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Effect of *Karpasasthyadi Taila Nasya* and *Trayodashanga Guggulu* in *Apabahuka* - A Case Study

Mahadevi Deshpande,¹ S.G.Chavan,² Prashanth A.S.³

¹Post Graduate Scholar, ²Professor, ³Professor & HOD, Dept. of PG Studies in Kayachikitsa, Ayurveda Mahavidyalaya, Hubballi, Karnataka, India.

ABSTRACT

The unique position of man as a master mechanic of the animal kingdom is because of skilled movements of his hands and when this shoulder joints get obstructed, we call it as *Apabahuka* (frozen shoulder), we do not find satisfactory management in modern medical science. *Apabahuka* is a disease that usually affects the *Amsa sandhi* (shoulder joint). It is produced by the *Vata Dosha*. Even though the term *Apabahuka* is not mentioned in the *Nanatmaja Vata Vyadhi*, Acharya Sushruta and others have considered *Apabahuka* as a *Vataja Vikara*. *Amsa Shosha* (wasting of the shoulder) can be considered as the preliminary stage of the disease, where loss or dryness of *Sleshaka Kapha* from *Amsa Sandhi* occurs. Ayurveda has given more importance of *Vata Vyadhis*. *Nasya* is one of the important procedures of classical *Panchakarma* therapy mentioned in classics for managing *Apabahuka*. A case of *Apabahuka* (complaints of severe pain and stiffness, over the back of neck associated with restricted movement of right hand) which was treated for two months under a private orthopaedic surgeon with no significant relief and later treated with Ayurveda. The Ayurveda treatment plan includes *Amapachana* with *Vaishwaanara choorna*, *Nasya* with *Karpasasthyadi Taila* and *Shamanaushadhi Trayodashanga Guggulu* for a period of 30 days. Substantial clinical improvement was reported in quality of life after 30 days of the treatment. During the treatment all the signs and symptoms of the patients reduced to a greater extent.

Key words: *Vatavyadhi*, *Apabahuka*, *Nasya*, *Karpasasthyadi Taila*, *Vaishwaanara Choorna*, *Frozen Shoulder*.

INTRODUCTION

The economy of the country relies on its work force. *Apabahuka* is one such disease that hampers the day-to-day activity of an individual. The fact that *Vata Vyadhi* is one among the *Ashtamaha Gada*, It is a major problem suggests the *Sandhi* affected is

Amsa Sandhi. *Apabahuka* is a disease that usually affects the *Amsa Sandhi* (shoulder joint). It is produced by the *Vata Dosha*. Even though the term *Apabahuka* is not mentioned in the *Nanatmaja Vata Vyadhi*.^[1]

Due to the *Nidanans*, *Vata Prakopa* takes place and thus vitiated *Vata* gets located at *Amsa Moola* and constricts the *Shiras* which leads to the clinical features like Loss of movements especially Abduction, Adduction, Elevation, Medial rotation and Lateral rotation of the arm which are reduced to about a quarter or half of their normal range of movements *Shosha* can be considered as the preliminary stage of the disease where loss or dryness *Sleshmaka Kapha* at *Amsa Sandhi* occurs. While commenting on this, *Vijayarakshita* in his *Madhukosha Teeka* has mentioned that *Amsa Sosha* is produced by *Dhatu Kshaya* i.e *Shudha Vata Janya* and *Apabahuka* is *Vata Kapha Janya*.^[2]

Address for correspondence:

Dr. Mahadevi Deshpande

Post Graduate Scholar, Dept. of PG Studies in Kayachikitsa, Ayurveda Mahavidyalaya, Hubballi, Karnataka, India.

E-mail: mahadevind123@gmail.com

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The treatment modalities for *Apabahuka* includes *Nasya*, *Nasaapana Shamanoushadhi*.^[3] Drugs mainly having *Amapachana*, *Shoolahara* action and drugs which correct the *Dusti* of involved *Srotas* are adopted. In our science *Vata Vyadhis* can be relieved by therapies like *Abhyanga*, *Swedana*, *Sneha Pana*, *Nasya Karma*, *Vasti Karma* and *Shamana Oushadhi Prayoga* etc. *Chikitsa Sutra* of *Apabahuka* includes *Nasya*, *Uttarabhuktika Snehapaana*, *Nasaapana*, *Shamanaushadhi Prayoga* etc.^[4] The drugs that are capable of resolving the *Samprapti* of *Apabahuka* are advocated.

Nasya (a special treatment procedure in Ayurveda to instil drops through the nostrils) is the most important procedure, as it is mentioned for managing *Urdhwajatrugata Rogas* (diseases affecting the regions above shoulders). So in some places it has been given first place in the sequence of *Panchakarma* (the 5 purification therapies), for eg: in the chapter of *Apamarga Tanduliya* of *Caraka Samhitha, Sutrasthana*. All the *Brihatrayees* (the 3 major lexicons of Ayurveda) has mentioned in detail about the role of *Nasyakarma* in managing *Apabahuka*. *Nasa* (nose) is told as *Dwara* (gateway) for *Shiras* (head). Also the drug administered through the nose nourishes the *Shiras* (head), *Skandha* (shoulder), *Greeva* (neck), *Vaksha* (chest) Considering, looking *Apabahuka*, the therapies like *Nasya with Karpasasthyadi Taila Shamanoushadhi* like *Trayodashanga Guggulu* were used in this study.^[5]

MATERIALS AND METHODS

A 58 year-old female patient of *Vata Kaphaja Prakruti* visited the Kayachikitsa O.P.D, Ayurveda, Mahavidyalaya, Heggeri, Hubballi, Karnataka, India, on 4th April 2017 with IPD no 1444, with complaints of *Shoola* (severe pain), *Stambha* (stiffness), over the back of neck associated with restricted movement of left hand for three months. There was no obvious history of trauma, except the strenuous house hold work. She had regular appetite and bowel movement was normal. The pain aggravated during activities, cold climate, especially in the evenings or night hours. Patient got mild relief from the symptoms after taking

rest and heat application. On examination, it was elicited that the patient had restricted Range of movements (ROM) of the Left shoulder joint and maximum tenderness was noticed at the head of Humerus with no obvious swelling.

There was a history of treatment for the same complaint under a private orthopaedic surgeon for last two months with no significant relief. Routine blood investigations including RA (Rheumatoid arthritis) factor and X-ray examination of hand were done by the surgeon and all investigations were found within normal range.

Treatment Protocol

After careful assessment and examination, patient was subjected for *Nasyakarma* with *Karpasasthyadi Taila* for 7 days and after that *Shamanaushadhi* i.e. *Trayodashanga Guggulu* is given for a period of 30 days. Assessment was done on the subjective and objective parameters before and after treatment. A special scoring pattern was prepared for the assessment of subjective parameters. Pain (*Amsa Sandhi Shoola*) other symptoms like *Bahushosha* (wasting) or *Sopha* due to involvement of *Kapha Dosha* (swelling) was measured by assessing arm circumference and range of movements by Goniometer.

On the day of admission, after taking written informed consent, the patient was given *Vaishwaanara Choornam* powder five grams twice daily with hot water for three days for the purpose of *Deepana* (digestive) and *Pachana* (carminative). Then, *Nasyakarma* was done by assessing *Roga Bala* (strength of the disease), *Rogi Bala* (strength of the patient) and whether the patient is fit for the therapy. The *Nasya Karma* was done with proper *Poorva*, *Pradhana* and *Paschat Karma*.

In this patient, the *Matra* (dose) adopted for *Nasya* was 8 *Bindus* (drops) which was a *Madhyama Matra* (moderate dosage). As already mentioned, *Nasya Karma* was done for a total period of 7 days; i.e after seven days of therapy patient was advised to take *Shamanoushadhi* for 1 month.

The ingredient details of *Karpasasthyadi taila* and *Trayodashanga Guggulu* has been enlisted in Table 1 and 2 respectively. It also contains *Tila taila* (sesame oil) and *Ajaksheeram* (Goat's milk).

Table 1: Ingredients of Karpasasthyadi Taila^[6]

Drugs	Botanical name	Family
<i>Karpasa</i>	<i>Gossypium Herbaceum</i>	Malvaceae
<i>Bala</i>	<i>Sida cordifolia</i>	Malvaceae
<i>Masha</i>	<i>Vigna mungo</i>	Fabaceae
<i>Kulatha</i>	<i>Macrotyloma Uniflorum</i>	Fabaceae
<i>Devadaru</i>	<i>Cedrus deodara</i>	Pinaceae
<i>Rasna</i>	<i>Pluchea lanceolata</i>	Compositae
<i>Kushta</i>	<i>Saussurea Lappa</i>	Asteraceae
<i>Sarshapa</i>	<i>Brassica Campestris</i>	Cruciferae
<i>Nagara</i>	<i>Zingiber Officinale</i>	Zingiberaceae
<i>Shatahwa</i>	<i>Anethum sowa</i>	Apiaceae
<i>Pippalimula</i>	<i>Piper longum</i>	Piperaceae
<i>Chavya</i>	<i>Piper chaba</i>	Piperaceae
<i>Shigru</i>	<i>Moringa Oleifera</i>	Moringaceae
<i>Punarnava</i>	<i>Borrhavia Diffusa</i>	Nyctaginaceae

Table 2: Ingredients of Trayodashanga Guggulu

Drugs	Botanical name	Family
<i>Abha</i>	<i>Acatia Nilotica</i>	Mimosaceae
<i>Shatahwa</i>	<i>Anethum Sowa</i>	Apiaceae
<i>Vrudhadaru</i>	<i>Argyreia Speciosa</i>	Convolvulaceae
<i>Shatavari</i>	<i>Asparagus racemosus</i>	Liliaceae
<i>Guggulu</i>	<i>Commifora Mukul</i>	Burseraceae

<i>Shati</i>	<i>Hedychium spicatum</i>	Zingiberaceae
<i>Yavani</i>	<i>Trachyspermum ammi</i>	Apiaceae
<i>Hapusha</i>	<i>Juniperus Communis</i>	Coniferae
<i>Rasna</i>	<i>Pluchea lanceolata</i>	Compositae
<i>Guduchi</i>	<i>Tinospora cordifolia</i>	Menispermaceae
<i>Gokshura</i>	<i>Tribulus Terrestris</i>	Zygophilaceae
<i>Aswagandha</i>	<i>Withania somnifera</i>	Solanaceae
<i>Nagara</i>	<i>Zingiber officinale</i>	Zingiberaceae

Karpasasthyadi Taila is a *Vata-kaphahara* and *Brihmana Yoga* mentioned in *Sahasrayoga* and is indicated in the form of *Nasya* in conditions like *Apabahuka*.

The overall reduction in symptoms was graded based on patient's presentation and physician's observation and were documented before and after treatment. The method of gradation and assessment has been explained in Table 3 & 4.

Table 3 (a, b, c & d): Criteria for assessment - Subjective

3a. Shoola (pain)

Grade	Duration of Pain
0	Nil/absent
1	1-4hrs/day
2	5-8hrs/day
3	9-12hrs/day
4	More than 12hrs/day

3b. Shoola Teevrata (Severity of pain)

Grade	Severity of Pain
0	No pain

1	Mild pain on movements (I am aware only if I pay attention it)
2	Severe pain on movements(I can ignore at times, and can do my daily activities)
3	Continuous severe (I cannot ignore but sometimes I cannot do my usual activity)
4	Severe intolerable (excruciating), I can't do anything ,forced to take rest and medicine

3c. Tenderness

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

3d. Visual analogue scale (0-10 Scale)

Grade	Tenderness
0	No pain
1-3	Mild pain
4-7	Moderate pain
8-10	Severe pain

Table 4 (a & b): Criteria for assessment - Objective

4a. Amsa sosha (Muscle wasting)

Circumference	Before Treatment	After Treatment	Follow Up
	BT Right Left	AT Right Left	
Mid Arm	31cm	30cm	29.5cm

	BT	AT	Follow Up
	31.9cm	31.5cm	30cm
Elbow	28.1cm 28.1cm	28.1cm 28.1cm	28.1cm 28.1cm
Cervical	35.5cm	35cm	35cm

4b. Range of movement

Movements	BT Degree	AT Degree 7 th Day & 14 th Day	21 st Day	28 th Day
Flexion	145	150 154	160	160
Extension	44	40 54	50	48
Abduction	134	142 148	148	148
Adduction	44	45 45	48	48
Int. Rotation	70	75 80	85	85
Ext. Rotation	80	85 90	90	90

DISCUSSION

Acharya Vagbhata's quotation 'Naasa Hi Shirasodwaram' states that, nose is the easiest and closest opening for conveying the potency of medicines to the cranial cavity. The Nasya Dravya acts by reaching 'Sringataka Marma' from where it spreads into various Strotas (vessels and nerves) and brings out vitiated Dosha from the head. Acharya Sushruta considers Shringataka Marma as a Sira and Sadyopranahara Marma and as a composite structure consisting of four Siras in connection with four sense organs viz, nose, ear, eye and tongue. The entry of drugs in to the brain can be understood by the following 3 concepts; The entry of drugs in to the brain can be understood by the following 3 concepts;

1. By general blood circulation after absorption through mucous membrane.

2. The direct pooling into venous sinuses of brain via inferior ophthalmic veins.
3. Absorption directly into the cerebrospinal fluid

The nasal cavity directly opens in to frontal, maxillary and sphenoidal air sinuses. Epithelial layer is also continuous throughout the length. The momentary retention of drug in nasopharynx and suction causes oozing of drug material in to air sinuses. These sites have rich blood vessels entering the brain and meninges through the existing foramens in the bones. Therefore, there are better chances of drug transportation in this path. One can see into the truth of narration made by Vagbhata, here the drug administered enters the paranasal sinuses.

That is *Shringhataka* where the ophthalmic veins and the other veins spread out. The sphenoidal sinuses are in close relation with intra cranial structures. The mentioning of the *Shringhataka* in this context seems to be more reasonable. Myelin sheath is the first covering of nerve fibre which is composed of lipid material. Blood brain barrier is highly permeable for lipid substances, and substances which are fat-soluble. Therefore, these substances can pass easily through the blood-brain barrier and exert their action. The lipid contents of *Karpasasthyadi Taila* may pass through the blood brain barrier easily due to its transport, some of the active principles may reach up to certain levels in the nervous system to exert their *Vataghna* property.

RESULTS

With these 30 days of treatment, patient got tremendous relief from pain and stiffness and marked improvement in the Range of movements (ROM) in the affected hand without any untoward effect. The gradations of the symptoms are shown in tables 3 and 4. There was significant reduction in pain on assessment with VAS pain scale also. The visual analogue scale plotted above represents the pain grade of the patient on 1st, 7th, 14th, 21st, 28th days respectively. On the very first day the pain grade was 9 (severe pain). On the 7th day of *Nasya*, the pain grade became 7 (moderate pain). The 14th day of

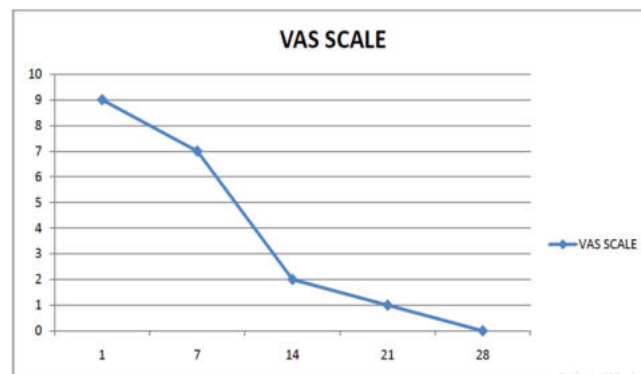
assessment shows that the symptoms have considerably reduced and the VAS has become 2 (Mild pain). The follow up on 21st day has made the pain scale to 1 (Mild pain) and on the 28th day the patient had no pain or any symptoms.

Table 5: Criteria for assessment - Subjective

	BT	Day - 7	Day - 14	Day - 21	Day - 28
<i>Shoola</i>	4	2	1	1	0
<i>Shoola Teevrata</i>	4	2	1	1	0
Tenderness	3	2	0	0	0

VAS Scale

In the X-axis days plotted, and in Y-axis, pain gradient was marked



CONCLUSION

The *Chikitsa Sootra* of *Apabahuka* itself has highlighted the importance of *Nasya Karma* in managing the condition. As *Karpasasthyadi Taila* is a *Brihmana* and *Vata-Kapha Hara Yoga*. It was administered as *Nasya*. As the case showed marked relief from symptoms such as pain, swelling, tenderness, restricted range of movements within 16 days of management, it can be concluded that, this treatment modality can be prescribed as a Standard procedure considering its effectiveness and safe therapeutic regimen for *Apabahuka*. A large scale clinical study must be conducted to establish the efficacy of this modality of treatment with longer follow ups.

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