

MARMA CHIKITSA IN THE MANAGEMENT OF FROZEN SHOULDER (AVABAHUK)- A CASE STUDY

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ABSTRACT

Frozen shoulder is also known as adhesive capsulitis. It is a condition associated with pain & stiffness of shoulder resulting in restricted movement of shoulder. The etiology is unknown. It generally has three stages, painful phase (Freezing phase), Frozen phase (Adhesive phase) and thawing phase (Recovery phase). In Ayurveda frozen shoulder can be compared to Avabahuk. The term Avabahuk was first coined by Acharya Sushruta where he has described Samprapti (Pathogenesis) and Rupa (Symptom) of Avabahuk. It is mentioned as one among the eighty types of vata nanamtaja vikaras by both Sharangadhara and Bhavamishra. In Madhava nidana had mentioned two conditions of disease Amsa shosha and Avabahuk. Amsa shosha can be considered as the preliminary stage of the disease where loss or dryness of Sleshmaka Kapha from Amsa sandhi occurs. In the next stage i.e., Avabahuk, symptoms like shoola during movement, restricted movement etc are manifested, due to the loss of shleshmaka Kapha. In this condition vata is localized in the shoulder region getting aggravated, dries up the bindings (ligament) of shoulders constricts the siras present there and causes Avabahuk. Modern medical science plays very less role in management of frozen shoulder. Marma chikitsa plays an important role in musculoskeletal disorders. Hence a case study was conducted to evaluate the effectiveness of Marma chikitsa in frozen shoulder.

KEYWORDS: Marma chikitsa, Frozen Shoulder, Avabahuk.

INTRODUCTION

Frozen shoulder medically referred to as adhesive capsulitis is a painful condition of unknown etiology with restricted movement of shoulder. Characteristically there is a slow onset of painful restriction of moments specially abduction and external rotation with pain being prominent at night. Thickening and contraction of glenohumeral joint capsule and formation of adhesions causes pain and restriction of moments. The shoulder is tender to palpate and there will be restriction in both active and passive range of motion depending on the stages of disease.

Frozen shoulder typically has 3 stages

1st stage: Pain or freezing stage: It is the initial stage of adhesive capsulitis, in this pain is the cardinal factor which may get enhanced with any movement of limb or soma It may get worse at night or in cold weather and may lasts for several weeks to months.

2nd stage: Stiffness or frozen stage or Adhesive stage: It is the succeeding stage of shoulder contracture as the name suggests, in this range of motion of the shoulder joint is limited i.e the shoulder gets stiffed or frozen. The most astonishing feature of this phase is that pain is self resolving in nature while period of this stage may lasts up to 1 year.

3rd stage: Resolution / Recovery or thawing stage: It is the ultimate stage of the frozen shoulder which apprise that the range of glenohumeral joint begin to improve over time. This process will take time, sometime several years and may lasts up to 3 years.

Ayurvedic literature mentions about disease avabahuk where the clinical description resembles that the frozen shoulder. In this condition the vata dosha in the ansapradesh causes shosh of ansabandhan and sankoch of sira of ansapradesh leading to stambha and bahuprasandanahara.

According to Acharya Sushruta [Sushruta Sharira 6/35], Marmas are the locations having the presence of the three Doshas (Vata, Pitta, Kapha), as well as their subtle forms, i.e. Prana, Tejas, Ojas, and also the three Gunas, i.e. Sattva, Rajas and Tamas. Thus, the stimulation of Marmas may be correlated with the balance of the three Doshas and their subtle forms (Prana, Tejas, Ojas), as well as the three Gunas, which includes Sattva (mind). Ojas signifies the immunity power; by properly balancing it through the appropriate stimulation of Marmas, the immune system may be strengthened, as well as it can cause rejuvenating effect. Through the connection with the Sattva Guna (mind), the proper stimulation of Marmas can provide relief in stress.

As Marmas are the seats of Prana, the vital life force that governs the physical and subtle processes of the body, the stimulation of Marmas can alter the state of Prana at these locations, causing a corresponding effect on the physical and subtle processes, and the flow of energy. Therefore, by the proper stimulation of Marmas, the Prana can be modulated in such a way that it can be used to remove blockages, and decrease or and subtle energy currents within the body, resulting in the corresponding healing effect. Since Prana is connected to Vata Dosha, whose vitiation leads to the maximum types of diseases, hence Marma Therapy can be especially useful in treating the Vata disorder. Out of the five forms of Vata Dosha, Vyana Vayu, that is associated with the skin, as well as the movement and circulation of the Prana, can be most closely linked to the Marmas. Thus, stimulation of the Marmas can balance the Vyana Vayu and Vata Dosha, resulting in the corresponding healing effect.

In modern medicine no promising management for the acute pain and restoration of joint movements are available other than NSAIDS, local injections of glucocorticoids which have serious adverse effect like allergic reactions, shrinkage of skin, weakening of tendons, etc.

Marma chikitsa is simple, less invasive, safe and cost-effective procedure which was widely used in management of musculoskeletal diseases. Hence a case study is selected to evaluate the effect of Marma chikitsa in the management of frozen shoulder.

CASE

A male of age 35 years visited Surgery OPD of M.A. Podar Medical College (Ayu), Worli, Mumbai 18 with the complaints of pain and stiffness of right shoulder joint along with severe restriction of upward elevation of shoulder joints. There is no history of any trauma or physical injury. Onset is insidious starting with pain & stiffness that progress in restriction of shoulder joints movement both active as well as passive movements of upper limb are restricted. Pain is constant in nature that become worst at night, & when weather is colder. He is unable to perform even small tasks due to restricted

upward movement of limb. There was a history of treatment for frozen shoulder under a private orthopedic surgeon for last 03 months with no significant relief.

Clinical Examination

Musculoskeletal System- Right Shoulder joint examination

Stiffness – moderate stiffness

Tenderness- ++ (patient says its paining)

Restriction of range of movement –

- Abduction- 50
- External rotation- 20

MATERIAL AND METHODS

Patient with classical signs and symptoms of frozen shoulder (Avabahuk) was selected from the O.P.D. of Department of Shalyatantra of M. A. Podar Ayurved Hospital, Mumbai.

The patient was thoroughly questioned and examined on the basis of the Performa, sign and symptoms were carried out to confirm the diagnosis.

Inclusion criteria

1. Selection of patient was done irrespective of sex and religion.
2. Patient with classical signs and symptoms of Frozen shoulder, i.e. Pain, Stiffness and restricted movements.
3. Patient between age Group of 16 and 70 years.

Exclusion criteria

1. Patient with Acute Traumatic Disorders of Shoulder Joints.
2. Subluxations or recurrent dislocations of the shoulder joints.
3. Patient suffering from arthritis like Osteoarthritis, Gouty arthritis, etc.

Assessment criteria

- Subjective
 1. Stiffness
 2. Tenderness
- Objective

1. Range of movements and functional assessment for the shoulder joint.

CRITERIA	GR0	GR1	GR2	GR3	GR4
Tenderness	No Pain	Patient Says Its Paining	Patient Winces	Winces And Withdraws The Part	Do Not Allow To Touch The Paining Area.
Stiffness	No Stiffness	Mild Stiffness	Mild Stiffness	Moderate Stiffness	Sever Stiffness
Rom (abduction)	Full Free	Above 120	60- 120	Up To 60	No Abduction
External Rotation	Full Free	Above 50	25- 50	Up To 25	No External Rotation

GR0:Grade0, GR1:Grade1, GR2:Grade2, GR3:Grade3, GR4:Grade4

2. Pain

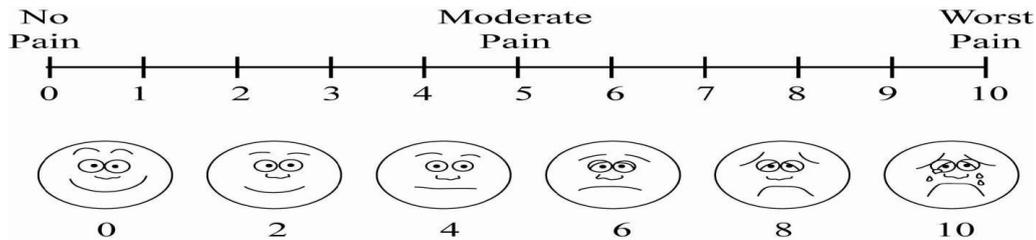


Figure 1: Pain Assessed with Visual analogue scale.

Investigations

X – ray findings suggests degeneration of collagen in sub synovial layer of shoulder joint.

Procedure of Marma Chikitsa

Pre-procedural method

1. Patient was briefed about the procedure
2. Consent was taken regarding the procedure
3. The patient was kept in Supine Position,

Procedural method

1. In Site of the Marma, Kshipra, Manibandha, Indrabasti, Kurpur, Aani and Bahavi was identified.
2. Each Marma was stimulated by pressing it for 15/16 times for one second.
3. This procedure was repeated thrice with resting 5 min in between.

OBSERVATION AND RESULT

After the treatment Pain & stiffness was decreased. The overall increment in the range of movement was as follows: abduction – 70 (+20 increment), External rotation-30 (+10 increment). Patient visited for follow up for 1 month after completion of treatment. There was no adverse effect noted of the treatment.

DISCUSSION

Marma therapy in Avabahuk was found to be highly effective in most of the parameters of assessment. Out of the five forms of Vata Dosha, Vyana Vayu, that is associated with the skin, as well as the movement and circulation of the Prana, can be most closely linked to the Marmas. Thus, stimulation of the Marmas can balance the Vyana Vayu and Vata Dosha, resulting in the corresponding healing effect.

CONCLUSION

The observation revealed that, Marma Chikitsa provided significant relief in the management of symptoms of Avabahuk (Frozen shoulder) such as pain, tenderness, stiffness & restriction of movements. Marma therapy is a fast acting, cost effective, Rapid Action, Less time consuming, easy to use and non invasive alternative method for treatment of Avabahuk (Primary Adhesive capsulitis / Frozen shoulder)

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