

# Assessment of the Effectiveness of Marma Chikitsa in Treating Avabahuk W.S.R to Frozen Shoulder : A Case Study

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## Abstract

*Avabahuk*, classified as a *Vata Vyadhi* in ancient *Samhitas*, is a condition that primarily affects the *Sira* (vessels) of the *Amsa Pradesh*, manifesting with symptoms such as stiffness (*Stambhata*), limited range of motion (*Alpakriyata*), inflammation (*Shotha*), and shoulder pain (*Shoola*). In today's era, characterized by sedentary lifestyles, *Avabahuk* often stems from the aggravation of *Vata Dosha* or a combination of *Vata* and *Kapha Doshas*. This condition can be likened to the modern clinical syndrome known as frozen shoulder, characterized by painful restrictions in both passive and active shoulder movements.

**Keywords :** *Vata vyadhi*, frozen shoulder, *apabahuk*, *Marma*

## Introduction

*Avabahuka*, a term coined by Acharya Sushruta in 600BC- 400BC is a disease of *Skanda* (shoulder) commonly encountered in general practice. Human body has six parts (*Shadanga*) and *Shakha* (upper limb) is one among them, where as *Skanda* is the root of *Shakha*<sup>1</sup>. He used this term in his treatise “*Shusrut Samhita*” to describe a condition with symptoms of “*Ansadeshasthitovayu shoshayitvam ansabandhanam, shiracha aakunchaya tatrasto janayatava avabhahukam*,”<sup>2</sup> where as in *Astanga Hridya* (5th century) and *Astanga Sangrah* it is described as “*Ansamulasthito vaayu sira sankochaya tatraga, bahupraspanditaharam janayatvam avabhahukam*” means the condition in which the *Vata* gets lodged at the root of the shoulder, subsequently constricting the veins and producing the loss of movements of the shoulder has been identified as *Avabahuka*. In *Madhava Nidana* two conditions of the disease has been mentioned, *Ansashosha* and *Avabahuka*, as former can be considered as preliminary stage of later. *Charaka Samhita* (200BC-300BC) in *Sutra Sthana* and *Chikitsa Sthana* *bahushosh* and *bahuvata* respectively has been mentioned. In *Chakradutta* , only *Bahushosha*

has mentioned in *Vatavyadhi Chikitsa*. According to *Acharya Sushruta*, vitiated *Vata* in and around shoulder causes *Shosha* (dryness) of *Ansabandhan* (shoulder ligaments, tendons and connective tissue or capsule leading to pain and stiffness) and constriction of blood vessels (reduced blood supply) resulting in *Avabahuka*. *Vata* is chief among the three *Doshas* and the functional requirement for both *Kapha* and *Pitta*, if co-ordination of *Vata* gets disturbed then the disease is going to manifest<sup>15</sup>. This article projecting significance of *Marma chikitsa* along with ayurvedic medicines gives promising results and faster healing.

In modern medicine shoulder joint is privileged as the most mobile joint. More mobility implies more vulnerable for diseases. In frozen shoulder the movements of the shoulder joint are compromised and the symptoms like pain, stiffness, weakness and substantial disability affects ability to carry out daily activities including eating, dressing, personal hygiene and work.

Among these the four most common causes of shoulder pain and disability in primary care are Rotator cuff disorders, Glenohumeral disorders, acromioclavicular joint disease, and referred pain from other structures<sup>3</sup>.

Due to the above said causative factors and due to *Bhaya Abhigata* there is *Amsa Marmabhighata* which affects *Sira*, *Snayu*, *Asthi* and *Kandara* which provokes *Vata Dosha* resulting in *Bahu Chestahara* exhibiting the symptoms of *Avabahuka*.

#### **Cardinal features of *Avabahuka*:**

***Bahupraspandidahara*** - In the present context this may be difficulty in the movement or impaired or loss of movement of the upper limb.

***Amsabandhana Shosha*** - Sushruta considered this as a major *Lakshana* But, this is practically seen in the later part of the disease.

***Shoola*** - Although any of the classic do not mention about the *Shoola* as a *Lakshana* of *Apabahuka*, it still is a feature practically seen in *Avabahuka* patients<sup>4</sup>.

*Chikitsa Sara Sangraha* and *Nidana Sara*, clearly mentions about *Savedana* as a predominant *Lakshana* of *Avabahuka*, along with other *Lakshana*.<sup>5</sup>

#### ***Chikitsa Sutra***

***Ashtanga Hrudaya - Avabahuka Chikitsa***<sup>6,7</sup>

*Nasya* and *Uttarabhoutika Snehapana* mentioned accordingly.

#### ***Sushruta Samhita - Avabahuka Chikitsa***

Initially *Sushruta* says *Samanya Vata Vyadhi Chikitsa* should be adopted except *Siravyadha*, but later on when all the *Snehaadi* measures fail to reverse the

*Smaprapti*.

***Charaka Samhita - Bahusirsha Gata Vata***<sup>8</sup>

The treatment of *Bahusheershagata Vata* simulates as that of *Avabahuka* treatment i.e. *Nasya*<sup>9</sup> and *Uttarabhouktika Snehana*.

### Case report

**Chief complaints** - Restricted movement of right shoulder since 6 months

**History of present illnesses** – Patient was apparently well before 6 months then gradually developed pain in right shoulder with stiffness.

**History of past illness** – Patient was known case of Hypothyroidism ( Newly detected but not taking any treatment)

**Treatment history** – Taken treatment locally for pain relief

**Family history** – Not any significant history

**Examination** – Vitals were normal . Cardiovascular system , respiratory system and per abdomen examination had shown no deformity .

**Pulse** – 78/min

**Respiratory rate** – 16/ min

**Temperature**- 98.6 F

**CNS** -Conscious

**CVS** –S1 S2 Normal

**RS** – AE BE Clear

### Marma therapy assessment-

Symptom	Range
<b>Pain ( VAS )</b>	Grade 5
<b>Spasm</b>	Absent
<b>Stress</b>	Absent
<b>Tenderness</b>	++
<b>Fatigue</b>	Absent
<b>Power</b>	4/4

Reflexes	Normal
ROM	Rotation restricted ( Right shoulder )

### Treatment protocol

**Internal medicine** – *Tab Ashwagandha Vati*

Cap. Arnopen

**Panchakarma** – *Sthanik abhyanga* with *Murivenna Tail*

**Marma Chikitsa** – *kshipra marma* of right hand

*Manibandh marma*

*Kurpar marma*

*Ani marma*

*Kakshdhar marma*

*Amsa marma*



### Observation

Patient was given *Marma Chikitsa* for 15 days continuously with *aushad* ( ayurvedic drugs ) *Chikitsa* three times a day .

**Picture 1 - Stimulating marma points of right hand**



## Discussion

*Marma* points, crucial in *Marma Chikitsa*, serve to balance the nervous and endocrine systems, addressing various body pathologies through vital power when appropriately stimulated or manipulated. Acharya Sushruta defines *Marma* as the convergence point of vessels, muscles, bones, and more, housing vital energy (*Prana*). Injury to these points can lead to disability or, if not treated effectively, may prove fatal. The flow of energy between *Marma* points is regulated by *Vayu* (air). Disruptions in the *Vayu* impact the functions of *Marma* points, affecting vital aspects like *Nadi*, *Prana*, *Vayu*, and *Panchamahabhuta*<sup>10</sup>.

The human body's interconnectedness is facilitated by tissues such as ligaments and tendons. Therefore, when performing a massage, it's crucial to consider this connectivity. In cases of specific diseases affecting particular areas, the massage should be targeted to those regions. *Marma Chikitsa* follows Ayurvedic principles, incorporating concepts like the *Panchamahabhutasidhanta* (five elements doctrine), *Agnisomya Siddhanta*, and principles of *Vata* management<sup>11</sup>.

The entire cosmos consists of the five fundamental elements, with the overall sustenance governed by the qualities of coldness (*Shita*) and unctuousness (*Snigdha*). The fundamental constitution of the body is associated with *Kapha*, while the transformative processes primarily involve *Pitta* and *Vata*. *Vayu* resides within *Agni*, and this, in turn, is sustained by the coolness (*Shitatva*) of water. The bodies, even though *Panchabhautika* in nature, has in it certain vital points where *Agni* and *Vayu* are predominant.

*Marmas* are points on the body where *Vata*<sup>12</sup> is *Agneya*, indicating a dominance of *Agni* and *Vayu*. These areas are crucial, more susceptible to injuries, which can result in diseases or even death. Due to *Bahya Abhighata*, there is *Amsa Marmabhighata*, affecting *Sira*, *Snayu*, *Asthi*, and *Kandara*. The vitiated Dosha or Doshas afflict the *Mamsa*, *Asthi* and *Snayu*. It is more evident in *Asthi Dhatus* with which *Vayu* has *Ashraya-Ashrayee Bhava Sambhanda*<sup>13</sup>. *Marma Chikitsa* is essentially a treatment that addresses *Vata* and *Pitta* imbalances, falling under the category of *Madhyama Rogamarga*<sup>14</sup>.

According to contemporary scientific understanding, activating a *Marma* point likely initiates ionic exchange in the surrounding area, causing reflex responses in sensory neurons. These neurons then communicate with the hypothalamic-pituitary-adrenocortical axis, leading to the release of steroid hormones like cortisol, endorphins, and serotonin. This sequence of events induces a calming effect and kickstarts the rejuvenation process at the specific site, ultimately enhancing the mechanical performance of the joint or limb.

## Result and conclusion

Picture 2 – Effect of therapy before and after treatment



*Marmas* were regarded as fundamental pillars in *Ayurvedic* clinical procedures. *Marma* therapy complements various *Ayurvedic* treatments such as *Panchakarma* and *Yoga*, providing an effective means to achieve the benefits of *Yoga* and *Pranayama*. It serves as an advanced technique in *Ayurveda* for diagnosing and treating specific diseases, as well as alleviating pain. This article explores the mode of action of *Marma Chikitsa*, highlighting its significant role in managing pain disorders. In conclusion, the ancient field of *Marma* science holds great promise for maintaining bodily vitality and treating diseases.

*Marma chikitsa* for frozen shoulder has demonstrated noteworthy effectiveness in addressing this challenging condition. Through a combination of special targeted *Marma* points, *Panchakarma*, and some supportive *ayurvedic* medicines, patients experience improved mobility and reduced pain.

## References

1. Sushrut: Sushruta Samhita, edited with Ayurvedatatasandepika Hindi commentary by Shastri Kaviraj Ambika Dutta. Varanasi India: Chaukhamba Sanskrit Sansthan; part-1; 2014; Nidan Sthana 1/82:304.
2. Sushrut: Sushruta Samhita, edited with Ayurvedatatasandepika Hindi commentary by Shastri Kaviraj Ambika Dutta. Varanasi India: Chaukhamba Sanskrit Sansthan; part-1; 2014; Shareera Sthana 5/3:54.
3. Negi V. Avabahuka vis-a-vis frozen shoulder: A review. WJPR. 2018 Jan 31;7:411-22.
4. Sharangadhara: Sharangadhara Samhita, edited with Amala's Dipika & Kashiram's
5. Gudartha-Dipika Sanskrita commentary by Shastri Parshuram, Vidyasagar. Bombay: Pandurang Jawaji Nirnaya-Sagar Press; 2" edition; 1931; Pratham Khand, 7; 105.

6. Vagbhata: Astanga Hridaya, edited by Lochan Kanjiv, English commentary. New Delhi India: Chaukhambha Publications; vol-2; 2017; Nidhana Sthana 15/43:140.
7. Vagabhatta Vridha: Astanga Sangrah, Induvyakhya sahit sutra sharer nidhan sthan, edited by Pandey Ayodhya, Rao D.V. Pandita. New Delhi India: Kendriya Ayurveda & Sidha Anusandhan Parishad; part-1; Nidhan Sthana 15/30: 650.
8. Charaka: Charaka Samhita of Agnivesh, edited with vidyotini hindi commentary by Shastri Pandit Kashinatha and Chaturvedi Gorakhanatha. Varanasi India: Chakhumbha Bharati Academy; part-1; 1992; Sutra Sthana 20/11:399.
9. Madhavakar: Madhava Nidhan, edited with Madhukosha Sanskrit commentary by Vijayarakshita and Dutta Shrikantha. Varanasi India: Chaukhamba Sanskrita Sansthana; part-1; 1996; 22/64:443.
10. Chakrapani: Chakradutta, edited with Bavartsha Sandipani Bhashatika by Tripathi
11. Jagdishwar Prasada. Varanasi India: Chakhumbha Sanskrit Series Office Vidyavilasa press; 1947; Vatavyadhi Chikitsa 100.
12. Prashanth AS, Bagali PH. Pain management in Avabahuka. Journal of Ayurveda and Integrated Medical Sciences| May-June. 2018;3(3):119.
13. Desai S, Sonawane NR, Parappagoudra M, Thakur K. Management of Janu Sandhigata Vata with Navaprasrutika Basti - A Case Study. IJAM [Internet]. 2021 Sep. 29 [cited 2023 Dec. 3];12(3):742-7. Available from: <https://www.ijam.co.in/index.php/ijam/article/view/1852>
14. Imlikumba, Parappagoudra Mahesh, BA Lohith, K Singha, S Lalravi. Role of Panchakarma in management of Gridhrasi. J Ayurveda Integr Med Sci [Internet]. 2016 Aug. 31 [cited 2023 Dec. 2];1(02):92-7. Available from: <https://jaims.in/jaims/article/view/34>