

AYURVEDIC MANAGEMENT IN AVABAHUKA - A CASE STUDY

Khot Jitendra D¹, Avasekar Madhuri², Brahmadande Pallavi R³

¹Assistant Professor ²Professor ³P.G. Scholar

Department of Kayachikitsa Department of SGR Ayurved College, Samrat Chowk, Solapur-413002, Maharashtra, India

Email: Pallavi.brahma2000@gmail.com

ABSTRACT

Avabahuka is one among the *Vatavyadhis* which affects the Musculoskeletal System i.e. affecting normal functioning of the shoulder joint thereby the normal routine lifestyle of an individual is also hamper. The only classical symptom explained regarding *Avabahuka* is *Bahupraspanditahara* (restricted movement of affected shoulder). Whereas, some of the other symptoms clinically observed are *Shoola* (Pain) in the affected shoulder, *Stambha* (stiffness), decrease range of motion. A 60yrs old male patient came to S.S.N.J Hospital. 443/2018 with c/o Rt. Shoulder joint pain, stiffness and restricted movements since 2 months. Based on above complaints subject was diagnosed as a case of *Avabauka*. In Ayurveda various *Panchkarma* procedure had suggested, but less internal medicine (*Shamanavshadi*) had mentioned. Subject was treated as per the line of management of *Vata Vyadhi* by employing *Shamanavshadi* with *Jambeer Potali Swedana*. This treatment had shown very good outcome to free from restricted movement of affected shoulder.

Keywords: *Avabahuka, Shamanavshadhi, Jambeer Potali Swedana.*

INTRODUCTION

Present era of world is full of increasing competitions in all stages of life which leads to stress and strain due to changes in life style. This has lead to many diseases which hampers day-to-day activities.

Vata is considered as a chief factor for physiological maintenance of the body. The impairment of this factor leads to severe pathological conditions. Therefore *Vataja vyadhi* is given the utmost importance than the *vyadhi's* produced by other two *doshas*.

Avabahuka comprises of two words viz.; 'Ava' and 'Bahuka';. The prefix 'Ava' used as in some texts gives the meaning as away down¹, *Viyoga*, *Vikrut*² means dysfunction, separation³; stiffness in the arm

joint⁴. By above discussion, it can be summarized as the term *Avabahuka* represents "dysfunction of *bahu*" (stiffness or disability in the arm).

Avabahuka is considered to be disease usually affects the *Amsa sandhi*(shoulder joint) which is produced by the *vata dosha*. Even though the term *Avabahuka* is not mention in the *nanatmaja vatavyadhi*, but *Acharya Sushruta* and others have considered as a *vata vyadhi*. *Avabahuka*, as a separate entity is not explained in *Charaka Samhita*. However, *Acharya Charaka* has mentioned a term called *Bahushirsha gata vata*⁵. *Amsa shosha* (muscular dystrophy around shoulder joint).

On analyzing the etio-pathogenesis, it can be understood that the disease *Avabahuka* manifests due to both *dhatuksaya* as well as *Marga avarana* (due to obstruction of *vata dosha* by one or more *doshas*)⁶.

In Ayurveda *vata vyadhi* can be relieved by therapies like *Abhayanga*, *swedana*, *snehapana*, *nasya karma*, *basti karma* and *shamanaushadhi prayoga* etc⁷. The drugs that are capable of resolving the *samparati* of *Avabahuka* are advocated.

Chikitsa sutra of *Avabahuka* by various *Acharya*'s includes:-

Ashtanga Hrudaya:- *Nasya, Uttarahauktika Snehapana*⁸

Ashtanga Sangraha:- *Navana Nasya and Snehapana*⁹.

Sushruta:- *Vatavyadhi chikitsa except Siravyadha*¹⁰

Considering all the above points, looking into the plight of patients in *Avabahuka*, *Shamanaushadhi* with *Jambeer Potali Swedana* is applied.

Objectives:-

1. To study the efficacy of *Shamanayushadhi* with *Jambeer Potali Swedana* in *Avabahuka*.
2. To explore the literature of *Jambeer Potali Swedana* in Ayurveda.

Patient description and historical examination findings:-

Case Study:-

A 60yr old male patient came to *Kayachikitsa* Department at S.S.N.J. Hospital. IPD No. 443/2018 with c/o Rt. Shoulder joint pain, stiffness and restricted movements since 2 months. No H/o fall but by profession he was farmer which lead to carry heavy weight daily - neither past medical history nor surgical history. The pain was initially mild but got worsening within the time. The pain was intermittent but worsening in night, deep ache and sharp in the Right shoulder with a reduction in external rotation 70%.

On the basis of his presentation *Ayurvedic* assessment was done are as follows:-

Astavidh Pariksha:-

*Nadi (pulse):-*88/min

*Mutra (urine):-**Samyaka Pravartana, 5-6 times a day*

Mala (bowel):- *Samyaka Pravartana*

*Jiva (tongue):-**Saam*

*Shabda (speech):-**Normal*

*Sparsha:-**Anusheet*

*Drukh:-**Prakrut*

*Aakruti:-**Madhyam*

Srotas Parikshana:-

- *Annavahasrotras:-* *Jivha – Sama, Agnimandya.*
- *Masvahasrotas:-* *Dakshin aamsa sandhi shoola*
- *Medovahasrotras:-* *Madham aakruti.*
- *Asthivahasrotas:-* *Dakshin aamsa sandhishoola, Stambha*
- *Majjavahasrotas:-* *Bahupraspanditahara, Dakshin aamsa sandhishoola, Stambha.*

Nidanpanchaka:-

Hetu:- Heavy weight lifting, old age, *Paryushit aahar.*

Purvarupa:- *Dakshin aamsa sandhishoola*

Rupa:- *Bahupraspanditahara, Dakshin aamsa sandhishoola, Stambha*

Samprapti Ghataka:-

Dosha:- *Vata (vyana), kapha (shleshak)*

Dushya:- *Rakta (sira, snayu), Mas, Medo, Asthi, Majja.*

Strotas Dushti:- *Annavahasrotras, Masvahasrotas, Medovahasrotras, Asthivahasrotas, Majjavahasrotas.*

Udbhavasthana:- *Pakhvashya.*

Vyaktisthana:- *Sandhi.*

Sadhyasadyatva:- *kruchya sadhya.*

Vyadhi vyavacheda:- *Avabahuka, Viswachi, Manya Stambha, Amsa Sosha*

Examination of shoulder joint:-¹¹

Inspection:- *Discoloration:-*absent, *Muscle wasting:-*absent, *Deformity:-*absent

Palpation:- *Stiffness:-*present at Rt. Shoulder joint, *Temperature:-*absent, *Pain:-*present, *ROM:-*decreased ROM (Range of motion) till 45 degree.

Investigations:- *Hb-11.3, WBC-9800, PLT-2.55, BSL®-88mg/dl, Sr. Creat-1.1*

MATERIALS & METHODS:-

Center of Study:- S.S.N.J. Ayurvedic Hospital Solapur, Maharashtra, India.

Method of Sampling & Study Design:- Simple Randomized Single Case Study.

MATERIALS:-

THERAPY INTERVENTION:-

Table 1: Showing materials used in study

Sr. No.	Duration of intervention	Chikitsa	Dose	Kala	Anupan	Outcome
1.	1 st to 4 th day	Deepana, pachana with Ativisha, Mustha, Shunthi, Haritaki Choorna	Each 250mg	Vyanudana	Koshan jal	Amapachana, Srotrovibandhahara
2.	5 th to 15 th	Yograj Guggulu, Mahavataavidhavns, Ashavgandha Vyanudankal	500mg 200mg 500mg rsp.	Vyanudana	Koshan jal	Shulahara, Vatakaphahara
3.	5 th to 15 th	Gandharva Harithaki choorna	1gm	Nishakali	Koshan Jal	Vatanulomana

rsp. – Respectively

Panchakarma Intervention:-

Table 2: Showing Panchkarma Procedure

Sr.No.	Duration of intervention	Procedure	Outcome
1.	5 th to 15 th	Sthanik abhyanga at Dakshin aamsa te hashta with Dashamoola taila.	Vatashamaka, Shulaprashamana
2.	5 th to 15 th	Jambeer Potali Swedana	Shulahara, Stambhanigraha, Srotoshodhana.

Outcome:-

There was significant improvement in overall functional status after 15days treatment given as, *Shamanaushadhi with Jambeer potali swedan*. Clinical

assessments were made from the interrogation and gradation of scoring pattern. Initially before and after starting the treatment the range of motion of shoulder is as follow:-

Sr. No.	Score/ Grade	Before Treatment	After Treatment
1.	Pain	9 (severe) (unable to do routine work)	2(Mild)
2.	Stiffness	Severe (felt on Movement and also at rest)	Mild
3.	ROM (Range of Movement)	45 degree	160 degree
4.	Internal Rotation	Severe (dorsum of hand touching to L ₂)	Mild (Dorsum of hand touching to inter-scapula)

The above chart clears that:-

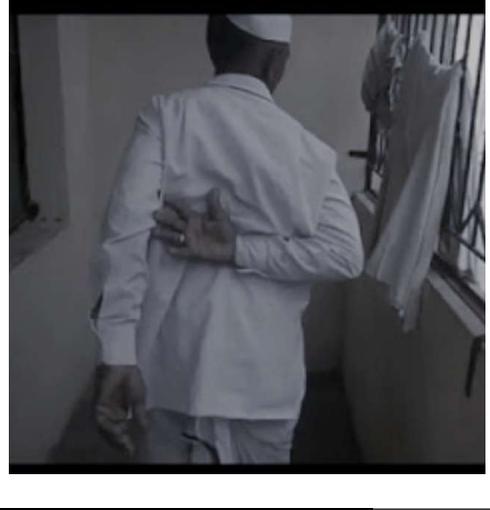
There was increase in range of movement of affected shoulder.

Pain which was present during routine work and also at rest was relieved.

Stiffness was reduced from severe to mild which does not affect in routine work.



Before Treatment



After Treatment

DISCUSSION

In this case, *Hetus* like heavy weight lifting, oldage, Parsyushit aahar leads to vitiated *vata dosha* (*vyana vayu*), and *Aam nirmithi* due to *Agnimandhya* which circulates in whole body get accumulates at *sandhi* region mainly in *Amsa sandhi* which cause depletion of *Shleshka kapha* due to which lubrication of joint i.e. free movement of joint get restricted which leads to *stambha*, *shoola* and *bahuparspandhitharam*. So to do *aampachana*, *aam pachak yog* (*Ativisha yog*) was started for 4 days. It helps in *deepana* of *Agni* which leads to *strotoshodhana*, which leads to *agnideepana* of patients. After *aampachana*, from 5th to 15th day *panchkarma* started as *Sthanik abhyanga at Dakshin aamsa te hashta* with *Dashamoola taila* which helps as *shoolaghana* and *vatashamana*

Jambir potali Sweda was also given which plays an important role. It is a *ruksha* type of *sweda* but when *taila* has been use for *Jambir potali swedan* purpose at affected site then it act as a *snighadh* type of *sweda*. Though *Jambir* has *Amla rasa pradhana*, *ushana*, *sukhasma guna* in it which act as *vatakapha shamak rasa* that helps in *Vatakapha shaman* by decreasing *shoola*, *stambha*, *bahupraspandhitharam*. *Shamanayushadhi* use as *yograj gugguluadi* which act as *Shoolahara*, *Bruhana* and *Balaya*.

CONCLUSION

It can be concluded that, *Avabahuka* parallel to Frozen Shoulder can also be manage or treated by *Ayurvedic* management in form of *Shamanayushadhi* and intervention with *Panchkarma* procedure like *Jambir Potali Swedana*. Successful outcome can be achieved by *Ayurvedic* treatment from locking to unlocking the shoulder.

REFERENCES

1. Monier Williams Sanskrit English dictionary; 1st ed reprint, Oxford university press, Delhi; 2002. P.96.
2. Taranath Takravachaspathi, Vachaspathyam Sanskrit Dictionary; 3rd ed. Varanasi: Published by Chowkamba Sanskrit series: 1970. P.35.
3. Raja Radhakantade, Shabdakalpadruma, Sanskrit Dictionary; 3rd ed. Varanasi: Published by chaukhambha Sanskrit series: 1996.p.40.
4. Monier Williams, Sanskrit English dictionary; 1st ed reprint, Oxford university press, Delhi; 2002. P.97.
5. Agnivesa, Charaka samhita, with Chakrapaanidatta, In Acharya YT, edition; Ayurved Dipika, Commentary, Reprint edition Varanasi; chaukhambha Orientalia 2001.p.337
6. Madhava, Madhava Nidana of Sri Madhavakara with Madhukosha commentary by Sri Vijayarakshitha & Srikantadatta, edited by Sri Sudarsana Sastri Revised 7 edited by Prof. Yadunandana Upadhyaya PartI; Chaukhambha prakashan, Varanasi: Reprint 2010. Vatavyadhi nidhanam Pp.490 22nd chapter. Shloka No.65.

7. Vagbhata, Sartha Vagbhata (vaghbatakruth Astanga Hridaya) by Dr. Ganesh K. Gardhe, Introduces by Dr. Subhash Ranade pune. Professionate published house 1st edited 1991, reprinted 200,. Sutrasthana chapter 13th, page No.214, verse No.01.
8. Vagbhata, Sartha Vagbhata (vaghbatakruth Astanga Hridaya) by Dr. Ganesh K. Gardhe, Introduces by Dr. Subhash Ranade pune. Professionate published house 1st edited 1991, reprinted 2009, Chikitsa Sthana shloka no. 44 pp no. 374.
9. Vagbhata, Astanga Sangraha, Sarvangasundari vyakhyasahita (Shari, nidhana, chikitsa, kalpasiddhi Sthana) Elaborated by shri P. Lalachandrashashtri Vaidya writer Acharya Raghuvveerprasad Trivedi; published by Baidyanath Nagpur, 1st edition 1989. Vatavyadhichikitsa 23rd chapter pg no. 989 shloka no.32-34.
10. Sushruta, Sushruta Samhita with commentaries Nibandha sangraha of Sri Dalhanacharya and Nyayachandrika vyakhya panjika of Sri Gayadas Acharya, Edited by Dr. Kewal Krushna Thakral U.P., Varanasi: Chaukhamba orientalia; 1st edition 2014. Sutra Sthana 12th chapter shloka no.10 pp 122.
11. Saunders Elsevier, Hutchison's Clinical Methods edited by Michael Glynn, William Drake, 23rd edition 2012 pp no.266.

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Ayurvedic Management of Avabahuka:- A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited March, 2019} Available from: http://www.iamj.in/posts/images/upload/496_500.pdf