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Role of Laghumasha Taila Nasya Karma in Avabahuk with special reference to frozen shoulder single case study

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Abstract

Avabahuk 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. *Avabahuk* is a disease that usually affects the *amsa sandhi* i.e. shoulder joint. It is produced by vitiated *vata dosha*. Even though the term *Avabahuk* is not mentioned in the *nanatmaja vata*. 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 *panchajananendriya*, whose functions are not only limited to olfaction and respiration but also considered as pathway for drug administration. Since it is described as the nose is the gateway for the *shiras*.

Keywords: *Avabahuk*, Frozen shoulder, *Nasya*, *Laghumasha taila*

Introduction

Avabahuk is one such disease that hampers the day to day activity of an individual. The fact that *vata vyadhi* is one among the *ashta maha gada* [1] is itself explanatory, with regard to the consequences caused by *Avabahuk*. *Avabahuk* is considered to be a disease that usually affects the shoulder joint (*amsa sandhi*) and is produced by *vata dosha*. Even though the term *Avabahuk* is not mentioned in the *nanatmaja vyadhi*, *acharya Shushruta* and others have considered *Avabahuk* as a *Vata vyadhi* [2]. *Amsa shosha* can be considered as the preliminary stage of the disease where loss of *shleshaka kapha* and symptoms like *shoola* during movement, restricted movement. Even as this is commented on in the *madhukosha teeka*, it is mentioned that *amsa shosha* is produced by *dhatukshay* that is *shuddha vata janya*, and *Avabahuk* is *Vata kapha janya* [3].

Etiopathogenesis**Etiology (Nidana)**

The causes (*hetu*) of *Avabahuka* may be classified into two groups. (i) *Bahya hetu*-Causing injury to the vital parts of the body (*marma*) or the region surrounding the *amsa sandhi*, which is also known as *bahya abhigataja* that manifests the *vyadhi* or disease first; (ii) *Abhyantara hetu*-Indulging in the etiological factors that aggravate *Vata* leading to the vitiation of *vata* in that region and is also known as *dosha prokopajanya* (*Samshraya*), which in turn leads to *karmahani* of *bahu*.

Modern Description

According to modern aspect *Avabahuk* is termed as frozen shoulder. Frozen Shoulder is usually caused by inflammation. It is also known as Adhesive capsulitis. The capsule of the shoulder joint has ligaments that hold the shoulder bones to each other. When the capsule becomes inflamed, the shoulder bones are unable to move freely in the joint. The condition progresses in three stages which are freezing (Painful), Frozen (Adhesive), Thawing (Resolving phase)

Periarthritis or frozen shoulder or adhesive capsulitis [4, 5]

This is a descriptive term used to indicate a clinical syndrome wherein the patient has a restricted range of active and passive glenohumeral motion. The Simmonds have reported on the tight inelastic tissues around the shoulder joint. They believed that the pathological changes in frozen shoulder were due to degeneration and focal necrosis of the supraspinous tendon. With revascularization, the tendon pathology could resolve.

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With inadequate vascular response, the tendons would continue to degenerate, developing tears of varying size, or a secondary biceps tendinitis could develop. In this condition, pain and stiffness of the shoulder joint are the cardinal symptoms leading to inability or loss of function of the affected upper limb. This may be achieved in three phases.

1. Painful phase.
2. Stiffening phase.
3. Thawn / Resolving phase.

Materials and Methods

Materials: Materials used are as mentioned in Table 1 and 2.

Method: Single case study

Aims and Objectives

To study basic clinical approach through *ayurveda* in *Avabahuk* treatment with special reference to Frozen shoulder
To treat patient through *Ayurveda*

Causes

Aharaja

Katu, Tikta, kashaya rasas, laghu sukshma, and *sheeta guna* cause vitiation of the *Vata*.

Viharaja

The exercises directly or indirectly influencing the shoulder or *amsa desha* should be considered here

Plavana

Results in *Vata kopa* due to overexertion in the joint.

Bharavahana

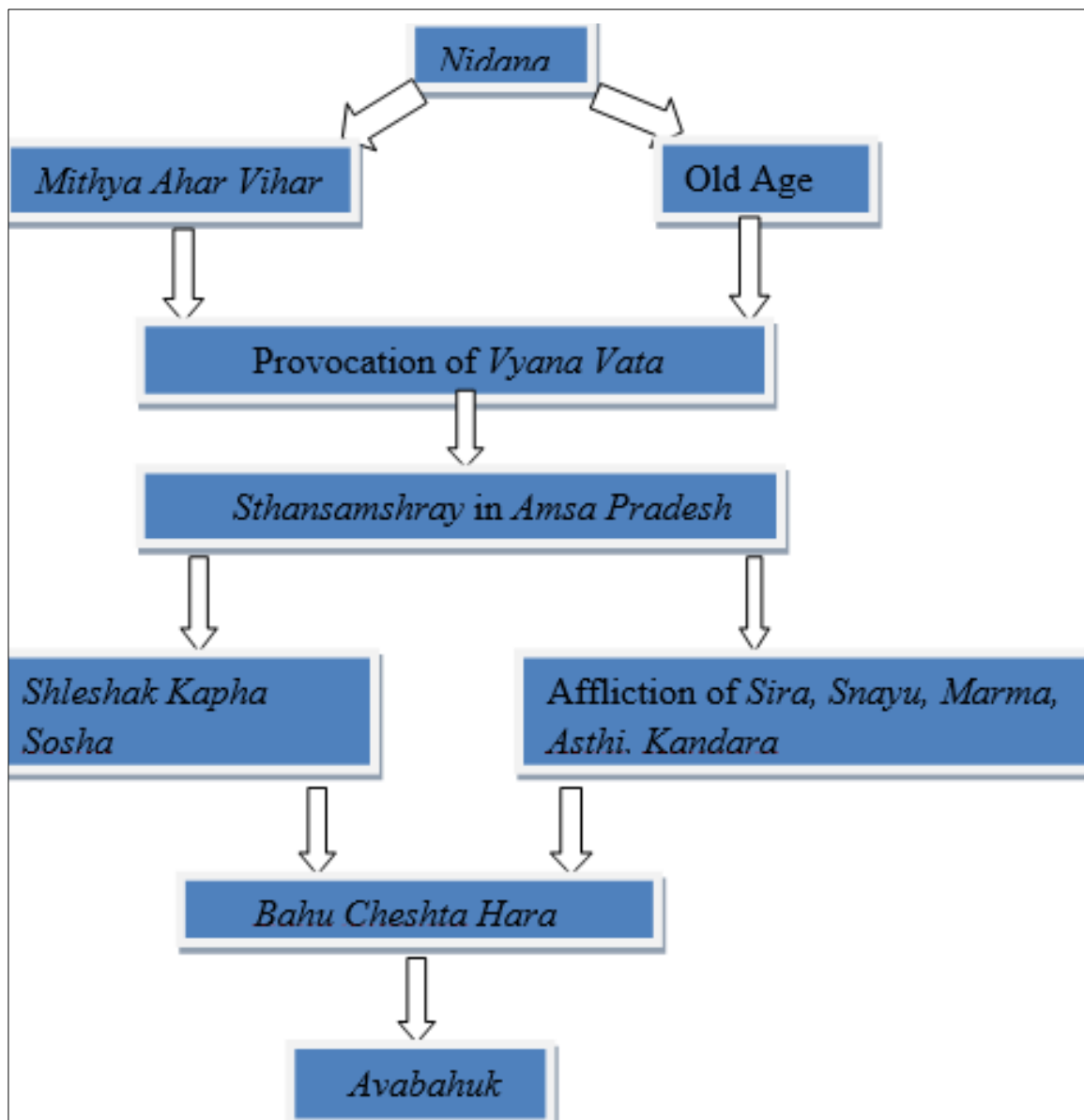
Carrying heavy loads over the shoulders will cause *Vata prakopa* and deformity in the joint capsule. This leads to disease formation.

Balawat Vighraha

Wrestling with a person who is more powerful will cause *agahata* to the *amsapradesha* and *Vata parkopa* takes place. This manifests the disease.

Signs and Symptoms of Avabahuk: *Avabahuk* is a disease of *Ansa Pradesh* explained under *Vata Vyadhi* in *Samhitas*. It affects *Sira* of *Ansa Pradesh* and causes symptoms like *Bahuprasanditahara*, *Stambha* (Stiffness), *Alpakriyata* (restricted movement), *Shotha* (Inflammation), *Shoola* (pain) in the shoulder region

Samprapti Vivechanam



Samprapti Ghatak-1. Dosha - Vyan Vayu, Shleshak kapha

2. Dushya - Sira, Snayu, Mansa, Kandara, Asthi

3. Strotas - Mansa vaha, Asthi vaha

Case Report

A Male patient aged 34 years with no history of any other illness from Itkheda Ch. Sambhajinagar approached CSMSS Ayurved hospital CH. Sambhajinagar on 5February 2024. His chief complaints were restricted movement of shoulder joint, Stiffness and pain. Patient had taken Ayurvedic as well as Allopathic treatment but had no relief thus the above mentioned complaints patient got enrolled to *panchkarma* OPD on 5 Feb 2024 at 10.30AM with OPD no. 6315

Treatment Protocol

After Diagnosis the patient were treated with *Marsha Nasya* with *Laghumasha taila* in dose of 10 drops for 7 days along with *shaman chikitsa* as mentioned in Table No 1&2.

Panchkarma Chikitsa

Table 1: Shows the therapy date Dravya name and its Duration

Therapy	Date	Dravya name	Duration
<i>Stahnik Snehan</i>	5/2/2024- 11/2/2024	<i>Abhyanga Taila</i>	7 Days
<i>Sthanik Swedan</i>		<i>Tapa Sweda</i>	7 Days
<i>Nasya Karma</i>		<i>Laghumashadi Taila</i>	7 Days

Shaman Chikitsa

Table 2: Shows the drug Dose Anupana Duration

Drug	Dose	Anupana	Duration
<i>Dashmool Bala Masha Kwath</i>	10ml BD	<i>Koshna Jala</i>	7 Days
<i>Ekanga Veera Rasa</i>	2BD	<i>Koshna Jala</i>	7 Days
<i>Maharasnadi Kwath</i>	30ml BD	<i>Koshna Jala</i>	7 Days

Method of Nasya Karma

Nasya Karma can be explained in the following three headings as reported in the classics.

Poorva Karma

This encompasses the following points like *Oushadhi sangraha*, *Nasya yantra*, *Atura vaya*, *Kala*, *Atura siddhata* and so on. The patient is instructed not to suppress the natural urges and go through the normal routine. The patient is taken to a comfortable room, which is without dust, extreme breeze or sunlight. *Bahyasnehana* in the form of *mrudu Abhyanga* is performed to the *shiras* first and then over the *gala*, *kapola*, *lalata*, and *karna*. After *snehana*, a mild *swedana* is performed to the part of the body above the shoulders. The eyes of the patient should be taken care of by closing them with a band of cloth.

Pradhana Karma

Once the *poorva karma* is completed, the patient is made to lie down on the table in the supine position with legs slightly raised. Eyes should be covered with a cloth. With the help of tepid medicine, *panitapa sweda* is performed over the parts of the body above the shoulder, excluding the patient's eyes. The head of the patient is then highly raised and medicine is poured in each nostril one after the other. The other nostril should be closed while administering the medicine in one nostril. The medicine should be slowly instilled in an uninterrupted manner called '*Avicchinn dhara*'. The patient is advised to inhale the medicine slowly and forcefully. The same procedure is repeated in both the nostrils. Care should

be taken not to shake the head during the procedure. *Tapasweda* can be repeated conveniently.

After administration of the medicine, the patient is strictly advised not to swallow the medicine, but to spit it out. The spitting can be done after the smell and taste of the medicine disappears from the throat. Next, the patient is allowed to relax in the same posture for 100 *matra kalas* (30 – 32 seconds), without going to sleep.

Paschat karma

Pradhana karma is followed by *dhoomapana*, *gandoosha*, and *kavala graha*. The patient is advised to follow certain rules and regimen.

Criteria for assessment of the study

The improvements in the patients were assessed on the basis of relief in the signs and symptoms of the disease. To analyze the efficacy of the drug, scores were given for each symptom. According to the severity of the symptoms, the grading was given, as mentioned herewith: Scoring pattern.

Main symptoms

Table 3: Shows Bahuprasandita hara and its score

<i>Bahuprasandita hara</i>	Score
1) Can do work without being affected	0
2) Can do strenuous work with difficulty	1
3) Can do daily routine work with great difficulty	2
4) Cannot do any work	3

Table 4: Shows Shoola and its score

<i>Shoola</i>	Score
No pain at all	0
Mild pain, can do strenuous work with difficulty	1
Moderate pain, can do normal work with support	2
Severe pain, unable to do any work at all	3

Associated complaints

Table 5: Shows Stambha (Stiffness) and its score

<i>Stambha (Stiffness)</i>	Score
No stiffness	0
Mild, has difficulty in moving the joints without support	1
Moderate, has difficulty in moving, can lift only with support	2
Severe, unable to lift	3

Criteria for assessment of the overall therapy Complete relief

One hundred percent relief in the complaints of patient, along with elevation of shoulder joint up to 180 and flexion and abduction of the joint up to 90.

Marked improvement

More than 75% relief in the complaints as well as significant improvement in the elevation of joint up to 135, and flexion and abduction up to 60.

Moderate improvement

More than 50% relief in the complaints along with improvements in elevation of joint up to 90 and flexion and abduction of joints up to 30.

Improvement

Twenty-five to fifty percent relief in the complaints.

Unchanged

Patient with less than 25% relief in their complaints were regarded as unchanged.

Observation

Symptoms were taken into consideration under grading symptoms according to their severity.

Table 6: Shows the symptoms before treatment and after treatment

Symptoms	Before Treatment	After Treatment
<i>Bahuprasandita hara</i>	3	0
<i>Shoola</i>	3	0
<i>Stambha</i>	3	0

Results

As the *Nasya Karma* was started patient got relieved of *Bahuprasandita Hara*, *Shoola*, *Stambha* level was so reduced. After 7 Days patient is able to move hand and do regular activity Along with *nasya karma shaman aushadi* is continued for 7 days

Discussion

The present drug formulation *Laghumasha taila* contains drugs like *Kapikacchu*, *Bala*, *Shatavari*, *Sita*, *Punarnava*, *Saindhava*, *Jingini*, *Sarshapa taila*, and *Masha*.

Mode of action *Laghu masha taila*

Laghumasha taila contains drugs like *Kapikacchu*, *Bala*, *Shatavari*, *Sita*, *Punarnava*, *Saindhava*, *Jingini*, *Sarshapa taila*, and *Masha* [6].

- Kapikacchu (Mucuna prurita Hook)*:** Different varieties are available, with their potent action as *vata hara* and qualities such as, *snidha*, *madhura*, and *ushna*. *Dravya* is well known for its anti-parkinsonism effect (*Kampavata hara*) as it contains dopamine, and its seeds are rich in protein (Kerala or Tamilnadu germplasm), hence, it is utilized internally as a *taila*, which tones the muscle and acts as a nervine tonic, which is the most important requirement in *Apabahuka*.
- Bala (Sida cordifolia Linn)*:** It is generally considered as a nervine stimulant or nervine tonic. A better term can be given as a nervine stimulant. The term '*Bala*' is applied because of its *balya* property of *moola*. In the *Laghu masha taila*, this serves the purpose of generating sufficient energy to the muscle tissue, and also by its effective supporting factors such as *madhura rasa* and *madhura vipaka* as a *vata hara*.
- Shatavari (Asparagus racemosus Willd)*:** This fasciculated tuberous root is utilized in different ailments, as it has the *vata hara* property. The absorption level of this drug through the *taila* during *nasya karma* is found to be excellent. *Sita* serves the function of enhancing the energy of the other *dravyas* and nourishes the *mastishka*.
- Punarnava (Boerhavia diffusa Linn)*:** '*Dhatu punarnavatwam*', a drug that brings new tissues in the body, helps in preventing the degeneration of tissues. In other words, it achieves the regeneration of *sapta dhatu*s with its specific activities on muscle tissues.
- Saindhava* During *nasya*, the *taila* used has a fixed oil base.
- Jingini (Odina wodier)*:** By its *madhura rasa* and *ushna virya* acts as *vata hara*, but *katu vipaka* helps in the easy digestion of the *taila* through the *nasya karma*.
- Sarshapa taila (Brassica campestris Linn)*:** Acts as a base for the *dravyas* of the *Laghu masha taila*, and is

helpful through its easy absorption activity due to the *teekshna*, *katu*, and *ushna* properties.

- Masha kwatha (Phaseolus mungo Linn)*:** A potent *dhatu vardhana dravya*, is supportive as a *vata hara* with its dominant *madhura rasa* and *ushnadi gunas*. By observing the above-mentioned ingredients and their actions, it is evident that *Kapikacchu*, *Bala*, *Shatavari*, and *Masha* are the main ingredients which give the *balya bruhmana* effects. *Sita* in a combination that acts as an energy enhancer by virtue of its *madhuratwa* (glucose). *Punarnava* with its *shotha hara* and *Rasayana karmas* rejuvenates the brain functions, and *Saindhava lavana* acts a *Kapha vilayana kari* and *sroto mukha vishodhana*.
- The *Katu taila* is the main base ingredient for the other drugs (oil soluble). *Katu taila* is a *yoga vahi* and carries all essential ingredients into the system by virtue of its *teekshna*, *sukshma*, and *ashukari guna*.

Conclusion

The following conclusions can be drawn from the observations of the present study

- Strenuous physical work and direct injury are the predisposing factors in the manifestation of the disease *Avabahuka* Maximum incidence of this disease was seen in the age group of 30-40 years.
- Laghumasha taila* having a *Brimhana* effect, when used as *Marsha nasya*, brought out significant result in *Bahuprasandita hara* and significant relief in *Shoola*.

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