AGNIKARMA IN FROZEN SHOULDER (AVABAHUK) AN EMERGENCY MANAGEMENT

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ABSTRACT
Frozen shoulder also known as adhesive capsulitis is disabling disease of shoulder causing pain and restricted mobility of shoulder joint. Although the disease is self-limiting it takes a long time for complete recovery ranging from few months to 3-4 years. Basically conservative treatment is done which involves use of NSAID and physiotherapy. Most of the patients get relief in due course of time with this as the disease is self-limiting but some may not respond at all to this conventional conservative therapy and needs surgical intervention involving manipulation under anaesthesia, orthoscopic capsular release and hydrothiolation. One of our patient who got no relief with conservative management and was suggested surgery by an orthopaedic surgeon was effectively treated with Agnikarma. The case illustrates the use of ayurvedic treatment measures in non-responding cases of frozen shoulder.

KEYWORDS:- Frozen shoulder, Avabahuk, Agnikarma.

INTRODUCTION
Frozen shoulder also known as adhesive capsulitis is disabling disease of shoulder causing pain and restricted mobility of shoulder joint prevalence rate is 2-5 % in general.[¹] It’s a disease of unknown aetiology. However prolong immobilization and shoulder due to surgery or trauma may cause this condition. Incidences are higher in diabetic patients. It is common in age group ranging 40 to 60, more commonly seen in females. Patients pf rheumatoid arthritis, hypothyroidism or hyperthyroidism patients of rotator cuff injury are at risk of developing frozen shoulder. It is characterized by severe pain in shoulder and restricted movement both active and passive. Pain is perticularaly worst at night and it disturb the sleep
of patient a lot. \(^2\) patient cant do his /her daily activity like wearing of cloths house hold work etc. I thought the disease is self limiting it takes a long time for complete recovery ranging from few months to 4 years. Basically, conservative treatment is done which involves use of NSAID, physiotherapy. Most of the patient get relief in due course of time with this as a disease is self limiting but some may not respond as during physiotherapy is painful job and effect of NSAID is also limited in intial phase. Such pateints need to be treated with oral and itra articular steroids injections. It also give only temporary relief. Some patient does not respond at all to this conservative treatments and need surgical intervention involving manipulation under anaesthesia, orthoscopic capsular release and hydrothiolation.

One of our patient who got no relief with conservative management and was suggested surgery by an orthopaedic surgen was effectively treated with agnikarma and oral medicine. This case illustrates the use of ayurvedic treatment measures in non responding cases of frozen shoulder.

**Case presentation**

A female aged 45 years, non hypertensive with no thyroidproblem and without any history of injury or trauma presented with following symptoms.
1) Dakshina Ansa Santhi Vedana (pain in right shoulder)
2) Ansa Sandhi Graham (stiffness of shoulder)
3) Restricted range of movement (R.O.M.) – Since past 5 month she was having these complaints.

**Our examination**

Abduction, circumduction (movement of shoulder in circular motion) and flexion of the shoulder joint was difficult. She was unable to lift her arms more than 90 degree and had extreme pain in doing so. The patient was even unable to comb her hairs. Stiffness was present in the deltoid and supra spinatus muscle and also in long head of biceps brochii. There was moderate loss of external otation of the shoulder. She was asked to get an X-ray done of affected limb and X-ray was normal in appearance.

**Provisional diagnosis**

Avabahuka / idiopathic frozen shoulder (Primary adhesive capsulitis of shoulder).

Plan of treatment

- Immediate – Agnikarma by Gud
- Oral medicine – Amruta gugulu and Yograj gugulu for 2 weeks.
- Follow up after one week for second setting of Agnikarma.

**Agnikarma in frozen shoulder (Avabahuk) An Emergency management**

क्षारदन्गिनीरूपालग्रहणारोगणाम् |
रोगणामपत्तनधिश्च-रक्तमोक्षणसाधयानात्तत्त्ताध्यत्त्वार्थ |
(सु.सू. १२/३)

स्त्रियोपाध्यरूपालग्रहणारोगणामिति |
स्त्रियोपाध्यरूपालग्रहणारोगणामिति |
(सु. चित्र.४/४) [3]

In ayurvedic literatures several methods of treatment like Snehana, upana, Agnikarma, Raktamokshana etc. are advised for Vataj vyadi. Among these Agnikarma due to its Ushna, Sukshma, Aashukari guna pacifies the vata kapha Dosha and removes Strotavarodha. Patients is effectively relived from stiffness, pain and other associated symptoms.

अथेवामि दहानिपकरणालि भवनि-तद्यथा |
पप्पल्यजाश्वकुदोन्तत्तसलाकाजाब्याण्णकिंतर्तरलिखिता : |
क्षाद्रगुँवा स्त्रेहाश्च ........... | (सु.सू. १२/४) [4]

Agnikarma can be done in Twacha, Mamsa, Sira, Snayu, Ashti and Sandhi. Sushrutacharya has narrated about particular dravyas to be used for Agnikarma on specific site Gud and Sneh (ghrit, tail, vasa and majja) is used for sandhigata. Use piece of gud I frozen shoulder. Take piece of gud and heat it with the help of candle for just 5-6 seconds. Then immediately kept it on anterior surface of head of humerus for just 5 seconds. then lastly apply shatadhowt ghrut on that side of Agnikarma. Here one setting of Agnikarma is completed. Patient will get relief with in 1 or 2 settings.

**OBSERVATION**

The patient showed immediate improvement in flexion, abduction of shoulder after Agnikarma. Abduction improved by nearly 30 degrees and flexion by 25-30 degrees.

The stiffness has reduced considerably up to 80% and the pain around 80% after one week. After 2 setting of Agnikarma patient was totally asymptomatic and was happily attending her
daily routines. There was no pain or restriction of movement in her right shoulder. She can raise the arms fully and with a smile now.

DISCUSSION
Frozen shoulder is disabling disease of shoulder and is self limiting, but recovery takes much longer time up to 3-4 years. It has 3 steps. First step is freezing step which lasts for 6 weeks to 6 months. In this phase intensity of pain is very much and movement is gradually restricted. Second stage is called frozen stage. It lasts for 4 months to 6 months. Intensity of pain decreases but range of motion is lost to a greater extent. Shoulder becomes notably stiff both active and passive movements are very difficult. Third stage is thawing stage it lasts for adult 6 months to 2-4 years. In this stage stiffness ids gradually relived pain is very less as compared to previous 2 stages. This stage is usually well tolerated by patient as pain and stiffness both are gradually relived. Many treatment options are available for management of frozen shoulder still there is no consensus in literature regarding which therapeutic option is superior mostly because of lack of high level of evidence.\[5\] As the recovery period is much longer and initial stage of freezing is very painful some alternative treatment like Ayurveda is very beneficial. Agnikarma is unique procedure described in Ayurveda for instant relief from pain. It has been mentioned in the texts that disease cured by Agnikarma will never recur.\[6\] Agnikarma is indicated in all painfull condition which are due to vata and kapha. Frozen shoulder can be correlated with Avabahuka as per Ayurveda. Agnikarma is indicated in Avabahuk i.e. frozen shoulder. Vata and Kapha both are involved in the pathology of frozen shoulder. Agnikarma immediately results in pacification in vata and kapha. This gives immediate improvement in symptoms of frozen shoulder. Like there is significant reduction in pain and stiffness is relived resulting in increasing range of mobility. As the pain was reduced patient herself felt confident, this resulted in improvement in range of movement. This is probable mode of action of agnikarma procedure in reliving the symptoms in terms of modern science. As in fomentation with infrared light, the light waves penetrate to deeper level and this results in reducing inflammation. Agnikarma works on same principle. Agnikarma results in dilatation of local capillaries which results in improvement of blood supply to the motary substances. However if the disease is chronic, inflammation may not subside in single setting. Next setting cant be done unless previous wounds of agnikarma heal properly. Aim of treatment in frozen shoulder is to reduce pain and to increase range of mobility. This can be achieved by reducing inflammation. Agnikarma is a type of strong fomentation this results in reduction in inflammation.
CONCLUSION
Frozen shoulder can be effectively treated with agnikarma. This treatment regimen needs to be applied on longer number of patients to draw appropriate statistical conclusion.

REFERENCES