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Ayurveda

A CASE STUDY ON AVABAHUKA(FROZEN SHOULDER) WITH NASYA, RAKTAMOKSHAN (CUPPING THERAPY) AND AYURVEDIC SHAMAN THERAPY

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ABSTRACT Avabahuka is a disease that mostly affects the shoulder joint (Amsasandhi) and it is due to aggrevation of Vatadosha. Avabahuka is not stated in NanatmajaVataRoga, Amsashosha (Wasting of shoulder joint) can be measured the starting stage of Avabahuka where dryness or diminution of the ShleshakaKapha from the shoulder joint occurs. In Frozen shoulder a leisurelybeginning of pain felt around the insertion of the deltoid muscle, inability to sleep on the exaggeratedlateral, and restriction in both dynamic and inactive elevation and exterior rotation. A 60-year-old patient came toPanchakarma Department, L.N.Ayurveda Hospital, OPD number being 2004068, with the complaint of Pain and Stiffness in the shoulder region, which radiates to the upper limb forsix years, and proper lifting of the upper limb was also not possible. 6 Year back patient felt mild pain inthe cervical region, which later radiated to the upper limb. Many a time, he consulted anorthopaedic surgeon but did not get permanent relief. No accidental and fall history found. The patient was treated withNasya(nasal medication) with Anutaila, Cupping therapy,Local massage with Mahanarayantaila and SthanikaNadisweda and Oral Ayurvedic Medicinesymptoms of Frozen Shoulder and cured the disease. Nasya(nasal medication) and Cupping therapy is the best modality to cure Avabahuka.

KEYWORDS : Avabahuka, Frozen Shoulder, Nasya, Cupping therapy, Oral Ayurvedic medicine

INTRODUCTION

Avabahuka is a disease that mostly affects the shoulder joint (Amsasandhi) and it is due to aggrevation of Vatadosha. Avabahuka is not stated in Nanatmaja Vata Roga, AcharyaSushruta and others have tallied Avabahuka as a VataVyadhi[1]. Amsashosha (Wasting of shoulder joint) can be measured the starting stage of Avabahuka where dryness or diminution of the ShleshakaKapha from the shoulder joint occurs. The subsequentphase, Avabahuka, happens due to the conquest of ShleshakaKapha, and patient feel Shoola(Pain) during movement and limited movement. Even as this is commented on in the Madhukoshateeka, it is mentioned that Dhatukshaya, i.e.shuddha VataJanya produce Amsashosha, and Avabahuka is Vata Kaphajanya[2]. The Mainly old age population affected by Avabahuka with a female preponderance.The prevalence of Frozen Shoulder 2%–5% in the general populace[3]. The peakinc incidence is morein the ages between of 40 and 60 [4]. Duplay[5]recounted the first loggedexplanation of a frozen shoulder in 1872. in his storyline of "periarthritis-scapulohumeral", Though the term frozen shoulder was first mentioned in 1934 by Codman[6], described the In Frozen shoulder a leisurely beginning of pain felt around the insertion of the deltoid muscle, inability to sleep on the exaggerated lateral, and restriction in both dynamic and inactive elevation and exterior rotation. Several patients existing with a painful limit of shoulder movementdue to faintness from rotator cuff tears or pain inhibition or or neurological debits.If Patients are having withsecondary frozen shoulder andmanifestlyprecise painful chief shoulder pathology regularly the prognosis is poor[7].Avabhaukais a disease of Vatakaphaj it is caused by DushitaVata&AnubandhitKapha in Shoulder and Upper extrimities area.Nasya (nasal medication), which is one ofPancakarma's, delivers the drug to the brain, thereby acting on the whole body[8]. It plays a role in most conditions arising due to pathologies of ūrdhvā□ga (supraclavicular region). AcharyaSushruta mentioned Raktamokshanain Sodhana (Purificatory) therapy. Impure Blood letting from body by the different instruments (Needle, Leech, Cupping etc.) that is called Raktamokshana (Blood letting). It is mainly indicated in Skin disease, Dushitarakta, Avabahuka, Apasmar, Varicose vein, Sciatica and other disease. Nourishment of cells, tissue and organs establish, bllod circulation improved and correct the physiological function of Cells, Tissue and organs By theRaktamokshana[9]. Cupping therapy is indicated in Diseased Person and also in healthy persons[10]. Cupping therapy exerts localized effects, including headache, lower back pain, neck pain, and knee pain[11].

Case Presentation

A 60-year-old patient came to Panchakarma Department, L.N.Ayurveda Hospital, OPDnumber was 2004068, with a complaint of Pain and Stiffness in the shoulder region and pain radiates to the upper limb forsix years and unable to the proper lifting of the upper limb. 6 Year back patient felt mild pain in the only cervical region which later radiated to the upper limb. Many times he consulted the orthopaedic surgeon but did not get permanent relief. No accidental and fall history found. Bowel habit, urination and Sleep was Normal. Nadi(Pulse) was Vataj and kaphaj, Sara (Dhatu body type), Satva (Tolerance capacity), Samhanana (Compactness of the body), AharaShakti (Digestive Power), and Vyayamshakti (Exercise Capacity) were Madhyam (Moderate). The patient was a vegetarian, non-alcoholic and non-smoker.

Clinical Examinations

BP- 130/90 mmHg,
PR- 80/mnt.,
RR- 20/mnt,
Temp- 97.4 degree F.

- ✓ Muscle Power- 4/5 in lower limb
- ✓ Muscle tone – Normal. Muscular Atrophy – Not present.
- ✓ Musculoskeletal System- Right and left Shoulder joint examination
- ✓ Pain VAS—9

A.) Restriction of range of movement – Medial rotation, Abduction, Lateral rotation, Adduction Extension movement and Flexion Movement.

1. Assessment Criteria:

B.) Range of movement – Medial rotation, Abduction, Lateral rotation, Adduction Extension movement and Flexion Movement.
C.) VAS
D.) Muscle Power
E.) Main Symptoms:

1. Bahupraspanditahara (work difficulty)	Score
Can do work without being affected	0
Can do sternous work with difficulty	1
Can do daily routine work with great difficulty	2
Cannot do any work	3

2. Shoola (Pain)
No pain at all0
Mild pain, can do strenuous work withdifficulty1
Moderate pain, can do normal work withsupport2
Severe pain, unable to do any work at all 3

F.) Associated Complaints

1. Stambha (stiffness)
No stiffness 0
Mild, has difficulty in moving the joints without support 1
Moderate, has difficulty in moving, can lift only with support2
Severe, unable to lift 3

2. Amshashosha (Wasting of Muscles)
No wasting 0
Mild wasting, can do work 1
Moderate wasting, works with difficulty 2
Severe wasting, cannot move 3

3. Treatment Schedule

Chart- 1 IPD Treatment Schedule (31/01/2020 To 25/02/2020)

Sr.NO	IPD Treatment	Duration
1.	SthanikaAbhyang(local massage)with MahanarayanTaila followed by SthanikaSweda (local sudation)	26 days
2.	Nasya(Nasal Administration of medicine) with Anutaila 8-8 drops	8 days
3.	MahavatavidhwansakRasa 1 BID with Luke warm water , After Food	26 days
4.	DashmoolaJeerak, 3tsf with equal quantity, After food	26 days
5.	SanjeevniVati 1 BID, With honey, After food	2days
	SanjeevniVati 2 BID, With honey, After food	19 days

Chart- 2 First Follow Up Treatment

Sr.No	Ayurvedic Management	Duration
2.	PratimarshaNasya(Nasal Administration of medicine) with Shadabindutaila	22 Days
3.	SanjeevniVati 2 BID, With honey, After food	22 Days
4.	MahavatavidhwansakRasa 1 BID with luke warm water , After Food	22 Days
5.	SahcharadiKasaya 3tsf, BID, Morning & Evening	22 Days

Chart- 3 Second Follow Up Treatment

Sr.No	Ayurvedic Management	Duration
1.	Cupping therapy	1 days
2.	PratimarshaNasya (Nasal Administration of medicine) with Ksheerbalataila	15 days
3.	MahavatavidhwansakRasa 1 BID with lukewarm water, After Food	15 days
4.	VatakulantakRasa 1 tablet BID with Luke warm water, After food	15 days
5.	MaharasnadiKadha 3tsf BID with equal quantity of water, After food	15 days

4. Panchakarma Procedure

Nasya(Nasal Administration Of Medicine) Procedure

Poorvakarma Procedure of Nasya: Performed Facial massage with mahanarayantaila followed by facial steam.

Main Procedure of Nasya: This is the central tread of Nasya and includes put of 8-8 drops of Anutaila in both the nostrils, alternately, with the help of Nasyadroper. The patient is asked to spit of mouth impurities in the spit Box. The Palm, Sole, Shoulder, Neck and Ear are smoothly massaged after the administration of the Anutaila.

Paschatkarma Or Post Salutary Measures: In this procedure, patients' mouth is cleaned by gargle with luke warm water and then performed Dhumprapana (Medicated Smoke)HaridradiChoorna.

4.2 Cupping Therapy

- ✓ First,clean the exposed area by Spirit
- ✓ Set 4 cups in a painful area of the Shoulder regionand create pressure inside the cup by a suction pump.
- ✓ After 10 minutes, removed cups and prick by pricking Needle, then again set the cups in the same part and create pressure by suction pump and wait 15 minutes
- ✓ After completing the procedure, Clean the blood from body parts and Cups with the cotton
- ✓ After removing cups, clean the body parts and cups by the sprit
- ✓ Apply betadine solution in the treated part
- ✓ The patient is asked to rest for 10 minutes.

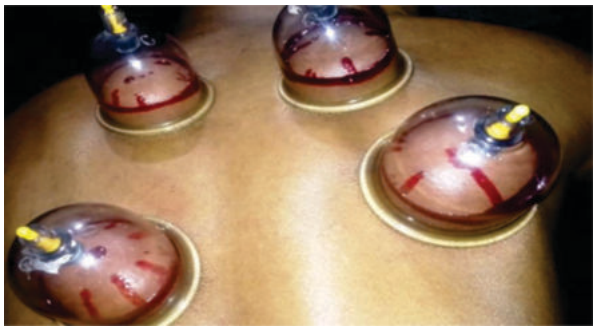

Figure-1 Cupping Therapy In Avabahuk Patient

RESULTS

Chart-5 Observations Of Results

Sr. Number	Symptoms	Initial Day	After IPD treatment	After first follow up treatment	After the second follow up treatment
1.	Flexion of Shoulder Joins in Degrees	60	120	140	170
2.	Extension of Shoulder Joins in Degrees	20	30	40	60
3.	Abduction of Shoulder Joinsin Degrees	70	110	120	150
4.	Adduction of Shoulder Joins in Degrees	10	20	30	50
5	Medial Rotation of Shoulder Joins in Degrees	40	50	50	80
6.	Lateral Rotation of Shoulder Joins in Degrees	20	30	50	90
7.	Muscle Power Upper Limb	4/5	4/5	5/5	5/5
8.	VAS	9	8	5	2
9.	Bahupraspanditahara (Difficulties in work)	3	3	2	1
10.	Shula (Pain)	3	2	1	0
11.	Stambha (Stifness)	3	2	1	0
12.	AmshaShosh (Wasting of muscles)	1	1	0	0

DISCUSSION

Avabahuka is a disease that mostly affects the shoulder joint (Amsasandhi) and it is due to aggrevation of Vatadosha. Avabahuka is not stated in NanatmajaVataRoga, AcharyaSushruta and others have tallied Avabahuka as a VataVyadhi, Amsashosha (Wasting of shoulder joint) can be measured the starting stage of Avabahuka where dryness or diminution of the ShleshakaKapha from the shoulder joint occurs. The subsequent phase, Avabahuka, happens due to the conquest of ShleshakaKapha, and patient feel Shoola(Pain) during movement and limited movement. Even as this is commented on in the Madhukoshateeka, it is mentioned that Dhatukshaya, i.e. shuddha VataJanya produce Amsashosha, and Avabahuka is Vata Kaphajanya[13].

The Nasya karma mainly shows property on the urdhvajatrugata pradesha (Neck &Head region).

Nasya with Anutaila showed significant results because it's contained. Due to Sukshama-VyavayiGunaand uniquefoundation process, Anutailapossess a superiordispersion capacity through minuscule

channels.Anutaila does Srotoshodakatwa(Cleaner of minute channels of body) by the Laghu- TikshnaGuna, UshnaVeery, Tikta- Katu Rasa, aandKatu- Vipaka. By the above two properties, the Nasyadrug removes the barrier in Strotas, which is helpful to cure Avabahuka .Indriyadardhyakaratva(Stability to sense organ),Balya(Power of the body), Preenana (Increase life), and Brimhana(Productivity and Nourishing of body)property nourish the Nerve and muscles. Madhura Rasa (Sweet teste),SheetaVeery (Cold potency of drugs), Snigdha Gunaand Tridoshaharaproperties will boost the nourishment of Dhatu,which eventuallyupsurges the general and local immunity (mucosal health). This immunomodulation will reduce the repeatedincidents of inflammation in muscles and Nerves. A more noteworthy part of elementssnatches anti-inflammatory activity, which also protects the inflammatory process. The indigenousirascibilitythrough by the drug is obliging to dissolve the pussy sputum and eventuallyexclusion.

ShadbinduTail is a herbo-mineral Ayurvedicpreparationgivenlargely for many situations such asDrishtiDaurbalya (faintness of the eyesight), Khalitya (damage of hair), Siroroga (diseases of head). SadabindutailamadefromMurchitatailaandAjaKsheer,subsideVatados haand nourishing the Nerve and Tissues. It has also contained theTeekshnadravya,which remove impurity fromsrotas.

Ksheerbalatailais made from Bala (Sidacardofolia Linn.) and ksheer (Milk) base tilatail(oil). It hasBrahanVatahar property, which cures the disease.

Mahanarayantailaisalsomadebytilataila and proceeding by Ksheerpakamethod, so it has Brahana & Vataharaproperty that's property cure theAvahuka.

Cupping therapy is beneficial in pain of musculoskeletal, Hair fall and inflammation in Skin, Subcutaneous and muscular region[14]. Cupping therapy has been revealed to deliver pain release in lumbar sprain, neuralgia pain, scapulohumeralperiarthritis, brachialgiaparaestheticanocturna and arthritis [15]. That's the reason it cures the Avahuka disease.

MahavataVidhwansakrasa mainly uses in Vataroga (Neurological Disorder) it's clear the srotas and promotes the health of Nerve; that's the reason it's cure the Avabahuka.

Maharasnadhikwatha is a polyherbalpreparationthat showed to be harmless and nontoxic has the providing respite to patients of Arthritis. This preparation is prepared by 26 different plants which areused in outmoded medicine for severalresolves, such as falling pain, falling inflammation, and antipyretic activity[16]. That's the reason it cures the Avabahuka Disease.

Sanjevnivati have contents like Shunthi, Vidang, Pippali, Haritaki, Aamaliki, Vibhitki, Vacha, Guduchi, Bhallatak and Vatsanabhits made by cow urine.Sunthiis Amadosahara Vidangahas Kriminasanaquality, Pippali Sulaprsamana; Amalaki Rasayana; Haritaki Sarvadosa-prasamana and Anuloman, Vibhitaki Bhedaka and Kapha-pittajita; Vaca Medhya; GuduchiRasayana, Jvaraghna, and Raktasodhaka; Bhallataka Kaphaharaand Vatahar; Vatsanabha Tridosahara. Cow urine is havingKaphavatanashakand Virechakaproperty.These properties of SanjeevniVati cures the disease.

Vatakulantakarasa[17] is havingRasayanaproperty and most effective in Vata Shamana action. That's the reason it cures the Avahuka.

Dashmooljeerakis manufactured byNagarjunaAyurvedic Pharmacy Kerala, which is GMP certified.It is made from Dashmool and Jeerak, which showDeepan (Increase Appetite), Pachana (Prone to Digestion) and Vatahara property. That's the reason it cures Avabahuka.

Sahacharadi Kashayam is a decoction prepared out of three herbal ingredients, namely Sahachara (Barleriaprionitis: Strobilanthesheynianus), Suradaru (Cedrusdeodara) and Sunthi (Zingiber Officinale, which is used in Avabahuka for the management of Vata related symptoms. It has a property like Deepan (Increase Appetite), Pachana (Prone to Digestion) Vatakaphahara property, which helps alleviate the disease.

CONCLUSION

In the present case, the Avabahukacured in 63 days. Nasya with Anutaila, PratimarshaNasya with Shadbindutaila and Kheerbalataila and Cupping therapy, Oral Ayurvedic medicine (Mahavatavidhwansakrasa, Dashmooljeerak, SanjeevniVati, Vatakulantak Rasa, Maharasnadikadha, Sahcharadikasaya) reduced all the symptoms of Frozen Shoulder and cured the disease. Nasya and Cupping therapy can be considered as the best modality forAvabahuka.

REFERENCES

1. Sushruta Samhita, Dalhana. Nidana sthana, 1/82. ChaukhambaOrientalia; Varanasi: 1991.
2. Madhavanidana, madhukosha commentary, 22/65. Varanasi: Chaukhamba Surabharati prakashan; First edition 1986.
3. The clinical picture of the painful diabetic shoulder--natural history, social consequences and analysis of concomitant hand syndrome. Morén-Hybbinette I, Moritz U, SchersténBActa Med Scand. 1987; 221(1):73-82.
4. Robinson CM, Seah KT, Chee YH, Hindle P, Murray IRJ Bone Joint Surg Br. 2012 Jan; 94(1):1-9.
5. Duplay E. De la periarthritescapulo-huméraleet des raideurs de l`épaule qui en sont la conséquence. Arch Gen Med. 1872;20:513–542.
6. Codman EA. Tendinitis of the Short Rotators. In: The Shoulder: Rupture of the Supraspinatus Tendon and Other Lesions in or about the Subacromial Bursa. Boston MA: Thomas Todd; 1934.
7. Robinson CM, Seah KT, Chee YH, Hindle P, Murray IRJ Bone Joint Surg Br. 2012 Jan; 94(1):1-9.
8. Paradkar HS, editor. AshtangHridaya of Vagbhata, Sutra Sthana; NasyavidhiAdhyaya. Reprint Edition. Ch. 20, Ver. 5. Varanasi: ChowkhambaKrishnadas Academy; 2006. p. 287.
9. SushrutaSamhita – Ayurveda tattvasandipika commentary by DrAmbikaDattaShastri, sutra sthana published by Chaukhambhasamskritsamsthan, Varanasi; p. 43-46.
10. Nimrouzi M, Mahbodi A, Jaladat AM, Sadeghfard A, Zarshenas MM. Hijamat in traditional Persian medicine: risks and benefits. J Evid Based Complementary Altern Med. 2014 Apr;19(2):128-36.
11. Aboushanab TS, AlSanad S. Cupping Therapy: An Overview from a Modern Medicine Perspective. J Acupunct Meridian Stud. 2018 Jun;11(3):83-87.
12. Sushruta Samhita, Dalhana. Nidana sthana, 1/82. ChaukhambaOrientalia; Varanasi: 1991.
13. Madhavanidana, madhukosha commentary, 22/65. Varanasi: Chaukhamba Surabharati prakashan; First edition 1986.
14. MazharUddin SM, Haq A, Sheikh H. The Use of Hijama (Wet Cupping) in Alternative and Complementary Medicine: Efficacious or Perilous? J Acupunct Meridian Stud. 2016 Dec;9(6):285-286.
15. Nimrouzi M, Mahbodi A, Jaladat AM, Sadeghfard A, Zarshenas MM. Hijamat in traditional Persian medicine: risks and benefits. J Evid Based Complementary Altern Med. 2014 Apr;19(2):128-36.
16. Patel Snehal S., Shah Praboth V. Evaluation of anti-inflammatory potential of the multidrug herbomineral formulation in male Wistar rats against rheumatoid arthritis. J Ayurveda Integr Med. 2013 Apr-Jun;4(2):86–93.
17. Mishra Siddhinandan,Bhaishjyaratnavali siddhi pradahindivya khasahita; Adhyaya 25/26-29;Chaukhabha Bharati AcademyVaranasi.2012; 514.