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AYURVEDIC MANAGEMENT IN SUPRASPINATUS & INFRASPINATUS TENDINOSIS WITH TEAR- A CASE REPORT

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ABSTRACT

Supraspinatus tendinosis, a common cause of painful shoulder dysfunction, is characterised by inflammation of the supraspinatus tendon leading to pain, restricted movements, and impaired daily activities. Conventional management often includes analgesics, anti-inflammatory drugs, local injections, or physiotherapy also Modern medical science recommends operative reconstructive surgery for this, but the outcome of surgery often lead to restriction of movements. This case report presents the Ayurvedic management of a patient diagnosed with supraspinatus tendonitis confirmed by clinical and imaging findings. Treatment included oral Ayurvedic formulations, local therapies (Abhyanga with medicated oil, Swedana) along with Jalukavacharan 3 consecutive settings with 7 day of interval aimed at pacifying Vata-Kapha dosha. Marked improvement was observed in pain reduction, shoulder mobility, and functional activity, with no adverse effects. This case suggests that an integrative Ayurvedic approach may provide effective, safe, and sustainable management of supraspinatus tendonitis.

KEYWORDS: Supraspinatus tendonitis, abhagya, swedana.

INTRODUCTION

Supraspinatus and infraspinatus tendon are component of rotator cuff. Its a frequent cause of shoulder pain and functional limitation. It commonly arises due to repetitive overhead activity, micro-trauma, or degenerative changes, leading to inflammation and impaired abduction of the shoulder joint. Conventional management typically involves NSAIDs, corticosteroid injections, and physiotherapy, which may offer symptomatic relief but often result in recurrence or incomplete recovery. From an Ayurvedic perspective, the clinical features of supraspinatus tendonitis can be correlated with Avabahuka and Vata-Kaphaja disorders, wherein vitiated Vata leads to pain and restriction of movement, while Kapha contributes to stiffness and functional impairment. Panchakarma therapies such as Abhyanga, Swedana, and Basti karma, along with internal medications, are indicated for pacifying Vata-Kapha dosha and restoring musculoskeletal function. This case report highlights the successful management of supraspinatus tendonitis with an integrative Ayurvedic approach, demonstrating significant improvement in pain, range of motion, and overall shoulder function.

A CASE REPORT

Patient Name: XYZ
Age: 60 years
Gender: female
Patient id: PT/25/2675
Address : 64,Adarsh nagar CHS chunnabhati Mumbai
c/o pain during movements right shoulder joint, stiffness since a year Pain increases during night.

Taken oral medication NASIDS intramuscular injections for above complaints but it gives temporary relief only. Patients visited our hospital to take ayurvedic Panchakarma treatment
k/c/o: HTN
S/H/O : NAD

Personal History

Occupation: Labour work

Family history: no any specific symptoms

General Examination
General condition-Good
BP: 140/80mmhg
P: 88/min
Spo2 : 98% on room temperature
Pallor : Absent

Systemic Examination
CVS- S1S2 normal
CNS – conscious oriented
RS – AEBE clear
P/A – soft not tender

Ashtavidh Parikshan
Nadi : vatapittaj
Mala : malabandhatta
Mutra : prakruta
Jivha : alpa sam
Shabda : spashta
Sprasha : samshitoshna
Drik : Prakrut
Akruti : krusha madhyam

Local Examinations

Table no 1: Palpatation of Shoulder joint

VARIABLE	Swelling	Temperature	Tenderness	Cripitus
RIGHT SHOULDER	Present	absent	mild	mild
LEFT SHOULDER	absent	absent	absent	absent

Table no 2: Inspection of right Shoulder joint

Symmetry	findings
Shape	Wasting present over scapular region
Position of scapula	Elevated on right side due to muscle spasm
Winging of scapula	absent
Swelling	Present on right suprascapular area and lateral aspect of upper arm

Table no 3 : ROM of shoulder joint

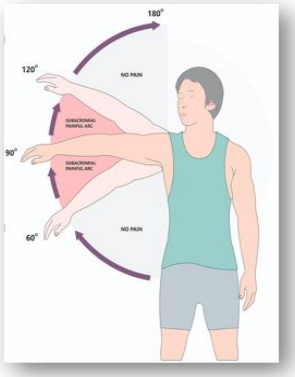
VARIABLE	Active ROM		Passive ROM	
	Right	Left	Right	left
Flexion	60°	180°	120° with pain	180°
Extension	30°	45°	30°	45°
Abduction	60°	180°	120° with pain	180°
Adduction	45°	45°	45°	45°
External Rotation	45°	80°	45°	80°
Internal Rotation	30°	60°	45°	60°

Normal ranges for ROM
- Flexion : 150°-180°
- Extension : 40°-60°
- Abduction :150 °
- Adduction : 30°
- External rotation : 40°-60°
- Internal rotation : 70°-90 °

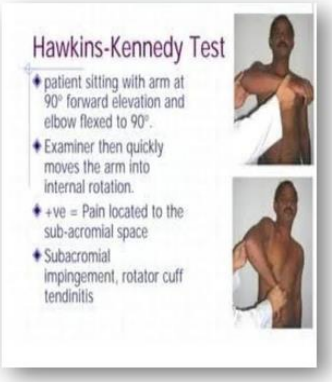
Visual analogue test positive its score is 9

INVESTIGATIONS

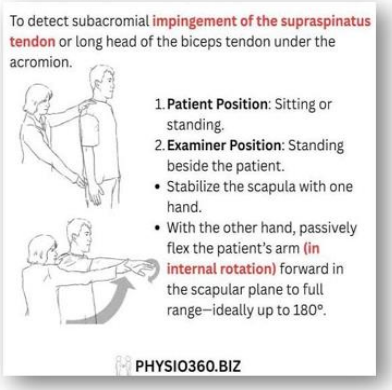
SPECIAL TEST POSITIVE FOR RIGHT SHOULDER



1) SHOULDER ARC TEST POSITIVE AT 40 DEGREE



2) HAWKINS KIDNEY TEST POSITIVE



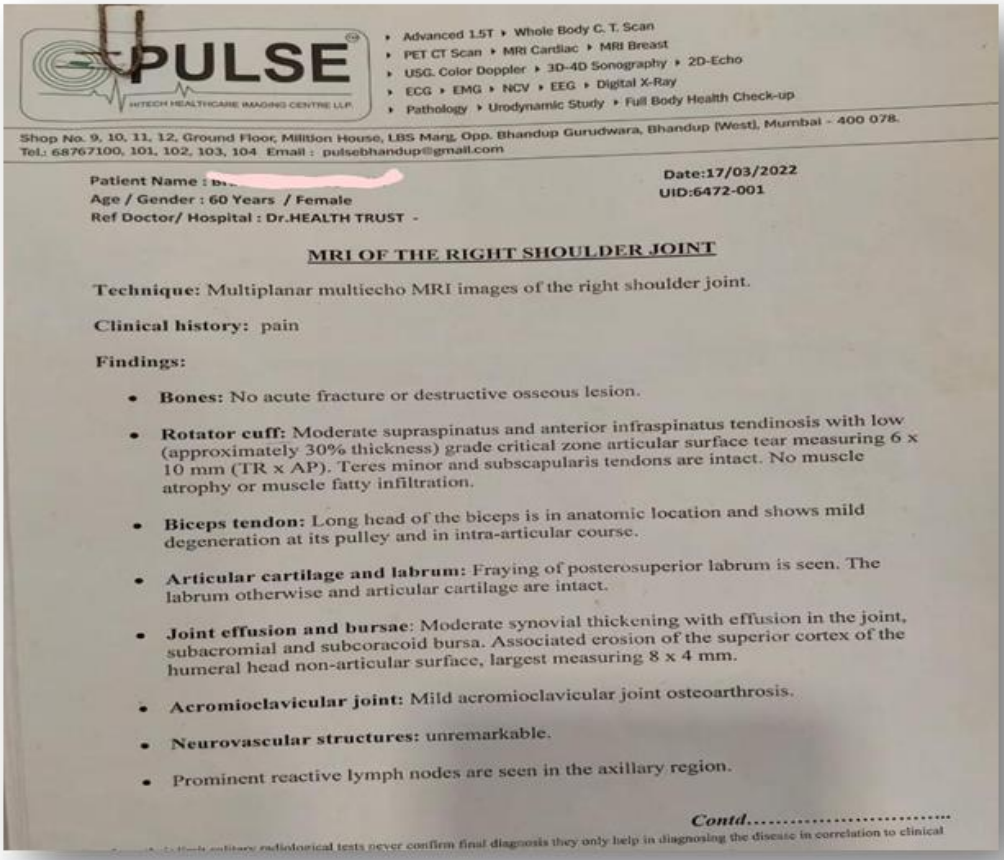
3) NEER'S TEST POSITIVE AT 60 DEGRESS

MRI OF RIGHT SHOULDER JOINT

Impression

Moderate synovial thickening with effusion in the joint, subacromial and subcoracoid bursa. Associated erosion of the superior cortex of the humeral head non-articular surface. Possibility of inflammatory/infective synovitis is likely. Needs correlation with synovial fluid examination and cytology.

Moderate supraspinatus and anterior infraspinatus tendinosis with low (approximately 30% thickness) grade critical zone articular surface tear measuring 6 x10 mm (TR x AP).



PULSE
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• PET CT Scan • MRI Cardiac • MRI Breast
• USG. Color Doppler • 3D-4D Sonography • 2D-Echo
• ECG • EMG • NCV • EEG • Digital X-Ray
• Pathology • Urodynamic Study • Full Body Health Check-up

Shop No. 9, 10, 11, 12, Ground Floor, Million House, LBS Marg, Opp. Bhandup Gurudwara, Bhandup (West), Mumbai - 400 078.
Tel.: 68767100, 101, 102, 103, 104 Email : pulsebhandup@gmail.com

Patient Name : [redacted]
Age / Gender : 60 Years / Female
Ref Doctor/ Hospital : Dr.HEALTH TRUST -

Date:17/03/2022
UID:6472-001

MRI OF THE RIGHT SHOULDER JOINT

Technique: Multiplanar multiecho MRI images of the right shoulder joint.

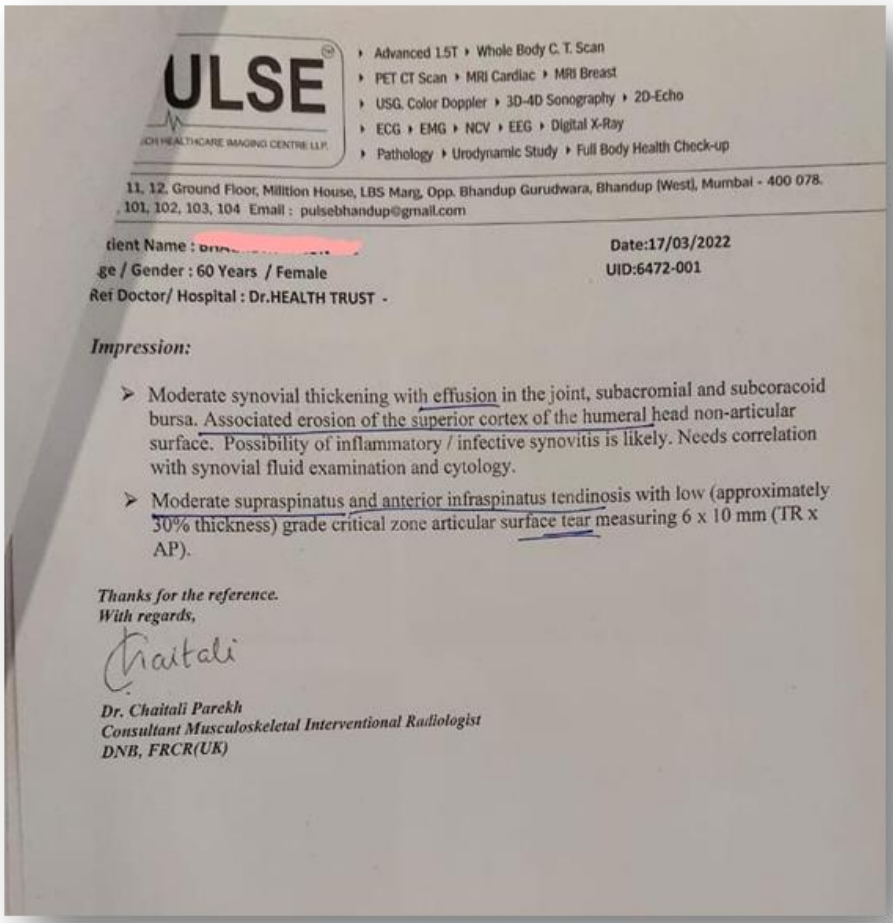
Clinical history: pain

Findings:

- **Bones:** No acute fracture or destructive osseous lesion.
- **Rotator cuff:** Moderate supraspinatus and anterior infraspinatus tendinosis with low (approximately 30% thickness) grade critical zone articular surface tear measuring 6 x 10 mm (TR x AP). Teres minor and subscapularis tendons are intact. No muscle atrophy or muscle fatty infiltration.
- **Biceps tendon:** Long head of the biceps is in anatomic location and shows mild degeneration at its pulley and in intra-articular course.
- **Articular cartilage and labrum:** Fraying of posterosuperior labrum is seen. The labrum otherwise and articular cartilage are intact.
- **Joint effusion and bursae**: Moderate synovial thickening with effusion in the joint, subacromial and subcoracoid bursa. Associated erosion of the superior cortex of the humeral head non-articular surface, largest measuring 8 x 4 mm.
- **Acromioclavicular joint:** Mild acromioclavicular joint osteoarthrosis.
- **Neurovascular structures:** unremarkable.
- Prominent reactive lymph nodes are seen in the axillary region.

Contd.....

[illegible] radiological tests never confirm final diagnosis they only help in diagnosing the disease in correlation to clinical



ULSE

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Impression:

- Moderate synovial thickening with effusion in the joint, subacromial and subcoracoid bursa. Associated erosion of the superior cortex of the humeral head non-articular surface. Possibility of inflammatory / infective synovitis is likely. Needs correlation with synovial fluid examination and cytology.
- Moderate supraspinatus and anterior infraspinatus tendinosis with low (approximately 30% thickness) grade critical zone articular surface tear measuring 6 x 10 mm (TR x AP).

Thanks for the reference.
With regards,

Chaitali

Dr. Chaitali Parekh
Consultant Musculoskeletal Interventional Radiologist
DNB, FRCR(UK)

TREATMENT

ABHYANTAR CHIKITSA:

DATE	MEDICINE	DOSE	TIME OF ADMINISTRATION
11/06/2025 TO 18/06/2025	Yograj guggul	2 tab thrice a day	After food
	Sanjeevani vati	1 tab thrice a day	After food
	Rasnasaptak kashayam	20ml thrice a day	After food
	Gandharva haritaki	3gm	At night
19/06/2025 to 27/06/2025	Yograj guggulu	2 tab thrice a day	After food
	Rasnasaptak + balarishtam	20 ml each thrice a day	After food
	Gandharva harikti	3gm	At night
	Lakshadi guggul	1 tab thrice a day	After food
28/06/2025 to 10/07/2025	Lakshadi guggul	2 tab thrice a day	After food
	Dhanvantar capsule	2 capsule twice a day	After food
	balarishtam	20 ml thrice a day	After food

PANCHAKARMA

- Abhagya with murivina oil for 7 days
- Nadi swedan with dashmola khwata
- Jambir patrapinda swedan with erandrapatra rasna bala churna rason tila taila
- Jalukavacharan: 2 jaluka at a time repeated at 7 day of interval

ASSESMENT CRETERIA

- VAS scale
- Changes in range of motion
- Stiffness

Table no 4 : changes in range of motion-BT-AT

Variables	AROM		FROM	
	Before Treatment	After Treatment	Before Treatment	After Treatment
Flexion	60°	120° with pain	90°	180° with pain
Extension	30°	40°	30°	30°
Abduction	60°	120° with pain	60°	180° with pain
Adduction	45°	45°	45°	45°
External Rotation	45°	60°	45°	60°
Internal Rotation	30°	60° with pain	45°	60°

Special Tests
Painful arc test positive(at 70°)
Hawkins test negative
Neer's test positive

Vas score reduces gradually upto 2 stifness was severe before treatment it reduces gradually to mild

DISCUSSION

- In this case, degeneration due to old age combined with repeated minor trauma associated with heavy activities may be the cause of the rotator cuff injury. The treatment protocol of Vatavyadhi was followed in this case of chronic rotator cuff injury. In this case study, the patient got satisfactory symptomatic relief and functional improvement through one month of Ayurvedic conservative management.

Mode of action of Abhyanga with Murivenna Taila

Murivenna Taila indicated in trauma, tendon/ligament injury, inflammation, and joint disorders its Pharmacological/Pharmacodynamic Actions as:

- **Vata-samaka** – The base oil (coconut oil/tilataila) and herbs like Kumari, Paribhadra, Tambula, Karanja reduce vata aggravation, the prime cause of pain, stiffness, and restricted ROM.
- **Ropana (wound-healing)** – Drugs like Murivenna (Aloe vera, Karanja, etc.) accelerate fibroblast activity, collagen deposition, and angiogenesis → faster tendon/ligament healing.
- **Sophahara (anti-inflammatory)** – Phytochemicals (flavonoids, tannins) reduce local edema, muscle spasm, and tenderness.
- **Vedana sthapana (analgesic)** – Provides local soothing, reduces nerve irritability, and improves circulation. Snigdhatva (unctuousness) – Enhances elasticity of periarticular tissues, prevents fibrosis/adhesions.

Mode of action of Swedana with Dasamula Kasaya (Nadi Sweda)

- **Srotoshodhana (channel clearance)** – Hot fomentation with Dasamula decoction dilates capillaries, improves microcirculation in supraspinatus region → better nutrient delivery and removal of inflammatory mediators.
- **Sophahara (anti-inflammatory)** – Reduces peritendinous edema, stiffness
- **Vata-samaka** – Heat plus Dasamula dravyas pacify aggravated Vata → reduction in pain, restricted movements, and crepitus. Rukṣa–Ushna guna – Counteracts Kapha-mediated stiffness and ama, restoring joint mobility.
- **Maṃsa-sandhi-gata bala vardhana** – Restores functional strength of muscle fibers and supporting ligaments.

Action of Jambir Pinda swedan

Supraspinatus tendonitis involves ruksha, sita, and stabdha gunasas (qualities of Vata–Kapha).The ushna, snigdha, and suksma gunas of jambira processed with oils (like nirgundi, eranda, rasna bala decoction, or sesame oil base) pacify aggravated Vata and Kapha, reducing pain and stiffness.

Mamsa dhatu & Snayu Poshana (Tendon & muscle nourishment) The oil and lemon juice combination used in JPS penetrates locally, providing snehana (olation) and improving elasticity of supraspinatus tendon. Promotes healing of micro-tears and restores strength of rotator cuff musculature.

Probable Mode of action of jalukaavachara

In this case of supraspinatus tendon tear, there is chances of poor healing because of part of its tendon having less blood supply If the bold supply is maintained and good circulation and oxygenation is maintained the ruptured tendon may repair faster and better. When leeches are applied near to this area, due to presence of Antithrombin, antitrypsin and antichymotripsin in saliva of leech there if improved blood supply as well as reduced inflammation at the rupture site. Also Hirudin present in saliva can reduce inflammation in arthritis patient by inhibiting ITNG protein, a derivative of synovial stimulatory protein. All these improves healing process of ruptured tendon thereby restoring its original strength up to the fair extent and achieving good outcome with conservative management of Supraspinatus tear.

CONCLUSION

- This case suggests that Ayurvedic management protocols, when applied conservatively along with active may serve as a viable non-surgical option for chronic rotator cuff injuries, particularly in the elderly population.
- The treatment protocol is to minimise further damage and restore the functional mobility. Partial or incomplete rotator cuff tears can be repaired by natural healing process where there is a continuity in the fibres. Return to pre traumatic range of movement is done by strengthening the other intact surrounding muscles. By adopting Bhagna chikitsa and Vatavyadhi chikitsa in an integrated manner, the best possible results were achieved in this case

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