



AYURVEDIC MANAGEMENT OF AVABAHUKA - A CASE REPORT

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ABSTRACT:

Avabahuka is an *Ansa sandhi* (Shoulder Joint) disorder described by *Acharya Vagbhata* in *Vatavyadhi Adhyay*. The patient's regular activities are hampered by pain and limited movement because of it. For such a disease, modern medicine offers NSAIDs and steroids, but they have some limitations, side effects, and are unsatisfying. Therefore, in accordance with *Avastha* (condition), *Samanya Chikitsa* of *Vatavyadhi* (general line of treatment) like *Snehan* (Oleation), *Swedana* (Sudation), *Mrudushodhan* (Mild Detoxification) etc and *Vishesh chikitsa* of *Avabahuka* (Specific line of treatment) such as *Nasya* (Nasal drop) and *Uttar bhaktikam snehapana* (administration of medicated ghee or oil after meal) are taken into consideration. In this case there was good improvement after.

Keywords: *Ansa Sandhi, Avabahuk, Snehapana, Snehapana, Mrudushodhana.*

INTRODUCTION

The word *Avabahuka*^[1](dysfunction of the arm) comprises of two words *ava* means dysfunction and *bahuka* means arm. So it means dysfunction of arm. *Ansa sandhi* is *Ulookhala* (Ball and socket joint) type of *sandhi*. This is a *Snayumarma* (Muscle mortal spot) and it is *Vaikalyakarmarma* (mortal sport creating deformity). *Vata Dosha* becoming vitiated at *Ansa Sandhi*, according to *Acharya Sushruta*, causes *mansa* and *snayu* to be exploited and constricted.

Due to working patterns today people suffer from one condition that makes daily activities difficult is *Avabahuka*. The shoulder joint's reduced range of motion and pain are aggravated during the night period.

As the negative effects of NSAIDS and steroids are well known and they offer transient comfort. There are numerous ways to treat *Avabahuka* in Ayurveda text. *Acharya Charak* has mentioned *Vishesh Chikitsa*^[2] which includes *Nasya* and *Auttarbhaktik Snehapana* for the same. Along with the specific treatment and accordance to patient needs *Samanya Chikitsa*^[3] (*Shaman chikitsa*, *Siravedha* (Blood letting), *Agnikarma* (Therapeutic Heat Burn), *Viddha Karma* (Puncturing Procedure), *BastiChikitsa* (Enema), *Snehana*, and *Swedana*. *Acharya Sushruta* mentioned *Siravedh* as a treatment of *Avabahukain Sharirsthana*. He

has mentioned that *siravedha*^[4] is one of the management in *Avabahuk* but it is not mentioned as management of *Vatavyadhi* in *chikitsasthana*. As a result, there are conflicts over management. Thus, if *Rakta dushti* (impure blood) is prominent, *siraveda* or another form of *Rakta Shodhak* therapy must be used; but, if *VatajDushti* is prominent, *Vatadoshachikitsa* sutra must be applied. After inspecting the patient, all of this is implemented.

CASE REPORT

Present Complaints-

A 45-year-old female came to OPD of Sheth Tarachand Ramnath Dharmarth Ayurved Hospital, Pune, complaining of pain (*Shoola*) (which got worse at night), stiffness (*Stambha*), and limited movement of her left shoulder joint (*Kriyakashtata*) for the past six months. She initially had pain at night, but now has severe pain throughout the day. Patient consulted a surgeon who advised her to go for a surgery but she opted for *Ayurvedic chikitsa* due to financial reasons and surgical fear.

Clinical Findings-

Shoola (Pain) (which worsens at night)

Stambha (Stiffness)

Atopa(Bloating)

Kriyakashtata (Limited painful movement of left shoulder joint)

On local examination the following results were observed

Muscle tone: Moderate muscle wasting (*Shosha*)

Deformity Left shoulder joint- Absent •

Muscular atrophy- moderate wasting

Tenderness- Moderate tender over shoulder, sever tender at lateral part of shoulder

Local temperature- slightly raised (*Ushna* •
sparsha) •

Restriction of movements with severe •
pain (*Sashoolakriya*) •

Restriction range of Movements: Present

Physical Examination -

The physical examination of the patient revealed temperature of 98.8°F, pulse – 78/min, respiratory rate of 19/min, blood pressure of 130/84 mmHg, and oxygen saturation. *Ashtavidha Pariksha* of patient revealed *Nadi* (Pulse) was *Vata pradhana* (dominant) *Pitta*, *Samyak mala pravartana* (Normal stool), *Samyak mutra pravartana* (Normal urine), *Sama Jivha* (White Coated tongue), *Samyak kshudha* (Normal Appetite), *Samyak trishna* (Normal thirst), *Samyak drika* and was of *Madhyam* (Average) *Akriti* (Built). Routine investigations were done which are within normal limits and are as follows Hb- 14.7gm%; WBC- 6800/cu mm; RBC- 4800 millions/mm³; Blood sugar level (random)-115 mg/dl; HbsAg- Non-

Reactive; HIV- Non- Reactive; RA Factor- Negative; ESR- 13 mm/hr

X ray (AP) Left Shoulder joint- Normal

MRI Scan of left shoulder joint-

Focal thickening and abnormal signal of left supraspinatus tendon at its insertion s/o tendinosis. There is no tear or retraction of the tendon.

Bicep tendon tenosynovitis.

Sub acromial and sub deltoid bursitis.

Acromioclavicular joint arthropathy is seen.

MRI of lumbosacral joint-

Degenerative changes seen in the form of osteophytes at L4-L5 and L5- S1 Level, diffuse disc bulge facet joint arthropathy and ligamentum flavum hypertrophy is causing canal stenosis thecal sac and traversing nerve root compression.

Bilateral foraminal narrowing and exiting nerve root compression is also seen at L4- L5 and L5 – S1 Level.

Therapeutic Focus and Assement-

Avabahuka is a disease characterized by morbid *Vata* dosa localizing around the *Ansapradesa* (Scapular Region) and thereby causing *soshana* of *ansabandha* as well as *akunchana* of *sira* at this site leads to *shool* and *kriyakashtata*.

Dosha: VyanaVata, ShleshakaKapha.

Dushya: Sira, Snayu, Mamsa, Kandara, Asthi.

Srotas: Mamsavaha, Asthivaha.

SrotoDushti: Sanga, Vimargagamana

UdbhavaSthana: Pakwashaya.

RogaMarga: Madhyama.

VaktaSthana: Bahu (Ansa sandhi)

Table 1- Timeline of treatment

Intervention		Dose	Anupana	Treatment duration
Oral Medication				
Trayodashang Guggul		250mg TDS	Warm water	2months
Aamapachak Vati		250mg BD	Warm water	1months
Baskar Lavan		250mg BD	Warm water	1months
Chopchini		250mg BD	Warm water	1months
Avipattikar		1gm HS	Warm water	2months
Kutaki		125mg HS	Warm water	1months
Panchakarma	Details of intervention			
<i>Sarvang Abhyanga</i> (Full body massage)-	Prasarini Tail ^[5] + Dhanvantar Tail			30days
<i>Sarvang Bashpa Sweda</i> (Steam Bath)-	Dashamool Kwath			30days
<i>Sthanik Patrapottali</i> (Medicated leaves fomentation)-	Eranda+nirgundi + badishep + sanidhav + khobara + sneha			14days
<i>Agnikarma</i> -	Suwarna Shalaka dahan (Gold stick therapeutic heat burn)			5settings according pain spikes

<i>Sthanik Pinda Sweda-</i>	A bolus of rice boiled in milk and <i>Bala+Ashwagandha+DevdarKwatha</i>			14days
<i>AshwagandhaChoorna</i>		500mg TDS	Warm water	2months
<i>VatvidhvansRas</i>		125mg BD	Warm water	2months
<i>Cap Ksheerbala 101</i> ^[6]		2 caps TDS	Warm water	2months
<i>SnehapanKsheerGuduchi Siddha Ghrita</i>		30ml daily morning empty stomac h	Warm water	15 Days
<i>Trivrutta Leha</i> ^[7]		15gm morning empty stomac h	Warm water	Once

Total Treatment duration is 2months.

Follow Up and Outcomes-

Table 2- Gradation of symptoms -

Sr.No.	Symptoms	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
1	<i>Shoola</i>	No <i>Shoola</i>	Occasional <i>Shoola</i>	Mild <i>shoola</i>	Moderate <i>shoola</i>	Severe <i>shoola</i>
2	<i>Stambha</i>	No <i>Stambha</i>	Occasional <i>Stambha</i>	Mild <i>Stambha</i>	Moderate <i>Stambha</i>	Severe <i>Stambha</i>
3	<i>Atop</i>	No <i>Atop</i>	Occasional	Mild	Moderate	Severe

			<i>Atop</i>	<i>Atop</i>	<i>Atop</i>	<i>Atop</i>
4	<i>Ansa Shosh</i>	No <i>Shosh</i>	Occasional <i>Shosh</i>	Mild <i>Shosh</i>	Moderate <i>Shosh</i>	Severe <i>Shosh</i>

Table 3- Changes in symptoms before and after treatment -

SR.NO	SYMPTOMS	BEFORE TREATMENT	AFTER 15 DAYS	AFTER 30 DAYS	AFTER 60 DAYS	AFTER TREATMENT
1	<i>Shoola</i> (Pain)	4	3	3	2	0
2	<i>Stamba</i> (Stiffness)	4	3	1	1	0
3.	<i>Atop</i> (crepitation)	4	2	2	1	1
4.	Shoulder Tenderness	3	2	2	1	0



Before treatment- restricted movement of left shoulder



After treatment- improved movement of left shoulder



Image 1 to 4: Before and after treatment ROM of Shoulder joint

DISCUSSION-

The treatment protocol described in ayurvedic texts for *Vatavyadhi* follows into two spectrum i.e *samana* and *vishesh chikitsa siddhant*(principle). *Samana Chikitsa* includes all types of *Vataghna Chikitsa* like *snehana*, *swedana*, *basti*, *mrudu shodhana* etc. *VisheshChikitsa* includes specific treatment in accordance with *Sthan* (position), *Bala* (Power), *kala* (time) etc of the diseased entity. As in this case of *Avabahuka* *vishesh* treatment included *nasya* and *Auttarbhaktikam Snehapana*. Before starting with *vishesh Chikitsa* primary *saam-avastha*^[8] *Chikitsa* such as *amapachana* (digest *Ama*) and *agnideepana* (ignition of *Agni*) was given. For these drugs which do the action of *pachana* and *deepana*

are used. Drugs used for the same are *Pachana- AmapachakVati. Deepana – bhaskarlavan, Chopchinichoorna. Shoolaghna- Vatavidhavsra* rasa.

After *amapachana* and *agnideepana Bahya Snehana* with *Prasarinin Taila* and *DhanwantarTaila* and *swedana* in form of *Patrapottali Sweda* followed by *Pinda Sweda. Swedana- Eranda Patra, Nirgundi Patra, Mishreya. Agnikarma- Suvarna Shalaka Dahan. Anulomana- Avipattikar choorna*⁸, *Kutakichoorna, TrivruttaLeha. Balya- Ashwagandha choorna, Trayodashang Guggul.* Now the *Vishesh Chikitsa* of *Abhyantar Snehapana* with *Ksheerpaki Guduchi Siddha Ghrita* was given. It counteracts vitiated *vatadosha* in *Ansa, Manya* and *Prusthasandhi*.

Guduchi being *tikta rasatmaka* does not increase *aama* as it does *pachana, rasayana* so the choice of drug for *snehapana*. Along with this for *anulomana Trivruttaleha* was prescribed.

Regular shoulder joint training is also necessary to prevent the *mansa* and *snayuatisoshha*. It requires frequent physiotherapy follow-ups, But this are time-consuming and expensive.

Patient perspective

The patient was satisfied with the improvement. She was able to do daily household work without any pain and could move her shoulder and arm with ease, and she hopes recovery from Ayurvedic management.

CONCLUSION-

In above case of *Avabahuka*, ayurvedic intervention of 2months not only reduces the symptom complex but also avoids recurrence of the disease. All Symptoms like *Shoola, Stamba, Ansashosh and Difficulty in Movement gets reduced.*

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