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AGNIKARMA IN THE MANAGEMENT OF AVABAHUKA (FROZEN SHOULDER) - A CASE REPORT

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ABSTRACT

The notable Ayurvedic practice of Agni Karma is basically a kind of intensity consume treatment used to fix sicknesses brought about by the Vata and Kapha doshas. The Avabahuka is Vata-vikara, which relates to present day science's "frozen shoulder" (FS). Shool (torment), Stambha (solidness), and bahu-prasandithara (confined scope of movement) are conventional side effects of Avabahuka and frozen shoulder (Ansha sandhi). There are different treatment choices accessible for this condition, and more might be created from here on out. To treat this condition, Agni karma utilized a remarkable treatment that included Ayurvedic prescriptions. A 65-year-old male patient whined of right shoulder torment and firmness. The Right shoulder joint Avabahuka has been analysed in light of the patient's actual attributes, clinical history, and assessment discoveries. The patient's right shoulder joint was picked for Agnikarma as the mediation site, and it was completed. Agnikarma adjusts the Vata and Kapha doshas, which are answerable for Avabahuka. The shoulder solidness and touchiness diminished after five Agnikarma meetings, and the Rotation of movement (ROM) gotten to the next level. Avabahuka Agnikarma has an effect.

Keywords: Frozen Shoulder, Amsa Sandhi, Avabahuka, Agnikarma, Panchakarma

INTRODUCTION: -

One such sickness is Avabahuka, which makes it challenging for an individual to do day to day undertakings like getting dressed, eating, keeping up with individual tidiness, and performing normal positions [1]. The Vata Dosha is the most strong among the Doshas, succeeding in all areas. Because of unfortunate way of life decisions, vata messes rank first among obsessive circumstances. In the Vata vyadhi section, the Acharyas examined Avabahuka [2]. One of the Astamahagada (hard to treat) messes is Vata vyadhi, which makes sense of the impact of Avabahuka and its visualization [3]. Remembered to be a condition commonly influences the shoulder joint. Clinical signs including uneasiness (sandhi Shool), firmness (sandhigraha), and limited shoulder development (Bahupraspanda Haratvam) show that vata and kapha are vitiated to a more noteworthy degree than other doshas. The shoulder joint's sirabandhana is most impacted by vitiated and dry Vyana Vayu, which brings about restricted shoulder joint development [4]. The side effects of the frozen shoulder incorporate a consistently declining, difficult limitation of shoulder joint movements (particularly inward revolution and snatching), evening misery that keeps the patient from dozing on the impacted side, and a typical radiograph. The sickness' extended nature and the slow unconstrained

recuperation of the shoulder joint's full or halfway scope of movement over numerous months or years [5].

Frozen shoulder influences 2-5% of everyone and 15% of diabetic patients, principally ladies [6]. Illness frequency is more normal in the 35-65 age bunch, in spite of the fact that it can likewise influence more youthful ages who play frequently above sports like ball, tennis, and volleyball [7]. Agni karma is the better choice, and it additionally has the advantage of being Apunarbhava (without any trace of reoccurrence) [8]. Additionally, the dad of medical procedure Acharya Sushruta recommended Agnikarma as Anu shastra Karma (a Para careful therapy) for excruciating Vata Kapha sicknesses in different layers of substantial tissue utilizing the suitable devices [9].

PATIENT INFORMATION: -

A 65-year-elderly male person grumbles of two years of painful uneasiness and restricted development in his left shoulder joint. There was solidness in the arm, shortcoming in the left appendage, and troubles approaching my day to day business. He has a background marked by both hypothyroidism and hypertension.

HISTORY OF PRESENT ILLNESS: -

As per the patient, he was healthy for one year, yet from that point onward, he abruptly started encountering left shoulder joint

torment, which deteriorated consistently and began impeding her everyday exercises. His walk is likewise turning out to be increasingly more off because of the extraordinary aggravation and solidness. The patient had current treatment too, however when it didn't yield the ideal outcomes, he looked for Ayurvedic treatment at our Panchakarma OPD at Sardar Ajit Singh Smriti Ayurved Mahavidyalaya Bhopal.

HISTORY OF PAST SICKNESS: -

The patient has a past filled with HTN and Thyroid since long term.

INDIVIDUAL HISTORY: -

1. Occupation - Rancher
2. Appetite - Diminished
3. Addiction - No fixation
4. Allergy - No earlier history of food or drug sensitivities

ASTHAVIDHA PARIKSHA: -

1. Nadi (beat) - 84/min
2. Mala (stool) - vibandha (clogged up)
3. Mutra (pee) - Prakrut (regular)
4. Jihwah (tongue) - Sama (covered)
5. Shabda (voice) - Prakrut (regular)
6. Drik (eyes) - aprakrit (unusual)
7. Akriti (constructed) - Krish (lean and slender)

DASHAVIDHA PARIKSHA: -

1. Prakriti (constitution) - Vata Pradhan Kaphaj prakriti
2. Vikruti (morbidities) - dosha (Vata pradhan)
3. Satwa (clairvoyant condition) - Prawar
4. Sara (greatness of tissue components) - Asthisara
5. Samahan (smallness of organs) - Madhyam
6. Vikruti (morbidities) - dosha (Vata Pradhan Tridosha)
7. Prakriti (constitution) - lean body (Vata Pradhan pitta)
8. Pramana (estimation of organs) - Madhyam
9. Satmya (homologation) - Katu, Amla rasa
10. Aharasakti (the ability to devour and process food) - Madhyam
11. Vyayamshakti (force of performing exercise) - Avara

CLINICAL DISCOVERIES: -

ACTUAL ASSESSMENT: -

1. Muscle tone: Typical
2. Deformity of the right shoulder joint-Missing
3. Muscular decay slight squandering is found in the right shoulder joint
4. Tenderness-Gentle delicacy present in the right shoulder joint
5. Local temperature-Typical

6. Restriction of developments with extreme agony
7. Restriction scope of Developments
8. Abduction-90 degree
9. Flexion-160 degree
10. External turn - 90 degrees

FOR AGNIKARMA: -**POORVA KARMA (PRE-STRATEGY OF AGNIKARMA): -**

PRE AGNIKARMA-DIET: - Agnikarma can be performed on patients with any sickness, whenever of year, and while starving for conditions, for example, mal-show of the hatchling, math illnesses, fistula in ano, stomach infections, heaps, and sicknesses of the oral pit.

PRADHAN KARMA (HEAD STRATEGY OF AGNIKARMA): -

Swastika vachana ought to be performed before Agnikarma; the patient ought to be kept still by gifted help and put in a suitable situation with their head pointing towards the East [10]. The specialist ought to then utilize a blower or a fan to warm the Shalaka to make the different states of Agnikarma, like Valaya, Ardhachandra, Insignia, and so forth, contingent upon the circumstance [11]. Assuming patients experience inconvenience during this time, keep them agreeable by talking boldly, extending encouragement, and giving cool water to drink, and sprinkling cold water. Be that as

it may, the Agnikarma technique should be done until complete searing is created.

PASCHYAT KARMA (POST AGNIKARMA MANAGEMENT): -

When Agnikarma is finished, Madhu and Ghrita apply to the segment where Agnikarma worked for Ropana of DagdhaVarna [12].

SHAMAN CHIKITSA:-

1. Dashmool kwath 10 ml BD with Luke warm water
2. Atibala Churna 1 tsf BD with Milk for 28 days
3. Haritakyādi Churna 1 tsf HS with Luke warm water

PATHYA-APATHYA (DO'S AND DON'T'S): -

Milk, milk items other than ghee, bread shop things, matured food sources, dairy food sources, power lifting, above shoulder joint action, light rest, late-night enlightenments, beats other than a green gram, and cold water for drinking was denied throughout treatment and the subsequent period.

OUTCOME: -

The assessment was directed in light of the Scramble (Inabilities of the Arm, Shoulder, and Hand) score and suggestive mitigation. When seen interestingly, shoulder torment was analysed as nonstop, dull agony (Visual Simple Score [VAS]). Resting disruption is credited. After the principal Agnikarma sitting, the agony particularly diminished from VAS 6 to VAS 3 [13].

After the second Agnikarma sitting, the evening torment died down and became discontinuous. The patient beginnings shoulder joint development because of agony easing, and enhancements in snatching, flexion, and interior pivot are seen.

By the third Agnikarma meeting, VAS 2 had isolated from VAS 3.

After the fourth Agnikarma sitting, with the VAS score of 0, complete agony free kidnapping and flexion were accomplished; nonetheless, inner turn wasn't altogether accomplished until the 28th day of treatment.

FOLLOW-UP: -

The patient was observed for as long as a half year to search for adverse consequences and the arrival of side effects. Side effects reliably improved.

DISCUSSION: -

Because of equals in symptomatology, the Ayurvedic finding of this disease may be contrasted with Avabahuka or Apabahuka. Dhatu kshaya (diminishment of dhatu/thinness), [14] Margavarana (impediment of Vata), and other etiological variables are the reasons for vitiated vata. The shoulder joint's sandhi bandhana (sinewy case) is brought about by Sira Yukata Shleshma [15]. It causes Sira Ankushana (choking) because of absence of grease in view of Nidana Sevan (rehashed little injury to the shoulder joint), Ruksha

(dryness), Laghu (gentility), and Khara guna (harshness) of vitiated Vata evaporated Shleshma. Accordingly, the shoulder joint encounters karmahani (loss of capabilities), which brings about Bahupraspanda Haratvam (restricted shoulder joint development). Since it debases Drava dhatu (Shleshma), this is Dhatukshayajanya Vata Vyadhi. Drawn out gentle wounds to the shoulder joint can cause some tearing of the degenerative shoulder sleeve. They can likewise begin poor quality, extended provocative modifications bringing about shoulder agony and sleeve compressions that cause side effects [16].

There is no particular spot referenced in the Samhita for Agni Karma's Avabahuka (frozen shoulder). The creator of Vasavrajivayam portrays the area of Agnikarma at the Bahu Shiro (glen humeral joint). Agnikarma advances Mahabhutagni through the Ushna (hotness), Sukshma (infiltrating), and Ashukari (fast activity) characteristics of Agni when it approaches Twaka dhatu (skin) [17]. Ushna guna is expected to build Rasa-Rakta course and dispose of necrotic and degenerative tissue, and sinewy tissue that has amassed in joints [18]. It re-establishes suitable shoulder joint capability by furnishing the shoulder joint with the legitimate sustenance. Direct restorative intensity application to the region of the ailing joint that is most agonizing outcomes in dependable agony mitigation

and increments joint scope of movement [19].

Dashmooladi kwatha has kapha-pitta-Vata Pachak (calming), and Shothahara characteristics. One part of Dashmooladi kwatha is masa (*Phaseolus mungo* Linn.), which has kapha Vardhak, Vatashamaka, Snigdha (unctuousness), and Tarpan (satisfying) properties. It could keep a sinewy case from drying out more. Shleshma is expanded, and the joint case is nourished [20]. The characteristics of Atibala (*Abutilon indicium* Linn.) incorporate balya (tonic) and Snigdha (unctuousness). It gives the muscle sufficient energy and sustenance through balya guna to restore joint development [21]. The Vata dosha is remedied by the Vatanuloman (ordinary working of Vayu) impact and Amla rasa of haritaki, which may likewise expand taking care of to the case in the shoulder joint [22].

CONCLUSION: -

Vataj vyadhi, as characterized by 80 Nanatmaja Roga, is Avabahuka. Avabahuka is a commonplace outer muscle condition that influences the shoulder joint and is capable by Ansha Sandhi [23]. Despite the fact that there are various medicines available, the results are as yet inadequate. Agnikarma (heat treatment) for Avabahuka in the patient diminishes torment and widens the shoulder joint scope of movement [24].

Agnikarma, which utilizes Shalaka arranged in a cup and adjuvant Ayurvedic prescriptions, fundamentally diminished torment, uneasiness, and firmness. Positive Vatashamaka qualities should be visible in Nasya Karma [25]. Since this is a solitary case report, a bigger example size might be used to totally test the treatment and assess its viability prior to reaching any determinations. It has mental impacts like tension, outrage, and wretchedness as well as causing disability. In this occasion, the blend of Agnikarma and Marma treatment is profoundly successful. After two sequential Agnikarma meetings with a one-week break, side effects are accounted for to have fundamentally gotten to the next level.

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