

CASE STUDY

A Case Study on the Management of the Frozen Shoulder with Ayurveda Concepts

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ABSTRACT

Due to its vast range of motion, the shoulder joint (*Amsa Sandhi*) is significant from a clinical standpoint. A musculoskeletal disease called frozen shoulder is characterised by stiffness and discomfort in the shoulder joint. This normally goes through a three-stage cycle of pain, stiffness, and melting. This creature resembles the Ayurvedic concept of *Avabahuka*. *Avabahuka* is an *Amsa sandhi* illness that is listed by Acharya Sushruta among 80 different categories of *Vata vyadhis*. *Avabahuka* is a condition that typically impacts the shoulder joint, or *Ansasandhi*. Both dietary factors and habitual factors impact the body and lead to disease in people's sedentary and restless lifestyles. *Siravedha* treatment is indicated, but *Sira* is not clearly visible, *Suchivedhana* it indicated. A 47 years old Female patient with the diagnosed case of Frozen shoulder was treated with successful management as ayurvedic principles. The patient initially have severe pain and stiffness, then return to normal after treatment. It is suggested for instant pain relief which is at the same time cost effective. Hence, *Suchivedhana* karma carried out in this case and got results in minimal time.

Key Words Frozen shoulder, Shoulder joint , *Amsa sandhi* , *Vata vyaadhi* , *Suchivedha*

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INTRODUCTION

One condition that might interfere with daily activity is frozen shoulder. The cause of the condition causing pain and stiffness in the glenohumeral joint is unclear. It is sometimes referred to as sticky capsulitis or peri-arthritis¹. It is frequently observed in individuals who have diabetes mellitus risk factors, chronic shoulder joint arthritis, post-operative chest and breast surgery, long-term shoulder joint immobility,

etc². Another idea describes the supraspinatus tendon's degeneration process following strain or damage. Due to the vascular response to the degenerative process, the cuff becomes vascular, heavy with lymphocytes, and packed with plasma cells. Adhesions gradually destroy the intra-articular inset of the capsule, causing a frozen shoulder³. NSAIDS, thermal fomentation, intra-articular injection, surgery, and physical therapy are all forms of treatment. In cases of frozen

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shoulder, management resistance happens and in arthroscopic surgery shoulder while under general anesthetic may be used to remove the scar tissue from the frozen shoulder that is resistant to treatment. Humerus fracture risk is increased⁴. The disease known as *Avabahuka* in Ayurveda affects the *Amsa Sandhi* (frozen shoulder). *Sushrut* introduced *Avabahuka*, a condition in which the movement of the hand is severely constrained due to discomfort and stiffness in the shoulder joint. *Vata Dosha* becoming vitiated at *Amsa Sandhi*, according to Acharya Sushruta, causes vessels to be exploited and constricted. The name for this ailment is *Avabahuka*⁵. Pain and limited motion are symptoms of frozen shoulder, which hinder daily activities for the patient. For such a situation, modern medicine provides NSAIDs and steroids, but they are expensive and have several adverse effects. Regular shoulder joint training was also necessary to prevent the capsule from becoming too tight. It required frequent physiotherapy follow-ups, which are time-consuming and expensive. There are several ways to cure *Avabahuka* in Ayurveda⁶. For instance, oral medications like *Siravedha*, cauterization, enema therapy, errhine therapy, oleation, and sudation. *Avabahuka's* care in *Shareersthana* was discussed by Acharya Sushruta. They detailed *Siravedha* in this but did not include *Siravedha* for *Vatavyadhi* therapy in *Chikitsasthan*. *Shalyatantra's* *Siravedha* is half treatment (*Ardhachikitasa*)⁷. The purpose of this study is to examine the effectiveness of *Suchivedha* in treating this

ailment as well as affordable and rapid relief options.

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A 47 years female patient, presented with complaints of pain on right shoulder joint with stiffness and limited movements since 4 month. She had suffered traumatic injuries from a fall off the ground seven months earlier. She felt pain only at night, but then her symptoms increased during the day. So she consulted OPD about this issue.

History-

Patient was K/C/O- Hypothyroidism for 2 years. .
No history of hypertension , any surgical illness .

Table 1 Detail examination of patient

Patient's Personal history	General examination	Systemic examination
<ul style="list-style-type: none"> • <i>kshuda</i>/Appetite-medium • Diet-Mixed • <i>Nidra</i>/ Sleep- from 6 months It is decreases. • <i>mutra</i>-Micturition-Normal • <i>mala</i>- Bowel habit -Normal • Married-1 daughter Menopause- since 2 years 	<ul style="list-style-type: none"> • G.C.-Good • Pulse-74/min • B.P.-110/78 mm of hg • Lymphadenopathy- Not found 	<ul style="list-style-type: none"> • CNS- Conscious & Oriented • P/A- Soft and non-tender
	Local examination <ul style="list-style-type: none"> • Muscle tone: Normal • Deformity right shoulder joint- Absent • Muscular atrophy- slight wasting • Tenderness- Mild tender • Local temperature- Normal • severe pain on 	Investigations <ul style="list-style-type: none"> • Hb- 11.7gm% • WBC- 6200/cu mm • RBC- 4600 millions/mm³ • Blood sugar level (random)-115 mg/dl • HbsAg-Non-Reactive

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movements of shoulder

- Restriction range of Movements:
- Abduction- 600
- Flexion- 450
- Extension- 500
- Internal rotation: Severe pain with the Dorsum of hand touching to L2 only

- RA Factor- Normal
- ESR- 13 mm/hr
- X ray (AP) right Shoulder joint- Normal

interscapular region caused by the dorsum of the hand.

Diagnosis-Right frozen shoulder.

Procedure

Following is how *Suchivedhana Karma* was carried out.

In the case of Pre-Operative, signed informed consent was obtained. More discomfort was seen at 6 places on the right shoulder (Cephalic Vein near the midway of the arm). With *Panchavalkalak decoction*, it is sterile. A piece of sterile gauze had to be used to dry this spot. Using Sterile Disposable Needle No. 26, *Viddhakarma* was performed during *Pradhan karma* on the designated locations at a depth of 6 to 8 mm. The neighbourhood was then cleansed again in *Paschata karma* using dry gauze. No dressing was required once the needle was thrown away. Seven settings were completed in a row, one every day.

OBSERVATIONS AND RESULTS

Table 2 Criteria for assessment of *Frozen shoulder* before and after treatment

Criteria	Pain	Stiffness	Range of Rotation	Internal rotation
Before Treatment	Severe	Severe	45 degrees	Severe pain with Dorsum of hand merely touching L2
After Treatment	Mild	Mild	180 degrees	Mild pain in the

As per table number 2, above showing documenting the assessment of a frozen shoulder, before and after treatment.

Pain before treatment, indicates the level of pain experienced by the individual before receiving treatment. In this case, it's "Severe," and after receiving treatment, the pain has improved significantly and is now at a mild level. The degree of stiffness in the affected area before treatment, categorized as "Severe" and the degree of stiffness in the affected area after treatment, categorized as "Mild." This indicates that the stiffness has decreased substantially.

Range of Rotation: The range of motion or rotation in degrees that the individual could achieve with the affected body part before treatment, it was limited to 45 degrees. It has significantly improved after Treatment up to 180 degrees, which indicates a full range of motion.

Internal Rotation: The movement of the limb or body part toward the centre of the body before treatment noted as "Severe pain with Dorsum of hand merely touching L2," which suggests that internal rotation was severely limited and painful. Internal rotation after treatment. It was noted as "Mild pain in the interscapular region caused by the dorsum of the hand," indicating that there is still some discomfort during internal rotation, but it has improved to a mild level.

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DISCUSSION

Pain is a subjective sensation that acts as a psychological complement to an emergency response. Pain may be classified into several types, including cutaneous pain, deep pain, visceral pain, referred pain and so on. The method of receptor modification is significant in the case of pain signals. Signal intensity can be increased by increasing spatial summation. By increasing the frequency of nerve impulses in each fibre, temporal summation shifts messages of increasing strength⁸. To relieve pain, the aforementioned pathology must be eradicated. *Suchivedhana* involves pricking the needle through the skin; this technique is just like the impact of Trans-Cutaneous-electrical Nerve Stimulation, and the technique is equal to *Suchivedhana*, according to *Acharya Vagbhata*, pulls the vitiated *dosha* out of the body and eliminates the *Avarana* of *vatadi dosha*, providing immediate pain relief. *Avabahuka sampratibhanga* also reduced stiffness under the following repeated situations. It encourages excellent circulation around the shoulder joint because the obstacle has been removed. *Sira* is connected with the *Doshas Vata, Pitta, Kapha, and Rakta*⁹. Most vitiated *Dosha* are evacuated when we do *Rakta* (Blood) by any method of blood letting therapy. In *Suchivedha*, the precise technique is performed by discharging a very little amount of blood. Though the amount of blood that flows is relatively little, it may be sufficient to remove vitiated *Doshas*. As a consequence, a result was achieved. Following

Suchivedhana, the body produces endorphins (Endogenous opioid peptides) produced by the CNS and Pituitary gland, which suppress the passage of pain impulses. As a result, pain is reduced.

CONCLUSION

A case observe demonstrates the efficacy of *Suchivedhana* in the treatment of frozen shoulder without the need of any inner medications or tremendous surgical strategies. It's far a and secure OPD stage procedure this is additionally value powerful. It presents instant ache relief. It causes no or minimal harm and hence has the least bad effects. Many *Ayurvedic* practitioners are unaware of this approach. It is necessary to analyze this method in lots of styles of pain treatment.

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