



Ayurvedic management of Hanugrah-A case study

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Abstract-

Hanu means Jaw and *Grah* means fixed or locked hence it can be correlated with locked jaw. *Hanugrah* can be a symptom in particular disease or presented as individual disease. While explaining pathology of *hanugrah* Acharya Charak said, when *vayu* is located at the root of jaw, it causes the jaws to slip down from their bonds and consequent opening of mouth or by stiffening the jaws it causes closing of mouth. It is characterized by stiffness and absence of pain. In this case study a male patient 20 years old visited our OPD with difficulty in opening his mouth to its full extent, pain over temporomandibular joint while opening his mouth to its full extent, difficulty in chewing hard substances. 1 year back he was diagnosed with *ankylosing spondylitis* and having lower back pain then started suffering from restriction in opening his mouth to its full extent. In *anklyosing spondylitis* *pradhanlakshan* is *sandhigraha* and *chestahani* which is related to *mamsadhatukathinya* and *mamsadhaturukshata* leading to loss of elasticity of joint causing

Grahlakshan. *Mamsadhatukurukshata*, *Mamsarukshata*, *Shothare* the causes for *grahlakshan*. In view of *sampraptibhang*, *amapachan*, *dushtsanchit dosh pachan* and *shothghnatreatment* was planned. In this treatment plan *Simhanadguggul* and *Dashmoolkwath* was given internally. *Anu tail nasya* is advised along with *Prasarani tail* for local application over temporomandibular joint and followed by *sthaniksankarswed* that is *valukapottaliswed* over painful area of temporomandibular joint. This line of treatment was given for 1 month. After 1 month treatment, patient got significant relief. Pain at temporomandibular joint while opening mouth got reduced and range of movement of TMJ joint improved.

Keywords:

Hanugrah, *chestahani*, *mamsadhatukathinya*, *mamsadhaturukshata*, *sampraptibhang*, *amapachan*, *dushtsanchit dosh pachan*, *shothghna*.

Introduction-

Hanu means Jaw and *Grah* means fixed or locked hence it can be correlated with locked

jaw. *Hanugrah* can be a symptom in particular disease or presented as individual disease. *Acharyacharak* mentioned '*Hanugrah*' *vyadhi* in *Vatavyadichikitsaadhaychikitsasthan*.^[1] '*Hanugrahsa*' *ten syatkruccacharvanbhashan*'^[2] disease in which there is difficulty in speaking and chewing is called *Hanugrah* or *Hanustambha*. According to *Acharya charakhanugrah* is caused due to vitiation of *vata dosh*.^[3] While explaining pathology of *hanugrahacharyacharak*said, when *vayu* is located at the root of jaw, it causes the jaws to slip down from their bonds and consequent opening of mouth or by stiffening the jaws it causes closing of mouth.^[4] It is characterized by stiffness and absence of pain.^[5] In *Samhita*, *Jivhanirlekhan*, *Sukshmacharvan*, *Abhigat* are considered as causes of *Hanugrah*.^[6] In *Yogratnakar* two types of *hanugrah* are explained

1. *Vivrutaasyam*- Opened lock jaw^[7]
2. *Samrutasayam*-Closed lock jaw^[8]

For performing mastication properly and other oral functions temporomandibular joint is essential structure. Locked jaw is considered as one of the symptoms of Tetanus, which is called as 'Trismus'. In trismus, muscle of jaw undergoes spasm and affects jaw movement. It is painful. This muscle spasm remains in its active position and cannot be relax. Lock jaw may be due to temporomandibular joint disorder like arthritis, inflammatory diseases, facial trauma, and infection such as peritonsillar abscess. *Ankylosing spondylitis* is a chronic systemic inflammatory disorder involving axial skeleton with peripheral joint

involvement. *Ankylosing spondylitis* affects cartilaginous and synovial articulations and sites of ligament and tendon attachment to bone. Patient with *ankylosing spondylitis* presented a high prevalence of temporomandibular joint disorder. Which causes jaw related functional limitations like masticator function, swallowing, speaking, smiling.

Case report-

Male patient XYZ 20 years old visited our outpatient department with chief complain of restricted movement of mouth opening and pain in bilateral periauricular region since 3 months. Pain while chewing hard substances and morning stiffness. Mild pain at lumbar region while forward or backward bending

H/O Present illness-

2 years back patient was diagnosed with *ankylosing spondylitis* and on regular treatment for 1 year then stopped his all medication himself. Now since 3 months patient started complaining of restricted movement of mouth opening and morning stiffness.

H/O Past illness- There was no history of trauma or infection of TMJ.

S/H -No past surgical history.

Family history-No relevant history.

Local examination-

General inspection-

- Extraoral evaluation showed no facial asymmetry. No parotid or submandibular swelling. Bilateral periauricular tenderness while full opening of mouth.
- limitation of spine mobility
- no neurological deficit

Closure inspection-

- Oral cavity-Rang of vertical mouth opening-10mm
- Teeth-No missing teeth
- Tongue-No signs of oral candidiasis or glossitis
- Tonsils-No hypertrophied tonsils
- Pharynx-No redness
- TMJ-no crepitations, Reduced range of movement, Pain while full opening of mouth.

Physical examination-

CVS-S1S2 normal

P-82/min

RR-22/min

BP-110/80 mmhg

Systemic examination-

CNS-oriented

RS-AEBE

Ashtavidhparikshsa-

- Nadi-88/min
- Mala-Samyak
- Mutra-Samyak
- Jivha-Saam
- Sparsh-Anushna
- Shabd-Samyak
- Akrti-Madhyam
- Druk-Samyak

Diagnosis and asseement-

According to Mandibular joint Range of Motion^[9]

Criteria	Normal findings	Findings patient
Opening of mouth	40-60mm	20 mm
Lateral	8-12mm	6
Protrusive	8-12mm	6

Nidanpanchak-

- **Hetu-Diwaswap,** Virudhahar (everyday in morning milk+chapati), Excessive bike riding, No exercise.
- **Poorvarup**-Restricted movement of jaw.
- **Roop**-Pain while full opening of mouth.
- **Upshay**-Hot fomentation.
- **Anupshay**-Excessive talking, chewing hard substance.

Samprapti-



Treatment Plan-

In view of *sampraptibhang* following *chikitsa* was planned.

Medicine	Dose	Frequency
<i>SimhnadGuggul</i>	250mg	1-1-1
<i>Dashmoolkwath</i>	15 ml	TDS
<i>Anu tail nasya</i>	3 drops in both nostrils	Once a day
<i>Prasarani tail</i>	Local application	Twice a day
<i>Valukapottaliswed</i>	Followed by <i>snehan</i> For <i>swedan</i> at TMJ	Twice a day

Result

Above treatment was given for 1 month. After 1 month of regular treatment all the symptoms of patient got reduced

	Before treatment	After treatment
Normal opening of mouth in adult	20 mm	35 mm
Lateral	6 mm	7.5 mm
Protrusive	6 mm	7 mm
Pain while chewing hard substances	Yes	No

Discussion

In *Hanugrahvyadhi*, *Grah* is *pradhanlakshan*. *Grah* at *sandhi* obliterate *vatgati* and cause of this *vataavrodhi* is generally due to *aamsanchiti* or accumulation of vitiated *doshas*. Along with the obliteration of *vatgati* there is *vimargaman* of *vata*. *Vata* leaves its natural habitat that is *asthidhatu* and entered into adjacent tissue that is *mamsadhatu* and dries *mamsadhatu* with its *rukshaguna*. Such *rukshamamsadhatu* becomes non elastic and rigid again leading to *sandhigrah*. *Shoth* is also cause for *grah*. Thus there are 3 causes of *sandhigrah*, *Mamsarukshata*, *Vataavrodh*, *Shoth*. So ultimately *sampraptibhangchikitsa* is required with primary treatment as *aampachan* and *dushtsanchit dosh pachan* along with that *shothghnatreatment* is required.

Once *aampachan*, *dushtsanchit dosh pachan* and *shothghnachikitsa* is achieved, it facilitate *vatanuloman*. Hence after ensuring *aampachan* is done along with *shoth* is reduced, *vatanuloman* can be followed by *singdhachikitsa* to decreased *mamsadhaturukshata* and make it elastic.

In this regard, initially treatment with *Tikta*, *Katu*, *Ushnagun* and once *aampachan* is achieved, *madhur*, *singdhachikitsa* will help.

Simhnadguggul-For initial treatment *simhnadguggul* was chosen which achieve *aampachan* with its *katu*, *tiktaraspradhandravaya*.^[10] *Agnivardhan* quality of *simhnadguggul* do the *pachan* of *aamras* and *ushna gun* of *simhnadguggul* reduced *strotorodh* and do not allow *aam* to lodge at *handusandhi*.

Dashmoolkwath-Dashmoolkwath supposed to be *tridoshghnabut* dominantly *vata shamak*.^[11] *Stambha*, *grah* this *vikrutihappen* when *vata dosh* is not able to his *karma* properly due to *stambha*. Hence *dashmoolkwath* helps in regulation of *karma* of *vata dosha*.^[12]

Nasya with *anu tail-Nasya* is not advisable in *ankylosing spondylitis* but along with *ankylosing spondylitis hanusandhi* is also affected. Hence *nasya*, *kaval*, *karnapurn*, *shirodhara*, and *gandushall* this oil treatment which is done on *urdhwajatrugat* organ will be helpful. *Anu tail nasya* was chosen as *anu tail* is *tridoshshamak*. Instillation of *anutailnasya* through nose, helps in *vatanulomanand kaphashamanat hanusandhi*.

Prasarani tail-Prasarani tail is best choice to relieve *grha*. Its name itself suggests facilitate *prasaran* that is extension of stiff joint. *Prasarani tail* is externally used in *vatakaphavikar*, like *stambha* In *hanu*, *kati*, *prushtha*, *shira*, *griva*. *Prasarani tail* is mentioned as *tridoshshamak*, *kapharoghar* in *aamvarrogadhikar*.

Conclusion-

Hanugrah can be individual disease or can be a symptom in particular disease.

In this case *hanugrah* is *updrav* of *ankylosing spondylitis*.

Now a day there is high prevalence rate of involvement temporomandibular joint disorder in *ankylosing spondylitis*.

Nasya is not applicable in *ankylosing spondylitis* but as *vyadhi* is in *urdhwa jatrugat pradeshi* hence it is very much effective.

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BEFORE



AFTER