



## **A Case Study of A Management of *Apabahuka* with *Agnikarma* & *Patra Pinda Sweda***

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### **Abstract**

In Ayurveda Apabahuka is disease of vata & kapha dosha localizing around the amsa pradasha. The symptoms of Apabahuka are similar as frozen shoulder also called adhesive capsulitis in modern medicine. Prevalence rate of this disease in 2 – 5 % in general population but 40 to 60 age group people are more affected. It's mostly found in females. In this disease patient is not able to wear cloths & some household's works & difficulties in movement. one of our patient who got no relief with conservative treatment & orthopedic surgeon was suggested him for surgery but he refused & ready to treated with Agni karma & Patrapinda sweda . This case illustrates the use of Ayurvedic treatment measures in non responding cases of frozen shoulder or Apabhauka.

**Key word-** Apabahuka, Agni karma , Patrapinda sweda, Frozen shoulder.

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### **INTRODUCTION**

*Apabahuka* is a disease characterized by morbid *vata dosha* localizing around the *amsa pradesa* and there by causing soshana of amsa bandha as well as *akunchana* of sira at this site leads to *bahupraspanda hara*. *Apabahuka* is considered to be an *urdhvajatrugata vata vikara* (disorders due to vitiated vata dosha above the collar bone), which impaires the normal functioning of the

upper limb . *Apabahuka* comprises of two words “*APA* and ‘*BAHUKA* ‘ .

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The prefix Ava used as alternate for 'APA' in some texts gives the meaning as away down<sup>(1)</sup>, *viyoga*, *vikrtau*<sup>(2)</sup> means dysfunction, separation<sup>(3)</sup> stiffness in the arm joint<sup>(4)</sup>. *Apabahuka* represents dysfunction of bahu (Stiffness or disability in the arm). In modern science, Lakshane of *Apabahuka* similar as adhesive capsulitis also called frozen shoulder. Adhesive capsulitis is disability disease of shoulder causing pain & restricted mobility of shoulder joint prevalence rate is 2-5 % in general population<sup>(5)</sup>. Its common in age group ranging in the age group 40 to 60 more commonly seen in females. Pain is particularly worst at night & it disturbs the sleep of patient a lot<sup>(6)</sup>. Patient can't do his daily activity like wearing clothes, household work etc. Basically conservative treatment is done which involves use of NSAID; Physiotherapy. Most of the patient get relief in due course of the time with this as the disease is self limiting but some may not respond as doing physiotherapy is painful job & effect of NSAID is also limited in initial phase. One of our patient who got no relief with conservative management and was suggested surgery by an orthopedic surgeon was effectively treated with *Agnikarma & Patrapinda*.

## CASE REPORTS

A 52 yrs old male patient presented to our OPD S.G.A.C.S.H, Tantia University, Sri Ganganagar, Rajasthan Dept of Swasthviritta. With c/o – Severe pain in Rt shoulder for 6 months. Pain worst at night & patient was not able to change position during sleep. Gradually restriction in movement can't move arm upward & backward for 3 months.

### History of Present Illness

52 yrs old men was apparently alright 3 months back suddenly he got dull aching pain at her RT shoulder. He took some pain killers available at medical store like ultracet but didn't get relief. Pain was gradually increasing in intensity so next morning he consulted his family physician who gave him Tab Emanzen D, Cap pantocid DSR & volini gel for external application but pain subsided for some hours but after some hours pain was gradually increasing in intensity & next night he felt some pain in night & was not able to sleep properly. Next morning he consulted his physician again then his physician referred to orthopedics. He did his X-Ray shoulder BSL/R. He diagnosed the case of frozen shoulder & gave NSAID, antacids & suggested for physiotherapy. Patient went regularly for 7 days then he was doing it at home but he found it extremely difficult to do then his

orthopedics suggested him for surgery but he refused. The patient was reluctant to undergo surgery he consulted at our hospital to seek ayurvedic management.

**O/E** – G.C fair, Pallor, Ecterus- no, B.P – 130/80 mm hg, CVS- S1 S2 – NAD, RS – NAD

Tenderness at anterior & posterior aspect of RT. Shoulder abduction extremely painful unable to raise his hand above 45 degree On the basic of above observation & history we also diagnosed him as a case of frozen shoulder. In our ayurvedic text called apabaluka. We decided to go for *Agnikarma* & patrapinda sweda & consent for the same as taken after explaining his whole procedure properly. Most painful & tender point were marked with marker pain. Skin was clean with spirit *Agnikarma* shalaka (An instrument made up of 5 metals ie Zinc, Silver , copper , iron & tin ) was made red hot by burning it on LPG gas burner. *Agnikarma* was performed in Bindu manner 12-15 dots. As soon as *Agnikarma* was over assistant put fresh aloe vera rubbed over burned site. Immediately after *Agnikarma* he got 80% relief at the tender spot. Mobility was also increased he was able to raise his hand upto 65-70. We applied honey & ghee lepa on burned area. He was advised for stretching exercise & follow up after 7 days .In follow up he

reported that pain was much less on the day of *Agnikarma* & he slept well that night but next day morning intensity of pain again increased due to *Agnikarma*. He admitted that he was able to do exercise with moderate discomfort. This time advised him for patrapotali sweda for 7 days in morning time daily fresh timely chopped, dattura, arka, & eranda were cooked in saharadi oil. After cooking the leaves, it was properly placed & tied in thin, square, cotton cloths. This is called as pottali lukewarm pottali gently rubbed around the shoulder when it became cold it was again kept in hot oil & repeated for 15-20 min After gentle massage was given at the shoulder with oil containing extract of all leaves . Patient was again asked to visit after 7 days. Now in this follow up the got 80 – 90 % relief. patient was much satisfied as he was able to do his office & household works with mild or very less discomfort & the was having sound sleep at night & asked him to do exercise regularly. Thus patient got almost complete relief in 2 weeks with ayurvedic management.

## **DISCUSSION**

Frozen shoulder is disabling disease of shoulder and is self limiting, but recovery taken much longer time up to 3-4 yrs. As the recovery periods very longer & initial stage of freezing is very painful

some alternative treatment like *Ayurveda* is very beneficial Agnikarma is very unique procedure described in *Ayurveda* for instant relief from pain. *Agnikarma* is mentioned in all painful condition which are due to vata & Kapha<sup>(7)</sup>. Frozen shoulder can be correlated with *Apabahuka* as per ayurveda. Vata & kapha both are involved in pathology of frozen shoulder. This gives immediate improvement in symptoms of frozen shoulder. In present case patient got 80 % relief in pain on first day immediately after *Agnikarma*. Patrapinda sweda is also a unique procedure mentioned in *Ayurveda*. Here herbs used are leaves of Eranda, Arak, Dhatura, These entire have anti inflammatory property. Sahachardi oil has anti inflammatory activity. It gets absorbed from the skin & reached the deppar part. When we used patrapinda sweda in this patient daily for 7 days for 10-20 min. It resulted in gradually reliving of inflammation. As the pain was reduced patient was able to do gentle stretching excersised. This in present case we got excellent result by Agnikarama, patrapinda sweda resulted in pacification of vata & kapha there by give significant relief in symptoms.

### CONCLUSION

*Apabahuka* or frozen shoulder can be effectively treated with *Agnikarma* &

patra pinda sweda . This treatment regimen needs to be applied on larger number of patient to draw appropriate conclusion.

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