



Case Study

MANAGEMENT OF AVABAHUKA THROUGH MASHADI NAVANA NASYA ALONG WITH BAHYA SNEHANA AND SWEDANA W.S.R TO FROZEN SHOULDER

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ABSTRACT

One of the *Vatavyadhi* induced by vitiated *Vata* and *Kaphanubandha vata* is *Avabahuka*. The symptoms of *Avabahuka* are similar to those of frozen shoulder, which is brought on by a rotator cuff lesion from the extracapsular cuff, such as partial tears in the supraspinatus tendon. **Materials and Procedures:** *Shodhana Nasya* has been recommended for a 49-year-old patient who has complained of discomfort and stiffness in the left shoulder joint and left lateral cervical region, as well as limited movement in these areas. **Result:** The patient's symptoms considerably subsided, including decreased neck and left shoulder joint discomfort and stiffness. **Discussion:** The patient received internal medicine along with *Rukshana, Mukhabhyanga, Sarvang Abhyanga, sthanika Patra Pottali Swedana, Sarvanga Swedana, Mashadi Navana Nasya, and Upanaha*, which helped to successfully treat the ailment.

INTRODUCTION

Avabahuka is a disease of the *Vatavyadhi*, resulting from the vitiation of the *Vata*, which is located in the shoulder region and causes the shoulder joint to deteriorate as well as the contraction of the veins that are located there in^[1]. In addition to causing *Ekanga Vata* and *Sarvanga Vata*, the vitiated *Vata* circulates throughout the body and fills with *Rikta* srotas. The term "*Avabahuka*" refers to a condition in which there is loss of *Shleshaka Kapha* in the arm as a result of vitiated *Vata*^[2]. This results in symptoms such as pain and stiffness in the shoulder joint, which are linked to restricted movement of the shoulder joint.

Avabahuka is associated with symptoms of partial tears in the supraspinatus tendinitis, which is suggestive of an extracapsular cause of rotator cuff lesion, which is the cause of pain and stiffness in the left shoulder joint. It is also linked to mild glenohumeral joint effusion and can result in frozen shoulder^[3], which is characterized by symptoms like


restricted motor functions of the left shoulder joint, such as adduction and external rotation of the joint.

Sympathetic nerve block, physiotherapy, mobilizing exercise, and analgesic and corticosteroid injections are used in the early stages of treatment. Full recovery may require two years^[4]. *Avabahuka* is one of *Vatavyadhis* and it can be managed with *Samanya vatavyadhi Chikitsa* like *Swedanadi Rukshana, Sneha* are used in *Kevala Vata* or *Kaphavruta vata*. A *Siravyadha* can be performed if the *Samanya Vatavyadhi chikitsa*^[5] does not improve the condition. In the present case patient condition is managed with *Mashadi Navana Nasya*^[6,7] as *Shodhana* and *Bahya parimarjana chikitsa* for 8 days along with internal medicine, follow up after 15 days.

Case Report

A 49-year-old female patient arrived to the OPD of the Pachakarma DGM Ayurvedic Medical College & Hospital, Gadag, on August 23, 2024, complaining of discomfort and stiffness in her left shoulder joint and left lateral cervical region, which had been limiting her movement for the previous 15 days.

Patient was apparently normal 15 days before later she started noticing pain and stiffness of left lateral cervical and shoulder joint associated with

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restricted movement of left hand, and difficulty in attaining daily activities, for which she approached to *Panchakarma* OPD and advised to have internal medicine along with to undergo *Panchakarma* procedure.

The study is carried out as per international conference of Harmonization-Good Clinical Practice Guidelines (ICH-GCP) or as per ICMR National Ethical Guidelines for Biomedical and Health Research involving human participants.

Past history: Not know case of hypertension or Diabetics and no history of previous surgeries.

General Examination

BP 110/70 mmHg, pulse rate 86bpm, respiratory rate 18bpm, temperature 97.2°F

No pallor, cyanosis absent, clubbing absent CVS- S1 and S2 heard, CNS- Conscious and oriented. RS- B/L NAVBS heard.

Personal history	<i>Asthavidha pariksha</i>
Diet: Vegetarian	<i>Naadi: Vatakaphaja</i>
<i>Agni: Mandagni</i>	<i>Mala: Prakruta</i>
<i>Ahara matra: Madhyama</i>	<i>Mutra: Prakruta</i>
<i>Koshta: Mrudu</i>	<i>Jihva: Nirlipta</i>
<i>Pradhana Rasa: Katu pradhana Sarvarasa</i>	<i>Shabda: Prakruta</i>
<i>Vyasana: Nothing Significant</i>	<i>Sparsha: Prakruta</i>
<i>Nidra: Disturbed due to pain</i>	<i>Druk: Prakruta</i>
<i>Vyayama: Hina</i>	<i>Akruti: Madyama</i>

Locomotors Examination

Inspection

No deformity

Palpation

Tenderness ++

Muscle tone - Good

Good muscle power

Reduced range of movement of left shoulder joint

Investigation

MRI of left shoulder dated on 13/05/2024

Impression

- Increased fluid signal intensity in supraspinatus tendon with surrounding edematous changes suggestive of partial tear.

Shamanoushadhi

Medicine	<i>Matra</i>	<i>Kala</i>	<i>Anupana</i>	<i>Avadhi</i>
<i>Guggulu Tiktaka Kashaya</i>	3tsp BD	Before food	<i>Ushna jala</i>	15 days
<i>Hingwachadi churna^[10]</i>	1tsp BD	Before food	<i>Ushna jala</i>	15 days

Assessment Criteria

Amsa Shoola (Pain in shoulder joint)

Parameter	Grade
No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

- Mild Glenohumeral joint effusion.

Treatment Schedule

Panchakarma Procedure: 24/8/2024 -26/8/2024

- Churna pinda swedana* with *Kolakulathadi Churna*
- Sarvanga Parisheka* with *Dashamoola Kashaya^[9]*

From 27/8/2024 -2/9/2024 as follows:

- Sarvanga Abhyanga* and *Mukhabhyang* with *Karpastyadi Taila^[8]*
- Nadi swedana*
- Nasya* with *Mashadi navana taila* 8 drops for 2 days and 12 drops 5 days
- Upanaha* with *Kottamachukkadi churna* to left shoulder joint.

Amsa Prasandita hara (Stiffness of shoulder joint)

Parameter	Grade
No stiffness	0
Mild stiffness	1
Moderate Stiffness	2
Severe Stiffness	3

Range of Motion (internal and external rotation)

Range of Motion (%)	Grade
Up to 90	0
Up to 60	1
Up to 30	2
No motion	3

VAS Scale^[11]

Table 1: Showing Vas Scale Score

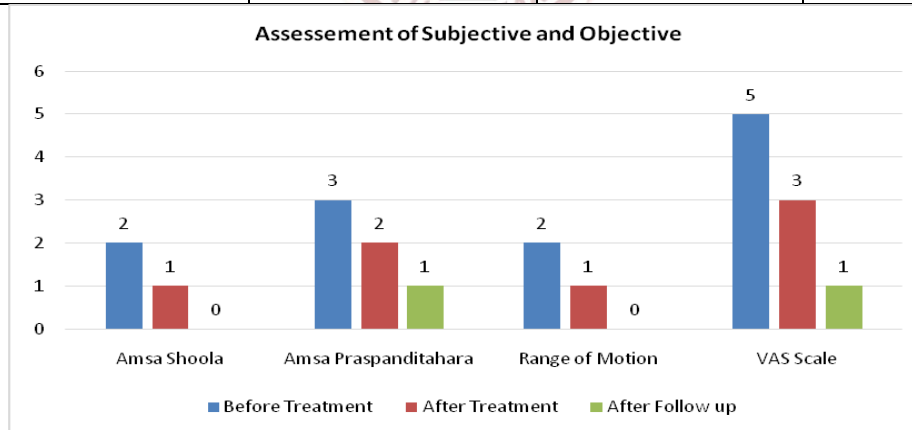
Pain Score	Grading of Pain	VAS Score
0	No pain	0
1	Mild pain	1-3
2	Moderate pain	4-7
3	Severe pain	8-10

OBSERVATION AND RESULT

A patient had complaint of severe stiffness, moderate pain and restricted movement of left shoulder joint due to which patient was unable attain daily activities. The patient condition was managed effectively with the internal medication and *Panchakarma* procedure as mentioned and assessment was successfully carried out by subjective and objective parameters as mentioned in Table 2.

Table 2: Showing Assessment of Subjective and Objective Parameter

Parameter	Before Treatment	After Treatment	After follow up
<i>Amsa Shoola</i>	2	1	0
<i>Amsa Prasanditahara</i>	3	2	1
Range of motion	2	1	0
VAS Scale	5	3	1



Graph 1: Showing Assessment of Subjective and Objective Parameter

DISCUSSION

Avabahuka is one among *Vatavyadhi* hence managed with *Samanya Vatavyadhi Chikitsa bahya Parimarjana chikitsa* and with *Mashadi Navana Nasya*. *Siravyadha* is choice of procedure in this condition as per Acharya Sushruta, to this Dalhanacharya commented that *Swedana* and *Rukshna* are indicated in *Avabahuka* which is manifested by the vitiation of *Vata* and *Kapha*. In order to manage the *Avabahuka Swedana* and *Rukshana* is adopted by *Sarvanga*

Parisheka with *Dashamoola Kashaya* and *Churna pinda Swedana* with *Kolakulathadi churna*, *Sthanika Patra pottali swedana*, *Upanaha* with *Kottamuchukkadi Churna* which acts as *Vatakaphahara*, with this patient felt lightness of body, further patient is been advised *Mashadi navana Nasya* which has ingredient like *Masha*, *Urubaka*, *Aatmgupta*, *Bala*, *Rasna*, *Rohisha*, *Ashwagandha*, *Hingu* in equal quantity along with 1 pinch of *Saindhava lavana*, by the virtue of combination of drugs which possesse properties like

Tikshana, Ushna, Sukshma which will irritates the mucosal membrane and drains out the vitiated *Dosha* into throat by this action it removes the *Margaavarana* and dose *Srotoshodhana* which result in free movement of *Vata* and to regain the functionality of the affected site of *Avabahuka*.

Within 3 days after administration of *Mashadi Navana Nasya* patient could get relief with stiffness of left lateral cervical region, lightness of head, improving in movement of shoulder joint, procedure continued for 7 days, at the end of 7th day patient had mild pain and marked improvement in internal and external rotation of shoulder joint. After 15 days of follow up there was marked improvement in rotation, reduced pain and stiffness of left shoulder joint.

CONCLUSION

To conclude that, in present case patient condition was treated with the *Swedana, Rukshana* and *Mashadi Navana Nasya* procedure with this patient got relieved with stiffness and pain of left shoulder joint and patient could able to attain her daily activities with less difficulty. Yoga and physiotherapy is advised on regular basis. Advised to avoid *Vata* and *Kaphakara Aahara* and *Vihara* to prevent aggravation of condition and to get expected result.

This case study was conducted with a single patient, the mass study with a broad statistical approach is necessary for further evaluation.

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