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CLINICAL EVALUATION OF APABAHUKA THROUGH NASYA AND NASAPANA

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ABSTRACT

Head is the abode of senses, sensory channels and channels carrying elan vitae, as the sun is the abode of its rays. Nasa (nose) is considered as one among the panchajnanendriya, whose functions are not only limited to olfaction and respiration but also considered as a pathway for drug administration. Since it is described as the nose is the gateway for the shiras. Nasya karma is the special procedure where the drug is administered through that gateway. The medicine that is put into nostril moves in the channels up to the sringataka, spreads to whole of the interior of the head and to the junction place where all the channels related to the eyes, ears, throat situated together. Thus shows influence on shiras by removing out the accumulated doshas localized in shiras and urdhwa jatru, the action is known as shirovirechana. The importance of panchakarma lies in the fact that it helps in uprooting the disease and bringing the vitiated doshas to their normalcy. Apabahuka is a condition in which vitiated vata lodges in amsa pradesha and by contracting leads to the shosha of muscles of the shoulder and upper arm. This disease disturbs the day to day activities of an individual and makes him dependent and very much depressed. Even with advanced allopathic treatment modalities have not succeeded in providing complete relief. Acharya vagbhata has recommended the bruhamana nasya karma and chakradatta advocates nasapana in management of apabahuka. Here 30 such subjects of apabahuka were taken into two groups A and B, with 15 subjects in each group. Group A received amapachan with panchakola churna, nasya with laghu masha taila for 14 days on alternate days. Group B received amapachan with panchakola churna, nasapana with prasarini ksheera kashaya for 14 days on alternate days. Certain clinical as well as laborat are taken for the assessment of results.

INTRODUCTION

Man's quest for healthy life and longevity is as old as the history of humanity. Due to changes in the life style, sedentary works and food habits, people are unable to follow Dinacharya and Ritucharya which may lead to many diseases and most of the diseases may not be life threatening but hamper day to day life and human productivity. Apabahuka is one such disease which results in Karmakshaya of Bahu and is widely observed in the present time. Morbidity of vata dosa is invariable in the pathogenesis of Apabahuka in general, and at times morbid kapha Dosha takes the leading major role targeting the structures like Sira, Snayu and Kandara around the shoulder.

Apabahuka in modern medicine can be correlated to Frozen Shoulder. Frozen shoulder has a typical set of symptoms that can be identified as shoulder pain, limited movement of the shoulder, difficulty in daily activities, pain when trying to sleep on the affected shoulders. Frozen shoulder also called by the name Adhesive Capsulitis¹. In the earlier phase there is a marked anterior

joint/capsule tenderness and stress pain in capsular pattern, later there is pain restriction often of all movements.

According to recent statistics it has an incidence of 0.24% per year in approximately 5% of patients. The Prevalence of Frozen Shoulder is slightly greater than 2% in the general population affecting persons older than 40 years. It is more common in women between the ages of 40-70.

As Apabahuka is one of the Vatavyadhi, Snehana type of Navana Nasya or Brihmana Nasya are most beneficial. The drugs used in Snehana type of Navana Nasya or Brimhana Nasya² are having the Gunas like Snigdha, Sookshma, Sara, Ushna etc, which are antagonistic to Gunas of Vata and thus palliates the Vata Dosha.

Prayoga of Nasya is the important treatment modality in Bahu Sheersha Gata Vata and clinical condition like Apabahuka, the Samprapthi of Apabahuka is of Margavarodha type and in progressive condition there will be Dhathukshaya as well. Laghu Masha Taila³ is Snigdha, Balya, Vatahara, Brimhana and aimed at

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providing Bala to Greeva, Skhanda, BahuPradesha. Prasarini Ksheera Kashaya⁴ is Srotoshodhaka, Vatahara, Balya, Ushna, aimed at improving Bahu Karma like Utkshepana, Apakshepana, etc; we get references about Nasapana therapy in different disorders. The word "Nasyanipito"⁵ is used originally in context of Nasapana. In the present study, Laghu Masha Taila, was administered in the form of Nasya and Prasarini Ksheera Kashaya was administered as Nasapana.

In the present study, 30 patients were selected incidentally and placed randomly into two groups, Group A and Group B, with 15 subjects in each group. Classical signs and symptoms form the main diagnostic criteria and were also studied for assessment criteria.

Group A received Amapachana with Panchakola Churna, Nasya with Laghu Masha Taila for 14 days on alternate days.

Group B received Amapachana with Panchakola Churna, Nasapana with Prasarini Ksheera Kashaya for 14 days on alternate days. In both the groups follow up was done for a month.

AIMS AND OBJECTIVES OF THE STUDY

1. To study Apabahuka, Frozen shoulder and other related clinical conditions in detail.
2. To study the role of Nasya and Nasapana in the management of Apabahuka.
3. To compare the efficacy of Nasya and Nasapana in the management of Apabahuka.
4. To find out an effective economic, easily available curative therapy for the treatment of Apabahuka.

MATERIALS AND METHODS

1. Panchakola churna
2. Laghu masha taila
3. Prasarini ksheera kashaya
4. Goniometer
5. Specially designed nasaapana yantra

STUDY DESIGN; A 30 such subjects of Apabahuka were selected, after the fulfilment of diagnostic criteria and taken into two groups A and B, with 15 subjects in each group.

Diagnostic criteria:

1. Restriction in the movement of shoulder joint.
2. Difficulty in lifting, stretching, extending of the arm.

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3. Pain, stiffness, heaviness in shoulder region.
4. Emaciation in shoulder muscles and scapular region.

Inclusion Criteria

1. Subjects presenting with classical clinical features of Apabahuka (Frozen Shoulder, other related clinical conditions).
2. Subjects with chronicity of disease pertaining from 3 months to 3 years.
3. Subjects of either sex between the age group of 40 - 60 years.
4. Subjects fit for Nasya and Nasapana

Exclusion Criteria

1. Auto immune disorders like SLE, RA etc.
2. Post Traumatic injuries.
3. Dislocation of Shoulder joint.
4. Uncontrolled metabolic disorders like Diabetes mellitus.
5. Age below 40 and above 60 years group.
6. Subjects having fracture of shoulder.
7. Subjects unfit for Nasya and Nasapana.

Subjective Parameters:

Clinical features of Apabahuka such as

- Amsa Sandhi Shula.
- Amsa Sandhi Graha (Bahupraspandanahara).

Objective Parameters:

- Localized Swelling
- On palpation-tenderness
- Movements Restricted.
- Range of shoulder movements (Goniometric examination)

Interventions:

Group-A: Nasya with Laghu Masha Taila

➤ Amapachana

Panchakola Choorna for Amapachana till the appearance of Nirama Lakshana
Dose – 5gm, with Ushnodaka Anupana before and after food.

A. Purva karma:

- Uttamanga Abhyanga with Laghu Masha Taila.
- Bashpa Sweda of Urdhwajatruga Bhagha

B. Pradhana karma:

- Nasya with Laghu Masha Taila
- Nasyottara Nirikshana.

C. Paschyat karma:

- Nasyottara Tatkalina Upacara.
- Dhumapana.
- Kavala Gandusha.

➤ Duration:

- Dose: As Navana Nasya schedule (8,16,32 Bindu)
- Duration: For 14 days on alternate days.

- Parihara Kala: 14 days
- Total duration of treatment: 28 days
- Follow up period: 30 days.

Group-B: Nasapana with Prasarini Ksheera Kashaya.

➤ **Amapachana**

Panchakola Choorna for Amapachana till the appearance of Nirama Lakshana

Dose – 5gm with Ushnodaka Anupana before and after food.

A. Purva karma:

- Uttamanga Abhyanga with Laghu Masha Taila.
- Bashpa Sweda of Urdhwajatruga Bhagha.

B. Pradhana karma:

- Nasapana with Prasarini Ksheera Kashaya.
- Nasaapanottara Nirikshana.

C. Paschyat karma:

- Tatkalina Upacara.
- Dhumapana.
- Kavala Gandusha.

➤ **Duration:**

- Dose: 30 to 40 ml.
- Duration: For 14 days on alternate days.
- Parihara Kala: 14 days
- Total duration of treatment: 28 days
- Follow up period: 30 days.

• GRADES FOR ASSESSMENT OF SUBJECTIVE AND OBJECTIVE PARAMETERS: Criteria for the assessment of symptoms:

The improvement of patients was assessed on the basis of relief in the signs and symptoms of disease. To analyze the efficacy of the drug, marks were given statistically to each symptom. According to the severity of the symptoms, the grading was given as below:

Subjective parameters:

Main symptoms:

1) Bahu praspanditahara (Amsa sandhi Graha)

- a) Can do work unaffectedly -Grade -0
- b) Can do strenuous work with difficulty-Grade -1
- c) Can do daily routine work with great difficulty-Grade -2
- d) Cannot do any work-Grade -3

2) Amsa Sandhi Shoola

- a) No pain- Grade -0
- b) Mild pain, can do strenuous work with difficulty-Grade -1

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c) Moderate pain, can do the normal work with support- Grade -2

d) Severe pain, unable to do work at all-Grade -3

II) Associated complaints:

1) Amsa shosha:

a) No wasting-Grade -0

b) Mild wasting, can do work-Grade -1

c) Wasting present, work with difficulty Grade -2

d) Wasting present, cannot move Grade -3

Objective parameters

1) Localized swelling:

a) No swelling -Grade- 0

b) Slight -Grade- 1

c) Moderate- Grade- 2

d) Bulging beyond joint margins - Grade -3

2) On Palpation-tenderness

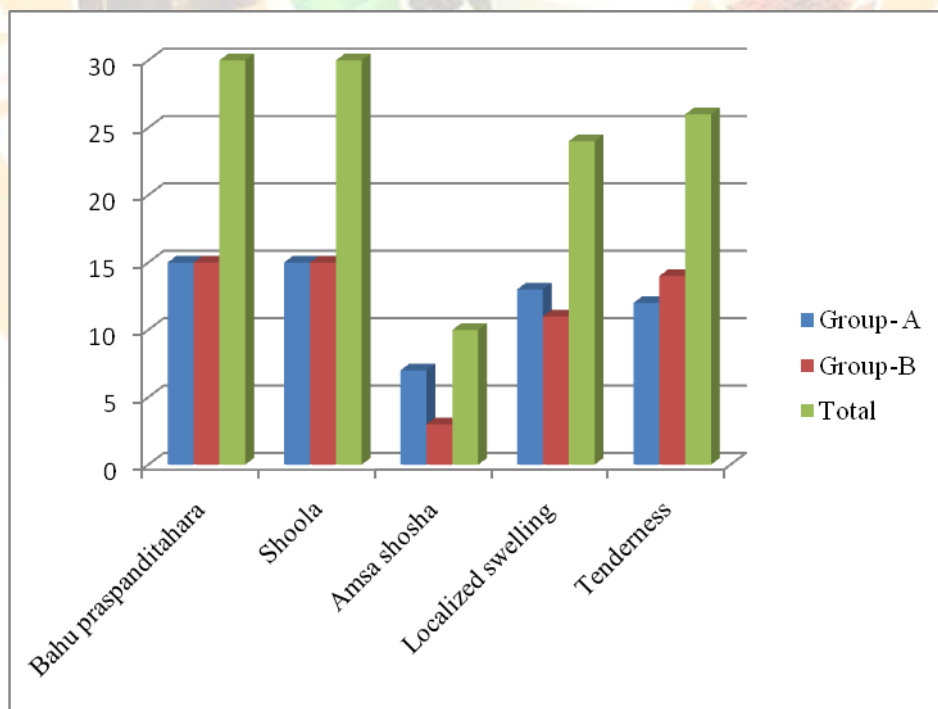
a) No tenderness - Grade -0

b) Patient complains of pain-Grade -1

c) Patient complains of pain and winces -Grade -2

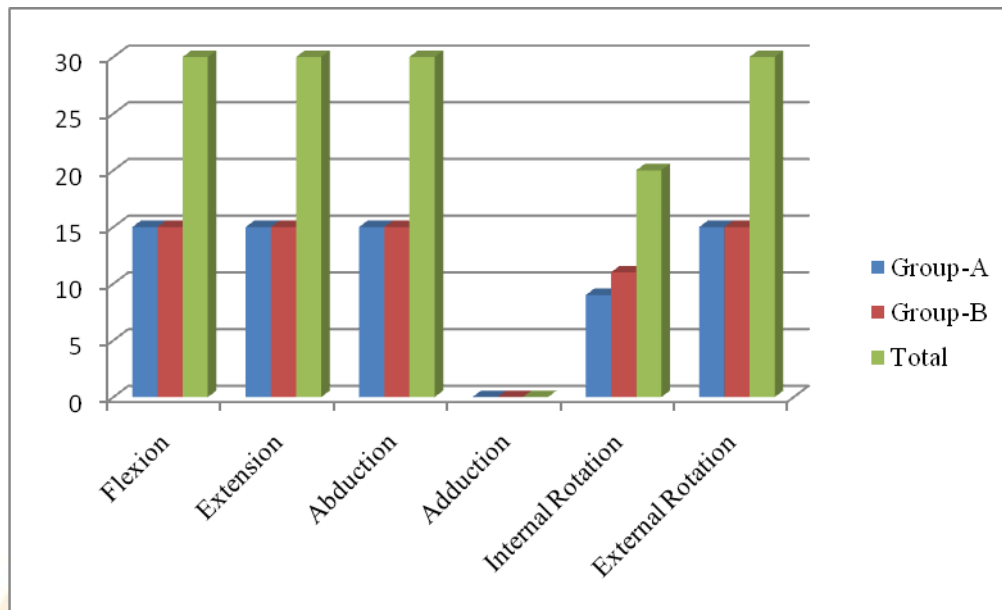
d) Patient complains of pain, winces and withdrew joint -Grade -3

Lakshanas wise Distribution of Apabahuka Patients in both Groups.



Restricted ROM of shoulder joint (Goniometer reading) wise Distribution of Apabahuka Patients in both Groups.

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Showing symptoms (lakshana) wise distribution of Apabahuka Patients in both Groups.

Cardinal symptoms	Group-A		Group-B		Total	
	No. of Subjects	%	No. of Subjects	%	No. of Subjects	%
Bahu praspanditahara	15	100	15	100	30	100
Shoola	15	100	15	100	30	100
Amsa shosha	7	46.66	3	20	10	33.33
Localized swelling	13	86.66	11	73.33	24	80
Tenderness	12	80	14	93.33	26	86.66

GROUP A (NASYA KARMA):-

Effect of therapy on Subjective Parameters of Group A

Parameters	Mean score		Mean Diff. 'x'	% of relief	SD	SE	“t”	P	Remarks
	BT	AT							
Bahu Praspandana hara	2.24	1	1.26	55.75%	0.59	0.15	8.4	<0.001	HS
Amsa Sandi Shoola	2.13	0.9	1.2	56.49%	0.75	0.19	6.13	<0.001	HS
Amsa Shosha	0.86	0.26	0.6	69.13%	---	---	---	--	--

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Effect of therapy on Objective Parameters of Group A

Parameter	Mean Score		% of relief	Mean Diff 'x'	SD	SE	't'	P	Remarks
	BT	AT							
Localized Swelling	1.4	0.33	76.42%	1.06	0.88	0.22	4.86	<0.001	HS
Tenderness	1.6	0.4	75%	1.2	0.77	0.2	6	<0.001	HS
Flexion	2.93	1.26	56.99%	1.73	0.45	0.11	14.66	<0.001	HS
Extension	2.53	0.6	76.28%	1.93	0.59	0.15	12.69	<0.001	HS
Abduction	2.86	1.33	53.49%	1.53	0.69	0.17	8.54	<0.001	HS
Internal rotation	0.73	0.2	72.6%	0.66	0.61	0.15	4.15	<0.001	HS
External rotation	1.93	0.73	62.17%	1.2	0.56	0.14	8.33	<0.001	HS

GROUP B (NASAPANA):-

Effect of therapy on Subjective Parameters of Group B.

Parameters	Mean score		Mean Diff. 'x'	% of relief	SD	SE	“t”	P	Remarks
	BT	AT							
Bahu Praspandana hara	2.6	0.53	2.06	79.61%	0.59	0.15	13.46	<0.001	HS
Amsa Sandi Shoola	2.33	0.46	1.86	80.25%	0.67	0.16	11.62	<0.001	HS
Amsa Shosha	2.33	1	1.33	71.67%	---	---	---	---	----

Effect of therapy on Objective Parameters of Group B.

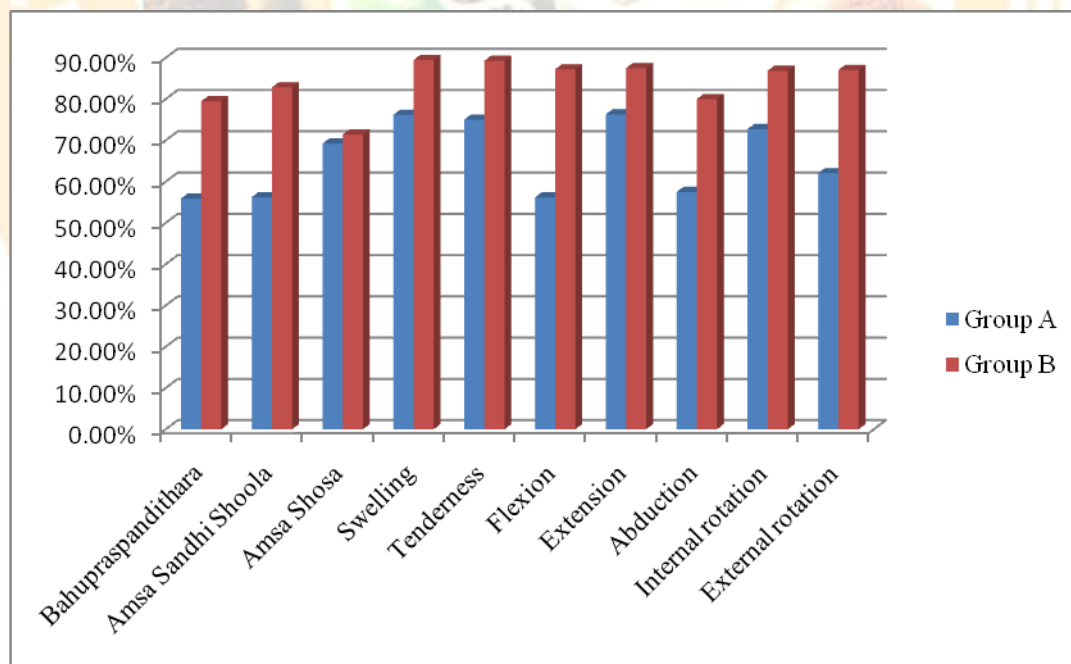
Parameter	Mean Score		% of relief	Mean Diff 'x'	SD	SE	't'	P	Remarks
	BT	AT							
Localized Swelling	1.26	0.13	89.68%	1.13	0.83	0.21	5.38	<0.001	HS
Tenderness	1.86	0.2	89.24%	1.66	0.72	0.18	9.22	<0.001	HS
Flexion	3.13	0.4	87.22%	2.73	0.7	0.18	15.16	<0.001	HS

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Extension	2.66	0.33	87.59%	2.33	0.61	0.15	14.65	<0.001	HS
Abduction	3	0.6	80%	2.4	0.63	0.16	14.69	<0.001	HS
Internal rotation	1	0.13	87%	0.86	0.63	0.16	5.2	<0.001	HS
External rotation	2.06	0.33	83.98%	1.2	0.56	0.14	12.5	<0.001	HS

Overall response of therapies in both groups:

Response of Therapy	Group A		Group B	
	No. of Subjects	%	No. of Subjects	%
Marked Relief	2	13.33%	14	93.33%
Moderate Relief	11	73.33%	1	6.66%
Mild Relief	2	13.33%	--	----
No Relief	----	-----	---	-----

Percentage wise relief on different parameters under Group A & Group B.**CONCLUSION**

Based on the conceptual analysis and observations made in the clinical study, the following conclusions can be drawn.

- The disease is named after the site of the illness as well as clinical presentation.
- Maximum incidence of this disease was seen in the age group of 40-60 years. Sex,

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marital status, religion, Social status, literature bear no relation in causation of this disease.

- Morbidity of Vyana Vayu is the prime pathology of the Apabahuka. This morbidity can happen either due to Dhatukhsaya or Kapha Avarana. Morbid Vata Dosha invariably involves the Sira, Snayu, Kandara, Mamsa and Asthi Dhatu at the shoulder joint.
- The disease Apabahuka is Vata Kaphaja and Amsa shosha is Kevala Vataja.
- Strenuous physical work and direct Abhighata is the predisposing factors in the manifestation of the disease. Work power decreases with the chronicity of the disease.
- Apabahuka as a whole cannot be compared to any single disease pathology in modern parlance. But whatever may be the disease; it affects the well being of the person.
- Nasya with Laghu masha taila helps to pacify the Vataprakopa due to its Snehana and Brimhana qualities. In the same hand Nasapana with Prasarini Ksheera Kashaya helps to relieve the symptoms like Shoola, Sthambha and by the way to improve the functional ability.
- The appraisal of symptoms before and after the treatment that incorporated pain in the shoulder stiffness, restricted movements in the affected part showed unambiguous cutback in severity.

Moreover, the improvement following the treatment proved to be statistically significant.

- Nasya karma was highly significant in relieving symptoms of Apabahuka. Nasapana provided highly significant result in reliving almost all symptoms of Apabahuka. In present study as per clinical data, Nasya and Nasapana are definitely effective in the management of Apabahuka, but Nasapana was more effective than Nasya karma.

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