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"MANAGEMENT OF AVABAHUK THROUGH AYURVEDA"

Dr. Ganesh Purushottam Deokar¹, Dr. D.K.Parida²

¹P. G. Scholar,

²H. O. D. & Guide, Dept. Of Panchakarma

L. R. P. Ayurvedic Medical College, Hospital P. G. Institute & Research Center, Urun Islampur, Sangli, Maharashtra.

Corresponding Author's Mail ID:-

ganeshdeokar11@gmail.com

ABSTRACT:

Avabahuk was first introduced by Acharya Susruta where pain and stiffness of shoulder joint leads to severely restricted movement of hand. It is a disease of Amsa sandhi (shoulder joint) and it has been described under eighty types of Vata Vyadhi by Acharya Sushruta. Being a disease of shoulder joint, which has greatest range of motion, is of vital importance to the activities of daily routine and work, this disease is a hindrance in one's productivity. Clinical presentation and pathogenesis of Avabahuka is almost similar to Frozen Shoulder. It is one of the commonest musculoskeletal disorder visited in orthopedic clinics, often annoyed both patients as well as doctors. This article aims to provide an overview of the nature and the widely accepted management of this condition based on other studies.

Keywords: Avabahuk, Frozen shoulder.

INTRODUCTION:

Avabahuk is such disease which hampers day to day activity of an individual in Avurveda the Vata Dosha affects the Guna at Amsa Sandhi (shoulder point). Even though the term Avabahuk is not mentioned in Nanatmaja Vata Vyadhi, Acharya Sushruta and others has considered Avabahuk as Vata Vyadhi. (1) Due to faulty diatary habbits and life style Vata Dosha is violated; and it travels throughout the whole body, where it finds blockage of channels, resulting in Amsa Sandhi Shootha, Shoola, hampering most of the functions of hand; later resulting into Shosha and Sankocha of nerves which supplies to Amsa Sandhi. (2)

Avabahuk is compared to frozen shoulder in modern medicine; and sometimes to adhesive capsulitis. This disease is considered as clinical syndrome which includes painful restriction of both passive and active shoulder movement which is due to dryness of *Sleshaka Kapha* from *Amsa Sandhi*.

Frozen shoulder is divided into two phases according to pain which lasts for a certain interval of time. In this initial stage is painful stage which can last from weeks to months, in which pain gradually increases which may last upto 1 year. Patients with *Avabahuk*, the therapies like *Nasya*, *Snehan Sweden*, *Basti*, etc are employed.

Prevalence and Need of Study:-

It usually affects patients aged 40-60 yrs. The precise reason of incidence is not known but 2-5% of general population develops the disease over their lifetime. (3) Females tend to be more affected more than men. There is no prediction for race. There are some etiological factors can be included which are trauma, surgery of shoulder, inflammatory disease, DM, Regional conditions and various shoulder maladies.

Etiology (Nidana)

The causes of *Avabahuk* may be classified in to three groups:

- 1) Abhighataj (trauma) or Marmabhighata⁽⁴⁾:- injury to Ansa Marma (shoulder region) leads to stiffness of shoulder.
- 2) Aaharaj⁽⁵⁾ :-Tikta (bitter), Ushana, Kashaya (astringent), Alpa, Ruksha,

Pramita Bhojanae (food) cause vitiation of the Vata.

3) Viharaja (activities or improper life style):- Due to over indulgence in things like excessive physical exercise, sudden fear, grief etc

lead to depletion or loss of tissues and *Vata* gets aggravated.

SIGN AND SYMPTOMS (ROOPA) AVABAHUK

- 1. Pain in shoulder region.
- 2. Shoulder stiffness.

- 3. Restriction in shoulder joint range of motion.
- 4. *Sosha* (muscular atrophy)

SAMANYA SAMPRAPTI:-

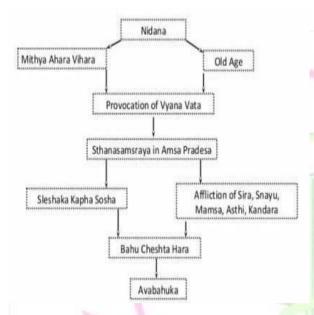


Fig. no. 01

TREATMENT:-

The general line of treatment mentioned for *Vatavyadhi* (*Avabahuk*)in *Ayurvedic* texts includes:

- i) Snehana⁽⁶⁾ (oleation both internal and external with medicated oils).
- ii) *Swedana*⁽⁷⁾ (sudation with steam made from *Vatashamaka* drugs).
- iii) *Basti*⁽⁸⁾ (decoction or oil given through anal route like enema).
- iv) Nasya⁽⁹⁾- (medication given through nasal route)
- v) Agnikarma⁽¹⁰⁾ and oral medications (in the form of *Guggul*, decoctions etc.)

A broad over view of some of the well recognized methods today is provided below:-

- 1) Nidana Parivarjana –

 (avoidance of the causes) and

 Pathya Ahar-Vihar (wholesome
- 2) *Abhyanga* (massage, applying pressure with warm medicated oil) like stretching.

diet and activites).

- 3) *Swedan*⁽⁷⁾ (sudation with *Dosha Shamak* steam)is deep heating and *Upnaha*.
- 4) *Elakizi*⁽¹¹⁾ herbal poultice prepared with *Vata* balancing herbs tied in a cloth and is

dipped in hot medicated oil, this is applied over the local affected part.

- 5) *Pichu*⁽¹¹⁾ cotton swab soaked in hot medicated oil applied to the part affected.
- 6) *Njavarakizhi* (11)- useful in degenerative conditions and this is like *Shastikashali Pinda Sweda*, first *Abhyanga* is done and rice pack dipped in certain decoction is applied over the affected part.
- 7) *Pizhichil* (11)- Streaming of hot oil along with simultaneous massage.
- 8) Yoga and Aasana⁽¹¹⁾ like Surya Namaskara etc.
- 9) Bahu Parivartanam ⁽¹²⁾- (shoulder exercise or physiotherapy).
- 10) Marma therapy⁽¹³⁾ -Stimulating Marma points nearby Ansa Sandhi gives promising results and even it can be practiced life long without any side effects.
- 11) Sanshamana Aushadhi -

Vatashamak drugs, Kwath and oils like

Yograj Guggul, Rasna Erandadikshayaya, Mahanarayanadi oil etc.

DISCUSSION:

This article aims to provide an overview of the nature and the widely accepted management of this condition based on other studies. As described in Sushruta Samhita and Ashatang Hridaya Avabahuk and Bahu Shosh can be considered as continuum not as separate diseases or two different conditions. It is extremely important to consider the patient's symptoms and condition when selecting a method as treatment each patient's treatment should be individualized. Marma therapy stimulating *Marma* points nearby Ansa-Sandhi gives promising results and even it can be practiced life long without any side effects. Marma therapy can be used along with oral Vatashamaka medicines and medicated oils to further enhance the results. **Bahupari**vartan (shoulder exercises) can be used in all stages of Avabahuk. There is limited evidence to show that Marma therapy will truly change the natural course of this disease, the key area for future research in particular, with regard to Marma therapy as a treatment comparing it with an adequately powered high quality randomized controlled trial.

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