

A CASE STUDY ON EFFECT OF KSHEERBALA TAILA NASYA IN THE MANAGEMENT OF AVABAHUK w.s.r. to FROZEN SHOULDER.

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Abstract: *Avabahuk* is a disease caused by the morbid *vata dosha* which affects the *amsasandhi* (shoulder joint) presenting the features like *shoola* and *stambha* (pain and stiffness), which can be correlated to the symptoms of Adhesive capsulitis or frozen shoulder. The modern management of frozen shoulder with NSAIDs, Intraarticular steroids injections, antibiotics, and analgesics has long-term side effects. A female patient aged about 54 years with a complaint of pain and difficulty in the movement of the right shoulder joint for one month came for the treatment, after getting an insignificant result from the treatment modalities performed. The patient was managed by *Sarvangasana* (massage), *Nadiswedana* (steam), and *Nasya* (nasal instillation) with *Ksheerbalataila*, significant improvement was observed in the patient after complete therapy.

Keywords; *Avabahuk*, *Ksheerbalataila*, Frozen shoulder, *Nasya*.

INTRODUCTION:

Avabahuk is a disease that hampers the day-to-day activity of an individual. It is one of the *vatavyadhi* affecting the normal functioning of the upper limb. In *Avabahuk*, vitiated *vata dosha* localizes in *amsa pradesha* (Shoulder region) and does the *sankoch* of *siras* leading to the manifestation. *Sira sankoch* and *bahupraspanditharam* can be correlated with painful stiffness and loss of motion of the shoulder.^[1]

Amsashosh (wasting of shoulder) can be considered the preliminary stage of the disease, where loss or dryness of *shleshakkapha* from *amsa sandhi* occurs. The prevalence of shoulder pain kept the disease in the third position in musculoskeletal disorders in primary care. *Vatadosha* produces it. Even though the term *Avabahuk* is not mentioned in the *Nanatmaj Vatavyadhi*. Acharya *Sushrut* and others have considered *Avabahuk* as a *Vatajvikar*. In Ayurveda various treatments are suggested for *vatajvyadhi*.^[2]

Hence it can be correlated with the frozen shoulder as described in the modern system of medicine.

The causes of *Avabahuk* can be classified into two groups : (i) *Bahyahetu* (external causes):- causing injury to the vital parts of the body (*marma*) or the region surrounding the *amsa sandhi*, which is also known as *bahyaabhighataj* (external factors) that manifests the *vyadhi* or disease first ; (ii) *Abyantarhetu* (internal causes):- indulging in the etiological factors that aggravate *vata* leading to the vitiation of *vata* in that region and is also known as *doshaprapokjanya* (accumulation of dosha), which in turn leads to *karmahani of bahu* (loss in the activity of shoulder joint)

The general line of treatment mentioned for *vatavyadhi* in Ayurvedic classics include *snehan* (oleation) both internal and external, *swedan* (sudation), *mrudusam shodhan* (use of mild purificatory measures), *basti*, *shirobasti*, *nasya* and so on. Charak further states that depending on the location and *dushya* (tissue element vitiated by *vata*) each patient should be given specific therapies. *Vagbhata* has mentioned *nasya karma* in the *jatruurdhwavatajvikar as* (diseases of the Neck and head region).

Snehana and *Swedana* are considered as a general line of treatment for *Vata Vikaras* which can be taken as a line of treatment for *Avabahuk*. Acharyas have mentioned *Nasya Karma*, as the prime treatment modality in

curing *Jatroordhwagata Rogas*. As "*NasahiShirasodwaram*, the systematic performance of *Nasya Karma* helps in relieving almost all diseases of the head and neck easily^[3], Acharya Charaka has explained *Nasya* and *Uttarabhaktikasnehapana* (intake of sneha dravya after meal) in the management of *Avabahuka*^[4].

CASE STUDY;

A 54 years old female patient came to our institute attached Ayurved hospital at D.Y. Patil Ayurvedic hospital Nerul, Navi Mumbai. with c/o severe pain in Rt shoulder since 1 month, pain worst at night. Pain at upper arm anterior aspect since 15 days, gradual restrictions in movement, can't move arm upward and outward and backward for 1 month.

H/O present illness

A 54 yr old lady was alright before one month she felt mild pain in her right shoulder joint as her daily routine work was possible for her to carry out she was not so bothered about the pain. The patient took some analgesics and use some local applications like pain-relieving muscle relaxant spray, balm, massage oil, etc but didn't get relief. The pain was gradually increasing in intensity. She has consulted with her family physician, and they referred her to an Orthopaedical, and he advised certain investigations like an x-ray, shoulder, to rule out any fracture, and BSL(R) to rule out diabetes. It was normal. He diagnosed the case as a frozen shoulder and gave NSAIDs, and antacids, and suggested extensive physiotherapy.

The patient consulted a physiotherapist and went regularly to the center for exercises for 7 days. She was not getting relief at all. So orthopedic suggested her surgery, arthroscopic removal of scar tissue. As the patient was not willing to undergo surgery, she came with the above complaints in the OPD of D.Y Patil Ayurved college on 6/11/2020 & admitted to the hospital.

Past medical history –

No history of any previous major illness.

Family history –

No contributory

Personal history- Menopause 6 yrs back.

Ashtavidhpariksha:

NADI- 68/

JIVHA- niram(not coated)

SAMHANAN- madhyam(medium)

MALA- Niyamit(Regular)

SHABDA- spashta(clear)

MUTRA-niyamit(regular)

SPARSHA- manda,(slow)

DRUKA- prakrut(normal)

Dashavidhpariksha

DESHA – sadharan

BALA-Heen

VYADHI- pravara

VAYA -54yrs

Mental strength- satva- heena

KOSTHA – madhyam

AHARSHAKTI- Abvyaharanasakti –madhyam jaranasakti –madhyam.

PRAKRUTI- vata-pitta

DIET- Mansaharsevan

General examination

Pulse -68/min

BP -110/70 mmhg

Oedema –no

RS- clear AEBE

CVS- S1 S2 clear

CNS-conscious /well oriented
P/A-soft non tender
Urine –NAD
Stool-NAD

OBSERVATIONS SCALE:

Table 20: Subjective parameters

Sr. No.	Subjective Parameter	Gradations
1	<i>Bahushoola</i> (Shoulder pain)	0=No pain; 1=Mild; 2= Moderate; 3= Severe
2	<i>Bahupraspanditahara</i>	0=can pull the weight (up to 10 to 15 pounds without any difficulty) 1= can pull the weight (up to 10 to 15 pounds with slight difficulty) 2=can not pull weight for long time 3=Cannot pull the weight
3	<i>Amsabandanashosha</i>	0=No wasting; 1=Mild wasting; 2=Moderate wasting; 3= Severe wasting
4	<i>Bahuprasaranaasamartata</i>	0= Full range of movements up to 180 1=Movement ranging from 90 to 135 degree 2=movement ranging from 45 to 90 degree
5	<i>Bahustambha</i>	0= Full range of movement; 1= Mild rigidity; 2=Moderate rigidity; 3= Severe rigidity

A) OBJECTIVE PARAMETERS:

1. Range of shoulder movements (Goniometer examination)
 - i) Flexion
 - ii) Extension
 - iii) External rotation
 - iv) Internal rotation

Tenderness at anterior and posterior aspect of Rt. Shoulder,
tenderness at anterior aspect of Rt. Upper arm. Abduction extremely painful,
unable to raise hand above 45⁰,
painful and restricted movement.

Samprapti Ghataka-Elements of pathogenesis

Dosha	Vata(VyanaVata),kapha(Shleshakakapha)
Dushya	Rasa,rakta,mansa,asthi, medamajja.
Upadhatu	Sira ,snayu,kandara
Agni	Jatharagni
Aama	Jatharagnimandya
Srotas	Rasa,rakta,mansa,meda,asthi
Srotodushti	Sanga in VatajaAvabahuka, Margavarodha in vatakaphajaAvabahuka
Udbhavsthana	Pakwashaya
Sancharsthana	Sira ,snayu,kandara
Adhithana	Amsadesha
Vyaktasthana	ShakhaBahu,amsasandhi.
Rogmarga	Madhyam

Sadhyaasadyatwa	Sadhya
Rogaavastha	Ashukari

On the basis of above observation and history we also diagnosed her as a case of *Avabahuka* or frozen shoulder.

Following treatment was given

1. *Sarvangsnehana with nirgudita*
2. *Sarvangaswedana –nadisweda*
3. *Nasya –ksheerbalataila*^[5] 8 drops in each nostril-(for 7 days 2 sitting at 15 days interval) 1st sitting from 7/11/2020 to 13/11/2020 the above t/t was given.

After 15 days the same schedule was repeated for 7 days from 29/11/ 2020 to 5/12/2020.

After treatment patient had complete relief in pain and stiffness in the shoulder joint there was a full range of shoulder movement. On follow-up after the completion of the second sitting, no symptoms reappeared. *Ayurvedic pathyaapathya* advised. The patient was satisfied with the treatment.

Result based on parameters:

Subjective parameter	Before treatment score	After treatment score
<i>Bahushoola</i> (Shoulder pain)	3	0
<i>Bahupraspanditahara</i>	2	0
<i>Amsabandanashosha</i>	0	0
<i>Bahuprasaranaasamartata</i>	2	0
<i>Bahustambha</i>	3	0

Objective parameters:

1. Range of shoulder movements (Goniometer examination)

Objective parameters	B.T.	A. T
Flexion	140 ⁰	170 ⁰
Extension	20 ⁰	50 ⁰
External rotation	50 ⁰	90 ⁰
Internal rotation	50 ⁰	90 ⁰

DISCUSSION :

Avabahuka in its initial stage is *sadhya* (curable) and becomes *krichasadhya* (hard to treat) or *Asadhya* (incurable) after a long period of time. The disease *Avabahuka* comes under *Vatvyadhi* and the line of treatment of *vataadosha* comprises *snehana*, *swedana*, *samsoshadhana* (Cleansing) and *nidanaparivarjan* (Removal of causes). Since the *sthana* of *Avabahuka* is *Amsasandhi* which is the seat of *kapha*, care should be taken to prevent *kaphaprakopa*. In the case of *vatbahuka* treatment should be done to remove *margavarodha* produced by *kapha*. Indulgence in various etiological factors leads to the accumulation of the *vataadosha* in the *amsapradesh* and cause the *shoshana* of the *amsabandha* and *sirakunchana*, which in turn leads to manifestation of *kevalavataj avabahuka*, further *kshaya* of the *dhatu* causes the *prakopa* of the *vata* and then leads to the *amsashosha*.

The action of *ksheerbalataila* could be analyzed according to the *rasa pachaka* of its ingredients. All the three ingredients, *balamoolabharad*, *godugdha* and *tilataila* having *madhur rasa* and *vipaka*, which is *vata* and *pittashamaka*, gives strength to tissues and is good for sense organs and pleasing to the mind. It nourishes to the body. It is said to have effects on all eighty chronic conditions of *Vata* origin. (*Vatananatmajavikara*). The lipid content of *Ksheerbalataila* may pass through the blood-brain barrier easily due to their transport. Some of the active principles may reach certain levels in the nervous system where they can exert their *Vataghana* properties. *Ksheerbalataila* on its nasal administration reaches different *shirogatindriyas* providing *brumhana* and *vatashamana* effect and thereby relieving the symptoms of *Avabahuka*.

CONCLUSION: Nasya karma is a very easy and effective procedure that can be adopted in the treatment of *avabahuka*. *Ksheerbalatailanasya* can be effectively and safely administered without any adverse side effect. *Nasya* with *ksheerbalataila* is cost-effective. *Ksheerbalataila* having *balya*, *vatahara*, *brumhana* properties is very much effective in the treatment of *Avabahuka* where there is *shoshana of amsabandha* so it can be concluded that *nasya* with *ksheerbalataila* can be used in the treatment modality of choice in the management of *avabauka*.

REFERENCES:

1. Vagbhata: Astanga Hridaya, edited by Lochan Kanjiv, English commentary. New Delhi India: Chaukhambha Publications; vol-2; 2017; NidhanaSthana 15/43:140.
2. "Sushrut: Sushruta Samhita, edited with Ayurvedatvatvasandeeepika Hindi commentary by Shastri Kaviraj Ambika Dutta. Varanasi India: Chaukhambha Sanskrit Sansthan; part-1; 2014; NidanSthana 1/82:304.)
3. Vagbhata, Ashtang Hridayamtansalated by Dr.K.R.Srikanthamurti volume2 chikitsasthan, 3rd edition, Chaukhambh Orientalia, Varanasi. 1998, 505}
4. Agnivesha. Charakasamhita, redacted by Charaka and Dridhabala with Ayurveda dipikacommentary by sri Chakrapanidata, edited by Yadavaji Trikamji Acharya. Varanasi: Chaukhambha Surbharatiprakashana; Reprint 2011. Pp738. Chikitsasthana, 28th chapter. Shloka No.98. Page No. 621.
5. Sahasrayogaby Dr.K.Nishteswar&Dr.R.Vidyanathpg no 110, Chaukhamba Sanskrit Series fourth edition, 2014