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"AGNIKARMA IN ABABAHUKA W.S.R TO FROZEN SHOULDER"

KUNDU DEBASIS¹. BHOSGIKAR ANUP². WAGMARE ASWINIKUMAR³. N G MULIMANI⁴

P G SCHOLAR (2ND YEAR) : DEPT OF SHAREER RACHANA,¹ ASST.PROFESSOR². ASST.PROFESSOR³. PROFESSOR (HOD)⁴ : DEPT OF SHAREER RACHANA ,N .K. JABSHETTY AYURVEDIC MEDICAL COLLEGE AND P G CENTRE (KARNATAKA)

Abstract:

The Shoulder Joint in Ayurveda has been described as a type of chala¹ and ulookhala sandhi² which is formed by the combination of pragandasthi (Humerus), kshakasthi(Clavicle) and amsaphalakasthi (Scapula). Pratanavatsnayu covers this sandhi³ while Shleshmadharakala is presents in this joint and secretes Shleshmaka kapha⁴. This acts as lubricant and helps in protection and movement of the sandhi⁵. Amsamarma which is a snayumarma measuring half finger width⁶ is present near this Sandhi.

Ababahuka is a disease that usually affects the *Amsasandhi* (shoulder joint). It is produced by the *Vatadosha*. Even though the term *Ababahuka* is not mentioned in the *nanatmaja Vatavyadhi*, Acharya Sushruta and others have considered *Ababahuka* as a *Vatajavikara*. *Amsashosha* (wasting of the shoulder) can be considered as the preliminary stage of the disease, where loss or dryness of *sleshakakapha* from *amsasandhi* occurs. Patients present with *amsasandhishula*, *amsasandhisthabdata* and *bahupraspanditahara*, which can be correlated with the condition of frozen shoulder in the contemporary science. A constant pain, stiffness and progressive loss of shoulder motion is termed as frozen shoulder. It affects both active and passive movements of shoulder joint whether it is flexion, extension, abduction, adduction, external rotation, internal rotation.

Key words: *Ababahuka*, *Frozen shoulder*, *Agnikarma*

Introduction:

The term *Ababahuka* was first told by Acharya Sushruta⁸ where he has described *Samprapti* (Pathogenesis) and *Rupa* (Symptom) of *Ababahuka*. Both Ashtang Hridaya and Ashtang Samgraha have elaborated the full account of *Ababahuka*^{9,10}. It is mentioned as one among the eighty types of *vata nanatmaja vikaras* by both

Sharangadhara and Bhavamishra^{11,12}. Arunadutta and Dalhana, both have commented on *samprapti*, *lakshana* and treatment of *Ababahuka* in their works^{13,14}. In Madhava nidana two conditions of the disease has been mentioned¹⁵ – *Amsashosha* and *Ababahuka*. *Amsashosha* can be considered as the preliminary stage of the disease where loss or dryness of

Sleshmaka kapha from *amsa sandhi* occurs. In the next stage i.e., Ababahuka, due to the loss of shleshmakakapha symptoms like shoola during movement, restricted movement etc are manifested.

Frozen shoulder is a painful and disabling condition that often causes great frustration for patients and care givers due to slow recovery. The specific cause of frozen shoulder is not yet detected. However this condition may be induced due to certain risk factors such as:

- **Diseases:** People suffering from stroke, diabetes mellitus, heart diseases, lung diseases, connective tissue diseases, shoulder conditions like calcific tendonitis, rotator cuff tear, thyroid problems may be overactive thyroid (hyperthyroidism) or an underactive thyroid (hypothyroidism), breast cancer, immobility, seizures, accidents, shoulder injury or surgery, rheumatoid arthritis, autoimmune diseases, cervical disc diseases of neck etc.
- **Aging influence:** The people belonging to 4th or 5th decade are more susceptible for this disease especially women as these people are more prone for fall, decrease in bones strength & density, loss of calcium and minerals, injuries.
- **Immobilization:** Any previous injury or surgery, after surgery idleness or repose stage may cause inefficiency to move the shoulder joint which may

also become a leading cause of frozen shoulder.

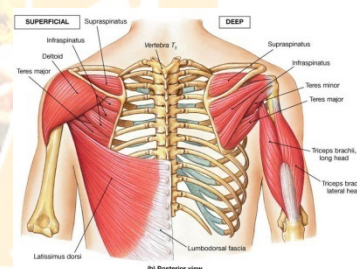
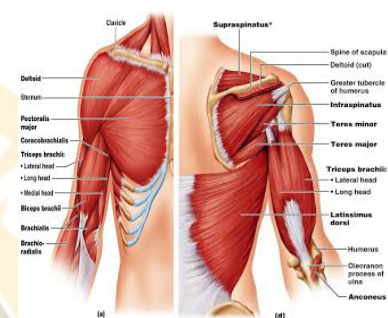
- **Trauma:** A mild trauma to the shoulder also act as a trigger for frozen shoulder

Symptoms occur slowly, in three phases. These phases are named according to the symptoms that developed gradually.

So these phases are pain or freezing stage, stiffness or frozen stage and lastly resolution or thawing stage.

1st stage: Pain or freezing stage: It is the initial stage of adhesive capsulitis, in this pain is the cardinal factor which may get enhanced with any movement of limb or soma It may get worse at night or in cold weather and may last for several weeks to months.

2nd stage: Stiffness or frozen stage: It is the succeeding stage of shoulder contracture as the name suggests, in this range of motion of the shoulder joint is limited i.e the shoulder gets stiffed or frozen. The most astonishing feature of this phase is that pain is self resolving in nature while period of this stage may last up to 1 year.



3rd stage: Resolution or thawing stage: It is the ultimate stage of the frozen shoulder which apprise that the range of gleno-humeral joint begin to improve over time. This process will take time, sometime several years and may last up to 3 years.

AIMS AND OBJECTIVES:

To find out the effective ayurvedic remedy for frozen shoulder as because there is no effective remedy in allopathic medicine in spite of medication, arthroscopic surgery and physical therapy.

CASE STUDY:

In this connection i studied ten cases of frozen shoulder in different age group treated by me with *agnikarma* (cauterization).

Patient history: They are treated previously by contemporary allopathic medicine under the surveillance of a private medicine doctor before 6 to 8 months. The history also suggested that the patient had received oral analgesic and muscle relaxant drug also. But there was no satisfactory relief.

Diagnosis: After careful examination patients are diagnosed as *ababahuka* (frozen shoulder), and patient himself was willing for *Agnikarma* (Cauterization) therapy.

Past medicinal history: No such

Past Surgical history: No such

Family history: Nothing significant

On examination: pain, slight swelling, limitation of movement in shoulder region.

Investigation:

X ray report: such as arthritis.

Magnetic resonance imaging (MRI) and ultrasound: images of problems with soft tissues, such as a torn or tear of rotator cuff.

Diagnosis: Based on clinical presentation

PROCEDURE OF AGNIKARMA (CAUTERIZATION):



First of affected side of shoulder region are cleaned by *Triphalakasaya*, then wiped with dry sterilized cotton gauze, after that red hot *PanchDhatuShalaka* (electro-cautery having filament like tools) making *Bindu Dhahan*. At last application of *Jatyadi Ghrita* or rubbing of *gritokumaripatra* (alovera) for reducing the burning sensation.

TREATMENT:

Agnikarma (Cauterization) was done three times in a month at an interval of 10 days. After completion of 3rd sitting patient got complete relief from such problem. Also given some ayurvedic oral medicine like *naradiyalaxmivilas* 2 pill bd with Luke

warm water, *mrityunjay rasa-2* pill bd with Luke warm water and *rasnasaptakkasaya-4tsf* in empty stomach in the morning & evening. No adverse effects were being observed throughout the entire sitting. To observe any recurrence of symptoms patients are followed up to 3 months but recurrence of symptoms were not observed. Patient was fully satisfied with *Agnikarma* (Cauterization) therapy as compared to previous treatments done with modern modalities.

DISCUSSION:

Cauterization in Ayurveda is otherwise known as *Agni karma*. Agni means fire and karma means a process. Thus, Agni karma is a therapy, which involves fire and is known as cauterization in Ayurveda. Again Agni karma can be termed as *Dahan Karma* and it is a process in which the pathological body comes out or tissue is cauterized or even damaged with a hot iron, an electrical current. Among the number of *vataroga*, *ababahuka* is one of them. Where *vata dosha* gets lodged in the *skandha* and causes pain, swelling, limitation of movement which is compared with frozen shoulder. In modern therapy side effect of steroid therapy is may cause tissue damage or damage inside the joint numbness in the shoulder will occur immediately following the injection steroid reduces the body's immune system, burning sensation tenderness, swelling around

the injected area, scarring/infection, persistent redness/erythema

Mode of action of *agnikarma*:

(Cauterization) normally, it is the rule of the body that whenever a local tissue is burnt, the metabolic process in that place improves. Therefore, a variety of metabolic and regenerating alterations occurs at the place, which consequently leads to improved demand of oxygen and nutrition of the tissues at the place, where the heat strikes. It also eliminates the undesirable substances and poison. For these aforesaid qualities, *agnikarma* (Cauterization) thereby were chosen for this case and the result was really very encouraging.

CONCLUSION:

Classical *agnikarma* (Cauterization) thereby and internal medication were found highly effective to reduce almost all complaints of *ababahuka* (*frozen shoulder*). After reviewing and applying the *agnikarma* (Cauterization) in frozen shoulder, it is noted that it will not reoccur again, if it has been cauterised properly. *Agnikarma* (Cauterization) therapy is an OPD procedure. Thus from the above study it can be concluded that *Agnikarma* (Cauterization) procedure proves to be an easy, safe, uncomplicated and economical way to reduce the *ababahuka*.

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CORRESPONDING AUTHOR

DEBASIS KUNDU

P G SCHOLAR (2ND YEAR), DEPARTMENT OF SHAREER RACHANA,
N K JABSHETTY AYURVEDIC MEDICAL COLLEGE AND HOSPITAL AND P G CENTRE .BIDAR (KARNATAKA)- 585403
E MAIL: debasis.kundu100@gmail.com