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Role of *Panchakarma* treatment in *Avabahuka* - A Critical Review

Chinky¹, Anup Jain², Aarti³, Neha Yadav⁴

^{1,3,4}Post Graduate Scholar, Post Graduate Department of Panchakarma, Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar, New Delhi, India.

²Assistant Professor, Post Graduate Department of Panchakarma, Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar, New Delhi, India.

ABSTRACT

Avabahuka is an *Urdhwajatrugata Vata Vikara* caused by *Kupita Vata Dosha* localised around the *Ansa Pradesh* (Shoulder region) causing *Shoshana* (wasting) of the *Ansa Bandanam* (Shoulder joint complex), there by leading to *Akunchana* of the local *Sira* causing *Bahupraspandanhara* (Hampered normal functioning of the shoulder) and *Shoola* (pain). Due to its clinical manifestations *Avabahuka* can be compared with frozen shoulder. Prevalence of frozen shoulder is 2-5% in general population and Females are more affected than male. The incidence of frozen shoulder is 2- 4 times higher in diabetes then in the general population. Due to sedentary lifestyle, food, stress more population face these problems and incidence of disease increase drastically. Hence *Snehana*, *Swedana*, *Uttarbhaktika* *Snehapana*, *Nasya Karma* can be used for treating such patients.

Key words: *Avabahuka*, *Frozen shoulder*, *Panchakarma*

INTRODUCTION

Avabahuka is a disease described in ayurvedic literature which is characterized by localized *Samprapti* which affects *Ansa Sandhi* (Shoulder joint) and causes *Shoshana* (Wasting/ weakness) of *Ansa Bandhanam* which leads to *Aakunchan* of local *Sira*.^[1] It is characterized by *Bahupraspanditahara* (Hampered normal functioning of the shoulder) and *Shoola* (pain).^[2]

Avabahuka word is derived from combining two terms:

Address for correspondence:

Dr. Chinky

Post Graduate Scholar, Post Graduate Department of Panchakarma, Ch. Brahm Prakash Ayurved Charak Sansthan Khera Dabar, New Delhi, India.

E-mail: mahlanchinky17@gmail.com

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Ava meaning *Viyoga*^[3] i.e., dysfunction or separation^[4] and *Bahuka* meaning arm, therefore the term *Avabahuka* represents dysfunction in arm.^[5]

It is an *Urdhwajatrugata Vata Vikara* caused due to vitiation of *Vata Dosha*. *Acharya Sushruta* mentioned *Vatavyadhi* in *Astamahagada*^[6] *Ansa* (Shoulder joint) is described as a *Snayu* and *Vaikalayakar Marma*,^[7] any injury to which can cause *Stabdhta*.^[8]

Acharya Sushruta described the disease *Avabahuka* for the first time in *Nidansthana*. *Siraakunchana* (contraction of tendons) is one of the common symptoms as described by *Acharya Sushruta*. *Bahusosha* (muscle wasting of arm) and *Ansabandhanshosh* (contraction of shoulder ligaments) are the other symptoms mentioned in different texts.^[9]

Due to its clinical manifestations *Avabahuka* can be compared with frozen shoulder. Shoulder joint is complex and has the greatest range of motion. Frozen shoulder means a significant loss of its range of motion in all direction (capsular pattern). It is a result of inflammation, scarring, thickening and shrinkage of the

capsule that surrounds the normal shoulder joint.^[10] It is also called as adhesive capsulitis and is one of the most common causes of shoulder pain and disability.

Frozen shoulder is divided into two types as per their cause primary and secondary, Primary frozen shoulder has insidious onset usually without any known aetiology, while the secondary frozen shoulder is due to the clinical conditions like rheumatoid arthritis, osteoarthritis, trauma or immobilization has three stages, painful, freezing, frozen and thawing. Though it is not a life threatening disease, it causes problems in day-to-day activities, thus affecting the quality of life.^[11]

Prevalence of frozen shoulder is 3-5% in general population.^[12] Females are more affected than male.^[13] The incidence of frozen shoulder is 2-4 times higher in diabetes than in the general population.^[14] Treatment in other system of medicine commonly includes anti-inflammatory, analgesics and muscle relaxant medications, non-steroidal anti-inflammatory drug or NSAIDs, and topical application of heat/ ice is also found effective in relieving back pain.

Considering the above scenario and the needs of modern society to find an effective cure, it becomes imperative to review or search for safe and effective interventions in cases of *Avabahuka* (Frozen shoulder).

AIM AND OBJECTIVES

AIM

This review study is primarily planned to review previous conducted clinical researches based on the type of intervention i.e., various *Panchakarma* interventions used for management of *Avabahuka* and to make its specific treatment protocol.

OBJECTIVE

To assess the efficacy and safety of *Panchakarma Chikitsa* for management of *Avabahuka*.

MATERIALS AND METHODS

All the information relevant to the study is compiled from previous research studies, i.e., clinical trials,

randomized or not having interventions of various *Panchakarma* modalities and published in various peer reviewed journals and also available on multiple databases such as PubMed, Google scholars, Shodhaganga, Cochrane library etc.

OBSERVATIONS AND RESULTS

This review is based on information from a total 8 interventional studies by critically analysing them to verify the necessity and assess the role of *Panchakarma Chikitsa*.

Observations

1. Joydip Tripathi et al: April-2018: A Clinical Study on the role of *Nasya Karma* in the Management of *Avabahuka* (Frozen Shoulder) with *Vatada Taila*^[15]

It was an Open label, Single arm, Non-comparative Clinical Trial in which 30 patients were enrolled and was treated with *Vatada Taila Nasya* 3 drops per nostrils twice a day were administered for 15 consecutive days. All the subjective and objective parameters were recorded after 15 days of the study. It has been revealed that the features like pain and stiffness have reduced markedly that is about 58.82% and 68.58% respectively having p value less than 0.001 that is highly significant. On the other hand, the objective parameters like flexion, extension, external rotation, internal rotation, abduction showed improvement with enhancement of their respective angles with percentage of relief by 2.46%, 10.78%, 9.66%, 8.57%, 2.50% respectively. And the therapy may be declared as safe and effective.

2. Revathi K et al: Sep 2018: A Clinical Study to Evaluate Effect of *Nasya* with *Shudhabala Taila* in *Apabahuka* w.s.r. to Frozen Shoulder^[16]

It was an open label single group clinical trial in which 30 patients of *Avabahuka* were enrolled and was treated with *Nasya Karma* with *Shudhabala Taila* 8 drops per nostrils for 7 days and follow up was done on 21th day. Result of this study showed that *Nasya* with *Shudhabala Taila* was effective in relieving the symptoms of *Apabahuka* and found statistically significant.

3. Sujatha M et al: Nov 2020: A Controlled Clinical Study to Evaluate the Efficacy of *Shulahara Gritha Nasya* in the Management of *Apabahuka* Vis-A-Vis Frozen Shoulder^[17]

It was an Interventional Controlled Clinical Trial in which 50 patients of *Apabahuka* were enrolled. Group A was treated with *Nasya Karma* with *Ashwagandhagritha* in a dose of 8 *Bindu* (4ml) to each nostril for 7 consecutive days and *Trayodashanga Guggulu* internally and Group-B was treated with *Nasya Karma* with *Shulaharagritha* in a dose of 8 *Bindu*(4ml) to each nostril for 7 consecutive days and *Trayodashanga Guggulu* internally. The assessment was done on the 0day, 8th day, 15th day after the completion of trial. Overall assessment of following movement of shoulder joint: Flexion -complete relief in 88% patients, moderate relief in 12%, abduction-complete relief in 90% patients, 10% had moderate relief and pain showed complete relief in 86% patients. In Group-A 84% patients were completely relieved from pain and 16% patients had moderate relief from pain. In Group- B, 88% patients were completely relieved from pain and 12% patients had mild pain. Comparison between the groups showed that both the groups were effective in reducing symptoms of *Apabahuka*. Statistically the results of restricted movements of flexion and abduction between the groups was non- significant with the p value 0.627 and 0.609 and pain with the p value 0.079 indicating equal effectiveness of both the groups.

4. Rohini A. Aramani et al. Oct 2015: Comparative Clinical Study of *Nasya Karma* and *Uttarabhaktika Snehapana* in *Apabahuka*^[18]

In this study, 30 patients of *Apabahuka* were enrolled by dividing them in 2 Groups (15 in each): Group A was administered *Nasya Karma* with *Masha Taila* 8 drops per nostrils for 7 days. In Group B was administered *Uttarbhaktika Snehapana* with *Masha Taila* 12ml after morning and evening meal for 7 days and follow up was done after 14th day. Total duration of the study was 24 days. Before given *Nasya* and *Uttarbhaktika Snehapana*, firstly we should be taken *Deepana Pachana* with *Ajamodadi Churna* with luke warm water

till *Nirama Lakshanas* appears. In Group A, out of 15 patients, 9 (60%) got moderate improvement and 6 (40%) patients got mild improvement. In Group B, out of 15 patients, 3 (20%) got marked improvement and 12 (80%) patients got moderate improvement. Comparison of total effect of two groups had analysed. However, there was 60% improvement in Group A and 73% improvement in the Group B. Overall Group-B was more effective clinically and statistically than Group-A in almost all the parameters.

5. Banmali Das: Oct-Dec 2010: A study on *Apabahuka* (frozen shoulder) and its management by *Laghumasha Taila Nasya*^[19]

It was a Randomized Standard Single Blind Clinical Study. In this study, *Marsha Nasya* with *Laghumasha Taila* in doses of 6, 8 and 10 drops respectively were administered to 15 patients for seven days, and the following results were obtained. After treatment, 53.33% relief was found on *Bahupraspanditahara*, 26.66% on *Shoola*, 30.00% on *Stambha*, 60.00% on *Atopa*, and 37.50% on *Shoshna* (wasting of muscles). On the overall effect of therapy alone, one (6.60%) patient got marked improvement, eight (53.33%) got moderate improvement, four (26.66%) were improved, and two (13.33%) patients remained unchanged.

6. Conception Costa et al: July-Aug 2020: A comparative clinical study on the efficacy of *Nasya* with *Pinyaka / Panchamula Taila* and *Swalpa Masha Taila* in *Apabahuka* w.s.r. to Frozen shoulder^[20]

It was a single blind randomised clinical study in which 40 patients of *Apabahuka* were enrolled and divided into two groups - Group A was treated with *Pinyaka / Panchamula Taila Nasya* and Group B was treated with *Swalpa Masha Taila Nasya*. Statistically Group-A showed better results in Pain (51.2%), Stiffness (48%), Tenderness (58.33%), with improvement in goniometric readings of shoulder ROM than Group-B in Pain (39.4%), stiffness (40.9%), Tenderness (58%). Thus, it was concluded that Group A *Nasya* with *Pinyaka Taila* showed better effect than Group B *Nasya* with *Swalpa Masha Taila*.

7. Dr. Vikramaditya Jangir :2017: A Comparative Study of *Swalpa Masha Taila Nasya* and *Swalpa Masha Taila Uttarabhaktika Snehapana* in the Management of an *Avabahuka*^[21]

In this study, 60 Patients were enrolled and divided into 2 groups (30 in each group). In Group-A was treated with *Swalpamasha Tailam Nasya* with the Dosage of 4 drops in each nostril for 7 days and Group-B was treated with *Swalpa Masha Tailam Uttarabhaktika Snehapana 3 Aksha Pramana* for 7 days with luke warm water for 7 days and follow up after 21 days. Total duration of the study was 28 days. Comparison of the total effect of two groups had analysed. However, there was 60% improvement in Group A and 73% improvement in the Group B. But clinically Group B (*Uttarabhaktika Snehapana*) has got highly significance than Group A (*Nasya*).

8. Bindu P Patil, Veena G Rao: 2014: Effect of *Masha Saindhava Taila* in the Management of *Apabahuka* W.S.R To Frozen Shoulder^[22]

It was a single blind clinical study in which 30 diagnosed patients of *Apabahuka* were selected and was treated with *Nasya* with *Masha Saindhava Taila* for 7 days. Assessment was done after the treatment on 14th, 22nd and 30th day of follow ups. Improvement in *Stabdhta* after treatment was highly significant with P value<0.001. Internal rotation: This movement was majorly affected in 53% of patients with grade 3 and on follow ups it was gradually reached to grade one. External rotation: 50% patients with grade 3 had increased in range of motion i.e. to grade 2 on 1st follow up, 46% patients of grade 2 to grade1 observed on last follow up. Flexion: 53% with grade 3 showed improvements in two levels i.e., mild on last follow up, 20% showed good improvement with grade 0 from grade1. Extension: 56% from grade 3 to grade 1 on 3rd follow up, 13% from grade2 to grade1, 3% from grade 2 to grade 0. Abduction: 53% from grade 3 to grade 1 on last follow up and grade 1, 20% grade 2 to grade 1, 20% from grade 2 to grade 0 on last follow up. Thus, it was concluded that moderate improvement was observed in flexion, abduction and external rotation

and not much improvements was observed in the movement extension and internal rotation.

DISCUSSION

Avabahuka is a disease in which *Vata* get vitiated and situated in *Ansa Sandhi* and produce symptoms like *Shoola*, *Stabdhta*. As it is *Krichrsadhya Vyadhi* only *Shamana Aushadi* is not enough to treat the disease so *Panchakaram Chikitsa* is of prime importance.

Role of *Uttarbhaktika Snehapana* in *Avabahuka*

In *Avabahuka* mainly *Vyana Vayu* is vitiated and in text *Aushadha Kala* defines for *Vyana Vayu* is *Adhobhakta*. *Snehapana* done after intake of food which is useful in the disorders of *Vyana Vata*. *Acharya Vagbhata* said that when *Sneha* is given before food, will cures *Adhobhaga Roga*, in the middle it cures *Madhyamabhaga Roga* and after food cures *Urdhwabhaga Roga*,^[23] so *Uttarbhaktika Snehpana* is useful in *Avabahuka*.

Role of *Snehana* and *Swedana* in *Vatavyadhi*

For *Vatavyadhi*, *Snehana* and *Swedana* are the best line of treatment. As *Sneha Dravya* possesses *Drava*, *Sukshama*, *Sara*, *Snigdha*, *Manda*, *Mridu*, *Guru Guna* which are just opposite to *Vata* so it alleviates *Vata*. *Snehana* when administered provides nourishment to emaciated tissue. As *Avabahuka* is a *Vatavyadhi*, *Snehana* with *Vatahara Taila* brings *Snigdhatata* (oleation) in the body which leads to minimize the *Bahu Shoola* (Pain), *Stabdhta* (Stiffness) and *Praspaniditahara* (Restricted movement) and softens the muscles, ligaments and tendons present in shoulder joint. After *Snehana*, *Swedana* should be given which alleviates *Shoola* (pain), *Stambha* (stiffness), *Shotha* (oedema) in shoulder joint and also clears the blocking of passages (*Srotorodha*).

Role of *Upanaha Sweda* in *Vatavyadhi*

Upanaha Sweda is a type of *Sweda* in which warm paste of herbs is applied on affected joint that increases the local skin temperature and further it prevents heat loss a thick layer of herbal paste works as a bad conductor of heat. The tactile receptors are very sensitive to temperature changes and respond

quickly to even small change in temperature. Increase the temperature of a particular area cause the stimulation of nerve endings for giving fight and flight response to combat the increasing temperature through opening of sweat glands and maintenance of homeostasis. In this procedure the secretion of inflammatory mediators by local receptors, hampering the secretion of various cytokines and interleukins and therefore obliterating the pathogenesis of inflammation. So, *Upanaha Sweda* is used for reducing pain, stiffness, tenderness, swelling and increased range of movement of shoulder joint.

Role of Nasya in Avabahuka

Avabahuka is an *Urdhwajajatrugata Vikara* and caused by *Vata Dosha*. *Acharya Vagbhata* recommends *Nasya* and *Uttarbhaktika Snehana* in the management of *Avabahuka*.^[24] For reduction of *Vata Dosha* we can administer *Brihana Nasya* in which *Sneha* is administered through nose. *Acharya Vagbhata* has stated that, the '*Nasa Hi Shiraso Dwaram*' that is, the nose, is the easiest and closest opening for conveying the potency of medicines to the cranial cavity. *Acharya Charaka* has said that *Nasya* drug usually acts through absorption by the *Shringataka Marma*. After absorption of the drug, it acts on the diseases of *Skanda*, *Amsa*, and *Greeva Pradesha* and the *Prakupita Doshas* are expelled out through the principle of '*Munjadishikhavat*' from *Uttamanga*.^[25] *Brihana Nasya* provides nourishment to the *Shiroindriya* and other organs and alleviates the vitiated *Vata Dosha*.

CONCLUSION

In treatment of *Avabahuka*, *Nasya* plays a vital role not only symptomatically but in overall manner.

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