

MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER) – A CASE REPORT

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ABSTRACT

Frozen shoulder or adhesive capsulitis is a common insidious condition that is associated with pain and with a restricted range of motion (ROM) around the shoulder joint. It occurs commonly in old age group above the age of 40 years. In Ayurveda classics *Avabahuka* mentioned as a *vata roga* which shows symptoms same as a frozen shoulder. The various parasurgical procedures are mentioned for the management of these types of diseases, in which *Agnikarma* (thermal cauterization) is one amongst them, which has been recommended in various musculoskeletal disorders. A 45 year old female patient was visited in OPD of Dept. Of Shalya Tantra in Shubhdeep Ayurved Medical College and Hospital, Indore with complaints of local pain in right shoulder region and difficulty to doing daily routine work due to stiffness of region since last 7 months. *Agnikarma* followed by internal medication was given. After 6 seating of *agnikarma* within 2 weeks patient showed marked improvement in symptomatology like pain, stiffness of shoulder joint, and active and passive range of movement. Patient got improvement in her daily routine activity.

KEYWORDS: Avabahuka, Frozen shoulder, Agnikarma

INTRODUCTION

In present era the world is full of stress and strain due to sedentary work, increasing competition, heavy weight lifting, spirited use of advanced computer application which leads to many diseases such as *Avabahuka* vis-à-vis Frozen shoulder that hampers the day to day activities of human beings. Frozen shoulder, the “Peri-arthritis” or “Adhesive capsulitis” is a disorder of shoulder region in which the connective tissue of shoulder capsule becomes inflamed and rigid, greatly restricting motion and causing chronic pain which occurs due to micro trauma or sudden

minor injury. It causes a considerable loss of both, Active Range of Movements (AROM) and Passive Range of Movements (PROM). Frozen shoulder typically lasts for 12 to 18 months with a cycle of 3 stages- painful phase, stiff phase or adhesive phase and thawing phase or resolution phase¹. It can arise from idiopathic or post-traumatic causes. The incidence of adhesive capsulitis is approximately 3 percent in the general population. It is common in diabetes mellitus patient. Females are more mostly affected than males. It is exceptional in children and mostly present in between 40 and 70 years of

age. In textual references of *Ayurveda Avabahuka* is closely related to Frozen Shoulder. In this condition, *Vata* is confined to a small area in the shoulder region, getting aggravated and *anshasandhi bandhan shosh* [dries up the bindings (ligaments) of the shoulder], and *shira akunchan* (constricts the vessels) present there and produces *Avabahuka*². In Ancient compendia's, various parasurgical procedures are mentioned in diseases of *Vata* and *Kapha* disorders, in which *Agnikarma* is one amongst them which has been recommended in various musculoskeletal disorders³. *Agnikarma* is effective in *vata* and *kaphajavyadhi*. Various *Agnikarma upkarna* have been mentioned in Samhita. *Avabahuka* or Frozen shoulder, it is *snayusandhigata vikara, kshodra, guda, and sneha* are mentioned for *agnikarma* in *sira snayu sandhigat vikar*⁴, thus this *guda*, was selected as *upkarana* for *Agnikarma* in this case.

CASE

A 45 yrs female patient came in OPD Dept of Shalya Tantra Shubhdeep Ayurved Medical College and Hospital, Indore.

Patient name- XYZ

OPD No.- 10231

Date of registration – 17/05/22

Chief complaint: Patient came with presenting complaints of pain and stiffness of right shoulder region and patient also having difficulty to rotate the right shoulder since last 7 months.

H/O present illness – Patient was apparently normal 7 months ago. One day she was fall down from bike and injury was happened on right upper limb and back region. Gradually pain and stiffness increase in right shoulder joint. Patient feels difficulty to rotate the right shoulder joint and difficulty to do his

daily routine work. Patient took allopathic treatment for these symptoms and got relief in pain during taking medicine. When patient stop the medicine she felt again pain and stiffness. Then she came to our OPD for *Ayurved* treatment.

Past history – No Relevant history such as Hypertension, Diabetes Mellitus, Tuberculosis. etc.

Personal history – she is housewife and not any history of addiction of alcohol, smoking etc.

Family history – No relevant history found.

On examination-

Local examination –

1. On inspection – no any deformity seen locally. Active range of motion of right shoulder limited as compare with normal left shoulder joint.

2. On palpation – Tenderness present in right shoulder joint. Passive range of motion of right shoulder limited as compare with normal left shoulder joint.

Ayurvedic rogi pariksha -

Asthavidha Pariksha

Nadi- Vatakaphaja,

Mala- Nirama baddha mal pravriti,

Mutra- samanya mutratyaga,

Jiwaha- Alipta,

Shabda- Spashta,

Sparsh- sheeta sparsh,

Drika- Samanya,

Akriti- Samanya

Dashavidha Pariksha –

Prakriti- Vatakaphaja,

Vikriti- vatakaphaja,

Sara-medasar,

Sanhanan-Madhyam,

Praman- Madhyam,

Satva- Alpa,

Satmya-Sarvaras satmya,

Aharshakti- Samanya,

Vyamashakti - Alpa,

Vaya - Madhyam.

Investigation - All routine blood investigation as haemoglobin gram percentage, total count, ESR, Random blood sugar, X-Ray AP view of right shoulder joint was performed and all investigation were within limits.

Diagnosis – The diagnosis made as frozen shoulder on the clinical background.

Management [intervention] – Informed consent was taken before the *Agnikarma*. Prophylactic tetanus toxoid was given to the patients before *Agnikarma*. Patient was treated by *Agnikarma* with *guda* (jaggery) on areas of maximum tenderness around the affected shoulder joint for 2 min. It was repeated for 3 times. Three sittings were done per week for two weeks on alternate days. The points of subsequent application were different from that of previous one. Post procedure application of Aloe-Vera pulp and *madhuyashti churna* were applied over every site. *Agnikarma* was performed followed by oral medication for two weeks Tab. *Yogaraj guggulu* 250 mg 2tab twice a day with water after meal, *Maharasnadi kwath* 20ml twice a day with water before food, *Mahavat vidhwansan ras* 125mg 1tab twice a day with water after meal.

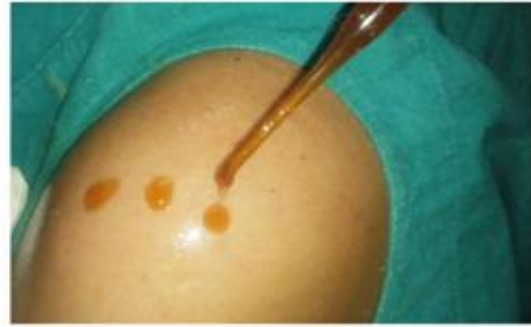


Image No. - 1



Image No.- 2

RESULT

After the first sitting of *Agnikarma* and taking oral medicine the severity of pain was reduced. After taking second to sixth sitting aching pain sensation, stiffness was minimal, improvement in range of motion of shoulder joint. Results were found very satisfactory and patient felt significant improvement in their day to day activity.

DISCUSSION

Frozen shoulder or adhesive capsulitis is a common insidious condition that is associated with pain and with a restricted range of motion (ROM) around the shoulder joint. The frozen shoulder is a condition of unknown etiology characterized by a gradually progressive, painful restriction of all joint motion, chronicity, and slow spontaneous restoration of partial or complete motion over months to years. Movement of the shoulder is severely restricted. Pain is usually constant, worse at night, and when the weather is colder; and

| Sl. No. | Oral medicine name | Doses | Anupana |
|---------|--|-------|------------------------|
| 1. | <i>Maharasnadi kwath</i> 20ml | BD | With water before food |
| 2. | Tab. <i>Mahavat vidhwansan ras</i> 125mg | 1 BD | With water after food |
| 3. | Tab. <i>Yogaraj guggulu</i> 250mg | 2BD | With water after food |

along with the restricted movement can make even small tasks impossible.

Agnikarma alleviates all the *vataja* and *kaphaj* disorders as *ushna guna* of *Agnikarma* is opposite to *sheeta guna* of *vata* and *kaphadoshas*. As per Ayurveda, every *Dhatu* (tissue) have its own *dhatvagni* and when it becomes low, diseases begins to manifest. In this condition, *Agnikarma* works by giving external heat there by increasing the *dhatvagni* which helps to digest the aggravated *doshas* and hence cures the disease. *Agnikarma* pacifies *vata* and *kapha Dosha*, by virtue of the properties that *Agni* possesses viz. *ushna, tikshna, sukshma, ashukari guna*. Here the heat which is transferred to *tvak dhatu* may help to remove the *srotavarodha* and increases the blood circulation to the affected site. More blood circulation flushes away the inflammation and pain producing substances and patient gets relief from symptoms. The therapeutic heat also increases the *Dhatvagni*, which cause local *ama pachana*. *Snigdhadravya* like *kshaudra, guda, sneha* owing to its higher latent heat (heat retention capacity of sticky liquid is high) can affect a greater variation in the temperature of the tissue surface and also that of the subsequent layers. Eventually the heat penetration will always be higher when such liquids are used for *Agnikarma*.

CONCLUSION

Frozen shoulder i.e. *Avabahuka* is one of the most common problems affecting people on the move which effect mostly in middle age group, 5th and 6th decade of patients. *Avabahuka* is an age and work related problem and a very painful condition with pain and stiffness as main symptoms. After follow up of one month, it was found that most of the patients had very negligible

recurrence of symptoms. *Agnikarma* and its uses are described in Ayurveda much earlier than its utility was discovered by surgeons of rest medicine branches. The technique and equipment's have become advance but the basic principles are still the same. In conclusion, *Agnikarma* was effective in the management of Frozen Shoulder.

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