

A CASE REPORT ROLE OF AGNIKARMA ON AVABAHUKA MANAGMENT

Deepak Yadav^{1*}, Preeti Borkar², Bhushan Mahiskar³, Dnyanesh Joshi⁴, Dhanshree
ravekar⁵, Kamal Vyas⁶

1. PG Scholar, Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha.
2. Professor&HOD, Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha.
3. Asso.Professor, Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha.
4. . Professor, Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha.
5. Assit. Professor, Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha.
6. PG Scholar, Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha.

ABSTRACT

Agnikarma, a significant Ayurvedic parasurgical treatment, is essentially a form of heat burn therapy intended to heal illnesses brought on by the Vata and Kapha doshas. The Avabahuka is Vata-vikar, which is closer to current science's "frozen shoulder" (FS). The shoulder joint's Shool (pain), Stambha (stiffness), and bahu-prasandithara (reduced range of motion) are the traditional symptoms of Avabahuka and frozen shoulder, respectively (Ansha sandhi). There are many different therapy options available for this condition, and more options may still emerge. In order to cure this condition, Agnikarma used a unique therapy that included Ayurvedic medicines. A male patient, 48 years old, complained of discomfort and stiffness in his right shoulder joint. Based on the patient's medical history, physical characteristics, and examination results, avabahuka of the right shoulder joint has been identified. On the patient's right shoulder joint, Agnikarma was chosen as the intervention and carried out. The Vata and Kapha dosha, which are to blame for Avabahuka, are subdued by the Agnikarma. The shoulder region's discomfort and stiffness decreased after five Agnikarma sessions, and the range of motion also improved (ROM). Avabahuka's agnikarma has a positive impact.

KEYWORDS: Agnikarma, Avabahuka, Frozen Shoulder, Vatavyadhi etc.

INTRODUCTION

For the treatment of various illnesses, Ayurveda offers a number of therapy techniques, such as surgical, parasurgical, and Panchakarma procedures. There are accounts of different Vataja, pittaja, and Kaphaja disorders in the primary Ayurvedic books such Charak Samhita, Sushruta Samhita, Ashtanga Hridaya, etc. Among these, the Vata dosha is responsible for a number of illnesses, including Avabahuka. The Vata-naanaatmaja list does not include the Avabahuka illness, yet Sushruta and other ancient seers called it a Vataja vikar. Although the specific etiology of Avabahuka is not mentioned in the book, Dhatukshaya and Sanshrushta dosha can be used to explain it. Ansha sandhi Shool (pain), Stabdhatta (stiffness), Shosha (muscle wasting), and Bahupraspandithara (reduced range of motion) of Ansha Pradesh are the main symptoms of Avabahuka (shoulder region). Similar traits may be seen in the pathological presentation of Ansha marma and Avabahuka. Snehana (oleation), Upnaaha (poultice), Agnikarma (heat therapy), Bandhan (bandaging), Mardan (deep tissue Ayurvedic massage), Nasya (medicine instillation through nostrils), Physiotherapy, Marma therapy, and Vatashamak chikitsa are some of the several therapeutic options for FS. In terms of patient satisfaction and healing, the Ayurvedic pioneers using these approaches still face difficulties. Frozen shoulder symptoms and those of Avabahuka sickness can be connected. Synovitis and capsule contracture are related with frozen shoulder, but not capsular adhesions. Adhesive capsulitis is the medical term for when a capsule adheres. Modern medical research has identified the Frozen Shoulder (FS), "Adhesive Capsulitis," and "Periarthritis" as prevalent musculoskeletal ailments at the shoulder joint. It steadily worsens, develops, and then could go away. The FS has three distinct stages: Stage I, which is painful and involves freezing from two to nine months; Stage II, which is stiff and involves freezing from four to twelve months; and Stage III, which is the resolution stage (Thawing stage, 12 months to 42 months). There are several treatments available to treat FS. Common therapies for FS include NSAIDs, oral corticosteroids, injectable corticosteroids, physical therapy, and surgical management. More expectations are still needed for the results.

Agnikarma is a parasurgical Ayurvedic technique. At Sushruta sutra sthana twelve (Agnikarma vidhi- adhyaya), you may find extensive explanations of each, along with indications, contraindications, and material procedures. Agnikarma is essentially a traditional kind of purposeful therapeutic heat burn therapy that is particularly effective for ailments brought on by the Vata and Kapha doshas. It's a cost-effective, non-invasive, day-care technique that shows early signs of success.

CASE REPORT:

A 48-year-old male patient visited at OPD has complained of right shoulder stiffness, severe pain, and restricted movement for the past six months. One day after waking, the patient claims to have pain in his right shoulder area. Over time, the patient began to experience difficulties moving his right arm, was unable to lift his hand over his head, and had trouble moving his right upper limb in the backward direction. The surface anatomy is found to be normal when the right shoulder area is examined. There is no visible scar in the area, and the skin looks normal with a normal skin temperature and no edema. When the shoulder joint moved, the reduced muscle mass, discomfort at the upper lateral side of the shoulder joint, and stiffness were seen.

The patient had previously seen a doctor for the same issue, and for the first seven days, she had been using various undetectable treatments, but the condition just became worse. Following that, I sought advice from various allopathic facilities and underwent therapy for six months, but I saw no appreciable recovery. He sought advice from two other hospitals and received therapy for three months, but the illness continued. On November 10th, 2022, he came to our hospital and started receiving therapy.

The patient's only history of a chronic disease was hypertension, which was being treated as directed by a doctor, and she did not have diabetes mellitus, tuberculosis, typhoid, significant trauma, or any other chronic condition. The patient has no notable family history of the illness. Personal characteristics of the patient include an unscheduled lifestyle, a preference for vegetarian and non-vegetarian foods, regular bowel movements, a decent appetite, appropriate urination, peaceful sleep, a dependence on chewing tobacco, and no known medicine allergies.

ON PHYSICAL EXAMINATION

Pallor, icterus, cyanosis, clubbing, oedema, or any type of lymphadenopathy were not seen. The vital signs, including blood pressure (110/80 mm Hg), heart rate (76 beats per minute), respiratory rate (19 beats per minute), temperature (98.6 0F), weight (68 Kg), height (5 feet 3 inches), and overall condition, were all within normal ranges.

INVESTIGATIONS:

The total leucocyte counts (7400 cells/cu mm), differential leucocyte count, hemoglobin (11.2 mg/dl), and other blood picture parameters are all within normal limits. Antero-

posterior and lateral views of the right shoulder's X-ray display a normal scan. From an Ayurvedic perspective, the case was identified as "Avabahuka" sickness, which is comparable to a "frozen shoulder," based on the history and clinical examination.

THERAPEUTIC INTERVENTION:

To cure this condition, the Agnikarma treatment and several Ayurvedic medications were used. Below is a description of the Agnikarma process in full.

The patient was informed about the Agnikarma process, and signed consent was acquired. Like a gold-made Agnikarma shalaka, all necessary ingredients are kept on hand and ready. Additionally examined and tested for cleanliness were aloe vera pulp, dashamoola kwath, yastimadhu powder, dressing material, etc. Before continuing, the vital signs were checked and found to be in order. Before the surgery, fruit juice and a soft diet were administered orally.

The right shoulder was adequately cleansed with Dashamoola kwath (antiseptic solution) while the patient was seated. Explain the process first, and then conduct Agnikarma on the right shoulder area using a gold-made shalaka. A bindu type Agnikarma is created and is subjected to extremely hot shalaka while taking the patient's tolerance into consideration. 35 bindu or so were produced. Applying Aloe Vera pulp as soon as possible will take care of the skin around the burn site. After applying Yastimadhu powder to the burn site, the dressing is complete. To prevent infection, all necessary aseptic measures were implemented during the whole operation.

The patient was instructed to take care of the local portion, avoid trauma, and effort following Agnikarma. Along with keeping a regular lifestyle, a modest diet was suggested. Avoid consuming too many greasy (spicy), processed, or sour meals, as well as too much maida (fine flour), dahi (curd), and exercise. For Nasya karma, the Shadbindu Taila is used twice daily, two drops in each nostril, on an empty stomach. Simhanad Guggulu 500mg two tablets twice day with lukewarm water and Dashamoola kwath 30 ml twice daily with water were recommended as Ayurvedic treatments. At weekly intervals, the Agnikarma process was performed for six consecutive sittings. After two months, the follow-up was conducted. After each sitting, the patient's symptoms continue to improve and lessen. The patient finally goes asymptomatic.

Particulars	Descriptions
Duration	Since six month
Onset	Sudden, after awakening in morning
Site	Right shoulder joint
Type	In freezing & frozen stage. Basically primary Frozen shoulder.
Relieving factor	Rest
Aggravating factor	Physical work, exertion
Other factors	Patient have no history of DM, blunt trauma, Stress and Depression, other chronic illness except hypertension.
Flexion of Right shoulder joint	42 ⁰
Extension of Right shoulder joint	37 ⁰
Abduction of Right shoulder joint	70 ⁰
Circumduction of Right shoulder joint	Incomplete, painful
Internal rotation	55 ⁰
External rotation	42 ⁰

[Ref - Mahesh Kumar, Jaiswal R, Panigrahi H. Role of Agnikarma in management of Avabahuka: A Case Report. Int. J. AYUSH CaRe. 2022; 6(4):364-370.]

Time	Event	Improvement
11/11/2022	The Patient was initially seen in OPD and first Agnikarma sitting Completed.	Initial stage with pain, stiffness, and rotation of movement

18/11/2022	Agnikarma has been completed for the Second time.	Pain, stiffness slightly reduced Range of motion slightly improved.
26/11/2022	The third sitting of Agnikarma done	Pain, stiffness moderately reduced Range of motion moderately improved.
02/12/2022	Agni karma's fourth first sitting has been completed.	Pain, stiffness moderately reduced Range of motion moderately improved.
09/12/2022	The fifth sitting of Agnikarma done	Slight pain, and stiffness Range of motion achieved
16/12/2022	Follow up	No pain and stiffness Full range of motion achieved
23/12/2022	Follow up	No pain and stiffness Full range of motion achieved

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Sign/ Symptoms	Assessment in first sitting of Agnikarma	Assessment before the second sitting of Agnikarma	Assessment before the third sitting of Agnikarma	Assessment before the 4th sitting of Agnikarma	Assessment before the 5th sitting of Agnikarma	Assessment in follow up (after 15 days)
Pain	4	4	3	2	0	No pain

Stiffness	3	3	2	1	0	No stiffness
Range of motion	Severely reduced	25% improved	50% improved	75% improved	Completely stored	Full range of motion

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DISCUSSION:

According to Ayurvedic literature, the Avabahuka is a Vatavyadhi, and their location is Ansha Sandhi (shoulder joint). Avabahuka has characteristics that are more similar to those of a frozen shoulder, a musculoskeletal condition, such as discomfort, stiffness, and limited range of motion. Avabahuka has an impact on people's daily lives, which ultimately has an impact on their quality of life. Agnikarma, an Ayurvedic therapy that can calm Vata and Kapha, is essentially a form of heat therapy. due to its ushna-guna, dosha. Heat is sent directly to the muscles by agnikarma, aiding in joint mobility. As stated in Vagbhatta's poem (Ashtanga Hridaya Chikitsa 21/44). The Avabahuka sickness has the Nasya karma specified. The Nasya is vatashamaka and treats illnesses affecting the upper body (urdhwanga). The Tridoshara merit of the Dashmool kwath reduces shoulder discomfort and edema. The Simhanad Guggulu possesses VataKaphashamaka, Amapachaka, and Srotoshodhaka qualities because it has Ushna Virya, Katu Vipaka, Vedanasthapana, Deepana-Pachana, and Rasayana properties. Guggulu has anti-inflammatory properties as well.

CONCLUSION:

An Ayurvedic Vatavyadhi named Avabahuka is closer to the frozen shoulder of contemporary medicine. Avabahuka is a common musculoskeletal ailment that affects the shoulder joint and affects Ansha Sandhi. Despite the fact that there are several treatments accessible, the outcome is still unsatisfactory. In the patient, Agnikarma (heat therapy) for Avabahuka reduces the discomfort and broadens the shoulder joint's range of motion. Agnikarma using shalaka created in a cup along with adjuvant Ayurvedic medications had

considerable outcomes by lowering pain, soreness, and stiffness. The Vatashamak qualities of Nasya Karma are beneficial. Since this is a single case report, a larger sample size may be used to adequately test the therapy and evaluate its efficacy before drawing any conclusions.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT -NONE

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