

SVALPA MASHA TAILA NASYA IN THE MANAGEMENT OF AVABAHUKA - A CASE REPORT

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ABSTRACT

Avabahuka is one of the *Vatavyadhi* and it is considered as a disease that affects the *Amsa sandhi* and is produced by the *vata* associated with *kapha dosha*. The vitiated *vata dosha* in *Amsa pradesha* produces constriction of *bahugata sira* and causes restricted movements or pain while moving the shoulder. The signs and symptoms of *Avabahuka* resemble that of frozen shoulder in modern science. *Ayurveda* has great role to manage this disease. Here a case report is presented to know the effect of *SVALPAMASHA TAILA NASYA* in the management of *Avabahuka*.

Keywords: *Vatavyadhi, Avabahuka, Frozen shoulder, Nasya karma*

INTRODUCTION

Frozen shoulder is a condition which presents with upper arm pain that progress over 4-10 weeks before receding over a similar time course, there is marked anterior joint/capsular tenderness and stress pain in a capsular pattern, later there is a painless restriction often of all movements¹. Frozen shoulder has an incidence of 3 % in general population. It is rare in children and people under 40 but peaks between 40 and 70 years of age, women are often affected than men. Total more than 10 million cases per year in Indian suffer from Frozen shoulder^{2,3}. *Ayurveda* has a great role to manage this disease successfully. *Nasya karma* is one of the important procedures of *Panchakarma* therapy. *Chikitsa sutra* of *Avabahuka* starts with *Nasya*⁴. In *visheshchikitsa* of *Bahusheerasagata vata* there is a special mentioning

of *Nasya* procedure. The drug administered through nose nourishes the *Shiras, Skandha, Greeva, Vaksha* and *Indriyas*⁵.

A Case Study

A 55 year old female patient by profession teacher came to S.J.G Ayurvedic medical college and hospital Department of *Panchakarma* on 4th July 2018 and diagnosed as patient of *Avabahuka*.

- with the complaints of pain and mild stiffness of left shoulder joint along with restricted movements of shoulder joint since 6 months
- Pain is constant in nature that become worsen while lifting heavy things and writing on a board since 5 months

- There was a history of treatment for *Avabahuka* under private practitioner for last 3 months with no significant relief.

CLINICAL FINDINGS:

- On clinical examination patient was found a febrile with blood pressure-130/80 mm of Hg and not a k/c/o DM
- Pulse rate-82/minute
- RR-18/minute.
- On systemic examination no abnormality was found in respiratory, cardiovascular and central nervous system activity
- On Numeric pain rating scale patient had moderate pain whole day and on Goniometry the range of shoulder movements was markedly reduced.

THERAPEUTIC INTERVENTION:

POORVA KARMA: *Sthanika abhyanga* of *urdvajatrugata bhaga* with *tila taila* and *Baspa sweda* done for 15 minutes

PRADHANA KARMA: *Nasya Karma* with *Svalpa masha taila* quantity of 8 *bindu* in continuous stream in each nostril for 8 days.

PASCHAT KARMA: *Hasta sweda, Kavala* with Lukewarm water and *dhumapana*.

RESULTS:

On numeric pain rating scale, there was a noticeable relief in the pain and increased in the range of movements was observed on Goniometry after 8 days of *Nasya karma*. On follow up, after 15 days no symptoms reappeared. Diet plan was advised. Patient was satisfied with the management. We have called the patient for 3 successive follow up. After 3 follow up also patient was happy with no recurrence of symptoms.

Table 1: RANGE OF MOVEMENTS AT SHOULDER JOINT:

Range of movements of shoulder joint	Day 0 (before treatment)	Day 9 (after treatment)	Day 24 (follow up)
Flexion	140 ⁰ with pain	170 ⁰ without pain	180 ⁰ without pain
Extension	50 ⁰ with pain	60 ⁰ without pain	60 ⁰ without pain
Abduction	135 ⁰ with pain	160 ⁰ without pain	180 ⁰ without pain
Adduction	95 ⁰ with pain	150 ⁰ mild pain	160 ⁰ without pain
Internal rotation	55 ⁰ with pain	60 ⁰ without pain	60 ⁰ without pain
External rotation	99 ⁰ with pain	125 ⁰ with mild pain	130 ⁰ without pain

DISCUSSION

As *Avabahuka* is a *vatavyadhi* in general it is difficult to cure. However, *vatavyadhi* when it is new, devoid of complications and affected patient who had strong *manasika* and *sharirika bala* can be managed with *chikitsa*. As *Avabahuka* comes under *Vatavyadhi*, the line of treatment of *vatadosha* comprises of *Snehana, Swedana, Samshodhana* and *nidanaparivarjana*.⁶ Among these treatments, *Snehana* type of *Navana Nasya* or *Brimhana Nasya* are more beneficial. In this case we have used *Svalpamasha taila* for *Nasyakarma*, patient also showed encouraging result just in first follow up.

The drugs used in this *taila* having *vatashamaka* and *brumana* properties

Mode of action of *Svalpamasha taila*:⁷

Masha:

Avabahuka is *vathakapha* predominated disease. *Masha* is having *vatha shamaka* property. It is *Madura rasa, Guru, snigdha Guna* and *ushna veerya* in nature that helps in subsiding the *vata dosa* and increases *kapha dosa* of *Avabahuka*.

TilaTaila:

Taila is having *vatakapha shamaka* properties. Due to these properties we are getting a good result.

Taila is having *mrudhukara bhavas*. In *Avabahuka akunchana* (constriction) is there. This *akunchana* is

relieved by the *mrudhukara bhavas* of the *taila*.

Saindhava:

Saindhava having *laghu, snigdha, sukshma guna*.
Laghu and *snigdha guna* helps to increase the *kapha dosha* and *sukshma guna* helps for easy penetration.

CONCLUSION

There was a significant relief in *Avabahuka*. Though it is difficult to manage, but *Abhyanga, swedana, Nasya* can be good option for better management as it does *snehan* to affected part and do *vata shaman*. *Nasya karma* gives strength to *urdwajatrugata bhaga* so that pain gets subsides and gives long standing relief and person can lead happy life without shoulder pain.

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