



### IMPROVED FLEXIBILITY IN *AVABAHUK* (FROZEN SHOULDER) BY YOGIC POSTURE & *PRATIMARSHA NASYA*: A CASE STUDY

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#### Abstract

**Background:** The shoulder joint is the most movable joint in the body. Frozen shoulder is also known as adhesive capsulitis. A condition that results in pain and stiffness of the shoulder joint. The symptoms of this condition occurs gradually and become aggravated as time passes. The condition is usually known to resolve within a period of couple of year. **Need of study:** Frozen shoulder is a painful and disabling disorder particularly in women after over the age of 40 years. As the condition worsens, the range of motion in the shoulder significantly reduces. **Aim:** To study the effect of *Yogasana* in frozen shoulder. **Objective:** To study the effect of *Aasana* in improvement of flexibility of shoulder joint. **Material and methods:** A 68 years old female presented with complaints of left shoulder joint pain, restriction of movement, weakness, pain radiating from left shoulder to the tip of finger since 15 days diagnosed as frozen shoulder at *Swasthyarakshan* Opd of our institute. Patient was treated with combination of *Yogasan* (*ansasandhisanchalan*, *manyasanchalan*, *parvatasan*, *tadasan*, *shavasana*) followed by *pratimarsh nasya* adaily on the basis of goniometer scale. Pain gradually started reducing after 4 months and complete relief after 1 year. **Observations:** 1) Shoulder joint pain was reduced 85-90%. 2) Restriction of movement was also reduced. 3) Weakness was reduced. 4) Goniometric scale showed marked improvement. **Conclusion:** regular *Yogasana* and *Pratimarsh nasya* (related *Ansasandhi*) is beneficial in frozen shoulder.

**keywords:** frozen shoulder, *Yogasan*, *Pratimarshnasya*, adhesive capsulitis.

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## INTRODUCTION:

Adhesive capsulitis of the shoulder also known as frozen shoulder is a painful and disabling disorder with an estimated prevalence ranging from 2% to 5% in the general population. It is very common complaint in men and women after over the age of 40 years particularly in women. As the condition worsens, the range of motion in the shoulder significantly reduces. Diabetes, shoulder trauma (including surgery), hyperthyroidism, a history of open heart surgery and history of cervical disc disease are all associated with an increased risk of this problem. The condition usually comes on slowly, and then goes away slowly over the course of a year or more.

In Ayurveda frozen shoulder can be compared with *Avabahuk* which is a disease that usually affects *Amsasandhi* (shoulder joint). It is produced by the *Vatadosha*. Even though the term *Avabahuk* is not mentioned in the *Nanatmaja vata vyadhi*, Acharya Sushruta and others have considered *Avabahuk* as a *Vataj vikara*. *Amsa shosh* can be considered as the preliminary stage of the disease. The stiffness to the joints is contributed by *Kaphadosha*. Causes for frozen shoulder in Ayurveda 1) external causes: injury to the vital parts of the body ( *Marma*) or the region surrounding shoulder joint, excess exposure to wind, A.C., sleeping with wrong posture.2) *Vata* aggravating diet and activities. Excess of pungent, bitter and astringent tasting foods.

The *Asanas Pratimarsha nasya* which given below are beneficial for frozen shoulder. These help to improve flexibility, increases strength and pain free range of motion and function to shoulder joint.

**Aim:** To study the effect of *Yogasana* in frozen shoulder.

**Objective:** To study the effect of *Aasana* in improvement of flexibility of shoulder joint.

## Material and Methods:

**Case Report:** A 68 years aged female patient was brought by her relative to our institute before 1 year, **presented with complaints of**

- 1) *Vama amsa sandhishool* (pain in left shoulder joint) since 15 days
- 2) *Vama amsa sandhigraha*(restricted movement of left shoulder joint) since 15 days
- 3) *Amsa te anguli paryant shool*(pain radiating from left shoulder joint to tip of finger) since 8 days
- 4) *Daurbyalya*(weakness) in left hand since 8 days
- 5) *Vama hasta Chimchimayana*(tingling sensation in left upper limb) since 8 days

## On Examination:

General condition of patient was moderate (as vitals were stable but condition was painful, she was able to communicate)

*Ashtavidhaparikshan:-*

- 1) *Nadi* – 78/ min, *Vatakaphaj*
- 2) *Mala* – *Prakrut*
- 3) *Mutra*- *Prakrut*
- 4) *Jivha*- *Alpasam*

- 5) *Shabda - Spashta*
- 6) *Sparsh - Samshitoshna*
- 7) *Druk- Samanya*
- 8) *Aakruti-Madhyam*

#### General examination:

1) Pulse rate 78/min, 2) B.P.=130/90mm of Hg  
 3) no Pallor 4) *Akriti = Madhyam*, 5) weight=50kg, 6) height=160cm, 7) Body mass index =19.53 and Waist hip ratio: 0.65(25"/38")

RS: Air entry equal on both sides

CVS: Normal function, S1S2 normal

CNS: Conscious, Oriented,

P/A: the abdomen with gaseous distention

Bowel bladder habit was regular.

Patients detail history:-

No past H/O –Diabetes Mellitus, Hypertension, Ischaemic heart disease, Tuberculosis, Asthma, No H/O any major surgery, No H/O- no any drugs history, No history of any trauma.

Personal history:-

*Dinacharya*:- wake up time at 6.00 am, no regular exercise, ushapan-2 glass of cold water, *Ruksha anna sevan*, *Diwaswap*

Occupation:- By occupation patient was teacher

Past History:

Patient was alright before 15 days, since 15 days patient was complaining *Vama Ansa sandhishool*( pain in left shoulder joint) , *Vama Ansa sandhigraha*( restricted movement of left shoulder joint), *Amsa te anguli paryant shool*(pain radiating from left shoulder joint to tip of finger), *Daurbyalya*(weakness), *Vama hasta Chimchimayana*(tingling sensation in left upper limb) For the same complaints she attended private hospital, Nagpur for treatment, but was not satisfied, hence patient came to Government Ayurved Hospital, Nagpur for further treatment.

*Samprapti*:-In this case of *Avabahuk*, vitiation of *Vata* can be considered. The etiological factor like *Ruksha* and *Laghu Guna* that causes vitiation of *Vata* directly and *Diwaswap* causes increase in *Vikrut Kapha*. The *Vikrut Vata* and *Kapha dosha* gets accumulated in *Asthivaha Strotas* and vitiates to the *Asthi* and *Mams Dhatu* and manifest *Sthanasamshray Avastha* of the *Vyadhi* occurs with the localization of the aggravated *Vata* in *Amsasandhi*. As *Avabahuka* considered as a *Vatavyadhi*. However, the above mentioned symptoms of *Avabahuk* occurs.

#### Differential Diagnosis:

Disease	Symptoms
1) <i>Sandhivata</i>	<i>Sandhishool, sandhishoth, sandhistanivatpurnadrutisparsh</i>
2) <i>Aamvata</i>	<i>Sandhishool, sandhishoth, tivrasparshasahatwa, ushnasparsh</i> , reffering pain from one joint to other joint
3) <i>Vishwachi</i>	Pain radiating from posterior side of shoulder to tip of finger
4) <i>Avabahuk</i>	<i>Amsasandhishool, amsasandhigraha, Amsa te anguli paryant shool, Daurbyalya, Vama</i>

*hasta Chimchimayana*

### Diagnosis:

As per differential diagnosis the patient was diagnosed for *VamaAvabahuk* as in this case the symptoms were particularly presented to *VamaAvabahuk*

**Investigations:** Hb % -9.7gm%, TLC-5300/cu mm, ESR 14mm/hr, DLC P 73, L 22, E+M 5% Platelets 1.58 lack/mm<sup>3</sup>, RBS= 125 mg/dl, RA test- negative

X ray of left shoulder joint AP and Lateral view was normal

**Chikitsa Sutra:**-*langhan, nasya* and Asana

**Procedure:** Administered to the Patient: Treatment started on the admission of patient in three divided session. *Chikitsa* was started on the date of admission.

1. *Langhan* on first three days. (At the time of hunger *Moong Dal* soup with *Sunthi* powder and *Koshna Jalpana* was given)

2. *Asana*:

1)*Amsasandhisanchalan*: - Rotation of shoulder joint clockwise and anticlockwise each for 10 times.

In the lying down position lift both the hands one inch above the ground and rotate them along the ground to hands stretched above the head for 10 times

2)*Manyasanchalan*:- 1) Bending of neck forward – backward and on left and right each for 10 times 2) Rotation of neck clockwise and anticlockwise each for 10 times

3) *Parvatasan*:-duration 2 min.

- First sit in *Sukhasana* keep spine and the neck straight

- Close eyes gently and raise the both hands above the head.

- Join the two palms in *Namaskar Mudra*

- Elbows should be straight and hands stretched upward

- Try Stay in this position for 2 mins.

4) *Tadasan*: - duration 2 min

- First sit in *Sukhasana*

- Take both the hands forward and lock the fingers of both the hands together

- Take the hands over the head and turn the palms facing the sky. Stretch the body upwards with the arms stretched towards the sky

- Stabilize the position and continue normal breathing.

5) *Shavasana*: - In lying down position for 5 min

Followed by *PratimarshNasya* with *Anutaila* 2 drop in each nostril were started.

### Observations:

**Table 1- symptoms before and after treatment**

Symptoms	Before treatment	After 4 months	After 1 year
1) <i>Vamansasandhishool</i>	++++	++	Complete relief
2) <i>Vamansasandhigraha</i>	++++	++	Complete relief
3) <i>Amsateanguliparyantshool</i>	++	+	Complete relief

4) <i>Daurbyalya</i>	++	+	Complete relief
5) <i>Vama hasta Chimchimayana</i>	++	+	Complete relief

**Table 2- showing goniometer scale changes**

Findings	Before treatment	After treatment
Left hand	Flexion 160 degree Extension 30 degree Adduction 160 degree Abduction 160 degree Rotation 70 degree	Flexion 180 degree Extension 45 degree Adduction 180 degree Abduction 180 degree Rotation 90 degree

**Results:** On comparison with pre-intervention conditions of the patient, there was a significant difference in patient with post treatment. The features which showed the complete relief.

- 1) Significant decrease in *Amsasandhishool*
- 2) Restriction of movement was also improved
- 3) Weakness was reduced
- 4) *Vam hasta Chimchimayan* was reduced
- 5) Goniometer scale showed marked improvement

She could do regular routine work without restriction of movements. The results were assessed using goniometer scale..

## DISCUSSION:

It is a common condition in women of age 40 to 60 years, spending lot of money in healthcare and resulting in more lost days of work than any other illness.

Treatment as per principle of *Vatvyadhi* as per diagnosis considering condition of *Sama Awastha* treatment was introduced. *Langhan*, thus the action of treatment is to destruct *Aam*

and due to this body becomes *Aam* free that is called as *NiramAwastha*. In *Niram* condition any specific medicine or therapy can be beneficial to cure the diseases and body becomes healthy.

*Nasya* is one of the therapeutic procedures of the *Panchakarma* that pacifies the vitiated *Doshas*. In *Avabahuk* the vitiated *Dosha* is *Vata* and that vitiated *Vata Dosha* pacified by the *Nasya* karma. The *Nasya* karma especially exerts its effects on the *urdhva jatrugata pradesha*, Acharya Vagbhat has stated that the “*Nasa Hi Shirasodwaram*” that is the *Taila* like *Anutaila* which was administered through nose that reach the *Shringatak Marma* and spread through the opening of the *Shiras* of the head, neck and *Amsasandhi*. Acharya Sushruta opines that the *Shringata Marma*, is a *Sira Marma*, situated at the site of the union of the *Siras*, supplying to the nose, ear, eye, and tounge. Acharya charak, while explaining the indication for *Nasya* in *Siddhithana*, has emphasized that the *Nasya* drug usually acts through absorption by the *Shringatak marma*. After absorption of

the drug, it acts on the diseases of *Skandha*, *Amsa* and *Greeva* and the *Doshas* are expelled from the *Shirapradesh*.

Flexibility, strength and efficiency in the movements of the body depends on the strength and capacity of the joints. Functional efficiency of the joint depends on the nutrition and the regular exercise given to the muscles and the tendons of the joints. By regular practice of asana the flexibility of the joints can be increased. A point where two bones or a bone and cartilage contact each other is called a joint or articulation. Such two bones are held together by a flexible connective tissue. The shoulder girdle consist of clavicle bone and scapula. These bones are attached with the humerus bone of the upper arm

*Asana* is the slow, steady and firm movement of the limbs which increases the tone and flexibility of muscles and joints resulting in its strength. Thus, the *Graha Lakshana* of *Avabahuk* was eliminated by *Amsasandhi Sanchalana*, *Parvatasana*, *Tadasana* and *Shavasana*.

## CONCLUSION:

*Langhan*, *Nasya* and regular *Yogasana*(related *Ansasandhi*) is beneficial in frozen shoulder.

## REFERENCES:

1. Makarand Madhukar Gore, Anatomy and Physiology of yogic practices, Fourht revised and enlarged edition Delhi 2008, Published by New Age Books A-44 Naraina Industrial Area, Phase-I, Part 2 Chapter 1.
2. Carolin Kisner. Therapeutic exercise Foundation and Techniques, 6th edition, Jaypee Brothers Medical Publishers (P) LTD. Book of physiotherapy
3. Anantram Sharma, Sushrut Samhita, Nidansthan, Chapter 1 Vatavyadhinidan. chaukhamba Surbharti Prakashan, Vatavyadhinidan.
4. Banamali Das, Ravi m. Ganesh and Gurucharan Bhuyan, A study on apabahuka (frozen shoulder) and its management by laghumasha taila nasya. Online journal of Ayu 2010 Oct-Dec31(4):488-494. Orissa, India. [https://www.ncbi.nlm.nih.gov>articles]
5. Bramhanand Tripathi, Ashtang Hridayam, Chikitsa sthan; vatvyadhichikitsadhyay; Chaukhamba Sanskrit Pratisthan, Delhi.

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