ROLE OF MARMA CHIKITSA IN AVABAHUKA (FROZEN SHOULDER): A CASE STUDY

Prahlad Raghu1* and Prince Raghu2

1Professor and Head of Department, Rachana Sharir, Kalawati Ayurvedic Medical College and Research Centre and Hospital, Gorha Kasganj, Uttarpradesh, India.
2B.A.M.S., Dr Sarvpalli Radhakrishnan Rajasthan Ayurveda University, Jodhpur, India.

*Corresponding Author: Dr. Prahlad Raghu
Professor and Head of Department, Rachana Sharir, Kalawati Ayurvedic Medical College and Research Centre and Hospital, Gorha Kasganj, Uttarpradesh, India.

ABSTRACT
Avabahuka is described as a disease of shoulder joint and can be correlated with frozen shoulder as per the sign and symptoms of condition. It is described as Vatavyadhi by Acharya Sushruta. Ayurveda suggested many therapeutic options for treating Avabahuka and Marma therapy is one of them. Marma therapy involves manipulation of subtle energy points in the body to trigger healing process. Stimulation of Marma removes blockages from the body and provides physical relaxation. Considering this fact this article presented a Case Report to described efficacy of Marma therapy in a case of Avabahuka in routine clinical practice. The patient was treated with Marma therapy for 3 weeks. The Ansa Sandhi Shool and Ansa Sandhigrah were considered as clinical symptoms of Avabahuk for assessment criteria and grading of symptoms severity ranged from 0-10 scale. Study suggested that Marma therapy may be used for relieving symptom of Avabahuka; however study on large population was suggested.

KEYWORDS: Ayurveda, Avabahuka, Marma, Frozen shoulder.

INTRODUCTION
Avabahuka (Frozen Shoulder) is described as a musculoskeletal disorder which affects shoulder joint and deteriorate quality of life. Acharya Sushruta considered Avabahuka as Vatavyadhi which initiated with Ansa shosha (Shoshitavama ansa bandanam) in preliminary stage and vitiation of Vata causes pain, restriction in shoulder movements and finally Shiraschaya aakunchaya observed.

The Vata lodged in the root of shoulders, constricted veins and restrict movement of arm which described as Sira Sankochaya and Bahupraspanditahara. Madhava nidhan mentioned that Vataj dhatu kshaya leads Ansa shosh and Vata kapha janya symptoms manifested as Avabahuk.

Avabahuka can be correlated with the symptoms of frozen shoulder as per the modern science. Pain near the insertion of deltoid muscle, difficulty to sleep, restriction in elevation and external rotation, etc. are major symptoms of frozen shoulder. The condition mainly observed in age group belonging from the 40-60 years and women are more susceptible than female.[1-3]

Frozen shoulder can be categorizes as primary or secondary depending upon the associated illness like diabetes mellitus. The three progressive phase of disease pathogenesis is depicted in Figure 1.

Figure 1: Three clinical phases of frozen shoulder.
The painful freezing phase resides from 10-36 weeks, frozen phase for 4–12 months and resolution phase for 12–42 months. Mild disuse atrophy, tenderness, loss of external rotation and pain, etc. can be seen in various stages of frozen shoulder.

Modern science described various therapeutic measures for frozen shoulder including steroids, hydro dilation, physiotherapy and arthroscopic capsular release, etc. The basic aim of therapy works behind the criteria to improve quality of life.

The traditional science presented Marma therapy as alternative modality for relieving symptoms of disease. This therapy is economic, accepted globally, with no side effects and effective in many painful conditions.

The ancient Ayurveda texts described 107 Marma (vital points) inside the body which channelizes Prana as vital force of the body. The gentle pushing or pressure over the Marma point can bring some physiological changes inside the body and this principle used in Marma therapy to alleviate many pathological conditions. Stimulation of these vital points (Marmas) balances hormonal and neurochemicals activities of body thus helps in the healing process.

Marma points are meeting points of muscles, ligaments, veins, bones and joints thus affects circulatory functions of body and also affects mobility. The stimulation of Marma points affects balances of Tridosh (Vata, Pita and Kapha) and channelizes Prana, Ojusa & Tejas. Marmas are deeply seated anatomically inside the body with specific width, depth and height [4, 5]. Considering this fact this article presented a Case Report to described efficacy of Marma therapy in a case of Avabahuka.

AIM & OBJECTIVE

- To evaluate the role of Marma therapy in Avabahuka (frozen shoulder).

MATERIALS AND METHODS

The male patient (age 49 years) was reposted at clinic with cardinal symptoms of Avabahuka (frozen shoulder). The patient was treated with Marma therapy for 3 weeks and change in symptoms was observed as assessment criteria of therapy.

Assessment symptoms

- Ansa sandhi shool
- Ansa sandhigrah (Bahupraspandanhar)

Grading of symptoms

The grading of symptom severity was done on the basis of Visual analogue scale (VAS) for pain intensity:

- 0-10 (where 0 no pain and 10 worst pain possible)

Range of movements

- Forward flexion (Elevation normal-180degree),
- External rotation (Normal-60 degree),
- Abduction (Normal-150- 180 degree)

Study intervention

Marma therapy was applied on Ansa, Aani, Kakshadhar and Kshipra as one cycle on 1st day, repeated by the patient as self Marma therapy for few days for 3 cycles twice daily. The 1st follow up Marma therapy followed by self Marma therapy twice daily, repeated on 2nd follow up for three weeks.

RESULTS

The findings of study depicted in Table 1.

Table 1: Effect of therapy on assessment Parameters and Overall improvement in disease

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Parameter</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain</td>
<td>60%</td>
</tr>
<tr>
<td>2</td>
<td>Forward Flexion</td>
<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>External Rotation</td>
<td>75%</td>
</tr>
<tr>
<td>4</td>
<td>Abduction</td>
<td>40%</td>
</tr>
</tbody>
</table>

As depicted in Table 1, the improvement in pain scale was observed 60% as per the visual analogue grading scale. The improvement in forward flexion and external rotation was found to be 50% and 75% respectively. Similarly 40% improvement in abduction was observed after the Marma therapy.

DISCUSSION

The male patient of 49 year of age suffering from the frozen shoulder reported in clinic with cardinal symptoms and progressive pathology. Looking towards the physical state and condition of patient it was planned to implement Marma therapy for relieving symptoms of disease. The presence of primary diseases diabetes and spondylisis was also observed. Physical stress, age and primary disease were considered as trigging factor of frozen shoulder.

The therapy imparts improvement in both parameters pain as well as restriction in shoulder movement. The Marma therapy employed for three weeks which provided remarkable benefits in cardinal symptoms of diseases. The severity of pain decreases and movement was improved. Study observed improvement in extension and rotation flexibility after the therapy.

Probable mode of action of marma

Marma therapy relieves muscle tension, promotes sleep, removes blocks of energy channels, clear obstruction of Shrotas, and pacifies Vata dosha, control Vyana vata, balances functioning of autonomic nervous system and strengthen physical flexibility thus improves symptoms of Avabahuka. Ama and Vata cause rigidity, leads degeneration and produces stiffness. The Marma therapy clears aggravation of Ama and reduces vitiation of Vata thus relieves symptoms of Avabahuka. [6-8]
CONCLUSION
The result of study suggested that Marma therapy can be used as effective therapeutic modality for curing symptoms of Avabahuka. The findings of study can be validated on large number of population. Marma therapy offers no side effects; it is noninvasive and cost effective therapy.

REFERENCES