

Pain Management in Frozen Shoulder by Siravyadha – An Atyayika Chikitsa- A Case Report

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ABSTRACT

Idiopathic Frozen shoulder or Adhesive capsulitis is a commonly occurring condition, characterised by a capsular pathology associated with pain and progressive loss of passive and active movement. It occurs in the general population with an incidence of approximately 2% and of these 20 to 30% will go on to develop the condition bilaterally. Common conservative treatments for frozen shoulder include non steroidal anti inflammatory drugs(NSAIDS), glucocorticoids given orally or as intra-articular injections and or physical therapy^[1]. Many practitioners find themselves limited to prescribing medications to relieve pain and inflammation. In Ayurveda, *Apabahuka* is a disease that affects *Amsa sandhi*. Pain and stiffness is caused by *VataKaphadosha*. A male patient aged 60 years had pain over left shoulder joint was managed by doing one sitting of *Siravyadha*. After *Siravyadha* patient had considerable relief in pain and stiffness.

KEYWORDS: Frozen shoulder, *Apabahuka*, *Siravyadha*, *Raktamokshana*, *Ardhachikitsa*.

I. INTRODUCTION:

American academy of orthopaedic surgeons defines frozen shoulder as a condition of varying severity, characterised by the gradual development of active and passive shoulder movement associated with severe shoulder pain. Frozen shoulder is also known as adhesive capsulitis, painful stiff shoulder and periartthritis. The life time prevalence of frozen shoulder is estimated to be 2 to 5 percent of the general population^[2]. The condition is more common in the fifth and sixth decades of life, with the peak age in the mid 50s. The non dominant shoulder is involved slightly more often. In 6 to 17 percent of patients, the other shoulder becomes afflicted within five years^[3].

In Ayurveda, Frozen shoulder can be correlated as *Apabahuka*, one among the *vatavyadhi* where vitiated *vatadosha* lodges in

amsapradesha and leads to the *aakunchanaof sirasand soshana* of *amsabandhana*.^[4] *Apabahuka* is common but ill understood affliction of glenohumeral joint without the radiographic changes, characterised by pain and restriction of all the shoulder movements. It is often said that the pain is severe enough to disturb the sleep^[5]. *Sanga*, *avarana* and *vedana* caused by these *doshas* can be relieved by *Siravyadha*, one among the type of *Raktamokshana* which provides instantaneous and encouraging results. *Acharya Susrutha* mentioned *Raktamokshana* as *Ardhachikitsa*^[6]. It is simple, cost effective and singular OPD level procedure.

II. CASE REPORT:

PATIENT INFORMATION:

A male patient aged 60 years, a K/C/O of diabetes for 1 year on control with medication diagnosed with frozen shoulder was admitted in SDM Hospital, Udupi with chief complaints of pain and stiffness in the left shoulder for 15 days, associated with difficulty and reduced range of movement. Pain aggravates during lifting weights and he found it difficult to perform his day to day activities. Pain mildly relieved on pain balm and hot oil application. Occasionally he was unable to sleep due to severe pain.

HISTORY OF PRESENT ILLNESS:

The patient was apparently healthy 15 days back. Later he developed mild discomfort in left hand while lifting weights which was progressive in nature. And within 15 days he found it very difficult to perform his day to day activities. Pain was non radiating in nature and was constant throughout the day and gradually disturbed his sleep. No nerve root pathology, no h/o trauma and steroid medications. He consulted a physician for relief from these symptoms. He underwent physiotherapy and oral medication for the same but seldom attained any relief. Later the patient got admitted in SDM hospital for better management

CLINICAL FINDINGS:

General examination: The general condition of the patient was fair and his vital signs were normal. **Systemic examination:** No abnormality was found in respiratory, cardiovascular and central nervous system.

Local examination: Musculoskeletal system
Left shoulder joint:

On inspection: No discolouration and no swelling

On palpation: Tenderness present at anterior aspect of shoulder joint, Temperature-not raised

Range of movements: Flexion, Extension, Internal rotation, External rotation, Abduction, Adduction- Limited and painful.

Deep Tendon Reflexes are normal.

DASHAVIDHA PAREEKSHA:

Prakriti	Vata pitta
Vikrithi	Vatakapha
Sara	Madhyama
Samhanana	Madhyama
Aharashakti	Madhyama
Vyayamashakti	Madhyama
Bala	Madhyama
Satwa	Madhyama
Satmya	Sarvarasa
Vaya	Madhyama

THERAPEUTIC INTERVENTION:

Poorvakarma- *Sthanikaabhyanga* and *swedana* done for a day just before the procedure

Pradhana karma

- Painting with betadine solution and draping done (left cubital fossa)
- Most prominent vein is selected and using 18 no needle *Siravyadha* was done under aseptic precautions.
- Nearly 150 ml blood was removed.

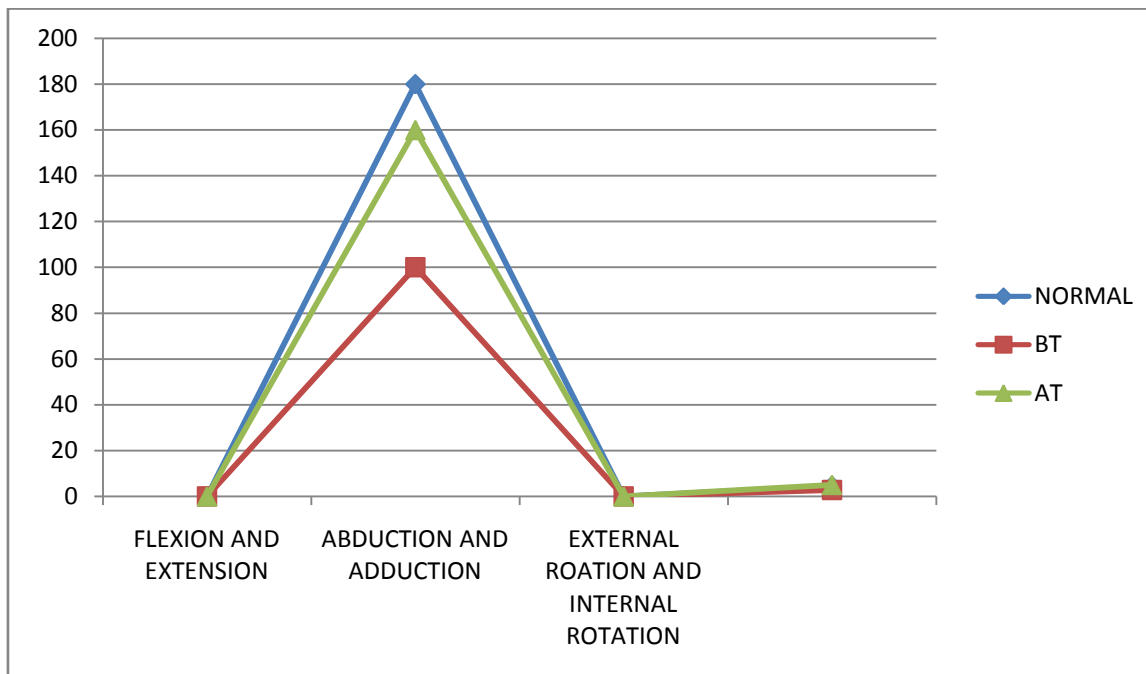
- Procedure was performed until *samyaksiravyadhalakshanas(suviddhaam)*^[7]

Paschat karma- after removing the needle *haridrachoorna* was dusted and bandaged tightly.

OBSERVATION: There was considerable relief from pain and restoration of range of movements to almost normal on 2nd day of *Siravyadha*. Patient was advised to take *snigdha* and *ushnaaharas* and was advised for follow up after 15 days.

RANGE OF MOVEMENTS OF SHOULDER JOINT	DAY 0 (BEFORE TREATMENT)	DAY 2 (AFTER TREATMENT)
FLEXION	150 ⁰	170 ⁰
EXTENSION	50 ⁰	55 ⁰
INTERNAL ROTATION	50 ⁰	60 ⁰

EXTERNAL ROTATION	70 ⁰	80 ⁰
ABDUCTION	100 ⁰	160 ⁰
ADDUCTION	20 ⁰	35 ⁰



III. DISCUSSION:

In general *vatavyadhi* is difficult to manage, but when the patient is having good *sharirika* and *manasikabala* it can be managed to a greater extent. *Apabahuka* affects the *amsa sandhi*, seat of *kaphadosha*. *Siravyadha* helps in removing the *sanga*, *avarana* and *vedana* caused by *kaphavatadosha*. There occurs *vataprashamana* and *srotoshodhana*. *Rakta* is considered as *chathurthadosha* by *Acharya Susruta*. *Raktamokshana* may be defined as a technique of controlled bloodletting and it comes under the *shodhana* line of treatment to eradicate the diseases of *rakta* and to purify the *dhatu*s. In *Shalya Tantra* it is considered as *Ardhachikitsa*. *Sravapramana-Pravaramatra* is 1 *prastha*. *Snehana* and *swedana* is a necessary prerequisite before *Siravyadha* as *abhyanga* helps in *doshautklesana* and *swedana* helps in *doshavilayana*. *Siravyadha*, a type of *Raktamokshana* is economical and can be done in OPD basis. Patient gets instant relief from pain.

IV. CONCLUSION:

There was a significant relief in pain and stiffness followed by *Siravyadha* and the patient returned to daily routines easily after the procedure. *Raktamokshana* can be thus adopted as an important *Atyayikachikitsa* in accordance to the principles of *Ayurveda* for early and significant relief in pain and restoration of the range of movement of the shoulder joint in *Apabahuka*.

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