



Management Of Frozen Shoulder: A Comparative Case Study Based On Samprapti Analysis

Dr. Deepak V M ; Dr. Ramya A

Consultant , BAMS, CCMC ; Professor & HOD, BAMS, MD(Ayu.)

Department of Panchakarma

Ashtamgam Ayurveda Chikitsalayam and Vidyapeedham, Pattambi, Palakkad, Kerala, India.

Abstract: Clinically patient presents signs and symptoms to the physician. These are a part of Samprapti. Analyzing the samprapti becomes important to decide the treatment. Same clinical presentations can be a part of different samprapti as emphasized in Ayurveda.

Frozen shoulder, which is a common condition with restricted movements of shoulder joint, which occur in later stages of Adhesive Capsulitis. The typical symptoms comprise passive and active range of motion restriction, depending on the stage and severity; the condition is self-limiting, interfering with activities of daily living, work, and leisure activities.

Patients presenting with shoulder joint pain and restricted movements, on analyzing the clinical condition can belong to different samprapti.

Apabahuka is one such clinical condition wherein there is pain and restricted movements of the upper limb. Sopham is another clinical entity which can also be considered as a part of any kind of inflammatory responses. Two different samprapti with the same clinical presentation are analyzed here to understand the applicability of nidana panchaka in understanding the disease.

Keywords: Frozen shoulder, Apabahuka, Samprapthi, Nidana Panchaka

1. Introduction

Frozen shoulder involves stiffness and pain in the shoulder joint. Signs and symptoms typically begin slowly, then get worsen. Over time, symptoms get better, usually within 1 to 3 years. The shoulder joint is enclosed in a capsule of connective tissue. Frozen shoulder occurs when this capsule thickens and tightens around the shoulder joint, restricting its movement.

1.1 Muscles involved;

Subscapularis ; Abduction and Adduction
 Supraspinatus ; Internal rotation
 Infraspinatus ; Abduction
 Teres minor ; External rotation

Other muscles that play a role are Trapezius, Deltoid muscle, Teres major, Latissimus dorsi, Pectoralis major.

1.2. Apabahuka :

According to Ashtanga Hridaya;

[1]The vata Dosha which is vitiated will localize into the Amsamoola and causes sira sankocha, which results in loss of movements of the shoulder (Bahu prasandithaharam).

According to Sushruta samhita;

[2]Vayu with its predominance gets vitiated, gets localized in Amsadesha because of Sira sankocha. Since Amsa is a sandhi there is a presence of Sleshaka kapha. The vitiated Vayu causes kshaya to Sleshaka kapha. In the samprapti, which in turn vitiated sira causing its sankocha, resulting in the restricted movements of the shoulder. Since sira is involved, where sira is upadhatu to Raktha and hence the involvement of pitha-raktha also has to be understood in the background.

Case discussion

2.1. Presenting complaints

Patient 1	Patient 2
Patient aged 57yrs with % pain over right shoulder since 3 months associated with restriction of external rotation due to pain.	Patient aged 61yrs with % pain over left shoulder since 6 months associated with restriction of abduction and internal rotation due to pain.

2.2. Relevant medical history

Patient 1	Patient 2
K/c/o Diabetic Mellitus since 3 years - under medication	K/c/o Diabetic Mellitus since 10 years - Under medication
K/c/o HTN and Hypothyroidism since 1 year - under medication	K/c/o DLP since 10 years.

2.3 Other associated symptoms

Patient 1	Patient 2
<ul style="list-style-type: none"> Burning sensation General weakness 	<ul style="list-style-type: none"> Disturbed sleep General weakness

2.4 Drug History

Patient 1	Patient 2
Thyronorm Glycoment Forte	Diabend MR 60 Zolpirest 5 Metafile 500 Manovog 0.2 Lourvassr

2.5 Muscles involved

Patient 1	Patient 2
predominantly Teres minor	Predominantly Supraspinatus and Infraspinatus

2.6 Dosha - Dushya Involvement

Patient 1	Patient 2
kapha (++), Pitha (++) Rasa Raktha Mamsa Medo Asthi	Vata (+++), Pitha (+) ,Kapha kshaya, Rasa Raktha Mamsa Medo Asthi Majja
Pitha - vataja prameha in background	Vatika prameha with upadrava in background

2. SAMPRAPTI ANALYSIS

Samprapti of patient 1: Due to nidana like atipavrthi, divaswapna , Noon bath etc. Kaphapitha dushti was noticed. With the presence of prabhootavila moothratha and lakshanas like daha etc. Kapha - paithika prameha samprapti is considered in the background. However this Kapha-Pitha dushti with twak - mamsa - sonitha is localized in Baahu sandhi. In that case we take it as Kapha-Paithika Sopham.

Samprapti of patient 2 : Patient is a known case of prameha for the last 10 years, which now presenting with vatika prameha lakshanas and patient is presented with vatika prameha updrava[3] which resulted in dhatukshaya. Susurutha has clearly explained that for the proper functioning of a sandhi; the sama-avastha of sleshma is very important and this Shoshana (due to dhatukshaya) in the amsa sandhi we have to understand the kapha kshaya along with vata kopa, which resulted in vata kaphaja Apabahuka.

3.1 DIAGNOSIS

Patient 1	Patient 2
Frozen shoulder	Frozen shoulder
Kapha pithaja sopham	Apabahuka (vata - kaphaja)

3. TREATMENT ACCORDING TO THE SAMPRAPTHI

4.1 PATIENT 1;

- Internal medications

	Medicine	Usage
Stage 1	Rasnapanchakam kashayam + chukkupodi	75 ml Bds , B/F
	T. Pathyashadangam	2 Bds, A/F
	Nishakathakadi panajalam	Frequently
Stage 2	Manjishtadi kashayam + Giloy satwa	75 ml+ ¼ tsp Morning, B/F
	Manjishtadi Kashayam + Kaisora guggulu	75 ml + 1 tab Evening, B/F
	Nishundishadangam panajalam	Frequently

External treatments

Lepanam with Nagaradi dhanyamlam +	Shoolahara, sophahara	Slight reduction in pain
Local avikizhi with kolakulathadi choornam + dhanyamlam	Rookshana	Slight reduction in pain
Dhanyamladhara	Rookshana	More reduction in pain. Pain persist on movements
Marsha nasyam with Anuthailam + ksheeradhooma	Shirovirechanam Kaphahara	Feeling more comfortable after treatment. Pain reduced much.
Local narangakizhi	Snigdha swedam	Considering vata kopa
Thakradhara	Kledahara, premeahara	Initially pain reduced. On 3 rd day, at night the patient gets a burning sensation over the body, head and sleep was disturbed during 2 am to 4 am. Clearly indicates the pitha dushti in the background.
Marsha nasyam with ksheerabala thailam + ksheeradhooma	Brihmana Vata pitha hara	Patient is more comfortable. Pain reduced. Improvement in range of movements.
Local njavarakizhy	Brihmana	Gaining more strength.

	Vata hara	Improvement in range of movements
Abhyangam with Prabhanjanam + murivenna	Snigdha vatahara	Pain reduced Attained external rotation without pain.
Hijama (wet)	Raktha dushti hara	Pain reduced completely. Range of movement is possible completely.

4.2 PATIENT 2

Internal medications

	Medicine	
Stage 1	Amalaki juice + haridra choornam	1 glass @ 6am
	Rasnaerandadi kashayam + Kaisora guggulu	75ml, bds 10 am, 6pm
	Pathyashadangam tab	2 Bds, A/F
	Gandharvahastadi kashayam+ Gandharva erandam	75ml + 5 ml At bedtime
	Nayopayam panajalam	Frequently

External treatments

Lepanam with Nagaradi+ dhanyamlam	Sopha shoola hara	Pain reduced after lepanam, but increases after sometime
Dhanyamladhara	Rookshana	Slight reduction in pain
Abhyangam	Snigdha sweda Vatahara	Slight reduction in pain. Pain persist during movements
Local Avikizhi	Sthanika sophahara	Pain reduced. But pain aggravates during the night. Improvement in adduction.
Marsha nasyam with Anuthailam	Urdhwajathru shodhana	Feeling tired and having a headache after treatment.
Thakradhara	Kledahara Premehahara	Initially pain reduced. But after 2 days the pain increased and loss of sleep indicates the vata dushti.
Physiotherapy	Mobilization	Pain during the procedure. Later reduced. Slowly gaining back the range of movements.
Ilakizhi (chinchadi thailam)	Snigdha rooksham Vatahara	Pain reduced, but persist during movements

Hijama (dry)	For analyzing the raktha dushti	Pain increased and the part became reddish. Indicates the involvement of raktha in background.
Local Thailadhara	Chinchadi thailam	Pain reduced. Improvement in adduction, without pain.
Local njavarakizhy	Brihmana Vatahara	Gaining strength, range of movement improved without pain.
Njavartheppu	Brihmana Vatahara Balakara	Improvement in general health. Adduction is completely possible without pain

4. CONCLUSION

By analyzing the samprapti of patient 1, the patient is having a Pitha-Kapha dushti in the background of Pitha-kaphaja prameha. Due to her nidanas the kapha dushti occurred and got localized in Amsa sandhi, and pitha dushti in the background. Since there is no bahuspandanam, bahusosha; the patient is in the initial stages of Samprapti, So Apabahuka is excluded. As due to the involvement of twak - mamsa - sonitha in the amsa sandhi Kapha-pithaja sopham is diagnosed. If the condition progresses, it may lead to apabahuka. So the treatment was done and the medicine was advised by considering the sopham samprapti and to prevent the progress of samprapti to apabahuka. Hence the treatment was planned in which it started with lepanam, followed by rooksha pinda sweda like local avikizhi, sarvanga drava sweda like dhanyamladhara. Then marshanasyam and thakradhara followed by local njavarakizhi was done.

By analyzing the Samprapti of patient 2, it is clear that the patient is having vata kaphaja dushti in the background associated with vatika prameha upadrava, which leads to dhatukshaya causing sosha of amsa. Considering the involvement of pitha (sirasankocha) in the background and Kapha kshaya along with vata kopa it is taken as Vata - kaphaja Apabahuka. So the treatments were done and the medicines given are by considering the samprapti, dhatukshaya and to prevent further progress. Hence the treatment was planned in which started with lepanam, dhanyamladhara then followed by snigdha abhyanga, local avikizhi, local pathrapottali sweda, thakradhara, local thailadhara and finally shastika pinda swedam and shastika annalepam was done.

During discharge the condition of both patients was improved with no restriction of movements due to pain and improved quality of life.

The same clinical presentations, on analyzing, the samprapti has to be understood differently and it is evident that for deciding the kriyakrama Adhishtanthara and Samuthana vishesha with respect to the vikara prakrithi has to be understood[4].

5. REFERENCES

- [1]अंसमूलस्थितो वायुः सिराः सङ्कोच्य तत्रगाः । बाहुप्रस्पन्दितहरं जनयत्यैवबाहुकम् ॥ Vatavyadhi nidanam / Nidana Sthana / Ashtangahridayam (sarvanga sundara commentary by Arunadatta, ayurveda rasayana by Hemadri) / chaukhamba surbharti prakashan
- [2]अंसदेशस्थितो वायुः शोषयित्वांसबन्धनम् ॥ सिराश्चाकुञ्च्य तत्रस्थो जनयत्यैवबाहुकम् ॥ Nidana Sthana / sushruta samhita (Nibandhasangraha commentary) / chaukhamba sanskrit sansthan / reprint 2019.
- [3] वाताजानामुदावर्त कम्पहृदग्रह लोलताः । शूलमुनिद्रता शोषः कासः श्वासश्च जायते ॥ Prameha nidana / Nidana Sthana / Ashtanga Hridaya

[4] तस्माद् विकारप्रकृतीरधिष्ठानान्तराणि च । समुत्थानविषेशांश्च बुद्धा कर्म समाचरेत् ॥ Trisodheeyam adhyayam / Sutrasthana / Charaka samhita (Ayurveda- Dipika commentary) / chaukhamba publications / Reprint 2018 / ISBN : 978-81608-55-5

- Davidson's Essentials of Medicine/2nd edition/Elsevier Publications/ISBN-13 978-0-7020-5592-8
- Short Textbook of Surgery/Himansu Roy/Jaypee Brothers Medical Publishers (p) Ltd/ISBN: 978-81-8448-983-5

