CONCEPT OF AVARANA ON APABAHUKA WITH MODERN REVIEW

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ABSTRACT
Life without movement is the worst tragedy that can happen to any living organism. That can be one of the main reasons for Ayurvedic literature considering Vataja Vikaras more important compared to disorders caused due to morbidity of other doshas. Apabahuka is one among those vatavyadhis, caused by kupita vata dosha localising around the amsa pradesha causing shoshana of amsa sandhi, there by leading to Akunchana of sira and presents with Bahu Prasanditahara. Apabahuka manifests due to both Dhatuksaya (due to tissue loss) as well as Margavarana While comparing with modern science, most of the shoulder joint pathologies such as Adhesive capsulitis, Rotator cuff Injuries, Bicipital tendinitis, Cervical Spondylitis, Osteoarthritis of the shoulder joint etc. can be incorporated under the broad heading Apabahuka.

Keywords: Apabahuka, vatavyadhi, Adhesive Capsulitis, Rotator Cuff injuries, Bicipital Tendinitis

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 Astha Mahagada¹, is itself explanatory, with regard to the consequences caused by Apabahuka. It is not mentioned in the nanatmaja Vata vyadhi, Acharya Sushruta and others have considered Apabahuka as a Vata vyadhi². Amsa shosha can be considered as the preliminary stage of the disease where loss or dryness of the Sleshmaka Kapha from the shoulder joint occurs. The next stage, that is, Apabahuka, occurs due to the
loss of Sleshmaka Kapha and symptoms like shoola during movement, restricted movement, and so on, are manifested. Even as this is commented on in the Madhukosha teeka, it is mentioned that Amsa shosha is produced by Dhatukhsaya, that is, Shuddha Vata janya, and Apabahuka is Vata Kapha janya. 

**Definition**

Apabahuka is a disease characterized by morbid vata Dosha localizing around the amsa Pradesha and thereby causing shoshana of amsa Bandha as well as Akunchana of sira at this site leads to Bahupraspanda hара. 

**NIDANA.**

The specific Nidana of Apabahuka is not separately enlisted. So the causative factors of Vatavyadhi, only Charaka and Bhavaprakasha have explained in detail, In Sushruta Samhita, Ashtanga Sangraha and Ashtanga Hridaya. The causes of Vatavyadhi have not been clearly described. However in these texts, the causative factors provoking Vata Dosha are described. Even though a specific Bahya Hetu has not been mentioned for Apabahuka, however the general factors for Vata Prakopa have to be analysed. In case of Apabahuka Hetu may be classified into two groups:

- **Bahya Hetu** – causing injury to the Marma or the region surrounding that.
- **Abhyantara Hetu** – indulging in Vata Prakopa Nidanas leads to vitiation of Vata in that region

**Purvarupa of Apabahuka**

As Apabahuka is one of the 80 types of Vatavyadhī, the minor symptoms present before the manifestations of this disease may be taken as Purvarupa.

**Rupa of Apabahuka**

While mentioning the disease Apabahuka Sushruta Vagbhata, Madhavakara Bhavaprakasha, Kalyanakaraka explains that the vitiated Vata causes the shoshana of Amsa Bandhana and Sankocha of Sira & Kandara of the Amsa pradesha leads to Sthambha & Bahu Prasranditahara. 

Madhukosha mentioned apabahuka as of two types: Vataja and Kaphaja. Considering all the above Lakshanās, apabahuka can be categorized as a sthanika vikara rather than Sarvadaihika Vikara and its prime features are as below.

1. **Bahu prasranditahara.**
2. **Amsabandhan Shosha.**
3. **Sira Akunchana / Sthambha.**
4. **Shoola.**
**CONCEPT OF AVARANA ON APABAHUKA WITH MODERN REVIEW**

*Bahu Prasanditahara;* Bahu means upper limb Bahupraspandita hara may be taken up as difficulty in the movement or impaired or loss of movement of upper limb and the function of the sandhi like the Utkshepana, Prasarana, and Akunchana will be affected in Apabahuka.

**Amsa Bandhana shosha;** Amsa shosha means drying up of the kapha in Amsa Pradesha. From the reference given by the Acharya Susruta, this can be considered as muscle wasting around the joint due to lack of nourishment and disuse atrophy.

**Shoola:** Shoola is one of the symptoms of Apabahuka. The Amsa Marma being a Snayu Marma, when it is injured or gets afflicted by Vata it will produce Shoola, as it is one of the symptoms of Snayu Gata Vata.

**Sira Akunchana / Sthambha;**
Sleshma is responsible for structural stability of Sira, Kandara and not the Amsa Sandhi alone, therefore drying up of Kapha leads to the Akunchana of Sira resulting in Apabahuka.

**SAMPRAPTHI**
Samprapti reveals the manifestation of disease i.e Dosha Dushya Sammurchana. Thus it helps to understand the pathogenesis of a disease.

**SAMANYA SAMPRAPTHI**
Charaka says that due to the etiological factors, the provocation of vata may take place either due to Dhatu kshaya or obstruction in body channels Aavarana here, the lack of normal qualities of srotas like sneha is referred by the name Riktata. This is the Samanya Samprapti of Vatavyadhi and holds good even for Apabahuka.

Sushruta has mentioned three pathological conditions of Vata:
1. *Kevala Vata.*
2. *Dosha Yukta Vata.*
3. *Avrita Vata.*

Indulgence in various etiological factors leads to the accumulation of the vata dosha in the Amsapradesha and cause the shoshana of the Amsabandhan i.e., of snayu and Mamsa Peshi which leads to the Amsa shosha or further kshaya of the dhatu causes the Prakopa of the Vata resulting in Siraakunchana, which in turn leads to manifestation of *Kevala vataja Apabahuka.* This unique pathology is described as *Dhathukshayaja Apabahuka.*

Sometimes due to Kaphakara Nidana, the Kapha gets aggravated in the Sandhi which impedes the Chala Guna.
of the Vata leading to the occurrence of Apabahuka. This distinct pathology is referred as Kaphavruta Vata janya Apabahuka. Morbid Vyana Vata in other way may cause Abhyantara Marmabhigata or any external trauma to Amsapradesha may cause Bahya Marmabhigata to the Amsa Marma present in Amsa Desha. Because this is a Snayu and Vaikalyakara Marma, by afflicting Snayu will manifest Bahu praspanditahara.

Even in modern medical science, the partial loss of blood supply in the area of insertion of tendons or some idiopathic cause can produce localized degeneration of the collagen. This induces autoimmune response and cause tear or distortion of tendinous sheaths and ligaments. This obliterates the integral stability of the joint and results in restricted movement with painful and stiffened joint

**SAMPRAPTI GHATAKA**

**Dosha** – Vata. Prakara -Vyana Vata (Chala Gunataha kshaya). Prana vata (Karmah kshaya).
Kapha. Prakara- Sleshaka kapha (Dravyataha kshaya).

**Dushya** – Rasa, Rakta, Mamsa, Meda, Asthi, Majja.

Upadhatu- Sira, Snayu, Kandara.

**VISHISTA SAMPRAPTHI**

**MARMABHIGHATAJA APABAHUKA**

Amsa Marmabhigata ↓

Vata Prakopa ↓

Affliction to Mamsa
Sira snayu Asthi ↓

Sira snayu Sankocha ↓

Bahu Chesta hara ↓

APABAHUKA

**MARGAVARANJANYA APABAHUKA**

Amotpattikara nidana ↓

Agnimandhya ↓

Amotpatti ↓

Circulates with rasa dhatu ↓

Accumulation at Amsapradesha (Khavaigunya) ↓

Sritorodha ↓

Apabahuka
Apabahuka should be differentiated with the following conditions which affects the upper limb

**Vishwachi:** In this condition pain radiated from upper arm to the forearm and **palm.** In **apabahuka** doesn’t radiate

**Ekangavata:** In this condition impairment of voluntary activities. In apabahuka difficulty in movements and pain occurs only in **Amsa pradesha**

**Amsa shosha:** In this condition presence of Mamsa kshaya or sosha in Amsa Pradesha.

Pain is not the diagnostic criteria in Amsa soṣha but mandatory in Apabahuka and Vishwachi

**Treatment:** Astanga Hridaya and Astanga sangraha highlights Nasya and Uttara Bhaktika Snehapana as the Vishesa Chikitsa in Apabahuka. In Yogaratnakara, Vatavyadhi Chikitsa, Bahu Parivartana (movements of shoulder joint) has been mentioned as an effective remedy in Apabahuka, which may be correlated with Physiotherapy nowadays.

**Modern perspective**

Some of the common clinical conditions of modern science, which may be compared with that of Apabahuka are as follows –

- Adhesive capsulitis or frozen shoulder.
- Rotator cuff tendinitis and impingement syndrome
- Cervical spondylosis
- Bicipital tendinitis
- Osteoarthritis of shoulder joint etc.

**Adhesive Capsulitis or Frozen Shoulder**

Pain and restricted movement of the shoulder, usually in the absence of intrinsic shoulder disease, are night pain which disturbs their sleep. Main pathology is that the capsule of the shoulder is thickened and a mild chronic inflammatory infiltrate and fibrosis may be present.

**Rotator cuff tendinitis and Impingement syndrome**

In this disease there will be an inflammation of the tendon, is one of the major cause of painful shoulder. Supraspinatus tendon is the most often affected. Clinical features include pain in the shoulder on abduction and external rotation, night pain, local tenderness and loss of range of movements.

**Cervical spondylosis**

Cervical spondylosis is the term given to the occurrence of Osteoarthritis in the cervical spine. Most commonly affected are C4-C5; C5-C6; C6-C7
vertebral levels. It is caused by a degeneration of the Intervertebral discs, which fragment, lose water content, and collapse with normal aging. Clinical features seen are pain in the neck that may radiate in the distribution of the affected nerve root, neck is held rigidly and neck movements may exacerbate pain, paraesthesia and sensory loss may be found in the affected segment.

**Biceps tendinitis**

Bicipital tendinitis can be defined as the inflammation of the tendon around the long head of the biceps muscle as it passes through the bicipital groove. Deep, throbbing ache in the anterior shoulder forms the main characteristic feature in this condition. Usually, pain is localized to the bicipital groove and often radiate towards the insertion of deltid muscle or down to the hand in a radial distribution. Pain usually worsen at night, especially if patient sleeps on the affected shoulder.

**Osteoarthritis of the shoulder**

OA of the shoulder occurs due to destruction of the Articular Surface of the Humeral head and Glenoid, Resulting in pain and loss of function of the affected shoulder. It can be primary or secondary.

As *Apabahuka* is due to *Dhatu kshaya* or *kapha Aavarana* the morbid vata affects the *Sira, Snayu, Kandara Mamsa* and *Asthı Dhatu* at shoulder joint and it cannot be compared to any single Pathology in modern .*Apabahuka* is named after the site of the illness as well as clinical presentation

As the Concept is about *Aavarana, Kaphavruta Vata Janya Apabahuka*, Which is caused by Indulgence or *Kaphakara Nidana*, Can be Treated *Nasyakarma Shodhana Shamana* and *Bahu Parivartana Chikitsa*

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