AYURVEDIC MANAGEMENT IN AVABAHUKA - A CASE STUDY

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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 Vatija 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, Vikrut² 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 vata⁵. 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). In Ayurveda vata vyadhi can be relieved by therapies like Abhayanga, swedana, snehapana, nasya karma, basti karma and shamanashadhi prayoga etc. 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, Uttarabhauktika Snehapana
Ashtanga Sangraha:- Navana Nasya and Snehapana
Sushruta:- Vatavyadhi chikitsa except Siravyadha

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

Objectives:-
1. To study the efficacy of Shamaunashadhi 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
Aakrut:-Madhyam

Srotas Parikshana:-
- Annavahasrotas: Jivha – Sama, Agnimandya
- Masvahasrotas: Dakshin aamsa sandhi shoola
- Medovahasrotas: Madham aakruti
- Asthivahasrotas: Dakshin aamsa sandhi shoola, Stambha
- Majjavahasrotas: Bahupraspanditahara, Dakshin aamsa sandhi shoola, Stambha

Nidanpanchaka:-
Hetu:- Heavy weight lifting, old age, Paryushit aahar.
Purvarupa:- Dakshin aamsa sandhi shoola
Rupa:- Bahupraspanditahara, Dakshin aamsa sandhi shoola, Stambha

Samprapti Ghataka:-
Dosha:- Vata (vyana), kapha (shleshak)
Dushya:- Rakta (sira, snayu), Mas, Medo, Asthi, Majja.

Udbhavasthana:- Pakhvashya.
Vyaktisthana:- Sandhi.
Sadhyasadhyatva:- kruchya sadhya.

Vyadi vyavacheda:- Avabahuka, Viswachi, Manya Stambha, Amsa Sosha

Examination of shoulder joint:-
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

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Duration of Intervention</th>
<th>Chikitsa</th>
<th>Dose</th>
<th>Kala</th>
<th>Anupan</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1st to 4th day</td>
<td>Deepana, pachana with Ativisha, Mustha, Shunthi, Haritaki Choorna</td>
<td>Each 250mg</td>
<td>Vyanudana Koshanjal</td>
<td>Amapachana, Srotrovibandhahara</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>5th to 15th</td>
<td>Yograj Guggulu, Mahavatavidhavns, Ashavgandha Vyanudankal</td>
<td>500mg 200mg 500mg resp.</td>
<td>Vyanudana Koshanjal</td>
<td>Shulahara, Vatakaphahara</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>5th to 15th</td>
<td>Gandharva Harithaki choorna</td>
<td>1gm Nishakali</td>
<td>Koshanjal</td>
<td>Vatanulomana</td>
<td></td>
</tr>
</tbody>
</table>

rsp. – Respectively

Panchakarma Intervention:

Table 2: Showing Panchkarma Procedure

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Duration of intervention</th>
<th>Procedure</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>5th to 15th</td>
<td>Sihanik abhyanga at Dakshin aamsa te hastha with Dashamoola taila.</td>
<td>Vatashamaka, Shulaprashamana</td>
</tr>
<tr>
<td>2.</td>
<td>5th to 15th</td>
<td>Jambeer Potali Swedana</td>
<td>Shulahara, Stambhanigraha, Srotoshodhana.</td>
</tr>
</tbody>
</table>

Outcome:
There was significant improvement in overall functional status after 15days treatment given as, Shmanauashadhi 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:-

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Score/ Grade</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pain</td>
<td>9 (severe)</td>
<td>2(Mild)</td>
</tr>
<tr>
<td>2.</td>
<td>Stiffness</td>
<td>Severe</td>
<td>Mild</td>
</tr>
<tr>
<td>3.</td>
<td>ROM (Range of Movement)</td>
<td>45 degree</td>
<td>160 degree</td>
</tr>
<tr>
<td>4.</td>
<td>Internal Rotation</td>
<td>Severe (dorsum of hand touching to L2)</td>
<td>Mild (Dorsum of hand touching to inter-scapula)</td>
</tr>
</tbody>
</table>

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.
Discussion
In this case, Hetus like heavy weight lifting, oldage, Parsyushit aaharleads 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 4days. It helps in deepana of Agni which leads to strostoshodhana, which leads to agnideepana of patients. After aampachana, from 5th to 15th day panchkarma started as Sthanik abhyanga at Dakshin aamsa te hastha 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 yograja 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


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