



Case Study

**EFFECT OF JAMBIRA PINDA SWEDA IN THE MANAGEMENT OF AVABAHUKA**

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<p><b>Article info</b></p> <p><b>Article History:</b> Received: 29-03-2022 Revised: 11-04-2022 Accepted: 18-04-2022</p> <p><b>KEYWORDS:</b> <i>Avabahuka, Frozen Shoulder, Adhesive Capsulitis, Jambira Pinda Sweda.</i></p>	<p><b>ABSTRACT</b></p> <p>Ayurveda is boon for mankind. <i>Panchakarma</i> is the most important part of Ayurveda to uproot the disease as well as achieving the perfect balance of vitiated <i>Doshas, Dhatus</i> and <i>Agni</i>. <i>Avabahuka</i> is a disease that affects the day to day activities like cooking, dressing, bathing, eating etc. Shoulder pain is a common clinical symptom of <i>Avabahuka</i>. The symptom of <i>Avabahuka</i> may be correlated with frozen shoulder because symptoms as well as pathogenesis are more or less similar to <i>Avabahuka</i>. Acharya Vangasena had mentioned <i>Swedana Karma</i> for <i>Avabahuka</i>. Aim: To evaluate the effectiveness of <i>Jambira Pinda Sweda</i> in the management of <i>Avabahuka</i>. Method: In our Panchakarma OPD 56 years old female patient came with complain of pain in the right shoulder joint and unable to perform her normal daily activities. Patient was admitted to the Panchakarma IPD of R.A.M&amp;H and she had been treated with <i>Jambira Pinda Sweda</i> for 15 days. Result: After taking <i>Panchakarma</i> therapy, patient showed marked improvement of the symptoms like <i>Shula</i> (Pain), <i>Sthambha</i> (Stiffness) etc. Conclusion: It was found that <i>Jambira Pinda Sweda</i> had significant role in the management of <i>Avabahuka</i>.</p>
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**INTRODUCTION**

The word *Avabahuka* is composed of two words *Ava* and *Bahuka* [1]. *Ava* means dysfunction or separation. *Bahuka* is the upper limb which is one among the *Shadangas*. *Avabahuka* is a disease caused by *Kupita Vata Dosha* localizing around *Amsa Pradesh* causing the *Soshana of Amsa Sandhi*, there by leading to *Akunchana of Sira* at that site and giving rise to *Bahupraspanda Haratvam* which means restriction range of motion[2].

As the sign and symptoms of *Avabahuka* is much similar to the disease Frozen Shoulder, the disease *Avabahuka* can be correlated with the disease Frozen Shoulder. Often referred to as Frozen Shoulder, Adhesive Capsulitis is characterized by pain and restricted movement of the shoulder, usually in the absence of intrinsic shoulder disease. Adhesive Capsulitis may follow bursitis or tendinitis of the Shoulder or may be associated with Systemic disorder

such as Diabetes mellitus. Prolong immobility of the arm contributes to the development of adhesive capsulitis. Pathologically, the capsule of the shoulder is thickened and a mild chronic inflammatory infiltrate and fibrosis may be present[3]. Pain and Stiffness usually develop gradually but progress rapidly in some patients. Night pain is often present in the affected shoulder and pain may interfere with sleep[4]. The shoulder is tender to palpation and both active and passive movement are restricted[5]. One of the treatment of Frozen shoulder is NSAIDs[6]. Intra-articular corticosteroid is widely used as a conservative treatment for shoulder. Long term use of these drugs causes harmful effect on the patient. That is why, we have to find out new treatment approaches to uproot the disease.

In the present case study, we administered *Jambira Pinda Sweda* as a treatment modality of the disease *Avabahuka*.

**MATERIALS AND METHODS**

**Case Report**

A 56 years old female patient came to the OPD of R.A.M &H with pain and stiffness of shoulder joint since 5 months. She was unable to do her daily activities. She took allopathic treatment but patient did not get any relief.

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**Personal History**

Appetite: Normal  
 Micturation : 4 to 5 times per day  
 Bowel habit: constipated  
 Sleep: Disturbed  
 BP: 130/80 mm of Hg

**Astavidha Pariksha (Eight fold examination)**

Nadi: Vata kaphaja  
 Mutra : 4 to 5 times per day  
 Mala : Vivandha  
 Jihwa : Aliptha  
 Sabda : Prakut  
 Sparsha: Sheeta, Khara  
 Drik: Samanya  
 Akrihi: Madhyama

**Dasavidha Pariksha (Ten fold examination)**

Prakrithi : Vata Kaphaja  
 Vikriti: Sira, Snayu  
 Satwa: Madhyama  
 Sara: Madhyama  
 Samhana : Madhyama  
 Satyma : Sarvarasa  
 Aharashakthi: Avara  
 Vyamashakthi: Madhyama  
 Vaya: Madhyam

**Diagonostic Criteria:**

Painful movement of Shoulder joint  
 Stiffness  
 Restricted range of motion of Shoulder joint.

**Assessment Criteria:**

The effect of therapies was evaluated under the following criteria:

**A. Subjective Parameter**

**Table 1: Scoring on the basis of Bahu praspanditahara**

<i>Bahupraspanditahara</i>	Score
Can do work unaffectedly	0
Can do strenuous work with difficulty	1
Can do daily routine work with great difficulty	2
Can not do any work	3

**Table 2: Scoring on the basis of Shula (Pain)**

<i>Shula (Pain)</i>	Score
No pain	0
Mild pain, particulary on moving the shoulder but able to continue the routine work without diffculty	1
Moderate pain, felt on movement and also at rest, interfere routine work	2
Severe pain, felt on movement and also at rest, unable to carry most of the routine work	3

**Table 3: Scoring on the basis of Stambha (Stiffness)**

<i>Stambha (Stiffness)</i>	Score
No stiffness	0
Mild stiffness, particularly during shoulder movement, able to continue routine work with difficulty	1
Moderate stiffness, unable to continue work with difficulty	2
Severe stiffness, felt on movement and also at rest interfering routine work	3

**B. Objective Parameter**

Goniometer is used for assessment of joint mobility/range of motion of shoulder joint.

**Table 4: Scoring on the basis of Flexion**

Flexion (In degrees)	Score
161-180	0
141-160	1
121-140	2
<120	3

**Table 5: Scoring on the basis of Extension**

Extension (In degrees)	Score
51-60	0
41-50	1
31-40	2
<30	3

**Table 6: Scoring on the basis of Abduction**

Abduction (In degrees)	Score
161-180	0
141-160	1
121-140	2
<120	3

**Table 7: Scoring on the basis of Internal rotation**

Internal rotation (In degrees)	Score
71-90	0
51-70	1
31-50	2
<30	3

**Table 8: Scoring on the basis of External rotation**

External rotation (In degrees)	Score
71-90	0
51-70	1
31-50	2
<30	3

### Treatment Protocol

Swedana by *Jambira Pinda Sweda* for the period of 15 days. Before *Swedana karma*, *Abhangya* by *Tila taila*

### Observation

**Table 9: Observation of Parameters**

Parameters	BT	AT
<i>Bahupraspanditahara</i>	3	0
<i>Shula</i>	3	1
<i>Stambha</i>	2	0
Flexion	2	0
Extension	3	1
Abduction	3	1
Internal rotation	3	0
External rotation	2	1

### RESULT AND DISCUSSION

*Swedana* is one of the prime treatment modalities which plays an important role to subside the pain of Shoulder joint by its *Sthambhaghna*, *Gouravaghna* and *Sitaghana guna*<sup>[7]</sup>. Acharya Vangasena had mentioned *Swedana* for the treatment of *Avabahuka*. In the present study, we use *Jambira*

*Pinda Sweda* for the treatment of *Avabahuka*. *Jambira Pinda Sweda* composed of different ingredients like *Jambira*, *Methi*, *Neem oil*, *Shatahva*, *Tila*, *Haridra*, *Kulatha*, *Lasuna*, *Saindhava*.<sup>[8]</sup>

According to Sushrut, *Vyanavata* take the role for proper functioning of all types of motor functions like *Prasarana*, *Akunchana*, *Vinamana*, *Unnaman*, *Tiryakagamana*<sup>[9]</sup>. *Sleshaka Kapha* lubricates the shoulder joint for the movement of the shoulder joint. *Vitiation of Vata and Kapha of the Amsa Pradesh* leads to the disease *Avabahuka*.

*Jambira* has *Amla rasa*, *Ushna virya* which causes *Shamana* of *Vata Kapha* in the Shoulder joint and the *Ushna* and *Snigha guna* of *Swedana* subsided the symptoms of *Avabahuka* <sup>[10]</sup>.

Patient was relieved from the symptoms of *Avabahuka* by the *Jambira Pinda Sweda*. *Panchakarma* procedure like *Swdana* not only mitigate the disease but also uproot the disease pathogenesis.

### CONCLUSION

This case study reflected the potentiality of *Jambira Pinda Sweda* in the management of *Avabahuka* i.e Frozen Shoulder and it also shows that the above procedure is safe as well as effective for *Avabahuka* with in the short span of time. From the above case study, it can be said that *Avabahuka* can be managed by *Jambira Pinda Sweda*. More research work is needed for long time and big sample size to evaluate the effectiveness of *Jambira Pinda Sweda* in the management of *Avabahuka*.

### REFERENCES:

1. Bahadur Radhakanthadeva. *Shabdakalpadrum*. Delhi; NAG Publishers; 1987.p.565

2. Shastri Ambikadutta. *Sushrut Samhita*. Vol.1. (Nidana Sthana-1/82). New Delhi. Chaukhamba Publications; 2014; p.304
3. Harrison. *Harrison's Principles of Internal Medicine*. Vol.2. 18<sup>th</sup> Edition. Europe; Mc Graw Hill; 2011.p.2861
4. Goldman Lee & Schafer I. Andrew. *Goldman's Cecil Medicine*. 24<sup>th</sup> Edition. Philadelphia; Elsevier Saunders; 2012.p.1679
5. Harrison. *Harrison's Principles of Internal Medicine*. Vol.2. 18<sup>th</sup> Edition. Europe; Mc Graw Hill; 2011.p.2861
6. Harrison. *Harrison's Principles of Internal Medicine*. Vol.2. 19<sup>th</sup> Edition. Europe; Mc Graw Hill; 2015. p.2249
7. Sharma.K.R & Dash Bhagwan. *Charak Samhita*. Vol.1 (Sutra Sthana-22/11). Varanasi; Chowkhamba Sanskrit Series Office; 2017.p.120
8. Kar kanti Pulak. *Essentials of Panchakarma Therapy*. Hoogly; Chhonya; 2012.p.149.
9. Vaidya Trikamji Jadhavji. *Sushrut Samhita with Nibandha sangraha commentary of Dalhana acharya and Nyayachandrika Panjika of Gayadasa (Nidana Sthana-1/17-18)*. Varanasi. Chaukhamba Sanskrit Sansthan; 2017.p.260.
10. Sharma.K.R & Dash Bhagwan. *Charak Samhita*. Vol.1 (Sutra Sthana-22/16). Varanasi; Chowkhamba Sanskrit Series Office; 2017.p.388.

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