International Journal of Science and Research (IJSR)
ISSN: 2319-7064
SJIF (2020): 7.803

A Case Study on the Effect of Jambeera Pinda Sweda and Mahamasha Taila Nasya in the Management of Avabahuka W. S. R. Frozen Shoulder

Dr. S G. Iddalagimath[1], Dr. R B. Hosamani[2]

[1]Associate Professor, Dept. of Panchakarma, BVVS Ayurved Medical College & Hospital, Bagalkot, Karnataka, India

[2]Professor & Head, Dept. of Swasthavritta, BVVS Ayurved Medical College & Hospital, Bagalkot, Karnataka, India

Abstract: ***A 44 year married male from Bagalkot presented with pain, stiffness and restricted movements of the left shoulder joint for 3 months. He was diagnosed to be affected by a frozen shoulder which is compared to Avabahuka, one of the Vata diseases mentioned in the Ayurvedic system of medicine. He was treated methodically by employing Jambeera Pinda Sweda and Mahamasha Taila Nasya Karma for 10days, followed by oral medications. The patient was discharged after 10 days and was followed for 7 days. There were no untoward reactions observed during treatment. The therapy had shown reduction in pain, stiffness and restricted movements which were measured using a goniometer. Ayurveda treatment together Nasya Karma and Sweda has provided mild to moderate improvement in all the signs and symptoms.***

Keywords: Avabahuka, Frozen Shoulder, Nasya, Jambeerapinda Sweda

1. Introduction

Avabahuka is considered to be a disease that usually affects the Amsasandhi (shoulder joint) and produced by the Vata dosha. Even though the term Avabahuka is not mentioned in Vataja nanatmaja vyadhi, Acharya Sushruta and Vagbhat have considered as a Vataja Vikara. Charaka has not explained but has used Bahu sosha instead. Avabahuka is a disease characterised by morbid Vata dosha localizing around the Amsa pradesha (shoulder region) and thereby causing Soshana of Amsa bandha (shoulder joint) as well as Akunchana of Sira (constriction of nerves) at this region leads to Bahupraspandahara (to restricted and painful movements of the shoulder).1 Even though a definite etiological factor for the manifestation of this disease is not mentioned but it may be interpreted that strenuous physical work and direct injury are the predisposing factors in the manifestation of the disease due to either Dhatukshaya (depletion of body tissues) i. e. Shuddha Vatajanya or Samsrushtadosha i. e. Vata - kaphajanya.2 Avabahuka being a Vata Vyadhi, a general Vatavyadhi Chikitsa is advisable. Ayurveda classics describes following treatments for management of Avabahuka.

1) Vatavyadhi chikitsa except Shiravyadha[3]
2) Nasya (Navana or Brumhana) and Uttarabhaktika Snehapana[4]
3) Nasya, Uttarabhaktika Snehapana and Swedana[5] and
4) Vatahara Aushadhi Sevana.

In modern science, the disease Avabahuka can be compared with Frozen Shoulder (also called Adhesive Causalities) which is characterized by pain and stiffness in the shoulder joint. The pain is usually constant and worsens at night and with cold weather, sometimes disrupting sleep. In frozen shoulder, there is a lack of synovial fluid, which normally helps the shoulder joint. The shoulder capsule thickens, swells and tightens due to band or scar tissue resulting in restricted movements of the joint with progressive loss of both active and passive range of motion and causing severe pain. Certain movements can aggravate tremendous pain and cramping. Research has shown its prevalence rate of 3% - 5% in the general population and up to 20% in those with Diabetes. People of 40 age and older, particularly women are more likely to have frozen shoulders. Treatment usually involves stretching, massage, physical therapy and NSAIDs and corticosteroids. In some cases, surgery is used to loosen the joint capsule.[6, 7]

In the present study, Jambeera Pinda Sweda[8] and Nasya with Mahamasha Taila[9] in the form of Marsha Nasya and oral medications have been advised.

2. Case Report

A 44 - year married male came to Panchakarma OPD of BVVS Ayurved Medical College and Hospital, Bagalkot with complaints of pain, stiffness and restricted abduction, adduction, external rotation and flexion of the left shoulder joint for 3 months.

The patient hailed from a Lower middle - income group family from Bagalkot. His occupation was a coolie. He was a vegetarian. He was apparently normal 3 months back. He developed mild pain in the left shoulder joint which was intermittent and worsen at night. It was managed with symptomatic treatment. Later he again gradually developed pain and stiffness in the left shoulder joint. The pain was usually constant and worsened at night and with cold weather and disrupted sleep. Gradually the pain was aggravated and experienced restricted abduction, adduction, external rotation and flexion of the left shoulder joint both in active and passive movements. He has neither traumatic nor

any other past medical and surgical history. None of the family members had a history of diabetes, Hypertension and FS. He was admitted to IPD of the Panchakarma male general ward after careful examination.

The patient was a vegetarian and has a normal appetite. He has to carry heavy weights and physical activities because of his occupation. He has no addiction. His bladder and bowel habits were normal. His sleep was disturbed due to pain.

3. Clinical Findings

General Examination:
- BP: 130/70 mmHg
- PR: 76/min
- RR: 18/min
- Temperature: 98.6 F
- Wt: 71 kg

Local Examination: Examination of the left shoulder joint

Inspection:
- Discolouration: absent
- Muscle wasting: absent
- Deformity: absent
- Swelling: absent

Palpation:
- Tenderness: Present at Right Scapular region
- Stiffness: present
- Temperature: present at Right shouder

Range of Movements (ROM):
- Abduction - 120^0
- Forward Flexion - 45^0
- Extension - 40^0
- External Rotation - 40^0
- Internal Rotation - 30^0

Therapeutic Intervention

The patient was advised of the following treatment.
1) Snehana Therapy: The Sthanika Abhyanga with Maha Masha Taila was done daily morning for 30 mins for 10days followed by
2) Swedana therapy: The Sthanika Jambeera Pinda Swedana for 30 mins for 10 days.
3) Nasya therapy: It was done with Maha Masha Taila, (8 drops) daily morning for 10 days.
4) Shamana therapy:
   - Tab. Vatagajankusha Rasa[10] 250mg 1tab TDS with Manjishta Kashaya Anupana[10] 20ml for 10 days
   - Maharasnadi Kwatha[11]20 ml BD x 10 days
   - Pathyapathya (diet & lifestyle regimens)
   - Follow up after 7 days.

4. Observation and Results

By the end of treatment, the patient had a significant reduction in the pain, stiffness of the left shoulder joint. The range of movement of the left shoulder joint was improved well allowing him to perform his daily activities with ease. The vital records were normal. The timeline of clinical findings and the details of a range of motion of the left shoulder joint are portrayed in table 1.

Table 1: Details of Pain scoring and range of motion of left shoulder joint

S. No.	Assessment Parameters	Before Treatment	After treatment
1.	Pain	9	2
2.	Stiffness	Felt on movements of joint and also at rest	Mild
3.	Range of Movement (ROM)		
	1) Abduction	120^0	150^0
	2) Forward Flexion	45^0	110^0
	3) Extension	40^0	80^0
	4) External Rotation	40^0	80^0
	5) Internal Rotation	30^0	70^0

5. Discussion

Avabahuka (frozen shoulder) is one of the Vatavyadhi that usually affect Amsa sandhi (shoulder joint). It is mainly caused by vitiation of localized morbid Vata dosha in Amsapradesha (around shoulder joint) and causes Amsashosha where the dryness or loss of Shleshaka Kapha occurs from the shoulder joint. As a result, there will be atrophy and constriction of the muscles in that region leading to symptoms such as pain, stiffness and restricted or loss of movement of the shoulder joint (or the arm). Ayurveda manages this condition by Nasya, Snehapana, Sthanika Abhyanga and Swedana treatment modalities.

Nasya is considered to be best therapy for Urdhwajatrugata and Bahushirshagata Vatavikara. The action of Nasya karma depends upon the dravya (medicine) used it. Based on these, Nasya is of Shodhana, Shamana and Brihmana types. The Brihmana type of Nasya provides nourishment to the Shiroindriya and other organs and alleviates the vitiated Vata. Hence, it is useful in Vatajanya ailments. As Avabahuka is one of the Vatavyadhi, Snehana type of Brimhana nasya is the most beneficial. Maha Masha Taila is having vatahara and Brimhana properties, which is essential upakrama in the treatment of Vatavyadhi. On its nasal administration (Nasyakarma), some of the active principles may reach certain levels in the nervous system (Shirogata indriya) where they can exert their Vataghna property (anti - inflammatory nutritive) and provides nourishment (Brihmana) to the soshita sira (nerves), snayu, asti, sandi and kandara and thus help to moderate improvement in this case. Hence, when used as Marsha Nasya, brought out a moderate significant result in Bahupraspandita hara amd mild significant relief in the shula.

Bahya type of Snehakarma is indicated as there is restriction of movements in Amsasandhi. The medicine used in Stahnika Abhyanaga gets absorbed by skin and reaches upto the different Dhatu and helps to relieves pain, stiffness and heaviness by inducing sweating and clearing the blocking of passage. The Swedana has the opposite qualities to that of Vata and Kapha, thereby producing a palliative effect on them by clearing the Srotodushti or sanga. Hence, the Sthanika Abhyanga and Swedana may enhance the drug absorption by vasodilatory action (increasing the blood

circulation) and thus helps to relieve in Bahugata Sira Sankocha. Sthanika Abhyanga with Maha Masha Taila acts as Vatashamaka, Brimhana and helps to produce the Snigdhata effect in Sandi to overcome from Sosha of Amsasandhi. The Vatahara, Shoolahara properties of Jambeera Pinda Swedana it may help to relieve the Bahugata Sira Sankocha. Vatagajankusha Rasa is the best Vatahara and is indicated in Avabahuka. Maharasnadi Kwatha is having Vatahara, Srothoshodhaka and Shoolahar properties which may help to relieve the Bahugata Sira Sankocha and it may help to correct Sira Sankocha pathology in Avabahuka. Overall both Nasya, Swedana and Shamanoushadhis treatment modalities have shown a very positive outcome in this case. After the course of treatment, pain and stiffness in this patient got reduced. The range of movement in the left shoulder has greatly improved. The patient has started doing well with his routine work till date.

6. Conclusion

Nasya, Abhyanaga and Swedana along with Shamanaushadhis has provided a significant improvements in the reduction of pain and restricted movements in this case. The patient is doing well with his day to day activities till date. The findings in this single case study have given a strong hope and option for better management of Avabahuka. However randomized controlled clinical trials with large sample sizes are warranted to substantiate the results.

References

[1] Vagbhatt, Ashtanga Hrudaya, edited with the 'Vidyotini' Hindi Commentary by Kaviraja Atrideva Gupta, revised and edited by Prof. Yadunandana Upadhyaya; Chaukambha Sanskrit Samsthana, Varanasi, 14th Edition, 2000; p.279
[2] Madhavakara, Madhava Nidana with Madhukosha Sanskrit Commentary by M M Sri Vijayarakshita & Srikanthadatta with the Manorama Hindi commentary by Pandit Shri Brahmashankara Shastri Bhishagaratna; Chaukambha Sanskrit Samsthana, Varanashi, Reprint.2012; p.168
[3] Sushruta, Sushruta Samhita, Edited with Ayurveda Tattva Sandipika, Hindi commentary by Kaviraja Ambikadatta Shastri, Part 1, Chaukhambha Sanskrit Samsthana, Varanasi, 2006; p.33.
[4] Ibid. Vagbhatt, Ashtanga Hrudaya, p.420
[5] Chikitsa Sara Sangraha by Vangasena
[6] Editor Nicholas A Boon, Nicki R. Colledge, Brian R Walker, John A. A. Hunter, Davidson's Principle and practice of Medicine 20th Edition, Churchill Livingstone, Elsevier, 2006; 1079.
[7] Manske, R. C., & Prohaska, D. Diagnosis and management of adhesive capsulitis. Current Reviews in Musculoskeletal Medicine, 2008; 1 (3 - 4): 180–189.
[8] http: //doi. org/10.1007/s12178 - 008 - 9031 - 6.
[9] Sushruta, Sushruta Samhita, Edited with Ayurveda Tattva Sandipika, Hindi commentary by Kaviraja Ambikadatta Shastri, Part 1, Chaukhambha Sanskrit Samsthana, Varanasi, 2006; p.33.
[10] Chakrapanidatta, Chakradatta with Vaidyaprabha Hindi commentary by Dr. Indradeva Tripathi, edited by Prof. Ramanath Dwivedy, Chaukambha Sanskrit Sansthana, Varanasi, 3rd edition, 1997. p.148
[11] Shri. Govind Das, Bhaishajya Ratnavali, Edited by Hindi commentary by Bhishagratna Shri Brahmashankar Mishra, by Kaviraja Ambikadatta Shastri, Chaukambha Prakashana, Varanashi, Reprint, 2018, p.723, 891
[12] Dr. Ramanivasa Sarma & Dr. Surendra Sarma, Sahasrayoga, Hindi translation, Chaukambha Sanskrit Pratishtana, Varanasi, 2009, p.33