



# PAIN MANAGEMENT IN AVABAHUKA WITH VIDDHAGNIKARMA- A SINGLE CASE STUDY

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## ABSTRACT

According to Acharya Sushruta, when Vata dosha gets vitiated at Amsa Sandhi, it leads to exploitation and constriction of vessels. This condition is known as Avabahuka. The clinical features of Avabahuka can be correlated with that of Frozen shoulder. Frozen shoulder is a condition with shoulder pain and discomfort that is slow in onset and located around the deltoid insertion. Nevertheless, those with diabetes, prolonged shoulder immobility or systemic diseases are at higher risk. A 49 years male patient, presented with complaints of pain, stiffness and limited movements Right shoulder joint in the past 3 months has been taken for the study. Here, viddhagnikarma is applied as the treatment procedure. It is a modified form of agnikarma, where the suchi is used to puncture the affected area and with the help of electric cautery heat is passed through the pierced suchi. Viddhagnikarma 3 sittings was done weekly once over the affected shoulder. Significant improvement was observed in pain and range of movements.

**Key words:** Avabahuka, Frozen shoulder, Viddha Agnikarma,

## INTRODUCTION

According to Acharya Sushruta, when Vata dosha gets vitiated at Amsa Sandhi, it leads to exploitation and constriction of vessels. This condition is known as Avabahuka<sup>1</sup>. It is one of the 80 types of Vatarogas<sup>2</sup>. In Ayurveda, there are many methods for treatment of Avabahuka. eg.Siravedha, Agnikarma, Basti chikitsa, Nasya, Snehana, Swedana and oral medication.

It is a consequence of inflammation, scaring, thickening and shrinkage of the capsule around the normal shoulder joint. It is commonly seen in patients with risk factors of diabetes mellites, Chronic arthritis of shoulder joint, long standing immobility of shoulder joint etc<sup>3</sup>. The cuff becomes vascular, thick and Infiltration with lymphocytes and plasma cell due to vascular response to degenerative process. Gradually infra-articular part of capsule becomes demolished by adhesions leading to frozen shoulder<sup>4</sup>. Contemporary treatments include NSAIDS, hot fomentation, intra-articular injection, surgical procedure, and physiotherapy.

For the current study, viddhagnikarma is applied as the treatment procedure. It is a modified form of agnikarma, where the suchi is used to puncture the affected area and with the help of electric cautery heat is passed through the pierced suchi. Suchi is one among the dahanopakaranas explained by Acharyas<sup>5</sup>. After 3 sittings of viddhagnikarma significant changes was seen in pain and stiffness.

## CASE REPORT

A 49 years male patient, presented with complaints of pain, stiffness, and restricted movements of Right shoulder joint for past 3 months came to OPD of Shalyatantra department, Taranath Govt Ayurvedic Medical College & Hospital, ballari.

### GENERAL EXAMINATION:

- BP: 130/70 mmHg
- PR: 76/min
- RR: 18/min
- Temperature: 98.6 F

### LOCAL EXAMINATION:

#### Examination of the Right shoulder joint

##### Inspection:

- Discolouration: Absent
- Muscle wasting: Absent
- Deformity: Absent
- Swelling: Absent

##### Palpation:

- Tenderness: Present at Right Scapular region and shoulder region
- Stiffness: Present

##### Range of Movements (ROM):

- Abduction - 103<sup>0</sup>
- Flexion - 120<sup>0</sup>
- Extension - 45<sup>0</sup>
- External Rotation - 55<sup>0</sup>
- Internal Rotation - 70<sup>0</sup>

PAIN	<ul style="list-style-type: none"> <li>● No pain (0)</li> <li>● Mild pain (1-3)</li> <li>● Moderate pain (4-6)</li> <li>● Severe pain (7-10)</li> </ul>	0 1 2 3
STIFFNESS	<ul style="list-style-type: none"> <li>● No stiffness</li> <li>● Mild stiffness, particularly during shoulder movement, able to continue routine work(1-10min)</li> <li>● Moderate stiffness, able to continue work with difficulty(20-30mins)</li> <li>● Severe stiffness, felt on movement and also at rest, interfering routine work(more than 30min)</li> </ul>	0 1 2 3
TENDERNESS	<ul style="list-style-type: none"> <li>● No tenderness</li> <li>● Mild tenderness</li> <li>● Moderate tenderness and patient winces</li> <li>● Severe tenderness, patient winces and withdraws the limb.</li> </ul>	0 1 2 3



Figure 1 and figure 2 -measuring range of movements

## TREATMENT

### Purvakarma

- Procedure is explained and written consent taken
- Patient is advised to take pichhila anna before procedure
- Vitals checked

### Pradhana karma

Patient is made to sit comfortably and with gentle palpation most tender avascular areas are identified. The 26-gauge sterile needles are pricked at the depth of 1mm -3mm at marked tender points. Diathermy cautery is gently touched to the needles. Total 3 rounds of agnikarma are done.

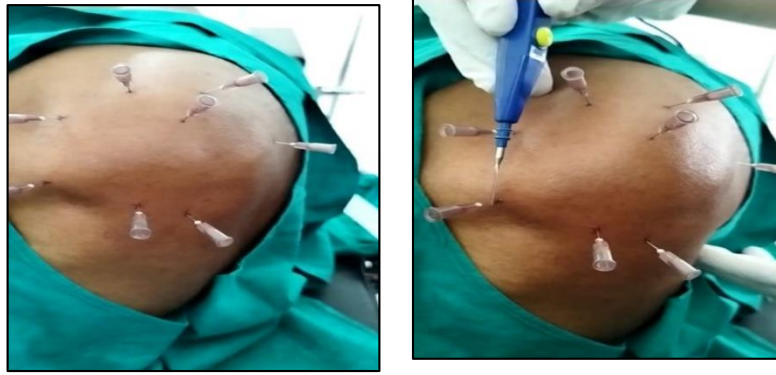


figure 3 &amp; figure 4 – vidhagnikarma procedure

### Paschatkarma

After that the needles are removed followed by application of ghr̥ita and madhu<sup>6</sup>. Likewise, 3 sittings were done with interval of 1 week.



Figure 5- application of ghr̥ita &amp; madhu

### OBSERVATION

By the end of treatment, the patient had a significant reduction in the pain, stiffness of the right shoulder joint. The range of movement of the right shoulder joint was improved well allowing him to perform his daily activities with ease.

Table 2: Observations

Criteria	BT	1 <sup>st</sup> sitting	2 <sup>nd</sup> sitting	3 <sup>rd</sup> sitting	AT
Pain	3	2	1	0	0
Stiffness	3	2	1	0	0
Tenderness	3	2	1	0	0
Abduction	103 <sup>0</sup>	115 <sup>0</sup>	130 <sup>0</sup>	150 <sup>0</sup>	160 <sup>0</sup>
Flexion	120 <sup>0</sup>	140 <sup>0</sup>	155 <sup>0</sup>	165 <sup>0</sup>	165 <sup>0</sup>
Extension	45 <sup>0</sup>	50 <sup>0</sup>	55 <sup>0</sup>	55 <sup>0</sup>	55 <sup>0</sup>
Internal rotation	70 <sup>0</sup>	70 <sup>0</sup>	70 <sup>0</sup>	70 <sup>0</sup>	70 <sup>0</sup>
External rotation	55 <sup>0</sup>	60 <sup>0</sup>	60 <sup>0</sup>	65 <sup>0</sup>	70 <sup>0</sup>

### DISCUSSION

Acharya Sushruta in Sutrasthana has mentioned that if there is severe pain in Twak, Mamsa, Sira, Snayu, Asthi or Sandhi, then in all these condition Agnikarma can be done<sup>7</sup>. So in Avbahuka where



Amsa sandhi gets affected to an extent that it loses its movement either partially or completely, viddha Agnikarma can be indicated. It is a modified form of agnikarma, where the suchi is used to puncture the affected area and with the help of electric cautery heat is passed through the pierced suchi.

Mechanism of action;

- Agni possesses Tikshna, Sukshma and Laghu Guna that removes the Avarodha from the Srotas caused by Vitiated Vata and Kapha. Hence brings Doshas into Samyavastha.
- Agnikarma increases the dhatvagni around the site and leads to metabolism of the localised ama dosha.
- Increases rasa rakta samvahana to the affected site
- Heat induces muscle relaxation
- According to Van Hoff's principle the basal metabolism of the body increases by certain percentage for every 1 degree rise in body temperature. Rise in temperature induces relaxation of muscles and hence muscle spasm with inflammation and pain gets reduced.
- Gate control mechanism happens as heat stimuli from A fibres block the pain stimuli of C fibres. So patient don't feel pain.

## CONCLUSION

Avbahuka or frozen shoulder can be successfully managed with the Ayurvedic treatment after proper assessment of the disease. Viddha Agnikarma procedure is economical and simple and can be performed at OPD level without necessarily asking for any hospitalization. If performed under skilled guidance it gives best results in terms of pain management.

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