



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume - 4, Issue - 7

July 2023



IJIM

INDEXED



International Journal of Indian Medicine

Access the article online



International Category Code (ICC): ICC-1702

International Journal Address (IJA): IJA.ZONE/258276217634

REVIEW OF AVABAHUKA AND ITS MANAGEMENT WITH AGNIKARMA USING ELECTROCAUTERY: A CASE STUDY

Podhade S.¹, Wankhade S.², Tongale V.³, Chaudhari S.⁴, Badwe Y.⁵

1. Associate Professor and Head of Department, Shri Gurudev Ayurved college, Gurukunj Ashram, Mozari, Amravati, Maharashtra, India.
2. Assistant Professor, Shri Gurudev Ayurved college, Gurukunj Ashram, Mozari, Amravati, Maharashtra, India.
3. MS Shalya PhD Scholar, Post graduate medical officer, District Hospital, Amravati, Maharashtra, India.
4. Assistant Professor, P. R. Pote Institute of Medical Sciences Ayurveda, Amravati, Maharashtra, India.
5. Professor, Dept. of Shalyatantra All India Institute of Ayurveda, New Delhi.

ABSTRACT:

Avbahuka is a disease associated with karmahani of shoulder joint. This is very painful and hampers overall day to day activity. In current study, detailed review of disease Avbahuka was done. Further a case of Avbahuka was diagnosed with modern parameters and treated with principle of Agnikarma. In place of using traditional dahanopakaran modern electrocautery was used and its effect was accessed. Overall effect was helpful in treatment of Avbahuka. Although, complete relief was not obtained but mobilisation of joint was obtained after treatment of 3 weeks.

KEYWORDS- Avabahuka, Agnikarma, Electrocautery

Corresponding Author:

Dr. Suresh Shivaji Podhade

Associate Professor and Head of Department,
Shri Gurudev Ayurved college,
Gurukunj Ashram, Mozari, Amravati,
Maharashtra, India.

Email: sspodhade18@gmail.com

How to cite this article: Podhade S., Wankhade S., Tongale V., Chaudhari S., Badwe Y. Review of Avabahuka and its management with Agnikarma using electrocautery: A case study. Int J Ind Med 2023;4(7):05-10 DOI: <http://doi.org/10.55552/IJIM.2023.4702>

INTRODUCTION:

Avabahuka is one such disease that hampers the day-today activity of an individual. *Avabahuka* is a disease characterized by morbid *Vata Dosha* localizing around the *Ansa Pradesha* (Shoulder joint) and thereby causing *Soshana* (Atrophy) of *Ansa Bandha* (ligaments of shoulder joint) as well as *Akunchana* (contraction) of *Sira* (vessels) at this site¹. Acharya Vagbhata mentioned that morbid *Vata Dosha* in *Ansa Moola* causing *Shira Sankocha* and *Bahupraspandithara* which means impaired movement of upper limb, Acharya Bhavaprakasha and Vangasena mentioned *Ansabandhan Shosha* and *Vedana* (pain) in *Ansa Pradesha* in *Avabahuka*.

Nidana (Hetu): Nidana In, classics, the causative factors for *Avabahuka* are not mentioned separately. Only the aggravated *Vayu* is considered as the prime factor. In regard to causative factors of *Vata Vyadhi*, only Acharya Charaka, Bhavprakasha, have explained in detail, while in *Sushruta Samhita*, *Ashtanga Samgraha*, *Ashtanga Hridaya* etc. the causes of *Vata Vyadhi* have not been clearly described.

In case of *Avabahuka*, *Hetu* (causes) may be classified into two groups;

1. Bahya Hetu: Causing injury to the vital parts of the body (*Marma*) or the region surrounding the *Ansa Sandhi*, which is also known as *Bahya Abhighata*.

2. Abhyantra Hetu: Indulging in the etiological factors that aggravate *Vata* leading to the vitiation of *Vata* in that region and is also known as *Dosha Prakopajanya*, which in turn leads to *Karmahani* (loss of function) of *Bahu*. The *Nidanas* are given below:

a) Aharaja Rasa: *Katu*, *Tikta*, *Kashaya Rasa* *Guna-* *Laghu*, *Ruksha* and *Sheeta Guna Dravya-* *Adhki*, *Chanaka*, *Kalaya*, *Masura*, *Mudga*, *Nishpava*, *Shushkashaka*, *Tinduka* *Matra-* *Abhojana*, *Alpashana*, *Vishamashana* Cause vitiation of *Vata*.

b) Viharaja: The exercises directly or indirectly influencing the shoulder or *Amsa Desha* should be considered here *Vyayama*, *Plavana*, *Bharavahana*, *Balawat Vighraha*, *Dukha Shayya*.

Roopa: *Roopa* in case of *Avabahuka*, *Sthanika Lakshana* (local symptoms) takes important place as compared to *Sarvadaihika Lakshana*. The cardinal features of *Avabahuka* are as follows.

- *Bahu praspanditahara*
- *Ansabandhana Shosha*
- *Shoola*

In *Ayurveda*, there is no direct correlation of any disease with frozen shoulder but some symptoms of *Avabahuka* resemble the symptoms of frozen shoulder.

Samprapti (aetiology)^{2, 3}, *Samanya Samprapti* in case of *Avabahuka*, two ways of vitiation of *Vata* can be considered. The etiological factors like *Ruksha*, *Laghu*, *Atibharavahana* and the like causes vitiation of *Vata* directly. In another way, *Kapha Prakopaka Nidanas* like *Atisthirta*, *Atiguru Dravya* and so on cause an increase in the *Vikruta Kapha*, which produces the *Kaphavrita Vata* condition³. In both ways, the *Vikruta Vata Dosha* gets accumulated in the *Srotas* and manifests symptoms of *Avabahuka*.

Vishistha Samprapti: In case of *Avabahuka*, the examination of the etiological factor reveals the underlying predominance of *Ativyayama* and *Abhighata* causes *Vata Dushti*. The *Vata* vitiated here is *Vyana*. According to Acharya Charaka and Acharya *Sushruta*, *Vyana Vata* is continuously circulating in the entire body and hence its location is body as a whole. Also, Acharya has mentioned its functions like motion, extension and movements of the body parts but because of excess walking, exercise, improper activities, taking food which is incompatible and dry, aggravates *Vyana Vayu*. *Khavaigunya* gets generated in *Ansa Sandhi*

because of *Nidana Sevana* related to *Ansa Pradesha* and therefore *Vyana Vayu* of shoulder joint gets aggravated. Morbid *Vyana Vata* and the excess use of the shoulder joint like *Plavana*, *Balwat Vighraha* types of *Nidana* also causes *Marmabhighata* and *Abhighata* in *Shleshama Dhara Kala*. *Marmabhighata* is one of the causes of *Shotha* and *Shotha* leads to thinning of *Sira*. Because of this, there is block of nutrients to affected *Dhatu* of shoulder joint and thus leads to *Bahupraspandithara*. In another way, *Kapha Prakopaka Nidana* like *Atisthirta*, *Atiguru Guna* of *Kapha Dosh*a and so on cause an increase in the *Vikruta Kapha*, which produces *Kaphavruta-Vata* condition and this will lead to heaviness all over the body, pain in all joints and loss of mobility.

Samprapti Ghataka: The factors involved in the pathogenesis of the disease are known as *Samprapti Ghatakas*. The main *Samprapti Ghatakas* involved in the diseases are described here:

Dosha: *Vyana Vayu*, *Shleshaka Kapha*

Dushya: *Sira*, *Snayu*, *Mamsa*, *Kandra*, *Asthi*

Srotas: *Mamsavaha*, *Asthivaha*

Sroto Dushti: *Sanga*, *Vimargagamnama*

Udbhava Sthana: *Pakwashya*

Vyakta Sthana: *Bahu*

Adhishtana: *Ansa Pradesha*

Vyadhi Swabhava: *Chirkari*

Chikitsa⁵: Acharya Charaka in *Chikitsa* 28 and Acharya Sushruta in *Chikitsa* 4 has mentioned the prime *Chikitsa Sidhanta* is *Nidana Parivarjana* and here complete rest is required if the condition is much severe. *Avabahuka* being a *Vata Vyadhi*, general *Vata Upakrama* is advisable for *Vata Shamnama*. *Snehanam*, *Swedanam*, *Abhyangam*, *Upanaha*, *Upveshtanam*, *Unmardanam*, *Peedanam*, *Samvahanam*, *Parisheka*, *Avagahana*, different types of *Lepas* etc. all which pacifies the *Dosha* and corrects the *Gati* of *Vata* are mentioned as the treatment

principle of *Vata*. All these are applicable to the disease of *Avabahuka*.

Case Study: In current study 45 years male approached to our OPD with complaints of difficulty in movement of Right shoulder. Patient has history of lifting of heavy weight before 15 days and since then he started above complaints. Patient has taken some conservative treatment from outside in form of Analgesic and antacid. But no relief was observed. On **clinical examination** it was observed that patient having general condition Fair. No history of any major medical illness, Patient was not having any medication. Systemic examination No abnormality was found.

Local examination: No localised tenderness was present. Movement of right shoulder forward and backward movement was obstructed and painful beyond 15 degrees. Abduction of Right shoulder joint not moving beyond 10 degrees. It was painful after forceful movement. Patient was diagnosed as *Avbahuk* on right side.

Treatment planned

Cauterization with Electrocautery as Agnikarma

Period: once a week for 3 weeks

Agnikarma Procedures by Electrocautery method *Samyak dagdha Lakshan*.

Agnikarma Procedures: Procedure of Agnikarma The procedure performed in three stages as *Purva Karma*, *Pradhana Karma*, and *Paschata Karma* mentioned by Acharya Sushruta. *Purva Karma Snigdha Picchila Annapana* (rice and curd) was given prior to the procedure⁶. The site of Agnikarma was washed with *Triphala Kwatha* and wiped with dry sterilized gauze and covered with a hole sheet. Electrocautery was prepared (All connections attached. cautery probe is clean and sterile. A cautery probe with rounded ball like tip was used). *Madhu* & *Ghrita* are kept ready for dressing.

Pradhana Karma: Supine position was adopted as it is comfortable to the patient. Irrespective of a specific site, Agnikarma was done at maximum tender site affected. Agnikarma in the form of samyak twak dagdha (therapeutic superficial skin burn) as done by making a Binduvat dahana vishesa (single dot at maximum tender site) with *dahanopakarana*⁷ i.e., electrocautery with spherical head. Appropriate precaution was taken not to produce asamyak dagdha vrana (neither superficial nor too deep burn). After Agnikarma, fresh Ghratakumari pulp was applied on Dagdha to relieve burning pain.

Paschat Karma⁸: After wiping of Ghratakumari pulp, honey and ghee was applied on Dagdha Vrana. Patient was observed for 30 min after procedure and

advised Pathya. Pathya as mentioned in Sushruta Samhita Patient was advised to apply the paste of Madhu & Ghrita bed time. Pathya for both Groups Vata vardhak ahara-vihar (diet and activities which aggravate vata dosha) was also restricted during the treatment and follow-up period.

Sr. no. SamyakDagdha Symptoms Yes/ No and Diseases

- | | |
|---------|----------------------|
| 1. Twak | 1. shabdapraadurbhav |
| | 2. durgandhata |
| | 3. Twaksankoch |

Confirmation of Vvyadhimukti by Agnikarma -

- 1) V.A.S.: Visual Analog Scale was used for assessment of pain
- 2) Goniometry was done to assess the range of motion



Observation: Observation noted on regular follow up: (Table no.1)

Follow Up	VAS	Goniometry		
		Flexion	Extension	Internal Rotation
0th day	100	88	28	48
1 st Day	70	112	34	54
8 th Day	50	129	36	66
15 th day	30	160	40	70

It was observed that movement of Right shoulder was increased with regular treatment. Patient did not have complete relief from disease but considerable improvement was observed. Pain during movement of right shoulder was decreased considerably. After 3 weeks of treatment considerable improvement in movement i.e Flexion, Extension and Internal rotation of Right shoulder was observed.

DISCUSSION:

In current study Agnikarma was done by using electrocautery which is readily available in operation theatre. Intensity of electrocautery was kept at 1 and was placed at coagulation was used for Agnikarma. Electrocautery generated heat energy and forming effect of Agnikarma on skin. All signs of Twakgat agnidagdh was obtained due to Agnikarma with electrocautery. Effect of Agnikarma was helpful in reducing pain in right shoulder. Vata is mainly responsible for pain, *Ushna* and *Tikshna* properties of Agnikarma helps in reducing vitiated Vata. Also, it creates localised counter irritation and helps in reducing pain due to frozen joint and rotation of joint gets easier. Once localised *stambha* of joint gets converted into mobilisation it helps in further pain free movement of joint. Thus, it helps in reducing overall symptoms of *Avbahuaka* and helps in treatment of disease.

CONCLUSION:

Agnikarma with electrocautery was helpful in management of symptoms of *Avbahuaka*. Also, process was easy and handy. *Samyak dagdha* effect can be achieved by *Agnikarma*

by electrocautery in *Agnikarma sadhya vyadhi*.

REFERENCES:

- 1) Madhavnidan, Vatvyadhinidan 22/64, Hindi Vyakya Narendranath Shatri, edition reprint 2005 Page 408
- 2) Sushruta Samhita, Ayurveda Tantra Sandipika hindi comm.by Kaviraj Ambikadatt Sasatri, Nidan sthan 1/82, Chaukhambha Sanskrit Sansthan, Varansi, 11th edition 1997 Page 234
- 3) Sushrutacharya: Sushrut samhita along with commentary entitled 'Nibandha Sangraha' of Dalhana and Nyayachandrika Panjika of Gayadas. Sharir Sthan 8 Edited by Yadvaji Trikamji Acharya. 2nd Edition, Varanasi. Chaukhambha Orientalia, 2002
- 4) Charaka Samhita, Chikitsasthan28 Vidhyotini Hindi Comm. by Pt. Kashinath Shashtri and Dr. Gorakhnath Chaturvedi, Chaukhambha Bharati Academy, Varanasi, Eighth edition,1992.
- 5) Sushrutacharya: Sushrut samhita along with commentary entitled 'Nibandha Sangraha' of Dalhana and Nyayachandrika Panjika of Gayadas. Chikitsasthan 4/21-36 Edited by Yadvaji Trikamji Acharya. 2nd Edition, Varanasi. Chaukhambha Orientalia, 2002
- 6) Sushrutacharya: Sushrut samhita along with commentary entitled 'Nibandha Sangraha' of Dalhana and Nyayachandrika Panjika of Gayadas. Chikitsasthan 4/21-36 Sutrasthan 12/15 Edited by Yadvaji Trikamji Acharya. 2nd Edition, Varanasi. Chaukhambha Orientalia, 2002

- 7) Sushruta Samhita, Ayurveda Tantra Sandipika hindi comm. Sushrut Samhita Sutrasthan 12/11 by Kaviraj Ambikadatt Sasatri, Chaukhambha Sanskrit Sansthan, Varansi, 11th edition 1997
- 8) Sushrutacharya: Sushrut samhita along with commentary entitled 'Nibandha

Sangraha' of Dalhana and Nyayachandrika Panjika of Gayadas. Sutrasthan 12/13 Edited by Yadvaji Trikamji Acharya. 2nd Edition, Varanasi. Chaukhambha Orientalia, 2002

Source of Support: None declared

Conflict of interest: Nil

© 2023 IJIM (International Journal of Indian Medicine) |

An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY

Website: www.ijim.co.in Email: ijimjournal1@gmail.com