

वायुर्धाता शरीरिणाम्-WSR To Avavahuka(Frozen Shoulder)Treatment.

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ABSTRACT:

Shoulder joint (Amsa Sandhi) has its clinical importance because of wide range of motion Frozen shoulder is a musculoskeletal disorder characterized by stiffness and pain in the shoulder joint. This typically occurs in cycle of 3 stages, painful phase, stiff phase, and thawing phase. This entity resembles with Avababuka, in Ayurveda. Avabahuka is a disorder of Amsa Sandhi, and it has been mentioned by Acharya Sushruta under 80 types of Vata Vyadhis. It is commonest condition in orthopaedic hospital. Frozen shoulder causes pain and restricted movements, which hampers daily activity of the patient. Modern medicine has NSAIDs, steroids for such condition but it is costly, have much side effects and not satisfying Treatment. In Ayurveda, there are many methods for treatment of Avabahuka eg Siravedha, Agnikarma, Basti Chikitsa, Nasya, Snehana, Swedana and oral medication.

I. INTRODUCTION:

Incidence rate of this disease is 3-5% in general citizens. It increases up to 20% with diabetic patients. Next shoulder affected once first one has resolved in 6-17% patients. The non-dominant shoulder is more affected than dominant one, Symptoms includes pain at nighttime initially, then all the time and limited movements of shoulder joint.

It is a consequence of thickening inflammation, scaring, thickening and shrinkage of the capsule around the normal shoulder joint. It is commonly seen in patients with risk factors of diabetes mellites, Chronic arthritis of shoulder

joint, post- operative chest and breast surgery, long standing immobility of shoulder joint etc.

In Ayurveda, this condition mimics with Avababuka. This named because of it affects the Amsa Sandhi (Frozen shoulder). According to Acharya Sushruta, when Vata Dosha gets vitiated at Ama Sandhi, it leads to exploitation and constriction of vessels. This condition is known as Avahahuka . It is one of the 80 types of Vata Rogas .

Case study:

A 60 years female patient, farmer by profession presented with complaints of pain, stiffness and limited movements left shoulder jointsince 6 month. Initially she had pain only at night later on day time too. (Left frozen shoulder). BP-130/84 mm of hg. Deformity Left shoulder joint- Absent. Muscular atrophy-slight wasting, Tenderness-Mild tender, Local temperature-Normal.

Therapeutic Intervention:

The line of treatment mentioned for Vata Vyadhi in Ayurvedic classics includes Snehana ,Swed ana, Basti, Shiro-basti, Nasya, and all Vata Shamaka Ayurveda preparations.

Samprapti Ghataka (Factors of Pathogenesis as perAyurveda):

Dosha: Vyana Vata, Shleshaka Kapha;
Dushya: Sira, Snayu, Mamsa, Kandara, Asthi;
Srotas: Mamsavaha, Asthivaha; Sroto Dushti:
Sanga, Vimargagamana Roga: Marga: Madhyama;
Udbhava Sthana: Pakwashaya; Vyakta Sthana:

Bahu; Adhithana: Amsa Pradesh; Vyadhi Swabhava: Chirakari.

By considering these references, the line of treatment chosen for this patient was according to Dosh-Dushti and Stoto-Dushti as above, which included Abhyanga with Nirgundi Taila, Nadi Sweda on right shoulder, and Rakta Pachaka Kwatha Niruha Basti and Dashanga Lepa application and two Ayurvedic medicines-Vishatinduka Vati 500 mg twice a day and Dashamooladi Kwatha 20 ml twice a day with lukewarm water after meals. The treatment regimen at the in-patient department (IPD) level was given for 7 days. The patient was admitted in the female ward. Abhyanga with Nirgundi was done for 25 minutes followed by Nadi Swedana for 10 minutes on the right shoulder for 15 minutes.

II. RESULT:

A significant change in the range of movement was observed on goniometry after first course of 15 days of the therapeutic regimen, facilitating good active and passive movements of the right shoulder joint. The range of restricted movements improved gradually from 50° to 80° for abduction, 70° to 90° for flexion, and 15° to 30° for extension. After completion of the second course of the Ayurvedic treatment regimen at IPD, excellent relief was observed in range of restricted from 50° to 100° for abduction, 70° to 110° for flexion, and 15° to 50° for extension.

III. DISCUSSION:

In the present case, Hetu (causes) like Vatakaraka Ahara (Vata aggravating diet), Ativyayam (Excess exercise) and menopausal age, vitiated Vata Dosha (Vyana Vayu), and Aam produced due to Agnimandhya got accumulated in the Amsa Sandhi. Along with the depletion of lubrication of Sandhi resulting from Vata Prakopa, produced restriction in joint movement causing Shula and Stambha that are the main symptoms of Avabahuka and are the characteristic of Vata and Kapha, respectively. Also, Amsa Sandhi is seat of Kapha. So, the treatment regimen was designed with the aim to pacify the Vata-Kapha Dosha Dushti both internally and externally and to address the Kha Vaigunya by strengthening the joint.

IV. CONCLUSION:

Ayurveda treatment therapy with Bala Taila Snehana, Sarvanga Bashpa Swedana, Anutaila Nasya along with Maha Yograja Guggulu and Maharasnadi Kwatha is effective in reducing

pain and improving flexibility of the affected shoulder joint in Avabahuka.

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