days
<i>Sarvanga Snehana</i>	<i>Masha Taila</i>	15 minutes	15 days
<i>Sarvanga Swedana</i>	<i>Nirgundi, Dashamoola</i>	15 minutes	15 days
<i>Nasya</i>	<i>Anutaila</i>	4-4 <i>Bindu</i> in each nostrils	15 days
<i>Manyabasti</i>	<i>Mahanarayan Taila</i>	25-30 minutes	15 days
<i>Ubhaya Janubasti</i>	<i>Mahanarayan Taila</i>	25-30 minutes	7 days
<i>Vairatana Basti</i>	-	1 Muhurta	7 days

Shamana Chikitsa:

<i>Kalpa</i>	<i>Matra</i>	<i>Kala</i>	<i>Anupana</i>
<i>Balaashwagandha Gulika</i>	250 mg	<i>Adhobhakta</i> (2 times a day after food)	<i>Koshna jala</i>
<i>Rasnadi Guggulu</i>	250 mg	<i>Adhobhakta</i> (2 times a day after food)	<i>Koshna jala</i>
<i>Jatamansi + Dhamasa Phanta</i>	40 ml	<i>Nishakale</i>	-
<i>Suvarna Malini Vasant</i>	250 mg	<i>Pragabhakta</i> (Pratah 5 AM empty stomach)	<i>Koshnajala</i>
<i>Shankha Bhasma + Praval Bhasma + Shukti Bhasma + Kapardika Bhasma + Godanti Bhasma + Guduchi Satva + Amalaki + Ashwagandha + Padmkashtha + Tankana + Mandura Bhasma with Dinka Lahi</i> ¹⁶	10 gm	<i>Adhobhakta</i> (2 times a day after food)	-
<i>Chitrakadi Vati</i> ¹⁷	250 mg	<i>Vyanodane</i>	<i>Koshnajala</i>
<i>Dashanga Lepa</i> ¹⁸	As per requirement	Day time	-

Along with treatment proper *Pathya* and *Apathya* had been followed by patient. In *Aahara*, *Ghrita*, *Taila*, *Vasa*, *Majjapana*, *Godhum*, *Masha*, *Shashtikashali*, *Patola*, *Draksha*, etc, *Vatashamaka dravyas* are given. In *Vihara*, *Vyayama* is Important. Also, some *Apathyas* was advised that is *Vataprakopaka Aahara* such as *Jambu*, *Shushkamamsa*, etc.

RESULT

Effect of the treatment on *Dakshin Amsa Sandhi Shoola* at the anterior aspect, *Dakshin Amsa to Kurpara Sandhi Samchhari Vedana*, *Dakshina Amsa Hasta Chimchimayana*, *Dakshin Hasta Chimchimayana*.

	Symptoms	Before treatment	After treatment
VAS Scale	<i>Dakshin Amsa Sandhi Shoola</i> at the anterior aspect	10	2
	<i>Dakshin Amsa to Kurpara Sandhi Samchhari Vedana</i>	10	1
	<i>Dakshin Amsa Hasta Chimchimayana</i>	8	1
	<i>Dakshin Hasta Chimchimayana</i>	9	1

DISCUSSION

In this study, observations were done before and after treatment based on symptoms and though VAS Scale - is often used for *Shoola* [Pain], *Chimachimayana*, etc.

Snehana –*Sthanika Dakshin Amsa to Kurpara Sandhi Snehana* with *Pinda Taila* along with *Sarvanga Snehana* with *Mahamasha Taila* which helps to increase the circulation and also it helps to reduce *VataPrakopa* or vitiation effectively.

Nadi Swedana -*Sthanika Dakshin Hasta Nadi Swedana* along with whole body *Nadi Swedana* with *Nirgundi, Dashmoola* etc is helpful for *Shoola, Chimachimayana* relief.

Manyabasti – *Manyabasti* were done with *Mahanarayan Taila*. It helps to decrease the *Vata* vitiation, *Shoola, Chimachimayana* etc. which helps to decrease the cervical stiffness, etc.

Ubhay Janu Basti – It was done with *Mahanarayan Taila*.

Nasya – *Anutailawas* used for the *Nasya*. As we know, *Ayurveda* mentioned *Nasya* is one of the best management for *Urdhvajatrugata Vyadhi*. It helps to decrease the *Manyasthita Vata Dushti* and helps to reduce the *Chimachimayana, Hasta Shoola*.

Vaitaran Basti – It is one of the *Shodhana Basti* which is indicated mainly in *Amavasthajanya Vikara* and *Vatakapha Pradoshaja Vikaras*. It was helpful in *Avrutta Vata. Basti* helps in *Vata Anulomana* which reduces the signs and symptoms present in *Avabahuka*.

Rasna Guggulu, Balashwagandha Gulika, Suvarnamalini Vasant, Chitrakadi Vati - It gives strength to the affected part and lowers *Vata dushti*. All this *Shamana Chikitsa* were used for relieving *Chimachimayana, Shoolahara* and decreases *Vatavruddhi, Vatavarodha*.

CONCLUSION

In this *Avabahuka* case study, all symptoms like *Dakshin Amsa Sandhi Shoola* at the anterior aspect, *Dakshin Amsa to Kurpara Sandhi Samchhari Vedana, Dakshin Amsa Hasta Chimchimayana, Dakshin Hasta Chimchimayana* are markedly diminished in 2 months study. In conclusion *Snehana, Swedana, Nasya, Basti, and Shamana chikitsa* are significantly effective in *Avabahuka*.

REFERENCES

1. Chakrapani, Charaka Samhita by Agnivesa, edited by Vaidya Jadavaji Trikamji Acharya, Chaukhamba Publications, New Delhi, Reprint 2017, Chikitsasthana, 28/59, 619.
2. Vagbhatta, Brahmanand Tripathi, Ashtang Hrudhaya, Choukhamba Sanskrit pratishthan, Delhi, reprint 2014, Chikitsasthana, 21 / 44, 809.
3. Sushruta, Kaviraj ambikadatta shastri, Sushruta Samhita, Vol.1, Choukhamba Sanskrit sansthan, Varanasi, reprint 2015, Sutrasthana, 7/3, 32.
4. Shri Brahmashankar Mishra, Shri Ruplalji vaishya, Bhavaprakasha Nighantu, Vol.1, Nighantu varga, Chaukhamba Sanskrit Bhawan, Varanasi, 12th edition, 2016.

5. Govind das sen, Vidyotini tika, Bhaishajya Ratnawali, 9th edition published by Chaukhamba Sanskrit sansthan, Varanasi 1991, Vatavyadhi Prakaran, 26/570-577.
6. Vd. Gangadhar shastri Gune, Textbook of Ayurvediya Aushadhi Gunadharma Shastra, Part 2, Chaukhambha Sanskrit Pratishthana, Delhi, Reprint 2014.
7. Chakradutta, Chaukhambha Prakashan, Varanasi, Niruhadhikara/32, Reprint.
8. Vd. Gopinath Bhishagra, Nagindas Shaha, Bharata Bhaishajya Ratnakara, Chaukhambha Prakashana, Varanasi, Reprint, 4/6971.