

SIRAVYADHA IN THE MANAGEMENT OF AVABAHUKA- A CASE REPORT

¹Dr Suresh N Hakkandi ²Dr Manjunath Akki ³Dr Asha A M

¹Professor and HOD ²Professor ³PG Scholar

Dept of Panchakarma Shree Jagdguru Gavisiddeshwara Ayurvedic Medical College,
Koppal, Karnataka - India.

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. Frozen shoulder or Adhesive capsulitis is a condition which presents with painful restriction of both passive and active shoulder movement. A male patient aged 39 years diagnosed as *Avabahuka* was managed by doing *Siravyadha* for one sitting. After *Siravyadha* patient had complete relief in pain and stiffness.

KEYWORDS: *Vatavyadhi*, *Avabhauka*, Frozen shoulder, *Raktamokshana*, *Siravyadha*

INTRODUCTION

Frozen shoulder (*Avabahuka*) is a condition which presents with upper arm pain that progress over 4-10 weeks before receding over a similar time course, Glenohumeral restriction is present from the outset but progresses and reaches its maximum as the pain is receding in the early phase, there is marked anterior joint/capsular tenderness and stress pain in a capsular pattern, later there is a painless restriction often of all movements¹. It disturbs the day to day activities of an individual and makes them dependent and depressed.

It has incidence of 3 % in general population and more prevalent in patients between 40 and 70 years of age, women are often affected than men. 10 million cases of

frozen shoulder per year are reported in India.^{2,3}

Ayurveda has great role to manage this disease. *Siravyadha* a type of *Raktamokshana* helps in relieving the sanga, avarana and vedana. Hence it gives instantaneous and encouraging results and is known as *Ardhachikista* by *Susruta*⁴. It is a simple OPD level procedure cost effective and least time consuming.

CASE

A 39 year old male patient came to S.J.G Ayurvedic medical hospital Department of panchakarma on 4th April 2018 with the complaints of pain and mild stiffness of right shoulder joint along with restricted movements of shoulder joint since 3 months. Pain is constant in nature that becomes

worst while lifting heavy things. There was a history of treatment for *Avabahuka* under private practitioner for last 2 months with no significant relief. Dietary history shows that he had mixed diet and patient was habitual to smoking.

Sl.No.	Samyak lakshana	Present/Absent
01	Laghava	Absent
02	Vedana shanti	Present
03	Vyadhirvega shanti	Absent
04	Manaprasada	Absent

On Examination: On clinical examination patient was found afebrile with blood pressure-110/80 mm of Hg

Pulse rate - 84/minute

RR- 18/minute.

Systemic examination: no abnormality was found in respiratory, cardiovascular and central nervous system activity.

Numeric pain rating scale: patient had moderate pain whole day.

Goniometry: the range of shoulder movements was markedly reduced.

Dashavidha pariksha:

Prakruti	vata pittaja
Vikruti	vata, kapha
Sara	madyama
Samhana	madyama
Abhyavarana shakti	madyama

Range of Movements at Shoulder Joint:

Range of movements of shoulder joint	Day 0 (before treatment)	Day 2 (after treatment)	Day 15 (follow up)
Flexion	150 ⁰	180 ⁰	180 ⁰
Extension	55 ⁰	60 ⁰	60 ⁰
Abduction	120 ⁰	180 ⁰	180 ⁰
Adduction	95 ⁰	170 ⁰	170 ⁰
Internal rotation	55 ⁰	60 ⁰	60 ⁰
External rotation	96 ⁰	130 ⁰	130 ⁰

Ahara shakti	madyama
Jarana shakti	madyama
Vyama shakti	madyama
Bala	madyama
Satmya	sarvarasa
Satva	madyama

Therapeutic Intervention

-Poorva Karma: Tila-yavagu paana, *Stanika* *Abyanga* and *Swedana*

-Pradhana Karma: *Siravyadhana* done on *Kurpar Sandhi* by using Scalpel vein No. 20 with aseptic precautions, nearly 90 ml blood removed. Procedure was performed until the observation of *Samyak Siravyadhā Lakshanas*⁵

After removing Scalpel vein, *haridra churna* was dusted.

Placebo was given during follow up i.e. for 15 days.

OBSERVATION:

On numeric scale pain scale there was no pain and complete range of movements was observed on Goniometry on 2nd day of *siravyadhā* only. On follow up after 15 days no symptoms reappeared. Patient was advised to take *snigdha* and *ushna ahara*. Patient was advised for 3 follow up .After 3 follow up also patient was happy with no reoccurrence of symptoms.

DISCUSSION

As *Avabahuka* is a *vata vyadhi* in general it is difficult to cure. However *vata vyadhi* when it is new, devoid of complications and has affected a patient who had strong *manasika* and *sharirika bala* can be managed with *chikitsa*. The *sthana* of *Avabahuka* is in *Amsasandhi* which is seat of *kapha*, care should be taken not to produce *kapha prakopa*. Here treatment should be done to remove *Margavarodha* produced by *kapha*. *Siravyadhā* indicated in *Avabahuka* helps in breaking down of obstruction i.e. *avarana* which helps in normal movement of *vata*, there by restoring the normal circulation and function of *vata*. It acts on *kandara*, *sira*, *mamsa*, *snaayu* and corrects the *dhatu nirmana karma* by the act of *srotoshodhana*. It also cures the *vatika* symptoms along with symptoms produced by *kapha dosha*. *Sushruta* stated that *Raktamokshana* is not only purifies the channels, but also let the other parts becomes free from diseases and action is so fast than other remedies.

Snehana & *Swedana* prior to *Siravyadhā* is necessary prerequisite. *Snehana* in terms of *Abhyanga* induces *Utkleshana* of *Doshas*, *Swedana* does *Vilayana* of *Doshas* and increase microcirculation. *Tilayavagupaana* before *Snehana* and *Swedana* decreases viscosity of Blood. In the form of *Yavagu* it directly enters into *Rasa-Rakta Srotas* and enhances *Utkleshana* of *Raktadoshas* (*Kleda/Amlata*) necessary for *Dooshita Raktanirharana* by *Siravyadhā* method.

The main aim of the *Raktamokshana* is *Prakupita Doshanirharana*. *Siravyadhā* is indicated primarily in generalized vitiation of blood causing distress. In contemporary science venipuncture or phlebotomy

treatment is parallel to *Raktamokshana*. *Siravyadhā* let out *Rakta Dhatu* along with vitiated *Doshas*. The susceptibility of *Rakta* towards impurity is so versatile that the classics were compelled to agree upon *Rakta* as fourth *Dosha*. Therefore *Dushita* (vitiating) *Rakta* from the related *Siras* (veins) should be let out to protect the health or to remove the disease. *Siravyadhā* a type of *rakta mokshana* is so affordable to all class people and can be done in *opd* level. Patient gets instant relief from the pain.

Wheat flour capsules were used as placebo, to see the long lasting effect of *siravyadhā* and keep the patients in touch till the completion of follow-up period.

CONCLUSION

There was a significant relief in *Avabahuka*. Though it is difficult to manage, but *Siravyadhā* along with placebo can be good option for better management and gives long standing relief patient can return to their duties after the procedure easily.

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CORRESPONDING AUTHOR

Dr Suresh N Hakkandi
Prof & HOD, Department of Panchakarma
SJG Ayurvedic Medical College, Koppal-
Karnataka
E-mail: sureshhakkandi@gmail.com

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