



STUDY OF SUCHIVEDHAN IN MANAGEMENT OF AVABAHUKA WITH SPECIAL REFERENCE TO FROZEN SHOULDER

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ABSTRACT

Pain is as old as mankind. Man is looking for different methods for pain relief. In textual references of Ayurveda, the disease Frozen shoulder is closely related to *Avabahuka*. In *Sushrut Samhita*, eight types of *shastra* karmas are explained. '*Vedhan karma*' is one of them and '*Suchi*' is one of the instruments used for it. In this study, we done *Suchivedhan* in 5 diagnosed patients of Frozen shoulder, that is having complaints of pain and restricted movements of shoulder joint.

KEYWORDS : Avabahuka, Suchivedhan, Frozen shoulder.

INTRODUCTION

Ayurveda, a life science, is a rich store house of time tested effective medicines for several obstinate and incurable diseases. Main objective of Ayurveda is to maintain the health of healthy person and to cure the diseased one. *Shalyatantra* is the most important branch of Ayurveda having many surgical para-surgical procedures described in detail.

In *Avabahuka*, the vitiated *Vata* is localized in the shoulder region. *Vata* dries up the ligaments of the shoulder and constricts the *Snayu* at the joint^{[1][3][5]}.

In *Samhitas*, there is a very little description regarding *Suchivedhana*. The procedure is still remained untouched from practical use, so thought to explore the Science behind the procedure.

OBJECTIVES:

Primary- To evaluate the effect of *Suchivedhan* in *Avabahuka* with special reference to Frozen shoulder.

Secondary-

1. To evaluate the improvement in the movements of shoulder.
2. To achieve immediate relief of pain in Frozen shoulder.

METHODOLOGY

Selection of patients- Patients of *Avabahuka* fulfilling inclusion criteria.

Duration of study- 21 Days for each patient.

Follow up- on 0th, 7th, 14th and 21st day.

Study location- OPD and IPD of our college Hospital.

In this study, in the time period of 6 months, I treated 5 patients of frozen shoulder with *Suchivedhan*.

Diagnostic criteria-

A. Physical Examination

1. Functionally restricted movements of shoulder joints (Glenohumeral)
2. Absence of history of previous major shoulder injury or surgery.

B. Radiological Examination

No changes in cartilaginous joint space (normal plain radiograph).

INCLUSION CRITERIA

1. Patients diagnosed as Frozen shoulder.
2. Patients of either sex.
3. Age group of patients between 21 years to 60 years.

EXCLUSION CRITERIA

1. Patients less than 21 years and more than 60 years of age.
2. Pregnant women.
3. Patients having major trauma and anatomical deformity.
4. Patients suffering from severe systemic disorders Diabetes mellitus and RHD.
5. HIV, HBsAg reactive patients.

WITHDRAWAL CRITERIA

1. Occurrence of serious adverse effect.

2. If the protocol has been violated or patient is not willing to continue the treatment.

Procedure -

Suchivedhana -

"*Siravyadha Vidhi Adhyaya*" has been explained in *Shushruta Samhita*, in which *Vyadhana* of specific *Siras* in specific diseases is mentioned.

The word '*Vyadhya*' has so many meanings, in which, 'to let out entrapped *Vayu*', is one of them.

This '*Vedhan*' must be done by hollow needle. If the blood vessel is large, the blood can be evacuated. But if the *Sira* is non-visible, it is to be pricked by needle till it bleeds or may not bleed.

Depth of *Viddha karma* -

Sushruta Samhita has mentioned properly the level of depth of *Viddha karma* according to the area where this procedure has to be performed^[4].

- When it is performed on *Mamsal pradasha*, it is one *Yava*.
- In case of bone, the hole should be of *Ardha-Yava Matra*.
- On skin, it is *Ardha-Yava Matra* or *Vrihi matra*.

The instrument should be used *Vrihimukhen Yantra* for *Vyadhan* in *Mamsal pradasha*.

Material-

1. Insulin needle no. 26
2. Spirit
3. Cotton swab
4. Surgical gloves

PROCEDURE-

The site of *Viddhakarma* cleaned with spirit and *Suchivedhana* done with the help of insulin needle number 26, on the painful points. Then dry swab kept at that site if any drop of blood came.

Duration of the Treatment - 21 days

Sthanik Snehan (Abhyanga) - Til Taila

Sthanik Swedana - Nadi sweda

a) Subjective Criteria -

Mobility Gradation

Grade 0 - Normal movement with no pain.

Grade 1 - Normal movement with mild pain.

Grade 2 - Restriction of movement with mild pain.

Grade 3 - Restriction of movement with moderate to severe pain.

Pain -

Absent-0

Mild- 1

Moderate-2

Severe -3

Tingling at shoulder and respective hand-

Absent -0

Mild -1

Moderate -2

b) Objective Criteria –

The movements will be assessed measuring the angles using **Goniometer**.

Movements of shoulder joint:

- Abduction
- Adduction
- Flexion
- Extension
- Internal rotation
- External rotation

Investigations –

- a) Blood - 1) HB% 2) BSL® 3) BT, CT 4) HIV 5) HBsAg
- b) X-ray – AP view and lateral view of affected shoulder joint.

c) Overall assessment criteria –

Sr.	Result	Percentage
1.	Cured	>75 % Improvement in Subjective and Objective parameters.
2.	Marked Improvement	>50 to 75% Improvement in Subjective and Objective parameters.
3.	Moderate Improvement	>25 to 50% Improvement in Subjective and Objective parameters.
4.	Mild Improvement	>Upto 25% Improvement in Subjective and Objective parameters.
5.	Unchanged	> No change in Subjective and Objective parameters.

Observation table

Patient Id code	Pain			Mobility of joint			Tingling			Total cured
	BT	AT	%	BT	AT	%	BT	AT	%	%
A	3	1	67	2	1	50	2	0	100	72
B	2	0	100	2	1	50	1	0	100	83
C	3	1	67	3	1	66	2	1	50	61
D	2	1	50	1	0	100	2	1	50	66.66
E	3	2	33	1	1	00	1	1	00	11

Cured in % = (BT – AT) / BT x 100

Objective Criteria

Patient →	1		2		3		4		5	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Shoulder Movements ↓										
1.Adduction	50	50	40	40	30	40	40	50	40	50
2.Abduction	90	120	120	140	130	130	140	140	120	130
3.Flexion	120	160	100	170	110	150	120	160	70	100
4.Extension	30	50	40	60	50	50	40	50	50	60
5.Internal rotation	60	90	50	80	50	90	60	80	50	60
6.External rotation	60	80	50	90	50	60	70	80	50	80

DISCUSSION

Total five patients of Frozen shoulder studied. Each patient treated with *suchivedhan karma*.

For *Suchivedhana* we use Insulin needle No. 26. This needle has 13 mm length (which exactly matches with the length of *Vrihi*), 0.45 mm breadth. So it should be pierced 2 mm to 4 mm for skin, 4 mm to 6 mm for *Mamsa* and 6-10 mm for *Snayu, Asthi* and *Sandhi*.

Discussion regarding clinical parameters-

1. Pain- It is found that, *Suchivedhan* is effective in reducing pain of shoulder. It instantly relieved pain in almost all patients. Local tenderness reduced significantly.
2. Mobility of shoulder joint- After *suchivedhan*, grade of mobility increased significantly. At first, the patients came with restriction of movements and moderate to severe pain at shoulder. After *suchivedhan*, stiffness of joint reduced and movements became normal.

3. Tingling sensation at shoulder and respective hand was present in 3 patients. It significantly reduced after first sitting.

Management of diseases caused due to 'Vata' by *suchivedhan* have been described in many classical texts of *Ayurveda*²³.

As observed that the chief complaints of pain and stiffness were present in all five patients. The disease *Avabahuka* is *vata-kapha* dominant. The change of lifestyle, heavy weight lifting will lead to vitiation of vata, which produces diseases like *Avabahuka*. Some patients got relief immediately after one sitting and some after 2-3 sittings.

Sira always carry all *Doshas* i.e. *Vata, Pitta* and *Kapha*, along with *Rakta*. Physiological and mental functions go well when *Prakrut Vayu* is moving in its own direction. Vitiating *Vayu* moving in *Sira* produces different *Vata Vyadhi*. *Vedana* indicates deranged or vitiated *Vayu* and this is the ideal indication for *Viddha Karma*. *Siravedha* is a broad term used for removal of blood. It could be of any type, Venesection, Leech, Horn, Gourd or even a prick.

Raktamokshana if performed in correct manner on proper indicated points results in relieving pain and reduction in severity. It also produces a state of well-being. When *Siravedha* is performed, the most vitiated *dosha* i.e. *Rakta* is released, similarly on *Suchi-Viddha* the most vitiated *Dosha* is released.¹⁷

Interpretation of these results is as follows:

1. It removes the obstruction of blood vessels and establish circulation.
2. It reduces the load of pathogens circulating in blood.

CONCLUSION

Probable mode of action of *Suchivedhan* –

Suchivedhan is a simple, economical and effective procedure in the management of *Avabahuka*, without producing any adverse effect.

Vedhan karma is predominantly indicated in *Vataj Dosha* having *kapha* or *pitta* in *Avabahuka*, and in *Pitta, Rakta* and *Kaphaj Vyadhi*.

Suchivedhan help to remove *Awarana* of *kapha dosha* giving way to *Anuloman Gati* of vitiated *vata*. Thus *suchivedhan* indirectly cures the symptoms.

REFERENCES

1. Ambika Dutt Shashtri, Sushruta samhita, volume 1, Varanasi; Chaukhamba Sanskrit Sansthan; Reprint 2016 (Nidan 1/82) p-304.
2. Dr. R.B. Gogate, Viddha and Agnikarma chikitsa third edition 2017, Pune; Gogate Padmanabh Ramchandra 102, Ramprasad chambers P-12.
3. Dr. Bhrmananda Tripathi, Madhav Nidana, Chaukhamba Surbharati Prakashan, Varanasi, Vol. I, Reprint 2007, (Vatavyadi Nidana 22/65) Page No. 545.
4. Ambika Dutt Shashtri, Sushruta samhita, volume 1, Varanasi; Chaukhamba Sanskrit Sansthan; Reprint 2016 (sharira 8/9) p- 86.
5. Dr. Brahmanand Tripathi, Ashtang Hridayam, Delhi; Chaukhamba Sanskrit Pratishthan, Reprint 2014 (Nidan15/43) p-542.
6. Prof. Ravidatta Tripathi, Charak Samhita, Chaukhamba Sanskrit Sansthan, Varanasi, Vol. I, Reprint 2006, (Charak Sutra 20/11) Page No. 293.
7. Ambika Dutt Shashtri, Sushruta samhita, volume 1, Varanasi; Chaukhamba Sanskrit Sansthan; Reprint 2016 (sutra 8/4) p- 37.
8. Reeves B. The Natural history of the frozen shoulder syndrome – Scand J Rheumatol 1976; 4: 193-6.
9. 2016 – Effect of Mocharasa Nasya with Snehan – Swedana in neck, shoulder and arm pain. (Research article by Dr. Rahul S. Dhudhe, G.A.C., Nanded)
10. 2010 – A study on Apabahuka (Frozen shoulder) and its management by Laghumashataila nasya. (Research article by Banamali Das et.al)
11. A case study on management of Frozen shoulder by agnikarma. (Research Article by Dr. Namrata G. Sojitra, Akhandanand Ayurveda Mahavidyalaya, Ahmedabad, Guj.).
12. 2015 – Frozen shoulder (Adhesive capsulitis) literary review and a prospective case study with panchakarma therapy. (Research article by Swarnil S. Singhai)
13. ‘Marma Chikitsa’ in primary Frozen shoulder (Apabahuka). (Dr. Shishir Prasad, Gurukul Kangri, Haridwar, Uttarakhand).
14. Prospective study on causes and functional outcome of Frozen shoulder. (Dr. Sanjeev Mahajan et. al.)
15. 2018 – Effect of viddha karma in management of musculo-skeletal pain (shoulder pain): A case study. (Research article by Vd. Nakhate Sandip R. and Vd. Giri S.V.)