



Integrated approach of Pain management in *Avabahuka* (Frozen Shoulder)-A Case Study

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ABSTRACT:

Introduction: *Avabahuka* is a disease that usually affects the *Amsa Sandhi* (shoulder joint) & it is caused by the vitiated *Vata Dosha*. The term "*Avabahuka*" is not mentioned in the *Vata Nanatmaja Vyadhi*, but *Acharya Sushruta* and others have considered *Avabahuka* as a *Vataja Vikara*. *Amsa Shosha*, *Shira Aakunch*, and *Baahupraspanditaharam* symptoms are present in *Avabahuka*.. On the basis of signs and symptoms, *Avabahuka* can be co-related to frozen shoulder. Restrictions of glenohumeral movement are characteristic of this disease. Both passive and active shoulder movements are painfully restricted by frozen shoulder.

Material & method: A female patient aged 38 years known case of Diabetes mellitus since 3 years reported with complaint of pain and difficulty in moving right upper limb. For the last 2 years, she was unable to move right upper limb due to pain and stiffness. Investigation: CBC, blood glucose, plain x-ray of the right shoulder joint etc. Treatments such as *Abhyanga* with *Mahanarayana Tail*, *Patra Potli Pinda Sweda*, *Nasya* with *Anu Tail*. Other treatment- Pendulum, shoulder wheel, and pulley exercises are examples of motion-stimulating exercises.

Observation and Result: The patient had significant relief in pain and stiffness. After using *Panchakarma* procedure and some exercises, the full range of shoulder movement is present.

Conclusion: By using *Panchakarma* procedures such as *Patra Potli Pinda Sweda* and *Anu Tail Nasya*, the patient does her daily routine work without any restrictions. The VAS (Visual Analogue Scale) pain score is used for the assessment of pain.

Keywords: *Avabahuka*, Frozen shoulder, *Abhyanga*, *Mahanarayan Tail*, *Patra Potli Pinda Sweda*, *Anu Tail Nasya*

INTRODUCTION

Shoulder pain is a common complaint in both genders over the age of 40, and is most often due to degenerative disease of tendons in the rotator cuff. Rotator cuff lesion-Pain reproduced by resisted active movement i.e. Abduction (supraspinatus), External rotation (infraspinatus, teres

minor), and Internal rotation (subscapularis). Management is symptomatic, with analgesics, NSAID, local corticosteroid injections and physiotherapy aimed at restoring normal movement and function. Frozen shoulder (adhesive capsulitis) presents with upper arm pain that can progress over 4-10 weeks before subsiding over a similar



time course. Restriction of glenohumeral movement is characteristics. Frozen shoulder is more common in diabetes mellitus.¹ We all very known about the side effects of NSAIDS and Steroids, but this treatment only provide temporary relief. It also required regular exercise of the shoulder joint to prevent the capsule from over tightening. Frozen shoulder is one of entity to hampers daily activity. In *Ayurveda*, this condition mimics with *Avabahuka*. This named because of it affects the *Amsa Sandhi* (Frozen shoulder). According to *Acharya Sushruta*, when *Vata Dosha* gets vitiated at *Amsa Sandhi*, it leads to exploitation and constriction of vessels so, this condition is known as *Avabahuka*². It is one of the 80 types of *Vatarogas*³. The aim of this study to check out effect of *Patra Potli Pinda Sweda* and *Anu Tail Nasya* in this condition as well as to explore cost effective and quick relief treatment.

CASE HISTORY

A 38 years female patient, teacher by profession presented with complaints of pain, stiffness and limited movements Right shoulder joint in the last 8 months. According to the patient, initially she realized the pain in her right upper limb at night and later on in day time too. The Patient cannot do her work properly due to the pain and stiffness. So, for this condition patient was taking modern medicine, but after a few days pain reoccurred. After all these medications she consulted to *Panchakarma* OPD and IPD RAC and hospital, Varanasi.

Treatment history- Patient was K/C/O- DM for 3 years on treatment Tab. Glimepiride 1mg, Metformin 500mg once in a day.

Other history-No history of HTN, surgical illness and any drug allergy.

Personal history-

- Appetite-Good
- Diet-Mixed type
- Sleep-Reduced due to pain for 6 months
- Micturition-Normal
- Bowel-Normal
- Addiction-Not found

Systemic examination • G.C.-Good, Pulse-78/min, B.P.-128/82

Investigations • Hb- 12.1gm% • WBC- 6600/cu mm • Blood sugar level (random)-114.40 mg/dl • RA Factor-Normal, Serum Uric acid-WNL • ESR- 16 mm/hr • X ray (AP) Right Shoulder joint- No abnormality seen.

MATERIAL AND METHOD

*Patra Potli Pinda Sweda*⁴

Purvakarma (Pre-Procedure)- Informed written consent was taken. Local massage on effected area with *Mahanarayana Tail. Talam* (application of *Amalki Churna* paste) is applied over the scalp region. Table No. 1 Essential equipment during the procedure

Drugs

1. *Eranda* leaves (*Ricinus communis*)
2. *Datura* leaves (*Dhatura metal*)
3. *Nirgundi* leaves (*Vitex negundo*)
4. *Shigru* leaves (*Drum stick*)
5. *Vasa* leaves (*Adathoda vasica*)

Pradhaan Karma (Procedure)

1. Preparation of bolus- The fresh leaves of the above said plants are first cut into small pieces and then put on fan along with fenugreek seeds, *Saindhav Lavana*. Fry with 100 ml *Til Tail* till the mixture assumes reddish colour. After that mixture is divided in to 2 parts, put into 2 pieces of cloth, and made boluses.
2. Procedure- The patient should be seated on chair. After that *Abhyanga* applied with *Mahanarayana Tail* over the Right shoulder about 15 minutes. The prepared bolus (*Potali*) should be heated with *Mahanarayan Tail* in a hot iron pan. Before using the *Potali*, it should be checked over the dorsum of the palm and then use the pressure massage over the right upper limb. Care should be taken to maintain the temperature throughout the procedure by reheating the boluses. Duration- 30-45 minutes or till *Samyak Swedan*.

Paschat Karma (Post-procedure)- Wipe off the oil from the body using clean dry towel and remove *Talam* (application of medicated paste over the scalp). Body is covered with thin blanket for 10-15 minutes. Patient should be advised to take hot water bath after half an hour.

METHOD OF NASYA⁵- After the *Patra Potli Pinda Sweda*, *Nasya* of *Anu Tail* given.

Pre-procedure-

Preparation of the patient-the patient advised for passed natural urges like urine and stool. Then the patient is advised to lie down on *Nasya* table. Before *Nasya* gentle massage done on scalp, forehead, face and neck for 3 to 5 minutes by *Mahanarayan Tail* followed by mild sudation.

Main-procedure- Patient should lie down in supine position with ease on *Nasya* table. And head should not be excessively flexed or extended. After covering the eyes with clean cotton cloth, the physician should raise the tip of the patient’s nose with his left thumb and with right hand the luke warm 4 drops of *Anu Tail* dropped in each nostril. Patient is advised to remain in same posture for a minute. The Patient is advised to avoid speech, anger, sneezing, laughing during the procedure.

Post-procedure- After that patient advised to avoid swallowing of medicine (medicated oil) and *Kapha* etc. and patient also instructed to spit out the oil which has come into the throat. After the *Nasya Karma Dhoompan* (medicated smoking) with *Erاند Naal* and gargling advised to expel out the remant *Kapha* lodged in throat and *Shringataka Marma*.

Method of measurement-

Table No. 2 Showing the Assessment criteria of *Amsa Shool*

Table No.3 Showing the assessment criteria of *Bahupraspanditahara* (Shoulder stiffness)

Table No. 4 Range of movement shoulder joint

OBSERVATION AND RESULTS

Table No. 5 Showing the result of treatment

Table No.6 Showing the results of shoulder movement

After taking *Panchakarma* procedure *Patra Potali Pinda Sweda* and *Nasya with Anu Tail*, the patient was relieved her pain and stiffness of right upper limb. During treatment and follow-up no side effects seen in patient. This result shows on the basis of physical examination. There are no specific changes in routine investigation.

DISCUSSION

Avabahuka is produced by vitiated *Vata Dosha* and it is a disease that usually affects the shoulder joint (*Amsa Sandhi*).In *Ayurveda Vata Vyadhi* mentioned under the heading of *Ashta Mahagada*⁶. The term *Avabahuka* is not mentioned in the *Nanatmaja Vata Vyadhi* but *Acharya Sushruta* and other *Acharyas* considered *Avabahuka* as a *Vata Vyadhi*. *Amsa Shosha* is the primary stage of the disease where loss or dryness of the *Shleshaka Kapha* in the shoulder joint occurs. The next stage is *Avabahuka* occurs due to the reduction of *Shleshaka Kapha* and symptoms of this disease is restricted painful movement of

shoulder joint. According to *Madhukosha* commentary, *Amsa Shosha* is *Shuddha Vata Janya Vikara* which is produced by *Dhatukshaya* and *Avabahuka* is *Vata Kapha Janya Vikara*. Leaves of above mentioned medicinal plants having analgesic and anti-inflammatory properties so, *Patra Potali Pinda Sweda* relieves pain, stiffness and reduces swelling associated with arthritis and other painful conditions. This method pacifies the morbidity of *Vata, Pitta* and *Kapha* in the affected joints, muscles and soft tissues. After this procedure sweating and lightness occur so, affected joints, muscles and soft tissues become healthy. This study shows that *Patra Potli Pinda Sweda* is effective in the management of pain.

Acharya Charaka described 13 types of *Sagni Sweda*, and *Shankar Sweda* is one of them⁷. *Patra Potli Pinda Sweda* is modified form of *Shankar Sweda*. It is practiced widely by majority of *Panchakarma* physicians owing to its easy procedure and excellent, fast action. Following the *Abhyanga* procedure, any part of the body may be subjected to *Swedana* procedure by the method of *Patra Potali Pinda Sweda*. As the oil is applied before the *Swedana* procedure this belong to the category of *Snigdha Sweda*. By applying the *Anu Tail Nasya* it pacifies *Tridosha* and increase strength of muscles and bone of head and neck.

CONCLUSION

Patra Potali Pinda Sweda is not only used in condition like pain and stiffness in shoulder joint but also this method is most often recommended in condition like chronic back pain, arthritis, stiffness in other joints and even muscle pain. This *Panchakarma* method may help in increasing blood circulation to the affected area, gets rid of *Dosha* imbalances, strengthens the muscles in the area, helps the release of toxins from the body and reduces inflammation. This also helps to tone muscles and improve the working of tissues within the body.

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Conflicts Of Interest- Nil

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Table No. 1 Essential equipment during the procedure

S.No.	Required material	Quantity	S.No.	Required material	Quantity
1.	Cotton cloth (45cm)	4 pieces	7.	Leaves (chopped in to pieces)	800gms
2.	Tags	4	8.	Fenugreek seeds	50 gms
3.	Vessels (for frying leaves and for heating <i>Potali</i>)	2	9.	Sliced lemon	2
4.	Towel	2	10.	<i>Til Tail</i>	100 ml (for frying leaves, 200 ml (for heating bolus)
5.	Masseurs	2	11.	<i>Saindhav Lavana</i>	5-10 gms
6.	Attendant	1			

Table No. 2 Showing the Assessment criteria of *Amsa Shool*

0	No pain
1	Mild pain during work with difficulty
2	Moderate pain and normal work with support
3	Severe pain, unable to do any work

Table No.3 Showing the assessment criteria of *Bahupraspanditahara* (Shoulder stiffness)

0	No stiffness
1	Mild difficulty to moving the joint without support
2	Moderate difficulty to moving and can lift hand with support
3	Severe, unable to fit

Table No. 4 Range of movement shoulder joint

Movement of Shoulder joint	ROM (in degree)			
Flexion	0-45	45-90	90-135	135-180
Abduction	0-45	45-90	90-135	135-180
Extension	0-15	15-30	30-45	45-60
Grade	3	2	1	0

Table No. 5 Showing the result of treatment

Symptoms	0 day (before treatment)	15 th day	30 th day	45 th day
Right shoulder joint pain	3	2	2	1
Right shoulder stiffness	3	3	2	1

Table No.6 Showing the results of shoulder movement

ROM	0 day (BT)	15 th day	30 th day	45 th day
Flexion	45	50	80	100
Abduction	40	45	60	90
Extension	35	40	45	60
Internal rotation	35	40	60	80
External rotation	30	35	60	80

After Treatment Investigations Report

KING GEORGE'S MEDICAL UNIVERSITY
 LUCKNOW, UTTAR PRADESH
 POST GRADUATE DEPARTMENT OF PATHOLOGY
 (NEW OPD PATHOLOGY)

Date : 23-Jun-2021 Reg/Ref: OPD-20210138668 / 371 Collected At : [OPD]
 Name : Age/Sex : 38 Yrs./Female
 Ref.By : Dr. Ward : opd
 Receipt : NA
 Requested Test : esr
 Coll Time : 23-Jun-2021 11:05 AM Validate : 24-Jun-2021 10:06 AM Prn. Time : 02-Jul-2021 12:05 PM

Investigation	Observed Values	Biological Ref. Interval
HAEMATOLOGY		
ESR (Wintrobe)	16 mm/1 Hour	UP TO 20
ESR- 1 hr (Wintrobe)		

Senior Lab/Technician JR i Faculty Incharge/Pathologist
 -Marked in NABL scope
 512599 Regs By: MANISHI (DESKTOP-KIRKJIAV) Printed: 03-04-2021 12:55:55 PM ANIL (DESKTOP-BR70N1H) Page 1 of 1

TERMS AND CONDITION:
 1. The lab does not own the responsibility regarding the authenticity of sample requested for investigation.
 2. In case of any discrepancy of the results the same should be brought in notice to lab for repeat of tests free of cost.
 3. This report is validated electronically, thus signature is not required and not for medico legal purpose.

STATE AYURVEDIC COLLEGE & HOSPITAL, LUCKNOW
 DEPARTMENT OF PATHOLOGY (ROG NIDAN)
 2021/09/04 12:15:26

38/F
 Type: Human / Closed

WBC	6.6	10 ³ /μL	(5.0 - 10.0)	
LYM	1.4	10 ³ /μL	(1.0 - 4.0)	
MID	1.1	10 ³ /μL	(0.4 - 1.2)	
GRA	4.1	10 ³ /μL	(1.0 - 4.0)	
LYM%	21.4	%	(14.1 - 38.0)	
MID%	16.1	%	(7.4 - 17.7)	
GRA%	62.5	%	(38.0 - 78.4)	
RBC	4.11	10 ⁶ /μL	(3.80 - 5.30)	
HGB	12.1	g/dL	(12.0 - 15.0)	
MCV	83.5	fL	(78.0 - 95.0)	
HCT	34.3	%	(34.0 - 50.0)	
MCH	29.50	pg	(28.00 - 32.00)	
MCHC	35.4	g/dL	(32.0 - 36.0)	
RDWsd	52.7	fL	(45.0 - 54.0)	
RDWcv	20.6	%	(12.0 - 14.0)	
PLT	103	10 ³ /μL	(100 - 400)	
MPV	12.4	fL	(8.0 - 11.0)	
PCT	0.13	%		
PDWcv	43.4	%		
PDWsd	13.4	fL		
PLC-R	61	%		
PLC-C	63	10 ³ /μL		

WBC Flags: Inadequate Lysis #3

bi

STATE AYURVEDIC COLLEGE & HOSPITAL, LUCKNOW
 DEPARTMENT OF PATHOLOGY (ROG NIDAN)

Patient Name Age/Sex - 38/F O.P.D.NO- 36448
 Ref.By: Doctor Dated -04-09-2021

TEST	RESULT	Normal Range
S. Bilirubin	1.16 mg/dl	0.1 -1.0 mg/dl
Alk. Phosphatase	103.2 lu/L	up to 128 U/L
S.G.O.T	24.2 mg/dl	up to 37 U/L
S.G.P.T	16.2 mg/dl	up to 41 U/L
B.Urea	17.40 mg/dl	10-45 mg/dl
S.CREATININE	0.83 mg/dl	0.2-1.3 mg/dl(male) 0.5-1.3 mg/dl(Female)
B. Sugar (R)	114.40 mg/dl	up to 180mg/dl

K. Prasad