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MANAGEMENT OF APABAHUKA BY NASAPANA THROUGH THE RAY OF AYURVEDIC PRINCIPLES W.S.R FROZEN SHOULDER – A SINGLE CASE STUDY

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ABSTRACT

Apabahuka is considered to be a disease that usually affects the shoulder joint and is produced by the vata dosha. Even though the term Apabahuka is not mentioned in the Vataja Nanatmaja Vikara, but Acharya Sushrutha and others have considered Apabahuka as a vatavyadhi.[1] The procedure Nasapana a variant of Nasya Karma mainly told by Acharya Chakradatta and Yogaratnakara in the management of Vishwachi and Apabahuka in Vatavyadhi Chikitsa context. In present case of 46yr old male patient with no H/O HTN and DM admitted to SJIIM GAMC Bengaluru on 4/8/2021 with chief complaints of restricted movements of right shoulder joint with severe pain and stiffness since 2 months without any H/O surgery, trauma or assault was examined and diagnosed as Apabahuka was successfully treated with Dashamuladi yamaka Nasapana for 7 days. After treatment patient had marked relief from pain and restricted range of movements were also improved.

KEYWORDS: Nasapana, Apabahuka and frozen shoulder.

INTRODUCTION

Vatavyadhi is a broad spectrum of diseases. One among them is Apabahuka. Even though the term Apabahuka is not mentioned in the Vataja Nanatmaja Vikara, but Acharya Sushrutha and others have discussed it under the chapter named Vatavyadhi. Vata is being the main controlling factor of other Doshas and body (*Vayu tantra yantra dhara*) when it is in its normal state but when hampered, produces various diseases and deformities. One among such conditions is Apabahuka.

Apabahuka is a disease condition resulting in Karmakshaya of Bahu (shoulder joint) due to derangement of Vata Dosha in Amsa pradesha. It can be broadly classified in to purely Vataja and Vata Khaphaja based on Dosha Pradhanyata. Amsa shosha can be considered as the preliminary stage of disease were dryness of the Sleshaka khapa from the shoulder joint occurs. The next stage, that is Apabahuka occurred due to the loss of Sleshaka Kapha and symptoms like pain with restriction during the movements and so on are manifested. Even it is commented in madhukosha Theeka as Amsa Shosha is produced by plain Vata Dosha and Apabahuka by Vata Dosha in association with Kapha Dosha.[2]

Apabahuka in conventional science can be correlated to Frozen shoulder/Adhesive capsulitis. It is characterized by initially painful and later progressively restricted active and passive glenohumeral (GH) joint range of motion with spontaneous complete or nearly-complete recovery over a varied period of time[3]. According to recent statistics it has an incidence of 0.24% per year in approximately 5% of patients. The Prevalence of Frozen Shoulder is slightly greater than 2% in the general population affecting persons older than 40 years. It is more common in women between the ages of 40-70 years.[4] Frozen shoulder is most often caused by inflammation (swelling, pain and irritation) of the tissues surrounding the joint. The tissue that envelops the joint and holds it together is called the capsule. Normally the capsule has folds that can expand and contract as the arm moves into various positions. In frozen shoulder case, the capsule has become inflamed and scarring develops. The scar formations are called adhesions. As the capsule's folds become scarred and tightened, shoulder movement becomes restricted and moving the joint becomes painful. This condition is called adhesive (scarring) capsulitis (inflammation of the capsule)[5]. Treatment mainly includes NSAID drugs mainly aimed at subsiding pain, exercises and in severe conditions surgery is also adopted.

By looking in to the conventional science treatment which is predominantly pain management oriented, so it's always better to adopt Samprapti vighatana treatment told in Ayurveda. In Ayurveda, Acharyas have told Nasya Karma, Nasapana Karma and Uttarabhaktika Snehapana along with some shamana Aushadhis in the management of Apabahuka. Here in the present case study Nasapana Karma is scheduled based on the Roga and Rogi Avastha.

CASE REPORT

An Auto driver, aged 46 years male, reported to Panchakarma OPD and got admitted in SJIIM, GAMC Bengaluru on 4/8/2021 with.

PRADHANA VEDAN: Pain and restricted movements of right shoulder joint with the pain in the nape of the neck, difficulty in driving. He had all these symptoms since 2 months.

VEDANA VRUTTANTA: The Subject was apparently healthy before 2 months and he had gradually developed pain and restricted movements of right shoulder joint over a week. He took allopathic medicine for the same and got some temporary relief in pain but condition repeated again from last 15 days and it is affecting his day today activities.

PURVA VYADHI VRUTTANTA: No H/O DM and HTN and No other systemic disorders.

PURVA CHIKITSA VRUTTANTA: Subject was treated for the above said condition in an allopathic hospital and they have advised some NSAIDS which gave him a temporary relief.

Clinical findings- physical examination

Ashta vidha pareeksha

• Nadi: Pittaja Nadi / 86/min	• Shabdha: Prakruta
• Mutra: Prakruta	• Sparsha: Anushna sheeta
• Mala: prakruta	• Druk: Prakruta
• Jiwha: Alipta	• Akriti: Madhyama

DASHAVIDHA PAREEKSHA

Prakruti: Vatapitta
Vikruti: Dosha-Vatapradhana Kaphaanubandha
Dooshya: Rasa,Asthi, Majja
Upadhathu: Sira,Snayu.
Sara: Madhyama
Samahanana: Madhyama
Pramana: Madhyama
Satmya: Madhyama
Satwa: Pravara
Aharashakti: Madhyama
Vyayamashakti: Madhyama
Vaya: Madhyama

GENERAL EXAMINATION: Gait and other parameters were normal.

LOCAL EXAMINATION: Tenderness was present over the right shoulder joint, No heaviness or tenderness noted over the nape of the neck.

SYSTEMIC EXAMINATION

Respiratory system: NAD
Cardiovascular system: NAD
Gastrointestinal system: NAD

LOCOMOTOR SYSTEM

Inspection: NAD,
Palpation: Tenderness present,
ROM: Painful & restricted movements [Flexion, extension, internal and external Rotation]

SPECIAL TESTS

- Hand to neck test: positive
- Hand to scapula test: positive
- Hand to apposite scapula test: positive
- Shoulder shrug sign: positive

SAMPRAPTI GHATAKAS

Dosa - Vata- Vyana Vata; Kapha- Sleshaka Kapha
Dushya- Rasa, Asthi, Majja, Snayu, Sira,
Srothas - Asthivaha.
Strotodushtiprakara - Sanga
Udbhavasthana – Pakvashaya
Sancharasthan - Sira & Rasayanis
Vyaktastana – Bahu
Adhishthana – Bahu
Rogamarga - Madhyama
Vyadhiswabhava - Chirakari
SADHYASADHYATA: Sadhya
VYADHI VYAVACHEDAKA NIDANA: Vishwachi: *talam pratyangulinam kandara bahuprishtata*: kind of radiating pain along with the nurological deficits are explained and here it is not present. Here in present case pain in the right shoulder joint along with the restricetd movements and stiffness were present. So the Diagnosis was made as Apabahuka.

VYADHI VINISHCHAYA: APABAHUKA

TREATMENT SCHEDULED: Nasapana Karma for seven days.

DATE	TREATMENT
4-7 / 8/2021	Amapachana with chitrakadi vati
8-15/ 8/2021	Nasapana wuth Dashamuladi Yamaka dose: 1 Pala
	Poorva karma – Sthanika Abhyanga with Karpasyasthyadi taila fallowed by Nadi Sweda
	Pradhana Karma: Nasapana
	Pashchat Karma: Ushna Jala Gandoosha and Dhoomapana with Haridra Varti.

Pathya-Apathya
Advice given to avoid Sheetopachara, Shirasnana, Atisnigdha, Atirooksha Ahara-Vihara, Ativyayama and Divaswapna. He was Adviced to avoid exposing to cold breeze, high pillows, Heavy helmets and long journeys on two wheelers, weight lifting and other heavy works. Advice to take ushna laghu Supachya Ahara, Ushnopachara, adequate rest.

Assessment Parameter
- Localized Swelling
- On palpation- tenderness
- Restricted movements.
- Hand to neck test
- Hand to scapula test
- Hand to apposite scapula test

1) Localized swelling:
a) No swelling –Grade - 0
b) Slight –Grade - 1
c) Moderate- Grade- 2
d) Bulging beyond joint margins - Grade -3

2) On Palpation-tenderness
a) No tenderness - Grade -0
b) Patient complains of pain-Grade -1
c) Patient complains of pain and winces -Grade -2
d) Patient complains of pain, winces and withdrew joint -Grade -3

3) Restricted Movements
a) No restriction - Grade – 0
b) Mild Restriction - Grade – 1
c) Moderate Restriction - Grade - 2
d) Severe Restriction - Grade - 3

RESULTS: here assessment was done on 8th day of treatment

S. N.	Assessment Parameter	Before treatment	After treatment
1	Localized Swelling	2	0
2	On palpation-tenderness	2	0
3	Movements Restricted.	3	1
4	Hand to neck test	Positive	Negative
5	Hand to scapula test	Positive	Negative
6	Hand to apposite scapula test	Positive	Negative
7	Shoulder shrug sign	Positive	Negative

DISCUSSION
In Ayurveda, the main etiological factor for the development of Apabahuka is considered as vitiated Vata and Kapha dosha. In the present case study, Nasapana Karma is adopted to manage Apabahuka with a prime focus to alleviate Vata and Kapha dosha. In almost all diseases explained in Ayurveda, there will be involvement of Agni in one or the other way. "*roga: sarve api mandagnau*:". If there is Mandagni then there will be a chance for formation of Ama. So to make Agni proper and to digest Ama, Chitrakadi Vati is given here as Amapachaka. In Apabahuka, there is involvement of Kapha; Kapha and Ama are having similar Gunas. Chitrakadi Vati which is a good Amapachaka, Agni Deepaka and Kapha Hara properties so this formulation was selected for Amapachana.

Before doing any Pradhana Karma fallowing Poorva karma is very essensial. Here Sthanika Abhyanga with Karpasasthyadi taila was adopted. Which is Ushna Brumhana in nature has helped to tackle both Vata and Kapha Dosha by its Prabhava and Nadi Sweda (Dashamula Kwatha) is being one among the Sagni Mahan Sweda has helped to tackle the Vata and Kapha Dosha.

Nasapana was done using Dashamuladi Yamaka Sneha explained by Yogaratnakara and Chakradatta in the context of Apabahuka and Vishwachi in Vatavyadhi Chikitsa Adhyaya.[6] Dashamuladi Yamaka contains Dashamula, Bala, Masha, Gritha and Taila which are mainly Vata Kapha Hara in nature thus helped in breaking Samprapti. Theories put forward for explaining Nasya karmukta holds good for Nasapana too, as the route of administration is the same.

It can be understood by following concepts:
1. Absorption via nasal mucosa. 2. Absorption via gut.

ABSORPTION VIA NASAL MUCOSA
- Regarding the absorption of drug through the nasal mucosa it is possible that a fraction of this drug is absorbed through the mucous membrane.

- Many nerve endings which are arranged in the peripheral surface of mucous membrane i.e, olfactory, trigeminal etc. will help to absorb the drugs which are mainly processed with the Saindhava Lavana ect.
- Probably the drug after entering the nasal cavity first reaches the olfactory epithelium through which it reaches the olfactory nerve from there it enters cribriform plate of ethmoid bone and reaches anterior cranial fossa.
- Finally it probably reaches the medial and lateral olfactory areas of cerebral cortex and will be stimulated by Nasapana dravya and impulses are transferred through central nervous system.
- This results in better circulation and nourishment of the organs.
- Many drugs absorbed through the rich blood supply of the nasal mucosa enter the systemic circulation more rapidly than administered orally.
- Due to Ushna guna of drugs the, vilayana of Dosha sanghata (compactness) takes place.
- Action of Tikshna guna is to break the mala and doshas in microforms.
- Due to Sukshma guna, drug reaches micro-channels, disintegrates endogenic toxins, which are then excreted through the microchannels (Anupravana bhava).

ABSORPTION VIA GUT

- In order to produce an effect, a drug must reach its target site in adequate concentration.
- This involves several processes embraced by the general term pharmokinetics. In general, these processes are:

1. Administation of the drug.
2. Absorption from the site of administration into the bloodstream.
3. Distribution to other parts of the body, including the target site.

An important step in all these processes is the movement of drug molecules through cellular barriers (eg intestinal walls).

Here we need to take consideration of yakrit which is Raktavaha Sroto Mula and Siras being Upadhatu of Rakta Dhatu. The dravya when reaches yakrit does the poshana of sira and thereby helps in Samprapti Vighatana. The intestinal villi may also be taken as Pakwashaya –seat of vata, as the general rule of pharmacokinetics when the drug reaches its target it has to exert its action.

CONCLUSION

Apabahuka is one of the most common health condition which is seen in present community due to life style modification and diet. Morbidity of Vyana Vayu is the prime pathology in Apabahuka. This morbidity can happen either due to Dhatukhsaya or Kapha Avarana. Morbid Vata Dosha invariably involves the Sira, Snayu, Kandara, Mamsa and Asthi Dhatu at the shoulder joint. With the use of contemporary medicine one can only have a temporary relief, while through Ayurvedic scientific approach and classical method of intervention it can be cured, and it will help patients to continue their day-today activities without any recurrence and discomfort.

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