



## Management of thawing stage of frozen shoulder w.s.r. to *apabaahuka* - A case report

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**ABSTRACT:** *Apabaahuka* is one among the *vataja-nanaatmaja vyadhis*. *Acaarya* Charaka used the word *baahushosha* instead. *Madhukosha* commentary explained it is of two types i.e. *vaataja* and *vatakaphaja*. It occurs in about 2% of the general population. It most commonly affects people between the ages of 40 and 60, and occurs in women more often than man. The pain usually worsens at night. The key features of *apabaahuka* are *baahu-pratispandita hara* (limitation of range of movement) *siraa-aakuncana* and *stambha* (stiffness) and often associated with dysfunction. In modern medicine it can be correlated with frozen shoulder which is also known as adhesive capsulitis, characterized by stiffness, pain and limited range of movements of shoulder joint. A 56 old year female patient visited the Panchakarma OP in Sushruta Ayurvedic Medical college and Hospital with the complaints of pain and stiffness in right shoulder for two years and also complaints of lower back pain as well as disturbed sleep for two years due to the pain. A therapeutic intervention with a *pancakarma* regime that included *Ksheerabalataila nasya*, local *abhyanga* (with *Karpasaasthyaditaila*) and *patrapotalaa sweda*, along with *Brihatvata Chintamanirasa* and *Mahamanjistadi Kashaya* gave remarkable response in the case studied.

**Key words:** *Apabahuka*, Frozen Shoulder, *Samanaaushadhi*, *Sodhana Cikitsa*

### INTRODUCTION

As per the principles of *ayurveda*, the body functions effectively when the *vaatadosha* is in an equilibrium with other *doshas*. Nevertheless, *vaatavyadhi* arises when the *vaatadosha* is vitiated.<sup>[1]</sup> “*Vaatadrte naasti rujaa*” which implies that there cannot be pain in the body without *vaata* or *vikrtavaata*, was mentioned by *Acaarya* Sushruta.<sup>[2]</sup> This reference effectively conveys the role of *vaata* in pain manifestation.

One of the *vaatavatavyadhis* that is mentioned in our ayurvedic texts is *apabaahuka*. In *Sootrasthaana Acaarya* Charaka used the term *baahudosha* under *vaata-nanatmaja vyadhis*,<sup>[3]</sup> and in *Cikitsasthaana baahu-vata* was used in the place of *apabaahuka*.<sup>[4]</sup>

*Acaarya* Madhava asserts that *apabaahuka* is *dwandwaja*, implying that it involves the two

*doshas* i.e., *vaata* and *kapha*, since distinguishes *amsasosha* from *apabaahuka*.<sup>[5]</sup> These days, occupations involving lifting heavy articles, lugging loads, twisting etc., are linked to generalized hypermobility, which increases *vaatadosha* and *vaatavyadhi* manifestation at the upper limb, known as *apabaahuka*. The *amsapradesa* is affected by the vitiated *vaatadosha*, which constricts the *baahu-gata-sira*, resulting in shoulder joint pain, stiffness and restricted movement.<sup>[6]</sup>

It's typical to equate the symptoms of *apabaahuka* with those of adhesive capsulitis, also known as frozen shoulder. Adhesive capsulitis is the term for an enigmatic fibrosis of the glenohumeral joint capsule. It is characterized by gradual shoulder limitation of motion with diffuse, dull, agonizing pain, but typically no localized tenderness. Initially shoulder stiffness is restricted

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to abduction and internal rotation because the pain is worse during night. Later, the shoulder joint's range of motion is restricted and the pain is present most of the time. The prevalence rate of it in India is 7% and 17.9% in diabetic population.

For the management of frozen shoulder, several therapeutic modalities are suggested. These include the use of analgesics, anti-inflammatory drugs, steroid injections and a variety of therapeutic techniques including physical therapy, which frequently entails joint mobilizations and active and passive stretching.<sup>[7,8]</sup> Orthographic distension, surgical capsular release or manipulation while under anaesthesia have all been recommended in cases of severe limitation. Despite the range of methods there is little proof to support the claim that treatment expedites recovery.<sup>[9,10,11]</sup>

#### **PATIENT 'S INFORMATION**

A 56 years old female patient visited Panchakarma OPD with complaints of pain and stiffness in right shoulder as well as low back pain, disturbed sleep and also difficulty in performing routine household works due to the severe and agonizing pain. She has been experiencing these symptoms for the last two years. The symptoms started gradually during daily routine work and she felt pain in the low back region also. She was unable to pick up a box from upper cabin of the kitchen. Pain was radiating throughout her right arm. For the same complaints, she had visited nearby hospital and was advised medication, which gave temporary relief. Later she underwent physiotherapy also and found little relief for about 2-3 months. There was no relevant family history. There was no addictions or habits. No history of fall or injury. Her mother was a known case of DM 2. Sleep and appetite were reduced. The nature of pain was pricking, which was continuous in duration and radiates from right shoulder to upper part of hand. The pain was aggravated by activities, whereas relieved by the application of heat.

#### **Past History**

Diabetes mellitus, hypothyroidism and hypertension for 5 years. These were under control by continuous medication.

#### **Personal history**

Diet-

Breakfast-normal South Indian breakfast

Lunch -rice, ragiball, sambar Dinner-ragiball/ chapati, sambar, rice, curd at night

Bowel-1 to 2 times a day

Micturition - D/N=8-9/1-2 times

Sleep and Appetite – reduced.

#### **Previous treatment history**

Tab Glimepride 2mg BD, Tab Telmisartan 20mg

Tab. Thyroxine 10D Tab Thyroxine Sodium 10D.

#### **Clinical findings**

In general examination, the patient was obese built female (Ht.152cm,Wt.71kg,BMI-30). Blood pressure was 120/80mmhg and pulse rate was 80bpm. On the examination of bulbar conjunctiva, the icterus was absent, central cyanosis, digital clubbing and cervical and mandibular lymphadenopathy were absent.

Systemic examination, no circulatory, respiratory and digestive abnormality were noticed. Per abdominal examination did not reveal anything significant. Her central nervous system and cardiovascular system did not show any specific abnormality.

A detailed locomotor system examination of the right shoulder joint was done-

#### **Inspection**

Swelling - absent

Redness - absent

Deformities - absent

#### **Palpation**

Temperature -Slightly raised in right shoulder joint.

Tenderness -Present at medial and lateral aspect of right shoulder Joint.

### Range of movements

In Rt. shoulder joint- flexion, extension, abduction adduction and the internal rotation all were restricted due to the pain.

### Test

Coracoid Pain Test<sup>[12]</sup> - positive

### Dasa vidha pareeksha

1. *Prakṛti-Kapha Vaata*

2. *Vikṛti-*

- *Dosha-vaata-kapha*
- *Dooshya-Asthi, maamsa, majja, snaayu, siraa and kandaraa*
- *Hetu-Aahara-vaata-kara*
- *Deśa-Saadhaarana*
- *Bala-Madhyama*

3. *Saara-Madhyama*

4. *Samhanana*

5. *Saatmya-Sarva rasa saatmya*

6. *Satva-Madhyama*

7. *Pramaana-Sthoola*

8. *Aahara śakti-*

- *Poorvakaleena-Madhyama*
- *Adyatana-Avara*

9. *Vyaayama śakti-*

- *Poorvakaleena-Madhyama*
- *Adyatana-Avara*

10. *Vayah-Madhyama*

### *Ashta sthaana pareeksha*

*Naadi* - *sarpagati*

*Mootra* - *praakṛta*

*Mala* - *praakṛta*

*Jihva* - *ishatlipta*

*Sabda* - *praakṛta*

*Sparsa* - *praakṛta*

*Drik* - *praakṛta*

*Aakṛti* - *tiktasyata*

### Diagnostic assessment

X-ray of right shoulder joint showed bone atrophy and subacromial narrowing.

Rest all the parameters of blood that is CBC, Hb%, ESR and urine routine were within the normal range.

### TREATMENT PROTOCOL

- 1) *Nasya-karma* with *Ksheerabala Taila* 101 avarti, 4 drops each nostril for 7 days.
- 2) *Sthaanika Abhyanga* with *Karpasaasthyadi taila* to neck, shoulder and back followed by *Patra Potala-sweda* for 7 days.

### Oral medication

- 1) *Brihatvatachintamanirasa* (1-0-1) after food with warm water for 15days.
- 2) *Mahamanjistadikashaya* (20ml-0-20ml before food with warm water) for 15 days.

### Follow up and outcome

After 7 days of management, it was observed that there was the improvement in pain in right shoulder as well as in the lower back.

The patient was discharged later with same medications for next 15 days and advised to review after one month.

For pain-

VAS score was adopted-

- Before treatment - 6
- After treatment - 4

Figure 1

Range of movements by goniometry

Extension	Grading	Before treatment	After treatment
Upto 60	0	-	-
Upto 30	1	-	-
Upto 20	2	2	2
Can't extend	3	-	-

Abduction	Grading	Before treatment	After treatment
Upto 150	0	-	-
Upto90	1	-	-
Upto30	2	2	2
Can't abduct	3	-	-

  

External rotation	Grading	Before treatment	After treatment
Upto90	0	-	-
Upto 60	1	-	-
Upto 30	2	-	2
Can't rotate externally	3	3	-

  

Flexion	Grading	Before treatment	After treatment
Upto150	0	-	-
Upto 90	1	-	1
Upto 30	2	2	-
Can't flex	3	-	-

## DISCUSSION

In this patient, based on detailed history clinical examination, radiographic changes, the case was diagnosed as *apabaahuka* as per *ayurveda* with special reference to frozen shoulder in conventional medicine. The general treatment protocol is pharmacological approach, exercises, later surgical repair. But as per *ayurveda*, *vaatavyaadhi-cikitsa* has to be adopted considering the *dosha* and *rogibala*.

As per Vagbhata *nasya-karma* is the first line of treatment in the management of *apabaahuka*. *Nasya-karma* is one of the therapeutic procedures of *pancakarma*, where in the drug is administered through the nasal route. The medicament reaches the *srngaataka-marma* and spread through the opening of the *siraas* of eyes, ears, throat and so on to the head.

*Acaarya* Charaka, while explaining the indication for *nasya* in *Siddhisthaana*, has emphasized that

the *nasya* drug usually acts through absorption by the *srngaataka marma*. After absorption of the drug, it acts on the diseases of *skandha*, *amsa* and *greeva* from the *srappadesa*. The action of *nasya-karma* depends upon the *dravya* used in it.

Considering the parameters *Nasya-karma* with *Ksheerabala* (101) for a week was administered. *Ksheerabala* (101) provides to the *vaata* and the associated *dhaatus*. On its nasal administration, it reaches different sense organs (*indriyas*) at the head and causes *vaatasamana* and *brmhana*.

As the *svedana* is having *stambhaghata* and *soola-hara* properties *patra-potala sveda* was also planned for a week. As pain with restricted movement was observed combination of *vaata-hara* leaves like *eranda*, *nirgundi*, *cincaa*, *dhattoora*, *sigru* with other ingredients were utilised in *patra-potala sveda*.

Along with these two treatment protocol the *Brihatvatachintamanirasa* and *Manjishtadi*

Kashaya were administered. Brihatvata-chintamani rasa, mainly indicated in *vaata-pradhaana vyaadhi*, which helps to relieve pain and strengthen the inflamed parts. As *siraa*, *snaayu*, *kandaraa* are the *upadhaatus* of *raktadhaatu*, Manjishtadi Kashaya was used to strengthen the same.

### CONCLUSION

*Apabaahuka* is characterized by morbid *vaata-dosha* localizing around the *amsapradesa* and there by causing *goshana* of *amsabandha* as well as *aakuncana* of *siraa* at this site leading to *baahu-praspandana-hara*. Based on history, signs and symptoms, clinical examination the patient was diagnosed as *apabaahuka* with special reference to frozen shoulder in thawing stage.

*Nasya karma* followed by *patra-potala sveda* along with oral medicines found to be clinically significant in this patient.

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