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Case Study

EFFECT OF *KARPASASTHYADI TAILA NASYA* IN *AVABAHUKA*

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ABSTRACT

Avabahuka is a *Vata*-dominant disorder characterized by shoulder pain *(Ansa Sandhi Shoola),* stiffness *(Graha),* and restricted movements *(Kriyakashtata).* It shows clinical similarity with adhesive capsulitis and rotator cuff disorders. *Nasya Karma* is indicated in *Urdhvajatrugata Vikara*, and *Karpasasthyadi Taila* is described for *Vata* disorders affecting the shoulder region. **Aim:** To evaluate the effect of *Karpasasthyadi Taila Nasya* in patients of *Avabahuka*. **Materials and Methods:** A case series of 10 patients aged 36–58 years with unilateral or bilateral shoulder pain and restricted movements (duration 5 months to 3 years) was conducted. Patients received *Karpasasthyadi Taila Nasya* for 7 consecutive days. Assessment was carried out on day 0, day 7, and day 15 using subjective parameters (pain grading, stiffness) and objective parameters (tenderness grading, VAS score, and range of movements). **Results:** Marked reduction in pain intensity, tenderness, and VAS scores was observed after treatment, with sustained improvement at follow-up. Range of motion, especially flexion and abduction, improved notably. Functional improvement was also seen in patients with occupational strain. No adverse effects were reported. **Conclusion:** *Karpasasthyadi Taila Nasya* showed beneficial effects in reducing pain, stiffness, and improving shoulder mobility in *Avabahuka*. Further controlled studies are recommended.

INTRODUCTION

Avabahuka is a *Vata-nanatmaja Vyadhi* described in Ayurvedic classics, characterized by *Ansa Sandhi Shoola, Stambha* and *Kriyakashtata*[1]. It is primarily a disorder of aggravated *Vata* localized in the *Ansa Sandhi*, leading to *Shosha* of *Snayu* and contraction of *Sira*, resulting in restricted movements of the upper limb[2]. Acharya Sushruta has described that vitiated *Vata* causes *Shoshana* of *Bahu Mula* structures leading to *Bahu-karma hani*[3].

In the contemporary perspective, *Avabahuka* clinically resembles adhesive capsulitis (frozen shoulder), rotator cuff tendinitis, and periarthritis of shoulder, which present with pain, stiffness, and gradual restriction of shoulder movements[4].

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The prevalence of shoulder pain increases with age and occupational strain, especially in individuals involved in repetitive overhead activities or prolonged postural stress[5].

Nasya Karma is considered the prime treatment for *Urdhvajatrugata Vikara* as stated *"Nasa hi Shiraso Dwaram"*[6]. Administration of medicated oil through nasal route helps in pacifying vitiated *Dosha* in the supraclavicular region. *Karpasasthyadi Taila* is specifically indicated in *Vata Vyadhi* and disorders of *Ansa Pradesh* due to its *Vata-Shamaka, Snigdha* and *Balya* properties[7]. Hence, *Nasya* with *Karpasasthyadi Taila* may play a significant role in the management of *Avabahuka* by alleviating pain, stiffness and improving range of motion.

AIM

To evaluate the clinical efficacy of *Karpasasthyadi Taila Nasya* in the management of *Avabahuka* (shoulder joint pain and restricted movements).

METHODOLOGY

Criteria for selection of the patients

The patients presenting with the signs and symptoms of *Avabahuka* according to Ayurvedic texts were studied. Patients of both sexes in the age group of 20-60 years were selected.

Inclusion criteria

1. *Avabahuka* diagnosed according to the classical signs and symptoms described in Ayurveda.
2. Patients of both sexes within the age group of 20-60 years.

Exclusion criteria

1. Systemic diseases presented with *Apabahuka* as a complication.
2. Patients with a history of fracture of the affected hand.
3. Pregnancy and lactating women.

A case series of 10 patients diagnosed with *Avabahuka* presenting with *Ansa Sandhi Shoola* and *Kriyakashtata* was undertaken. *Karpasasthyadi Taila Nasya* was administered for 7 consecutive days. Assessment was carried out on day 0 (before treatment), day 7 (after treatment), and day 15 (follow-up). Evaluation was done based on subjective parameters (*Shoola* grading, stiffness, duration of pain) and objective parameters (tenderness grading, VAS score, and range of movements including flexion, extension, abduction, adduction, internal and external rotation)

S. No.	Age/Sex	Built	Nourishment	Pulse (Nadi/min)	BP (mmHg)	RR (/min)	Temp (°F)	Pallor	Icterus	Cyanosis	Clubbing	Edema	Lymphadenopathy
1	50/F	Moderate	Moderate	78	130/84	18	98.4	Absent	Absent	Absent	Absent	Absent	Absent
2	46/M	Moderate	Moderate	76	128/82	18	98.6	Absent	Absent	Absent	Absent	Absent	Absent
3	40/F	Moderate	Good	80	120/80	20	98.2	Absent	Absent	Absent	Absent	Absent	Absent
4	56/M	Moderate	Moderate	82	140/90	20	98.8	Absent	Absent	Absent	Absent	Absent	Absent
5	46/M	Moderate	Moderate	78	126/84	18	98.4	Absent	Absent	Absent	Absent	Absent	Absent
6	58/F	Moderate	Moderate	84	138/88	20	98.6	Absent	Absent	Absent	Absent	Absent	Absent
7	36/M	Athletic	Good	72	118/78	18	98.4	Absent	Absent	Absent	Absent	Absent	Absent
8	45/F	Moderate	Moderate	80	124/82	18	98.5	Absent	Absent	Absent	Absent	Absent	Absent
9	56/F	Moderate	Moderate	82	136/86	20	98.7	Absent	Absent	Absent	Absent	Absent	Absent
10	54/M	Moderate	Moderate	78	132/84	18	98.6	Absent	Absent	Absent	Absent	Absent	Absent

Sr. No.	Age/Sex	Site of Pain	Duration	*Shoola* (Pain)	*Kriyakashtata*	*Graha* (Stiffness)	Radiation	Special Features / Occupation
1	50/F	Right *Ansa Sandhi*	5 months	Present	Present	Mild	No	—
2	46/M	*Manya* → Right *Ansa*	1 year	Present	Present (6 months)	Present	From neck to shoulder	—
3	40/F	Left *Ansa Sandhi*	3 years	Present	Present	Moderate	No	Teacher
4	56/M	Bilateral (Rt < Lt)	2 years	Present	Present	Severe	No	Lt shoulder muscle atrophy; Taxi driver
5	46/M	*Manya* →	8 months	Present	Present	Present	From neck to	—

		Left *Ansa*					shoulder	
6	58/F	Right *Ansa Sandhi*	7 months	Present	Present	Mild	No	—
7	36/M	Left *Ansa Sandhi*	9 months	Present	Present	Severe	No	Severe trapezius stiffness; Daily cricket player
8	45/F	*Manya* → Right *Ansa*	7 months	Present	Present	Moderate	From neck to shoulder	IT Professional
9	56/F	Right *Ansa Sandhi*	9 months	Present	Present	Mild	No	Housewife
10	54/M	Left *Ansa Sandhi*	7 months	Present	Present	Moderate	No	Banker

Assessment Criteria

Assessment was done at:

- Day 0 – Before Treatment (BT)
- Day 7 – After Treatment (AT)
- Day 15 – Follow-up (FU)

Assessment was based on subjective and objective parameters.

Subjective Criteria

1) *Shoola* (Pain Severity – Grading)

Grade	Severity
0	No pain
1	Mild pain on movement
2	Severe pain on movement
3	Continuous severe pain
4	Severe intolerable pain

Duration of Pain per Day

Grade	Duration
0	Nil / Absent
1	1–5 hours/day
2	5–8 hours/day
3	9–12 hours/day
4	>12 hours/day

***Graha* (Stiffness)**

Grade	Severity
0	No stiffness
1	Mild stiffness
2	Moderate stiffness
3	Severe stiffness restricting activities

Objective Criteria

Tenderness Grading

Grade	Tenderness
0	No tenderness
1	Mild tenderness on palpation
2	Tenderness with facial grimace
3	Severe tenderness with withdrawal

VAS (Visual Analogue Scale)

Score	Interpretation
1–3	Mild pain
4–7	Moderate pain
8–10	Severe pain

Range of Movement (Measured in Degrees)

Movement	BT	AT	FU
Flexion			
Extension			
Abduction			
Adduction			
Internal rotation			
External rotation			

Treatment Details

Procedure: *Nasya Karma*

Drug: *Karpasasthyadi Taila*

Duration: 7 consecutive days

Dose: 6–8 drops in each nostril (as per patient *Bala* and *Roga bala*)

Procedure Steps

Purva Karma

- *Mridu Abhyanga* over face, neck, and shoulder region with lukewarm oil.
- *Mridu Swedana* (mild fomentation)

Pradhana Karma

- Patient placed in supine position with head slightly lowered.
- *Karpasasthyadi Taila* instilled in each nostril.
- Gentle massage over forehead, cheeks, and neck.

Paschat Karma

- Spitting out residual medicine.
- *Dhoomapana* (if indicated).
- *Kavala / Gandusha* with warm water.

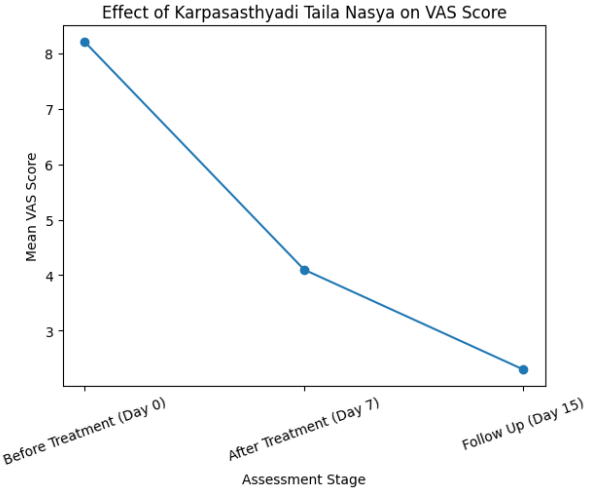
Pathya

- Avoid exposure to cold wind.
- Avoid day sleep.
- Light, warm, *Vata*-pacifying diet.

Duration of Study

Total duration per patient: 15 days

- 7 days treatment
- 8 days follow-up observation



OBSERVATIONS

1. All 10 patients presented with *Ansa Sandhi Shoola* and *Kriyakashtata*.
2. Majority had moderate to severe pain at baseline (VAS 7–9).
3. ROM was significantly restricted in flexion and abduction in most cases.
4. Patients with occupational strain (teacher, taxi driver, IT professional, banker, cricketer) showed marked functional limitation at baseline.
5. After 7 days of *Karpasasthyadi Taila Nasya*
   - Noticeable reduction in pain intensity.
   - Decrease in tenderness.
   - Improvement in shoulder mobility.
6. At day 15 follow-up
   - Sustained pain relief.
   - Further improvement in ROM.
   - No adverse reactions observed.

RESULTS

Pain (VAS Score)

S. no.	0th day	7th day	15th day
1	8	4	2
2	7	3	1
3	8	4	3
4	8	3	2
5	9	4	1
6	8	5	2
7	9	6	4
8	8	5	3
9	9	4	3
10	8	3	2

- Mean VAS before treatment: 8.2 (severe pain)
- Mean VAS after treatment (day 7): 4.1 (moderate pain)
- Mean VAS at follow-up (day 15): 2.3 (mild pain)

There was approximately 71–75% reduction in pain intensity from baseline to follow-up.

Tenderness

- Majority showed Grade 2–3 tenderness at baseline.
- Reduced to Grade 0–1 in most patients after treatment.

Range of Motion

- Significant improvement observed in:
  - Flexion
  - Abduction
  - External rotation
- Bilateral case and chronic (3-year) case showed moderate but definite improvement.

Functional Improvement

- Occupational performance improved.
- Patient with muscle atrophy showed reduction in stiffness though structural recovery was gradual.

Overall Outcome

- Excellent improvement – 5 patients
- Moderate improvement – 4 patients
- Mild improvement – 1 patient
- No case showed worsening

DISCUSSION

Avabahuka is described as a *Vata-nanatmaja Vyadhi* characterized by *Bahupraspanditahara, Ansa Sandhi Shoola, Stambha* and *Kriyakashtata*. The pathology primarily involves vitiated *Vata* localized in the *Ansa Sandhi* leading to *Shosha* (degeneration) of *Snayu, Sira* and *Sandhi* structures. In chronic cases, *Kapha* association produces *Graha* (stiffness) and restriction of movement. Clinically, this condition closely resembles adhesive capsulitis and periarthritis of the shoulder, where inflammation, fibrosis, and capsular tightening result in painful restriction of movements.

Demographic Interpretation

In the present case series, the majority of patients belonged to the age group of 40–58 years. This supports the classical concept that *Vata* predominance increases with advancing age (*Vaya-anusar Vata vriddhi*). Degenerative and occupational aetiologies were evident:

- Teacher and IT professional - Prolonged sitting posture.
- Taxi driver and banker - Repetitive and sustained shoulder positioning.
- Cricket player - Repetitive overhead activity.

Thus, repetitive microtrauma, poor ergonomics, and age-related degeneration appear to be contributory factors in the *Samprapti* of *Avabahuka*.

Effect on Pain *(Shoola)*

At baseline, most patients had severe pain (mean VAS 8.2). After 7 days of *Nasya*, VAS reduced to 4.1 and further to 2.3 at follow-up. This indicates rapid and sustained analgesic effect.

The probable reasons include:

1. ***Vata Shamana***

   Karpasasthyadi Taila possesses *Snigdha, Ushna* and *Vatahara* properties, counteracting *Ruksha* and *Sheeta* qualities of aggravated *Vata*.

2. ***Nasya* as *Urdhvajatrugata Chikitsa***

   The nose is considered the gateway to *Shira*. Drug administered through nasal route reaches *Shringataka Marma* and spreads through *Sira* to the shoulder region, pacifying localized *Vata*.

3. **Neuromodulatory Effect**

   Nasal drug delivery may stimulate trigeminal pathways and influence central pain modulation.

4. **Local Lubrication & Anti-inflammatory Action**

   The *Sneha guna* may reduce dryness and capsular tightness, improving joint comfort.

Effect on Stiffness *(Graha)* and *Kriyakashtata*

Most patients showed marked improvement in stiffness after therapy. Flexion and abduction showed the maximum improvement, followed by external rotation.

This can be explained as:

- *Snigdha guna* reduces *Rukshata* in *Sandhi.*
- *Ushna virya* improves local circulation.
- *Swedana* prior to *Nasya* enhances drug absorption.
- *Vata-Kapha shamana* reduces fibrotic restriction.

Chronic cases (3-year duration) showed moderate improvement, indicating that early intervention yields better outcomes.

Tenderness Reduction

Tenderness reduced from Grade 2–3 to Grade 0–1 in most cases. This suggests reduction in inflammatory and neuromuscular irritability.

The probable mechanism may include:

- Improved local microcirculation.
- Reduction in muscle spasm (especially trapezius in sports case).
- Pacification of vitiated *Vata* in *Snayu*.

Functional Improvement

Patients reported improvement in daily activities such as combing hair, lifting objects, driving, and writing. Occupational efficiency improved in IT professional, banker, and taxi driver.

The patient with muscle atrophy (chronic bilateral case) showed symptomatic improvement though structural recovery was gradual. This indicates that *Nasya* is more effective in functional restoration than in advanced structural degeneration.

Sustained Effect at Follow-up

Pain reduction continued even after cessation of therapy (day 15 follow-up).

This suggests:

- Correction of underlying *Dosha* imbalance.
- Restoration of physiological mobility.
- Improvement in neuromuscular coordination.

Probable Mode of Action of *Karpasasthyadi Taila Nasya* in *Avabahuka*

The mode of action of *Karpasasthyadi Taila Nasya* can be understood from both Ayurvedic and contemporary perspectives. *Avabahuka* is primarily a *Vata*-dominant disorder involving *Snayu, Sira,* and *Sandhi* of *Ansa Pradesh.* The therapeutic effect of *Nasya* in this condition may be explained as follows:

Ayurvedic Perspective

Correction of *Vata Prakopa*

Avabahuka is caused by aggravated *Vata* leading to:

- *Rukshata* (dryness)
- *Shosha* (degeneration)
- *Stambha* (stiffness)
- *Shoola* (pain)
- *Bahu karma hani* (restricted movements)

Karpasasthyadi Taila possesses:

- *Snigdha guna* → Counteracts *Rukshata*
- *Ushna virya* → Pacifies *Sheeta guna* of *Vata*
- *Vatahara* property → Directly reduces *Vata prakopa*

Thus, *Nasya* restores the normal *Gati* of *Vata* in *Ansa Sandhi*.

Nasya* as *Urdhvajatrugata Chikitsa

Ayurveda states that the nose is the gateway to the head. Drug administered through nasal route reaches:

- *Shringataka Marma*
- *Sira* of *Shirah*
- *Urdhvajatrugata Srotas*

From there, the medicine spreads to the shoulder region via interconnected *Sira* and *Snayu*, pacifying vitiated *Dosha* locally.

This explains the rapid improvement in:

- Shoulder pain
- Neck-to-shoulder radiation
- Trapezius stiffness

***Snayu Poshan* (Nourishment of Ligaments & Tendons)**

Avabahuka involves *Snayu Shosha* (degeneration of soft tissues). *Sneha*-based *Nasya*:

- Provides internal oleation
- Enhances *Dhatu Poshana*
- Improves elasticity of ligaments

This leads to improvement in range of motion, particularly flexion and abduction.

Srotoshodhana

Vitiated *Vata* with *Kapha* may cause *Srotorodha* (obstruction). *Ushna* and *Tikshna* properties of the formulation may:

- Remove *Kapha Avarana*
- Improve circulation in microchannels.
- Restore normal joint physiology.

Sandhi Snehan

The *Sneha* component acts as internal lubrication, reducing:

- Friction within joint capsule
- Capsular tightness
- Pain during movement

This explains reduction in *Kriyakashtata*.

Modern Correlation

Nasal Drug Absorption

The nasal cavity has:

- Rich vascular supply
- Large absorptive surface
- Direct connection to CNS via olfactory and trigeminal pathways.

Hence, medicated oil may:

- Enter systemic circulation rapidly.
- Influence central pain pathways.
- Produce neuromodulatory effect.

Anti-inflammatory Action

Herbal constituents may:

- Reduce inflammatory mediators.
- Decrease synovial irritation.
- Reduce capsular inflammation.

This explains reduction in tenderness and VAS score.

Muscle Relaxant Effect

Improvement in trapezius stiffness (sports case) suggests:

- Relief of muscle spasm.
- Improved neuromuscular coordination.
- Decreased protective muscle guarding.

Improvement in Microcirculation

Oil therapy with prior *Swedana* may:

- Dilate local blood vessels.

- Improve oxygenation.
- Enhance tissue repair.

This contributes to gradual improvement in chronic cases.

Capsular Elasticity Restoration

Frozen shoulder involves capsular fibrosis. *Sneha* therapy may:

- Improve capsular flexibility.
- Reduce contracture.
- Enhance joint mobility.

CONCLUSION

The present case series demonstrates that *Karpasasthyadi Taila Nasya* is an effective therapeutic modality in the management of *Avabahuka*. Significant reduction in pain *(Shoola),* stiffness *(Graha),* and improvement in range of shoulder movements were observed after 7 days of treatment, with sustained benefits at follow-up.

The therapy appears to act through *Vata Shamana, Snayu Poshan*, and improvement of joint mobility in the *Urdhvajatrugata* region. Early intervention showed better outcomes compared to long-standing chronic cases.

Thus, *Karpasasthyadi Taila Nasya* can be considered a safe, economical, and clinically beneficial treatment option for *Avabahuka*. Further studies with larger sample size and controlled design are recommended for validation.

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