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A case study of *Agnikarma* in the management of *Avabahuka* w. s. r. to frozen shoulder

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ABSTRACT

Avabahuka is a disease of Amsa sandhi (Shoulder joint). Acharya Sushruta have described Avabahuka as a one of the type of VataVyadhi. It is one of the commonest musculoskeletal disorder. In Avabahuka, Vata gets lodged at the root of shoulder, subsequently constricting the veins and producing the loss of movements of the shoulder. Avabahuka can be co-relate with Frozen shoulder having same complaints. Acharya Sushruta have mentioned Agnikarma for the treatment of Avabahuka.

Keywords: Avabahuka, Agnikarma, shoulder joint, Vatavyadhi

INTRODUCTION

Acharya Sushruta have described Avabahuka under eight types Vatavyadhi. It is a disease caused by vitiated Vatadosha localizing around the amsapradesha (shoulder joint) causing shoshana of amsa sandhi leading to akunchana of sira present with bahupraspanditahara2 .In Avabahuka, there is pain, shoulder stiffness, restriction in shoulder joint range of motion, shosh seen3. Avabahuka can be co-relate to frozen shoulder which is a common occurrence . Pathologically ,the two layers the synovial membrane become adherent to each other. Clinically ,the patient (usually 40-60 years of age) complains of progressively increasing

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pain in the shoulder, stiffness in the joint and restrictions of all movements. The surrounding muscles show disuse atrophy. The disease is self limiting and the patient may recover spontaneously in about two years4. As shoulder joint is involved in the Avabahuka, Acharya Sushruta mentioned Agnikarma for the treatment of Avabahuka5.

CASE REPORT

- Name of patient –XYZ
- Age- 34 years, Sex- female
- Occupation –Housewife,
- Religion-Hindu Marital status –
 Married

CHIEF COMPLAINTS

- Pain at Right shoulder joint- from 2 months
- Restricted range of movement
- Stiffness

CASE HISTORY-

34 Years female patient came with pain at right shoulder joint, stiffness, restricted range of movement since two months. She took allopathic medicine in the form of oral pain killers, local ointment, but her symptoms persisted. So she came to Ayurved Mahavidyalaya.

GENERAL EXAMINATION

• Pulse rate – 76/min

- BP -110/70 mm of hg Weight _52 kg
- P/A –soft Liver and Spleen not palpable
 Shoulder Joint Examination Pain over at shoulder joint Tenderness

Restriction of Range of Movement

- 1) Adduction -0^0
- 2) Abduction $_50^{\circ}$
- 3) Flexion -40°
- 4) Extension 30°

ASHTAVIDHA PARIKSHA

- 1. Nadi-76/min
- 2. Shabda -Spashta
- 3. Mala-Prakrut
- 4. Sparsha Anushnasheet
- 5. Mutra -Prakrut
- 6. Druka Upnetrachawapar
- 7. Jivha -Niram
- 8. Aakruti –madhyam

TREATMENT - AGNIKARMA ON

Right shoulder joint

PROCEDURE OF AGNIKARMA-

- After taking written informed consent ,Agnikarma was done
- Agnikarma in the form of samyaktwakdagdha was done by making multilple dots over skin with red hot Panchadhatushalaka covering pain points6.
- 3. After covering all pain points, fresh pulp of aloe Vera is applied.
- 4. Above procedure was repeated twice over period of 7 days. On every setting

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patients examined for range of movement.

RESULTS-

After three settings of Agnikarma, there is

significant reduction in pain,there is no tenderness at shoulder joint with improvement in range of movement.

Restriction in	Before	After 1 st	After 2 nd	After 3 rd
range of	treatment	setting	setting	setting
movement				
Adduction	00	50	100	20^{0}
Abduction	500	600	75 ⁰	100^{0}
Flexion	400	500	600	85 ⁰
Extension	30 ⁰	35 ⁰	400	50 ⁰

DISCUSSION

Avabahuka is produced by vitiated vata and kapha, so Agnikarma is considered as best therapy. The properties of agni are sukshma, laghu, tikshna and ushnaguna. It works on both vata and kapha dosha. It works on vata by its ushna and tikshna guna and on the kapha dosha by laghu, sukshma, tikshna and ushna guna.

CONCLUSION

Avabahuka is one of the most common problems which affect mostly in middle age group of patients. After Agnikarma there is relief of signs and symptoms of Frozen shoulder especially on local tenderness and stiffness. The treatment applied was simple, economical

and required no hospitalization and could be done at OPD level. So Agnikarma was effective in the management of Agnikarma.

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