

# Jambeerapinda Sweda And Shamana Chikitsa in Apabahuka (Frozen Shoulder) – A Case Report

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**Abstract:** In Ayurveda, Tridoshas (Vata, Pitta and Kapha) are susceptible to imbalance and vitiation. There are 80 nanatmaja Vatavyadhis. Vata is responsible for conduction, regulation and integration of all vital functions and structures of the body. Vitiation of Vata takes place from either wasting of dhatus or obstruction in passages. Apabahuka is mentioned under Vatavyadhi which affects the Amsa sandhi. Due to similarities in signs and symptoms it can be correlated to frozen shoulder. Shoulder pain is common complaint in both genders over the age 40 years, and is most often due to degenerative changes of tendons in rotator cuff and traumas to shoulder part. This case, specify regarding mainly nidana, pathya-apathya, results through Ayurvedic management.

**Keywords:** Apabahuka, Jambeerapinda swedana, Frozen shoulder.

## 1. Introduction

Vata due to its avyakta poorvarupa [1] disease manifests is known directly by its action. Which might be instant and fatal as well. One has to be careful in following dietary plans and work schedules. In our country due to poverty most people who are labours means physical work will be more. Hence due to stressful works or overuse body parts many people are complaining pain in different parts of the body. Apabahuka is the one of the Vataja vikara and most people complain about. It is mentioned in Vatavyadhi [2] chapter and most people complain about. Negligence of this condition leads to Amsa shosha, hence early care should be taken. The fact that Vatavyadhi is one among the Ashtamahagada [3], is itself is self-explanatory.

Vata localised in the region of shoulder, getting aggravated dries up the binding structures of shoulders, constricts the sira present there and produces Apabahuka. Vitiation of Vata dries up the sleshaka kapha which is present in the Amsa sandhi leads to stiffness in the shoulder joint. Apabahuka is Vata-kapha janya vikara [4].

Frozen shoulder or Adhesive capsulitis<sup>5</sup> presents with upper arm pain can progress over 4-10 weeks before subsiding over a similar time course. Restriction of Glenohumeral movement is characteristic. In early phase, there is marked anterior joint or capsular tenderness and stress pain in a capsular pattern.

A 40-year-old comes to hospital with complaining with pain

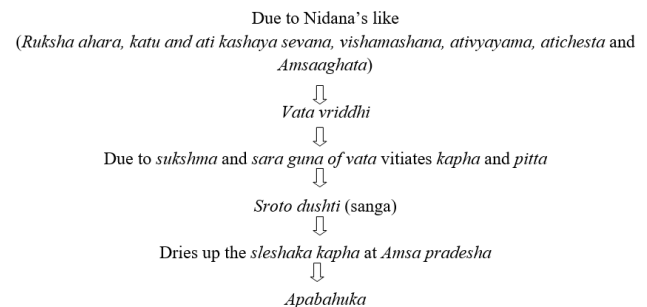
in both shoulder joint and the intensity of pain differs on the both side and received Ayurvedic management as per mentioned later.

### A. Nidana (aetiology)

The cause of Apabahuka is due to aghata to Amsa pradesha which may involve severity by marma aghata. Vataprakopa janya ahara and vihara like ativyayama, raatrijagarana, vishmashana, lifting heavy weight, due to occupation (labour work), irregular sleeping postures etc which leads to dosha prakopa of that particular part leads to karmahani of Bahu.

Frozen shoulder is more common in Diabetes mellitus but may also be triggered by rotator cuff tear, local trauma and myocardial infarction or hemiplegia.

### B. Samprapti



### C. Brief case history about the patient

A 53 years old male subject weighing about 56 kgs, an electrician by work came to DGM Ayurvedic Medical College and Hospital, Gadag. Subject complaints of Pain in both upper limbs since 4 months and pain aggravated in left shoulder joint after met with accident since 1 month associated with difficulty in doing daily routine works since 10 days.

### D. History of present illness

Patient was apparently normal before a month. He met with a bike accident and injures his shoulder with mild bruises. Taken Allopathic treatment for a month but did not find relief. After a month pain and difficulty in doing his routine works so one of his colleague advised him to get Ayurvedic treatment. Thereafter he came to our hospital for further treatment. [OPD no. 21015178]

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Not known case of Diabetes mellitus and Hypertension.

*Chikitsa vrittanta:*

Allopathic treatment was taken for a month but did not find relief.

*Poorvavyadhi vrittanta:*

No history of other illness.

*Kula vrittanta:*

All family members were said to be healthy.

#### E. Clinical examination

*Ashtavidha Pariksha:*

*Nadi (pulse):* 78/min,

*Malapravritti (stool):* 1time a day,

*Mutra pravritti (urine):* 3-4 times a day,

*Jihva (Tongue):* Aliptata,

*Kshudha (Agni):* Madhyama,

*Shabda (speech):* Prakrita,

*Sparsha (skin):* Sheetoshna,

*Drik (eyes):* Prakrita,

*Akriti (stature):* Madhyama.

#### F. Examination finding pertaining to Frozen shoulder

The Shoulder special tests may be used to rule in or rule out other pathologies that may be limiting shoulder ROM and causing pain. Empty can test<sup>6</sup>, Speed's test, Drop arm test and Neer and Hawkins's impingement test.

*Systemic examination:*

- CVS – S<sub>1</sub>S<sub>2</sub> heard
- RS – Normal vesicular breath sounds heard
- P/A – Soft, No tenderness, No organomegaly

#### G. Treatment Schedule

*Materials and methods:*

*1<sup>st</sup> schedule (Treatment started on same day subject arrived)*

- *Sthanika mridhu abhyanga* (Left upper limb) with *Karpooradi taila* for 7 days
- *Sthanika Patrapottali swedana* with *Jambeerapinda* for 7 days
- *Ashtavarga kashaya* -200ml bottle - 4tsp with equal quantity with water- thrice a day- 15 minutes -before food- 7days
- *Cap Bontone*- 1cap (500mg) - twice a day- after food-with water for 7 days
- *Mahayogaraja guggulu*- 1tab (500 mg) - thrice a day – after food-with water for 7 days

*2<sup>nd</sup> schedule (After completion of the snehana and swedana) for 15 days*

- *Mahayogaraja guggulu* - 1tab (500 mg) - twice a day – after food- with water
- *Cap Geriforte* - 1 tab (500 mg) - twice a day- after food - with water
- *Balarishta*- 200ml bottle- 4tsp thrice a day-after food-with water
- *Cap Cervilon*- 1cap (500 mg)- twice a day- with water-after food

*Exercise:*

- Upper limb exercises- 1 time a day

- Mild shoulder joint movements (abduction, adduction, lateral rotation)-1time a day

Total course of treatment is 22 days with follow up of 15 days.

*Images of procedure done:*

*Step-1: Abhyanga with Karpooradi taila*



*Step-2: Jambeerapinda sweda*



*Description of the procedure:*

Treatment protocol scheduled after assessing his prakriti and vikriti.

*1<sup>st</sup> step (Sthanika mridu abhyanga (left upper limb) with Karpooradi taila*

Take lukewarm oil in the container and ask the patient to sit comfortably on the chair with exposure of the affected part. Do *mridu abhyanga*, once in a direction in *anuloman gati*.

*2<sup>nd</sup> step (Sthanika patrapottali swedana with jambeerapinda)*

Make two pottali of *Jambeerapinda* and after *Abhyanga* done. Keep the *Patra pottali* on frying pan for heating. After pottali is heated (temperature should be tolerable to patient). *Sthanika swedana* is done by tapping method (meanwhile keep other pottali on frying pan) and before temperature of pottali is decreased change it to other pottali. So that temperature is maintained.

*Probable mode of action:*

- *Sneha* having *vatashamana* [7] and *mrudukarana* effect [7]
- *Swedana* clears the *srotorodha* [8] and reduces the

*Gauragnata* [8] and stimulates the efferent vasodilator nerves

*Precautions advised during procedure:*

- Do not put pressure on affected part during *Abhyanga*.
- Temperature must be checked before applying to

Images of before, after procedure and after follow up













Before treatment	After treatment	After follow up
 <p data-bbox="224 701 485 722">Abduction of both upper limbs</p>	 <p data-bbox="683 701 945 722">Abduction of both upper limbs</p>	 <p data-bbox="1138 701 1399 722">Abduction of both upper limbs</p>
 <p data-bbox="232 1068 479 1089">Backward locking of fingers</p>	 <p data-bbox="690 1068 937 1089">Backward locking of fingers</p>	 <p data-bbox="1136 1068 1383 1089">Backward locking of fingers</p>
 <p data-bbox="167 1484 542 1505">Extension of right hand to opposite Scapula</p>	 <p data-bbox="625 1484 1000 1505">Extension of right hand to opposite Scapula</p>	 <p data-bbox="1084 1484 1459 1505">Extension of right hand to opposite Scapula</p>
 <p data-bbox="170 1936 540 1957">Extension of left hand to opposite Scapula</p>	 <p data-bbox="628 1936 998 1957">Extension of left hand to opposite Scapula</p>	 <p data-bbox="1088 1936 1458 1957">Extension of left hand to opposite Scapula</p>

Table 1  
Main symptoms

<i>Bahuprasandita hara</i>	Score		
	BT	AT	AFP
Can do work without being affected	3	2	0
Can do strenuous work with difficulty	3	3	1
Can do daily routine work with great difficulty	3	2	0
Cannot do any work			
Shoola			
No pain at all			
Mild pain, can do strenuous work with difficulty	3	2	0
Moderate pain, can do normal work with support	2	1	0
Severe pain, unable to do any work at all	3	2	0

Table 2  
Associated complaints

<i>Stambha (stiffness)</i>			
	BT	AT	AFP
No stiffness	0	0	0
Mild, has difficulty in moving the joints without support			
Moderate, has difficulty in moving, can lift only with support			
Severe, unable to lift			
<i>Atopa</i>			
No atopa	0	0	0
Palpable atopa			
Audible from a little distance			
<i>Amsha shosha (wasting of muscles)</i>			
No wasting	0	0	0
Mild wasting, can do work			
Moderate wasting, works with difficulty			
Severe wasting, cannot move			
<i>Srotodushti</i>			
No symptoms			
Presence of only one symptom	3	2	0
Presence of two symptoms			
Presence of more than two symptoms			

patient during swedana.

- Do not eat *Vataprakopaka ahara*
- Do not expose to cold
- Do not lift heavy thing with the affected hand
- Mild exercise is advised

*Paschat karma*

After procedure subject must take *Shamanaushadis* for 15 days.

*Assessment of results:*

*Scoring pattern [9]:*

Th table 1 and 2 shows assessment of results.

## 2. Discussion

- Subject met with local trauma which affected his shoulder part, leads to vitiation of vata and in turn kapha dusti hence subject has pain and difficulty in the movement of the left hand.
- Depending on the *lakshanas* and *nidana* the *Ayurvedic* treatment protocol is planned like *mridu abhyanga* and *jambeera patra swedana* followed by *shamanaushadhi*.

## 3. Conclusion

- *Abhigataja* leads to *Vatajavridhi* as main *nidana* in this case. Hence *vatashamaka*, *shothahara* and *brimhana chikitsa* is followed as per mentioned in *Vatavyadhi chikitsa*.
- Subject seen improvement in this treatment before and after.

And followed pathya and apanya during the procedure and after.

- He is able to carry out his daily routine works under precautions.
- In such kind of conditions *Ayurveda management* helps a lot and further complication can be prevented.

## References

- [1] Sushruta Samhita, Dalhana, Nidanasthana, 1/7, Chaukambha Orientalia; Varanasi: 2014 edition, page no.:257.
- [2] Sushruta Samhita, Dalhana, Nidanasthana, 1/82, Chaukambha Orientalia; Varanasi: 2014 edition, page no.:269.
- [3] Charaka Samhita, Ayurveda Deepika commentary by Chakrapani data. Yadav T, editor, Indriya sthana, 11/8-9, Chaukambha Orientalia; Varanasi: 4th edition 1994, pp. 8-9.
- [4] Madhava nidana, Madhukosha commentary, 22/65. Chaukambha Surabharati prakashan; Varanasi: First edition 1986.
- [5] Davidson's principle and practice of medicine, Churchill Livingstone Elsevier, printed in China, 22nd edition: 2014, Chapter-25; Page no.-1074.
- [6] Standard of Care: Shoulder Adhesive Capsulitis, Department of Rehabilitation Services, Physical Therapy, ICD-9:726.0
- [7] Vaidya Yadavji Trikamji Acharya edited Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary; Varanasi- Chaukambha Orientalia 2004; Siddhisthana, Chapter-1, Shloka-7, page no. 960; Sutrasthana, Chapter-22, shloka-11; page no. 424.
- [8] Vaidya Yadavji Trikamji Acharya edited Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary; Varanasi- Chaukambha Orientalia, 2004; Siddhisthana, Chapter-1, Shloka-7, Page no. 960; Sutrasthana, Chapter-22, Shloka-11; page no. 424. Clinical research – A Study on Apabahuka (frozen shoulder) and its management by Laghumasha taila nasya September 28, 2016.