ARTICLE

Ayurvedic management of Avabahuka–A single case report

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ABSTRACT

Avabahukas is a disease that usually affects the AmsaSandi (shoulder joint). It is caused by vatadosa. It is one among those diseases which is painful and affects the normal routine life style of an individual. Nasya is one important procedure is mentioned in Ayurveda classics or managing Avabahuka. Present study is reported a case of Avabahuka i.e. osive pain and stiffness over back of neck associated with restricted movement of left hand since 8 days. Patient did not get relief in pain and stiffness from pain killers. For this she came for treatment, which was treated for 21 days. Patient was managed by Dashamulakashayamdhara, Abhyanga, Swedana, Nasya. Ayurvedic treatment plan includes nasya with Karpasasthiyadi tail for 21 days. The scope of Ayurvedic approach to address such a disease is discussed in this paper. The employed treatments were non invasive and cost effective, purely based on the principles of Ayurveda.

During the treatment all the signs and symptoms got reduced with great extent.

Keywords: Avabahuka, Abhyanga, Nasya, vatavyadhi, vyayama, Karpasasthiyadi tail

1. INTRODUCTION

Avabahuka is considered to be a disease that the shoulder joint usually affect. It is one among Vatajananatmajayadhi 1. Charaka used the word Bahusosha (wasting) and Bahusheershagatavata (affects normal activities of hand) It is localizing around the Amsapradesha (shoulder region) and there by causing Shoshana (weakness) of shoulder joint. Amsashosha (wasting) is the preliminary stage where in there is loss or dryness of Shleshakakapha (a type of the kapha humor) and Avabahuk is the next stage where in there is loss of Shleshakakapha as a result Bahupraspanditaharam (vata get lodged in the root of shoulder) and Shoola (pain) are seen. Usually in Avabahukashleshakakapha (type of kapha humor) soshah (weakness) along with shooladuring movement (das et al….2010). Even as this is commented on in the Madhukohsteeka. It is mentioned that Amsashosha is produced by Dhatukshaya (depletion of body tissue), that is Shuddha Vatajanya, and Avabahukis Vatakaphajanya 3

Based on Dosha (bio element) and clinical finding we can correlate this to frozen shoulder also known as adhesive capsulitis, Bicipital tendonitis etc. In early stages the pain is worst at night and the stiffness limited to abduction, and internal rotation of the shoulder. Later the pain is present all the times and all the movements of the shoulder are limited (Bhusalet al….2017). The cause of the idiopathic form of the disease is unknown where as the conditions that can lead to secondary frozen shoulder are systemic diseases

Vata (airy element) is considered as a chief factor for the physiological maintenance of the body. This vata results the manifestation of diseases. Avabahuk is one such disease which hampers the day to day activities. In modern point of view under vatavyadhi, the diseases involving musculoskeletal, neurological, psychosomatic and gastro-intestinal disorder may be considered. It indicates wide ranging involvement of vata in various system of body

Nasya (instill drops through the nostril) is most important procedure, as it is mentioned for managing Urdwajatrugatarogas (disease affecting region above neck) 4,5,6,7. So in some places it has been given first place in the sequence of Panchakarma (5 purification therapies). Nasa (nose) is told as Dwara (gateway) of
Also the drug administered through nose nourishes the shira (head), skanda (shoulder), greeva (neck), vaksha (chest). The line of management in the ayurvedic therapy is Brumhananasya (nourishing nasal drops), swedana (sweating), Abhyanga (oil application) etc. Hence an effort had been made to evaluate the effect of Rooksha sweda (dehydration therapy), Abhyanga, sweda and nasya in Avabahuk. Snehanots Brumhananasya is indicated as the preferred treatment of Aavabahuk. Present study karpasasthiyadi tail is used for Nasya and Abhyanga. Drug having Vata and Kapha hara (kaphadosha pacifying) properties along with Brumhna, Balya (increases strength) and Srotoshodhana (clearing the channels) actions may be useful. The case reported here with the informed consent of the patient showed significant regression in the condition with no signs of relapse. The patient showed good response in short span of time and could completely stop the use of allopathic medicines. The scope of Ayurvedic approach to address such a disease is discussed in this paper. The employed treatments were non invasive and cost effective, purely based on the principles of Ayurveda.

2. Case Presentation

A 48 yr old female patient of Vata kaphaja prakriti visited our o.p.d Panchakarma KJ institute of Ayurveda Gujarat, on 6/5/2020 with MRD number: 20004934. Patient complaints of shool (pain), Sophia (swelling), Stambha (stiffness) over back of neck associated with restricted movement of left shoulder region. Patient was said to be healthy before 2 weeks. Later he suffered from pain in nape of neck radiating to the left hand for which he consulted local clinic and took medicine with no significant relief found. No history of trauma. Neck pain was severe, associated with numbness. Pain aggravated during activities, especially night hours. For this she approached our hospital for further management.

3. Clinical findings

On examination:

- Blood pressure-130/90 mm of Hg, Pulse rate-82/minute, R.R-18/minute.
- It was elicited that the patient had restricted range of movement of the left upper limb and tenderness over nape of neck. Apley scratch test and empty can test are found to be positive.

4. Diagnostic assessment

4.1 Investigations:

Routine blood investigations including RA factor and X-ray examination of hand were done and all investigations were found within normal limits.

4.2 Diagnosis

Based on the manifested symptoms and clinical findings the case was diagnosed as Avabahuka, which is characterized by pain and difficulty in movement of right hand.

5. Therapeutic intervention

Patient was admitted on 6/5/2020 having MRD NO: 20004934. After care full assessment and examination, patient was subjected for Abhyanga Sweda and Nasyakarma with Karpasasthiyaditala. Assessment was done on the subjective and objective parameters before and after treatment. Treatment was accomplished in two phases, like Rukshana (dryness), Shodhana (purification),
5.1 First phase of management – RukshanaChikitsa.

During the first phase of the management, RukshanaChikitsa (Rookshasweda) like Dashamoolakashayamdhara (pouring of medicated decoction over the body) was performed which included both internal and external medications.

- **Internal Medications**

Initially Trikatutchoorna 3gm daily with lukewarm water was administered internally for a duration of 5 days from 6-5-2020 to 10-5-2020.

- **External Procedures**

Dashamulakashayamdhara (Pouring pouring of medicated decoction over the neape of neck and hands) 30 min.) was done for a period of 5 days from 6/5/2020 to 10/5/2020.

5.2 Second phase of management – Abhyanga (whole body oil massage) Nadiswedas (steam fomentation) and Nasya (instill drops through the nostril)

- **Internal Medications**

Initially Prasaraniyadikashayam (prepared by boiling the drugs in water and reducing it), Trayodashangagugglu (YR) 2 tab 2 times a day with lukewarm water was administered internally for a duration of 21 days from 11-5-2020 to 26/5/2020 for 21 days.

- **External Procedures**

After Rookshana therapy Nasya karma was done with proper Poorva, pradhana and Paschat karma (pre-operative, operative and post-operative procedure) in Panchakarma. Matra (dose) adopted for Nasya was suktipramana (16 drops in each nostril).
<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Procedure</th>
<th>Formulation</th>
<th>Ingredients</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
</table>
| 1     | Deepana (carminative) | Trikatuchoorn a | - Shunti-zingiber officinale  
- Maricha-piper nigrum  
- Pippali-pipe r longum Linn | 3g thrice daily B/F with lukewarm water | 6/5/2020-10/5/2020 |
| 2     | Kashaya dhara (pouring of medicated decoction over the body) | Dashamoola | - Bilva-Aegle marmelos Corr.  
- Agnimantha-Clerodendrum phlomoidis Linn.  
- Shyonaka-Oroxylum indicum Vest  
- Gambhari-Gmelina arborea Linn  
- Patala-Stereospermum suaveolens DC.  
- Shalaparni-Desmodium gigenticum DC  
- Prishniparni-Urariapicta Desv  
- Goksura-Tribulusterrestris Linn.  
- Brihati-Solanum manguivi Lam.  
- Kantakari-Solanum surattense Burm. f., syn-solanum xanthocarpum Schard and Wendl | Aprox. 5L/day | 6/5/2020-10/5/2020 |
Second phase management

Table 2: Ingredients of Internal medicine with Botanical name

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Formulation</th>
<th>Ingredients</th>
<th>Dose</th>
<th>Adjuvant</th>
<th>Duration</th>
</tr>
</thead>
</table>
| 1      | Prasaraniyadikashaya        | • Prasari (Parderia Foetida)  
• Masha (Phaseolus Mungo)  
• Bala (Sida Cordifolia)  
• Rasona (Allium Sativum)  
• Rasna (Inula Racemosa)  
• Nagar (Zingiber Officinale) | 20ml of each decoction           | 60 ml of boiled then cooled B/F     | 11/5/2020 to 26/5/2020 |
| 2      | Trayodashanggugglu           | • Aabha-Acasiaarabica  
• Ashwagandha-Withania somnifera  
• Hapusha-Juniperus communis  
• Guduchi-Tinospora cordifolia  
• Shatavari-Asparagus racemosus  
• Gokshur-Tribulus terrestris  
• Vriddhadaru-Argyrispectosa  
• Rasna-Plucheanceolata  
• Shatapushpa-Foeniculum valgare  
• Karchur-Curcuma zedoaria  
• Yavani-Trachyspermum ammi  
• Shunti-Zingiber officinale  
• Gugglu-Commiphora mukul  
• Ghee-Clarified butter | 2 twice daily B/F                | Luke warm water                    | 11/5/2020 to 26/5/2020 |
### Table 3: External therapy

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Procedure</th>
<th>Formulation</th>
<th>Ingredients with botanical name</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
</table>
| 1      | Abhyanga (whole body oil massage) and steam fomentation | Karpasasthi yadi tail | • Karpasasthi-Gossypiumherbaceum Linn  
• Bala-Sidacordifolia Linn  
• Masha-Teramnuslabialis Spreng  
• Kulatha-Dolichos biflous Linn  
• Devadaru - Cedrus deodara Roxb.  
• Rasna - Plichealanceolata DC  
• Kushta-Saussurealappa (Decne). Sch. Bip  
• Sarshapa, Brassica juncea (L.) Czern.  
• Nagara-Zingiber Officinal Roscoe  
• Satahwa-Anetumsowa Roxb. Ex Fleming  
• Pippalimoola-Piper longum L.  
• Chavya Piper chaba Hunter  
• Sigru-Moringa oleifera Lam.  
• Punarnava-Boerhaviaadiffusa L. | 120ml/day   | 11/5/20 to 26/5/20 |
| 2      | Nasya                                           | Karpasasthi yadi tail | ✅✅✅✅  | 16 drops each nostril | 11/5/20 to 26/5/20 |

### 6. Assessment Criteria

#### Table 4: Criteria of assessment subjective

<table>
<thead>
<tr>
<th></th>
<th>BT</th>
<th>After Rookshana</th>
<th>During Snehana</th>
<th>After nasya</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoola</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Tenderness</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Table 5: –Vas pain scale

<table>
<thead>
<tr>
<th></th>
<th>B/T</th>
<th>After Rookshana</th>
<th>During Snehana</th>
<th>After treatment</th>
<th>FU</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAS</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 5: Criteria or assessment—objective Range of movements

<table>
<thead>
<tr>
<th></th>
<th>BT</th>
<th>After Rookshana</th>
<th>During Snehana</th>
<th>After Nasya</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion (degree)</td>
<td>136</td>
<td>135</td>
<td>148</td>
<td>152</td>
<td>160</td>
</tr>
<tr>
<td>Extension (degree)</td>
<td>38</td>
<td>38</td>
<td>44</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Abduction (degree)</td>
<td>136</td>
<td>137</td>
<td>140</td>
<td>144</td>
<td>145</td>
</tr>
<tr>
<td>Adduction (degree)</td>
<td>40</td>
<td>40</td>
<td>44</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Int. Rotation (degree)</td>
<td>71</td>
<td>71</td>
<td>80</td>
<td>80</td>
<td>85</td>
</tr>
<tr>
<td>Ext. Rotation (degree)</td>
<td>77</td>
<td>79</td>
<td>80</td>
<td>88</td>
<td>90</td>
</tr>
</tbody>
</table>

Table 6: Assessment of Shopha (swelling)

<table>
<thead>
<tr>
<th></th>
<th>BT</th>
<th>AT</th>
<th>Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R</td>
<td>L</td>
<td>R</td>
</tr>
<tr>
<td>Midarm</td>
<td>30</td>
<td>32.5</td>
<td>29</td>
</tr>
<tr>
<td>Elbow</td>
<td>26</td>
<td>26cm</td>
<td>26</td>
</tr>
<tr>
<td>Cervical</td>
<td>33.2</td>
<td>32</td>
<td>32cm</td>
</tr>
</tbody>
</table>

7. Discussion

Avabahukais a type of Vatavyadhi. It is caused by Kupitavatadosha (aggravated Vatadosha) localizing the Amsapradesha (shoulder joint) causing the Soshanaof Amsa sandhi (weakness of shoulder joint) there by leading to Akunchanaof Siraat the site and giving rise Bahupraspandaharatvam. It is also considered as Vatajananatmajavyadhi (innumerable) Avabahuka initial stage is Sadhya (curable) and becomes Asadhiya (incurable) after long period of time. Avabahukai comes under Vatasyadhi and the line of treatment of Vatadosha comprises of Snehana, Svedana, and Samshodhana. Thana of Avabahukais Amsa Sandhi where the seat of Kapha.

Based on the Doṣa involved, Vatakaphaara (vataand Kaphadosa pacifying) line of treatment was adopted in terms of - SamanaCikitsa (treatments aimed at mitigating the Doṣa) and SodhanaCikitsa (treatments for eliminating excessive morbid Doṣa). In the SamanaCikitsa, both internal and external medications were included. The internal medicines helped in deepana (carminative) as well as helped in Srotosodhana (clearing the channels). The decoctions given were vataKaphahara in nature as well as anti-inflammatory property. Here patient was complaints of shopha (swelling) over nape of neck Prior to Sodhana, Dashamoolakaṣāya was used for Dhāra a type of Rookshsweda had given which helped to transform AmavasthatoNiramaAvastha. Dashamoola is one of the best drug having properties of Shothahara (reduce swelling). With these 5 days of Rookshsweda (dryness therapy) patient got relief from Shotha without any untoward effect.

In second phase of management as part of Sodhana (purification) Nasya was planned. For the purpose of nasya, Karpasasthiydaitaila was chosen, which was again Vatakaphahara (pacifying Vataand Kaphadosa) in nature and is indicated in Urdwajatravikara (Diseases affecting region above shoulders) which suggest the drugs present in the tail may have some affinity towards the target organ. Along with Nasya patient had been administered with internal medicines like Prasaraniyadikashaya and Trayodashanggugglu till follow up. Prasaraniyadikashayam is Kaphavatatarah which reduces inflammation at gleno humeral joints which facilitate the range of
movement of shoulder joint also does Vibhandhabhedini\(^9\) (relieves adhesion) in the capsule. The deceptions given were VataKaphahara in nature as well as anti inflammatory and anti oxidative property. Zingiber officinale is known to have anti inflammatory effect and proved useful in musculoskeletal disorders. In \textit{Trayodashangguggulu} contain Tinospora cordifolia reported by scientific research include antipyretic\(^{20}\), anti-inflammatory\(^{21}\), antioxidant, anti-allergic\(^{22}\), anti-stress\(^{23}\), anti-leprotic\(^{24}\), hepatoprotective and immuno-modulatory.\(^{25}\) It shows good results in \textit{Vatavyadi}\(\text{and it is consideredas Mahaoushadi of vatavyadi}\(^{26}\) (efficacious medicinal plant in vatavyadi).It directly tookpart in the \textit{Sampraptivighatana} (breaking the \textit{Samprapti}\(by their properties of each and every drug) (Rathod HS…etal …2013). The ideal management of Vatado\(sa is Nasyayand this could be achieved by use of karpasasthiyadita\(ilia which is indicated in conditions of Vatavyadi. This therapy is used to obtain Tarpana\(^{27}\) and Dhatushoshanaavastha (reduces excessive fat). Purvakarma\(^{28}\) is mandatory before Shodhanatherapy so Abhyanga and Swedana is administered along with Nasyakarma.Due to Snehana like Abhyanga does the Utkleshana\(^{29,30}\) (provocation of doshas) of Dosha. This Uklishtadosha get liquified by Swedana\(^{31}\). Abhyanga and Swedana may have relieved shoola (pain), Stambha (stiffness), Gourava (coldness), Sreektanna (coldness). Karpasasthiyadi taila will nourished the joints of the shoulder region, Vatakaphahara and Brihmana yoga mentioned in Sahasrayoga. As the procedure of Nasyais itself involves massaging and fomenting over many Marma existing on the face and head, This also helps in alleviation of Marmakshobha and Vata Shamer\(^{32}\). After Nasyakarma overall reduction in symptoms was graded based on patients presentation and physician observation and are documented before and after treatment. The method of gradation and assessment has been explained in table:3 to 6. According to all prominent acharyas told that Nasa\(is the gateway of shira (head) and decried the mode of action of Nasyakarma. The drugs administered through the nostrils reaches srungataka (asiramarmab nasasrota) and spreds in the Murdha (brain) taking Marma\(of Netra (eye), Karna (ear), Kantha (throat), Siramukha (opening the vessels) scratches the morbid Doshain supraclavicular region expels them from Uttamanga\(^{33}\). The absorption of drugs carried out in three media one is through blood circulation, pooling into the venous sinuses of the brain via inferior ophthalmic veins, Absorption into the cerebro spinal fluid\(^{34}\). Keeping the head in lowered position and retention of medicine in nasopharynx helps in providing enough time for local drug absorption. The nasal acuity directly opens into the frontal, maxillary and sphenoidal air sinuses. Epithelial layer is also continuous throughout the length. Retention of the drug in the nasopharynx and the suction, causes oozing of the drug material into the air sinuses. These sites have rich blood vessel entering the brain and meninges through the existing foramens in the skull. So, there are better chances of drug transportation via this path. Drug transportation by lymphatic path can reach into the C.S.F. on the basis of the above discussions it can be concluded that the procedures, postures and conducts explained for \textit{Nasya karma} are of vital importance in drug absorption and transportation. The pathways of Nasyardrug (classical errhine) acting on the central nervous system\(^{35}\). Throughout the procedures, the patient was advised to follow strict diet restrictions. Following wholesome food and regimens is also vital especially in conditions of VataVyadhi.

**Conclusion**

In this diagnosed case of Avabahuka, based on the \textit{Samprapti}(pathogenesis), VataKaphahara line of treatment was adopted. Both internal and external purification along with wholesome diet was found effective in doing the \textit{Sampraptivighatana} (breaking the \textit{Samprapti}). We were able to stop all the allopathic medications which the patient was taking initially. The adopted treatment modalities helped in arresting the progression of the condition. All other associated signs and symptoms resolved completely with no signs of relapse.
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