

Ayurvedic Management of Avabahuka (Frozen Shoulder): A Case Study

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Abstract:-

In present technological era many diseases are not life threatening but it creates hurdle in day-to-day life. Avabahuka (Frozen shoulder/adhesive capsulitis) is one of the diseases which hitch daily routine work of person by pain and stiffness in shoulder joint. In the general population estimated incidence of frozen shoulder is 2%-5%. Usually occur more in women than man and mostly develop between the age of 40 to 60yrs. In Ayurveda it is described in Vatavyadhi. When aggravated Vata located at the base of the shoulder (Ansha Mula) constricts Siras. Due to this movement of shoulder joint is restricted it is called as Avabahuka. It can be correlated with Frozen shoulder (Adhesive capsulitis). A Female patient aged 54 years came with complaint of Pain at the right shoulder region radiating till the elbow joint. Also face difficulty during movement of right hand Since 3 months. She gets temporary relief in pain-by-pain killer medicine but after some time pain increased again. So, she came to parul ayurved hospital for ayurvedic treatment. Patient was treated by Sarvanga Abhyanga with Mahanarayana Taila, Nadi Swedana, Upanaha with Rasna and Kushta, Greeva Basti by Karpasasthyadi Taila, Nasya with Anu Taila and intake of Ayurvedic medicines Cap.Cervilon and Trayodashang Guggulu. Shoulder Pain (Amsa Sandhi Shoola) measured by VAS (Visual Analogue scale ,0–10scale) and Range of movements measured by Goniometer before and after treatment. all parameters show significant result. Patient get significant improvement in pain and shoulder movement After treatment

Key words: Avabahuka, Frozen shoulder, Ayurvedic management.

1. Introduction

Vata is responsible for all type of movement in human body. when this Vata Dosha is vitiated and lodge in any part of body create pain, restricted movement of that part of body.

According to Acharya Sushruta when vitiated Vata lodge in Ansha Pradesha causing the wasting (Shoshan) of Anshabandhana constrict the Sira of Ansha Anshapradesha it is known as Avabahuka^[1].

acc. to Acharya Vagbhatta when vitiated Vata located in Anshamula constrict Sira of Anshamula causes Bahupraspanditahara (restrict normal activity of hand) is known as Avabahuka^[2]. It is one of the Vatavyadhi and Vatavyadhi is one amongst the 8 major disease (Ashta Mahagada)^[3]. It can be co-related with frozen

shoulder/adhesive capsulitis. Estimated incidence of frozen shoulder is 2%-5% [4]. women are more prone than man and mostly occur range of 40 to 60 year of age [5]. Shoulder pain usually worsen at night, insidious shoulder stiffness, and patient of frozen shoulder experienced the loss of passive and active external rotation of the shoulder.

2. Aim & Objectives

To study the efficacy of Ayurvedic treatment in *Avabahuka* (frozen shoulder).

3. Case report

A 54-year-old female patient came to OPD of Parul Ayurved Hospital, Parul university, Vadodara, Gujarat with chief complaints of Pain at the right shoulder region radiating till the elbow joint since 3 months. She is k/c/o HTN since 4 year on registered Rx. she had no history of DM, Thyroid and anaemia. No past history of any surgery. She took allopathic treatment for shoulder pain but only got temporary relief. Therefor she visited our hospital for ayurvedic treatment.

History of present complaints-

Patient was asymptomatic before 3 months. Gradually the shoulder pain started. At first the pain was appreciated at the back of the neck, later it got radiated till the elbow joint of the right hand. Patient feels difficulty to lift her hand and while lifting the hand more pain is felt on the shoulder region. Pain aggravates during the night time and the patient prefers to lie in left lateral position.

History of past illness-

K/C/O of HTN since 4 year on Registered Rx - Amlkind 5mg- 1 OD

No history of DM, Thyroid & anaemia

FAMILY HISTORY-

All family members were healthy. No family history of any major illness found.

Table 1- Personal history

Name	XYZ
Age	54
Sex	Female
Occupation	Housewife
Marital status	Married

Table 2-General Examination

Blood pressure	130/84 mm of Hg
Pulse rate	78/min
Respiratory rate	16/min
Temperature	98.3°F
Height	156 cm
Weight	58 kg
BMI	23.83

Table 3-Systematic Examination

CVS	S1 S2 Heard
CNS	Well oriented
RS	NVBS
Abdomen	No abnormalities noted

Table 4: Local Examination

On Inspection: No oedema noted
On Palpation: tenderness present at glenohumeral joint
Adduction, Abduction and both internal and external rotation of right shoulder joint is painful. restricted range of movement.

Table:5 Rogi Pariksha (Ashtavidh Pariksha)

<i>Nadi</i>	78/min
<i>Mala</i>	Once daily
<i>Mutra</i>	5-6 times /day
<i>Jihva</i>	<i>Lipta</i>
<i>Sparsha</i>	<i>Prakrit</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Aakriti</i>	<i>Madhyama</i>
<i>Drik</i>	<i>Prakrit</i>

Table 6: Dashvidha Pariksha

<i>Prakriti</i>	<i>Vata-pitta</i>
<i>Vikriti</i>	<i>Vata</i>
<i>Sara</i>	<i>Rakta</i>
<i>Samhanan</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhyama</i>
<i>Ahara shakti</i>	<i>Madhyama</i>
<i>Vyayama shakti</i>	<i>Avara</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>

SPECIAL TEST

Apley's Scratch test

To test all the movements of shoulder Apley's scratch test is quick method ^[6].

- 1.abduction and external rotation
- 2.adduction and internal rotation

Range of motion

If patient is having No pain during Apley's Scratch test & Range of motion it is marked as negative and if patient is having severe pain during examination, it is marked as positive. Both are quick methods for diagnosing frozen shoulder (*Avabahuka*) ^[7].

Patient's Apley's Scratch test & Range of Motion has been examined by Dr.Maitrey Pandya & Dr. Miral Damani and patient is having severe pain hence, it is marked as positive for frozen shoulder (*Avabahuka*).

NIDANA PANCHAKA

Nidana-excessive household work, *ruksha ahara*.

Purvarupa -no specific *purvarupa* found

Rupa- radiating pain from right shoulder to right elbow joint

Upashaya-exposure to warmth, *sweda*, *upanaha*.

Anupashya- exposure to cold air, under the fan, during evening and night, cold food, excessive work.

SAMPRAPTI ^[8]

Flow chart no.1

Nidana sevana



Vata vitiation



Vitiated Vata get lodged in Ansha desha



Causes Shosha of Ansabandha



Sankocha of Sira



Avabahuka

Table 7: Samprapti Ghataka

SAMPRAPTI GHATAKA
<i>Dosha – Vata</i>
<i>Dushya –Asti, Majja</i>
<i>Agni –Mandagni</i>
<i>Srotas –Astivaha, Majjavaha</i>
<i>Srotodushti- Sanga</i>
<i>Udbhava Sthana – Pakwasaya</i>
<i>Sanchara Sthana – Sarvasareera</i>
<i>Vyakta Sthana –Dhakshina Bahu</i>
<i>Rogamarga- Madhyama</i>
<i>Rogi Bala- Madhyama</i>
<i>Roga Bala-Madhyama</i>

Table 8: Treatment given

Sr.no	Medicine /procedure	Dose	Duration
DAY:1 to 3	1.Aampachana vati	1 tablet	BD-After meal with luke warm water
	2.Cap.Cervilon	2 capsules	BD-After meal with water
	3.Trayodashang guggulu	2 tablets	BD-After meal with lukewarm water
DAY:4 to 10	1.Cap.Cervilon	2 capsules	BD-After meal with water
	2.Trayodashang guggulu	2 tablets	BD-After meal with lukewarm water
	Sarvanga Abhyanga with Mahanarayana Taila		
	Nadi Swedana		
	Upnaha with Rasna and Kushta		

	<i>Nasya with Anu Taila</i>		
	<i>Greevabasti with Karpasasthyadi taila</i>		
	1.Cap.Cervilon	2 capsules	BD-After meal with water
	2.Trayodashang guggulu	2 tablets	BD-After meal with Luke warm water

Assessment of pain & Range of movement

Pain (*Amsa Sandhi Shoola*) was assessed by Visual Analogue scale (0–10scale).

Table 9: VAS SCORE

VAS SCORE	
Grade	Tenderness
0	No pain
1-3	Mild pain
4-7	Moderate pain
8-10	Severe pain

Table 10: Range Of Movement ^[9]

Movement	Normal Range
Flexion	180
Extension	60
Abduction	180
Internal rotation	90
External rotation	90

CLINICAL FEATURE: BEFORE AND AFTER TREATMENT

Table 11: Vas Score before and after treatment

BEFORE TREATMENT	AT 3 rd Day	10 th Day	25 th Day
8-Severe pain	7-Moderate pain	4-Mild pain	1-Mild pain occasionally

Table 12: Range Of Movement before and after treatment

MOVEMENT	BT DEGREEE	DEGREEE AT 3 rd Day	DEGREEE AT 10 th Day	DEGREEE AT 25 th Day
Flexion	120	130	145	170
Extension	20	25	30	45
Abduction	80	90	120	160
Internal rotation	50	60	75	85
External rotation	40	45	65	80

Range of movements was assessed by Dr.Maitrey Pandya & Dr. Miral Damani with help of Goniometer.

4. Results

By this 25 days, Ayurvedic treatment of, patient got significant relief in symptoms, marked improvement measured by VAS Score and Range of movement. No any other complication occurred.

The gradations of pain assessed by VAS score showed in above table vas scale represent severity of pain on 1st 3rd 10th and 25th day respectively. 1st day grade of pain was 8

On 3rd day grade of pain 7, on 10th day grade of pain was 4, and at 25th day grade of pain is 1. The severity of pain is reduced 8 to 1 by ayurvedic management.

Range of movement at 1st day, on 3rd day, on 10th day and on 25th day are shown in table12. Range of movement increased after ayurvedic management.

on 25th day patient got complete relief in symptoms mild pain -1 occurs only after heavy work otherwise patient didn't have it.

5. Discussion

Avabahuka is *Vatavyadhi*, generally All *Vatavyadhi* are difficult to cure, but if it is new, free from complication and occur in strong person and also it is curable, but with time passes it become *Krichha Sadhya* or *Asadhya*. As *Avabahuka* is *Vatavyadhi* the treatment of *Vata* like *Snehana*, *Swedana*, *Mridu Sansodhana* and *Nidana Parivarjana* is beneficial.

Here, first three-day *Amapachana Vati* was given to the patient for *Srotosodhan* (clear the pathway), with pacifying medicine *Cap.cervilon* and *Trayodashang Guggulu*.

Then after *Srotoshodhan* on day 4-10 *Sarvanga Snehana*, *Nadi Sweda*, *Upnaha*, *Greeva Basti*, and *Cap.cervilon* and *Trayodashanga Guggulu* was given. On day 11-25 *Cap.cervilon* and *Trayodashanga Guggulu* was given. This ayurvedic management shows significant result in *Avabahuka*.

7. Conclusion

General line of treatment for *Vata Dosha* is *Snehana*, *Swedana* *Mrudu Sodhana*, by following this protocol, *Vata Shamana* treatment with *Sthanik Chikitsa* like *Upanaha* and *Greeva Basti* were applied. best treatment in *Avabahuka* is *Nasya* it was also applied. though *Avabahuka* is *Vatavyadhi* therefore it is difficult to treat but by following ayurvedic protocol for *Vatavyadhi* patient get significant result in *Avabahuka*.

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