



Case Study

AN APPROACH TO PERIARTHRITIS OF SHOULDER JOINT AN AYURVEDIC PERSPECTIVE

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ABSTRACT

Periarthritis of the shoulder is a painful, progressive, and disabling disease involving the shoulder joint. The structures involved in the disease are joint capsule, tendons, ligaments, and bursae. As the shoulder movements are painful, the disease makes homemakers, software professionals, skilled workers, manual labourers, and athletes' lives miserable. The patients were unable to do routine activities like combing hair, dressing, undressing, and doing overhead activities. The initial stages of the disease can be correlated with features of *Amsa sandhi sophā* having *Raktha pitha* predominance. The procedures like *Lepanam*, *Upanaham*, and internal medications adopted in this stage do not give permanent and complete relief from symptoms. *Jaloukavacharana* (leech therapy) is selected in the present study by considering the *Dosha* vitiation - in the initial stages of the disease, as it has anti-inflammatory and analgesic effects. Three *Jaloukas* (leeches) are applied at a time with intervals of three weeks over the glenohumeral joint (shoulder joint). Assessments were done before treatment, 8th, 15th and 22nd days. The results showed *Jaloukavacharana* was effective in the first stage of the disease.

INTRODUCTION

Periarthritis of the shoulder is a common inflammatory disease of the shoulder joint. Statistics show the prevalence of the disease is 3-5% among the general population. The prevalence is double among diabetic patients, 10-20%, due to glycosylation. The disease was common among women of the 4th-6th decades. The disease has three different stages- the painful stage, the stiffness stage, and the recovery stage. This disease affects the functions of the shoulder joint causing pain, swelling, stiffness, and limitation in the range of movements. It will lead to painful restriction in both active and passive movements. The disease can be persistent in terms of an individual's ability to carry out daily activities both at home and in the workplace. There is also substantial economic loss involved, with increased demands on health care, impaired work performance, substantial sickness absence, and early retirement or job loss.

In conventional systems, the treatment modalities include the usage of anti-inflammatory drugs and corticosteroid injections in the initial stages. This only gives symptomatic relief and has its own complications.

Jalouka avacharana is chosen in the first stage of the disease. It can avoid long hospital stays, the complexity of modern surgical procedures, and huge expenses. *Jalouka avacharana* is introduced, a safe, simple procedure done on an OPD basis. Moreover, the saliva of *Jalouka* contains a variety of bioactive substances that can act as anticoagulants, vasodilators, anti-inflammatory, anesthetic, and analgesic properties. These chemical mediators provide better relief from the initial stages of peri arthritis of the shoulder joint.

Patient Information

A 54 years old diabetic patient visited OPD of the Department of Salyatantra, Government Ayurveda College, Thiruvananthapuram, with complaints of night pain, swelling, and restricted movements of the right shoulder joint without a history of trauma.

The night pain, swelling of the right shoulder joint, restricted movements like abduction, external rotation, and internal rotation of the affected joint present with the duration of the last four months,

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without a history of trauma, confirms the diagnosis. The internal medications given along with external *Lepana* over the shoulder joint didn't give much relief from symptoms. The procedure of *Jaloukavcharana* was explained in detail to the patient, and consent was taken after assessing the blood investigation results.

Treatment Given

Pre-operative Procedure

Detailed clinical examinations involving the range of movements of the affected shoulder joint were taken, and laboratory investigations included (blood routine, FBS, PPBS, HbA1C, ASO, CRP, Ra factor, and CBC). Informed consent was obtained after describing the treatment procedure to the patient.

Materials Required

- Cleaned *Jaloukas* 3 in number, turmeric powder, sterile gloves, sterile kidney trays, comfortable lying table, sterile cotton, artery forceps, sterile pads, sterile plaster.
- The patient is allowed to lie in a supine position comfortably. The affected joint is cleaned and allowed to dry.
- *Jaloukas* collected from authorized dealers were cleaned in turmeric water and washed in fresh water. This was repeated until they actively swam in fresh water.

Operative Procedure

- The patient was placed in a comfortable lying position before marking three tender sites in and around the affected shoulder joint.
- The *Jaloukas*, which were previously cleaned, were applied over the tender sites, which were marked in the affected shoulder joint.

Post-operative procedure

- After sucking sufficient *Dustha rakta* (vitiated blood) the *Jaloukas* will fall off by itself.
- Fallen *Jaloukas* are collected and vomited the blood by applying turmeric powder. Then, they are washed in turmeric water multiple times till it actively swims in the water.
- The wound is dressed with sterile pads.

This procedure was repeated for two more weeks with different *Jaloukas*. The assessment was taken before the procedure, on the 8th day, 15th day & 22nd day.

Outcome Measurements

Pain: Assessed by Visual Analogue Scale

- 0: No pain
- 1-3: Mild pain
- 2-6: Moderate pain
- >7: Severe pain

Range of movements

Abduction

- Normal abduction 180°: Grade 0
- Mild restriction up to 120°: Grade 1
- Moderate restriction up to 90°: Grade 2
- Severe restriction below 60°: Grade 3

Internal Rotation

- Normal 90°: Grade 0
- Mild restriction up to 65°: Grade 1
- Moderate restriction up to 45°: Grade 2
- Severe restriction below 30°: Grade 3

External Rotation

- Normal 90°: Grade 0
- Mild restriction up to 65°: Grade 1
- Moderate restriction up to 45°: Grade 2
- Severe restriction below 40°: Grade 3

OBSERVATION AND RESULT

Clinical Assessment

Table 1: Assessment Details

Assessment criteria	1 st day 12/5/22	8 th day 19/5/22	15 th day 26/5/22	22 nd day 2/6/22
Night pain	Moderate (2-6)	Moderate	Mild	Mild pain
Swelling	Moderate	Mild	Reduced	Absent
Abduction	110° grade 2	120° grade 1	160° grade 1	170° grade 0
External rotation	65° grade 1	90° grade 0	90° grade 0	90° grade 0
Internal rotation	45° grade 2	50° grade 2	60° grade 1	90° grade 0

Table 2: Outcome of Treatment

	Before treatment	After treatment
Night pain	Moderate	Mild
Swelling	Moderate	Absent
Abduction	Grade 2	Grade 0
External rotation	Grade 1	Grade 0
Internal rotation	Grade 2	Grade 0



Fig. 1: Cleaning of Leeches



Fig. 2: Leeches applied on shoulder



Fig. 3: Leeches vomiting after blood sucking

DISCUSSION

Periarthritis of the shoulder joint is a disabling disease involving the glenohumeral joint. It is also called Adhesive capsulitis, as the pathology involves the adhesions in the capsule of the shoulder joint. The disease has three different stages- painful stage, stiffness stage, and recovery stage. The disease takes a long time for complete recovery ranging from six months to two years. In the early stages patient suffers from night pain; in later stages, it will present throughout the day^[1]. The progression in pain is due to inflammatory changes followed by reactive fibrosis and adhesions of the synovial lining of the shoulder joint. This will lead to restriction in shoulder movements in capsular pattern, initially restriction in external rotation, and later in the abduction and internal rotation. Severe night pain accompanied by swelling and restricted shoulder movements like abduction, external rotation, and internal rotation with blood investigation results confirms the case.

The present-day treatment includes corticosteroid injections, the usage of anti-inflammatory drugs, and Arthroscopic capsular release, which seems to be less infective in managing the case. In Ayurveda practice, if we use *Ruksha* and *Snigdha chikitsa* (dry and oily treatments), alternatively, there will be less significant changes in managing the disease. According to *Susruta Acharya*^[2]

for *Vedanopasamana* - mitigation of pain, and *pakasamana*- subsiding swelling *Rakthamoksha* (bloodletting) is mentioned. Here *Raktamoksha* with *Jalouka* is selected in the first stage of the disease for pain reduction and arresting the inflammatory process.

Probable Action of *Jaloukavacharana*

Due to exertion and repeated movements of shoulder joints, inflammation of the shoulder region occurs with *Raktapitha* and *Kapha* predominance in the first stage of the disease. Since *Lepanam*, *Upanaham* and internal medications seem ineffective in the first part of the disease. *Jaloukavacharana* removes vitiated *Kapha pitha doshas* and relieves *Srotavarodha* (blockage of channels) by reducing swelling and night pain (table 1). The first stage of the disease can be well managed by removing *Dusta rakta*, thus promoting micro-circulation to glucose-laden tissues. Hence the range of movements is improved, avoiding stiffness of the joint. *Jalouka avacharana*^[3] increases the blood flow of the affected shoulder region through its anticoagulant properties. *Jaloukavacharana* purifies the site where it is applied by removing deeply seated toxins and pacifying vitiated *Doshas*. The accumulated metabolites are released and suffice nutrition by encouraging healthy

circulation. Again, it can strengthen the immunity of tissues by promoting detoxification.

CONCLUSION

This single case report showed the first stage of Periarthritis of the Shoulder could be well managed with *Jalouka avacharana*. Thus, *Jaloukavacharana* is effective by relieving night pain and swelling and improving the range of shoulder movements (table 2) However, it is needed to trial with *Jaloukavacharana* in more cases for scientific validation.

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