wjpmr, 2024, 10(10), 240-245

SJIF Impact Factor: 6.842

WORLD JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.wjpmr.com

Case Report

ISSN 2455-3301

WJPMR

EFFECT OF *KARPASASTHAYADI TAILA NASYA* AND *DASHMOOLYADI KWATHA PANA* IN *AVABAHUKA* – A CASE STUDY

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Article Received on 06/08/2024 **Article Revised on 26/08/2024** **Article Accepted on 16/09/2024**

ABSTRACT

Ayurveda is the oldest holistic Indian medical system, founded on the principles of *Pancha Mahabhuta, Doshas, Dhatu, Mala, Srotas,* and *Agni.* All of these aspects must function properly, as health and wellness are dependent on a delicate balance of the mind, body, and spirit. *Avabahuka* is a condition that usually affects the shoulder joint (*Amsa sandhi*). *Amsa Shosha* (shoulder wasting) is the disease's early stage, characterized by the loss or dryness of *Sleshaka Kapha* caused by *Vata Dosha. Nasya* is one of the key techniques of classical *Panchakarma* therapy listed in the classics for treating *Avabahuka.* A case of *Avabahuka* (complaints of severe pain and stiffness over the back of the neck combined with restricted movement of the right hand) was treated for two months by a private orthopaedic surgeon with no significant relief before being treated with Ayurvedic medicine. The Ayurvedic treatment protocol includes Nasya with *Karpasasthyadi Taila* and *Dashmoolyadi kwatha pana* for 27 days. After 27 days of treatment, patients reported significant clinical improvement in their quality of life.

KEYWORDS: *Avabahuka, Nasya, Karpasasthyadi Taila*, Frozen Shoulder, *Dashmoolyadi Kwatha.*

INTRODUCTION

Avabahuka is a condition that usually affects the shoulder joint (*Amsa Sandhi*). It is caused by the Vata Dosha. Even though the term "*Avabahuka*" does not appear in the *Nanatmaja Vata Vyadhi*.[1] Due to the *Nidanas, Vata Prakopa* occurs, and thus vitiated Vata is located at *Amsa Moola* and constricts the *Shiras*, resulting in clinical features such as loss of movements, particularly abduction, adduction, elevation, medial rotation, and lateral rotation of the arm, which are reduced to about a quarter or half of their normal range of movements. *Shosha* is the disease's preliminary stage, characterized by loss or dryness of *Sleshaka Kapha* at *Amsa Sandhi*. In his *Madhukosha Teeka, Vijayarakshita* mentions *Amsa Sosha*. is produced by *Dhatu Kshaya* i.e *Shudha Vata Janya* and A*vabahuka* is *Vata Kapha Janya.*[2]

Vata Vyadhis, according to our science, can be treated with therapies like *Abhyanga*, *Swedana, Sneha Pana, Nasya Karma, Basti Karma*, and *Shamana Oushadhi Prayoga.*[3] *Avabahuka's Chikitsa Sutra* contains *Nasya, Uttarabhouktika Snehapaana, Nasaapana,* and *Shamanaushadhi Prayoga*, among others.[4] *Nasya* (a unique Ayurvedic medicinal approach that involves putting drops through the nostrils) is the most important procedure, as stated in the treatment of *Urdhwajatrugata Rogas*. As a result, in some areas, it has been assigned first place in the sequence of Panchakarma (the five purifying therapies), such as the chapter of *Apamarga Tanduliya* in *Caraka Samhita, Sutrasthana.* All of the *Brihatrayees* (the three major *Ayurvedic* lexicons) have pointed out the significance of *Nasya karma* for managing *Avabahuka. Nasa* (nose) is commonly referred to as the point of entry (*Dwara*) to *Shiras* (head). In addition, the drug administered through the nose benefits the *Shiras* (head), *Skandha* (shoulder), *Greeva* (neck), and *Vaksha.* This study included therapies such as *Nasya* with *Karpasasthyadi* Taila Shamanoushadhi and *Dashmoolyadi Kwatha f*or the treatment *Avabahuka.*[5]

MATERIAL AND METHODS

A 40-year-old female *Vata Kaphaja Prakruti* patient presented to the Kayachikitsa O.P.D., Government Ayurveda College and Hospital Chaukaghat, Varanasi, on May 13, 2024, with OPD No.41116/8931, complaining of *Shoola* (severe pain*), Stambha* (stiffness*), Spandana* (throbbing pain) in the bilateral shoulder joint, as well as restricted movement of the bilateral hand for three months. Besides from the heavy housework, there was no clear history of trauma. She had a regular appetite and

regular bowel movements. The feeling of discomfort became more severe during activities, especially during the evenings or at night. After resting and applying heat, the patient experienced mild relief from his current issues.

On examination, it was found that the patient had a restricted range of motion (ROM) of the bilateral shoulder joint, with the maximum being uncomfortable at the head of the humerus and no visible edema. Routine blood tests, including CBC, ESR, S. Uric Acid, RBS, CRP, RA factor, and hand X-rays, were all within normal ranges.

Treatment Protocol

After a thorough assessment and examination, the patient was administered *Nasya karma* with *Karpasasthyadi Taila* for 27 days (7 days of Nasya with a 3-day break) as well as *Shamanaushadhi*, also known as *Dashmoolyadi Kwatha Pana*, for 27 days. The subjective and objective indications have been evaluated both before and after treatment. A particular scoring system was developed for the evaluation of variables that are subjective. Pain (*Amsa Sandhi Shoola)*, as well as other symptoms such as *Bahushosha* (wasting) or *Sopha* caused by *Kapha Dosha* (swelling), were measured using a Goniometer to determine arm circumference and range of motion. On the day of admission, after getting written informed consent, the patient was given *Dashmoolyadi Kwatha* (96ml) Bd Daily. In addition to *Nasya karma, Roga Bala* (disease strength) and *Rogi Bala* (strength of the disease), *Rogi Bala* (pathogen's strength), and the patient's suitability for therapy. *Nasya Karma* was completed with accurate *Poorva, Pradhana*, and *Paschat Karma*. In this case, the *Matra* (dose) used for *Nasya* was 8 *Bindus* (drops), which is a *Madhyama Matra*.

Table 1: Ingredients of *Karpasasthyadi Taila*.[6]

S.N	*Name*	*Botanical Name*	*Rasa*	*Guna*	*Virya*	*Vipaka*	*Karma*
1	*Deva Daru*	*Cedrus Deodar*	*Tikta*	*Laghu Snigdha*	*Ushna*	*Katu*	*Kapha vata Shamaka*
2	*Balamoola*	*Sida Cardifolia*	*Madhur*	*Laghu, Snigdha Pischil*	*Sheeta*	*Madhur*	*Pitta Shamaka*
3	*Kushta*	*Saussurea Lappa*	*Tikta Katu, Madhur*	*Laghu Ruksha Tikshna*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
4	*Sarshapa*	*Brassica juncea*	*Katu*	*Laghu Snigdha*	*Ushna*	*Madhur*	*Kapha Vata Shamaka*
5	*Shunti*	*Zingiber Officinate*	*Katu*	*Laghu Snigdha*	*Ushna*	*Madhur*	*Kapha Vata Shamaka*
6	*Pippali Moola*	*Piper Longum*	*Katu*	*Laghu Snigdha*	*Sheeta*	*Madhur*	*Kapha Vata Shamaka*
7	*Rasana*	*Pluchea Lanceolata*	*Tikta*	*Guru*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
8	*Shigru*	*Moringa Oleifera*	*Katu*	*Laghu, Ruksha,*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
9	*Chavya*	*Piper Retrofractum*	*Katu*	*Laghu, Ruksha,*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
10	*Punarnava*	*Baehavia Diffusea*	*Tikta*	*Guru*	*Ushna*	*Katu*	*Tridosha Shamaka*
11	*Satwaha*	*Anethum Gravelens*	*Katu, Tikta*	*Laghu, Tikshna*	*Ushna*	*Katu*	*Vata Kapha Shamaka*
12	*TilaTila*	*Sesamum indicaum*	*Madhur, Kashaya, Tikta*	*Guru, Snigdha*	*Ushna*	*Madhur*	*Vata Kapha Shamaka,*
13	*Aja Dugdha*		*Kashaya, Madhur*	*Snigdha*	*Sheeta*	*Madhur*	*Sarva Doshnashaka Tridoshsamaka*
14	*Karpasa (Seed)*	*Gossypium Hirsutum*	*Madhur*	*Laghu Tikshna*	*Kinchit Ushna*	*Madhur*	*Vata Pitta Shamaka*

				Snigdha			
15	*Balamoola*	*Sida Cardifolia*	*Madhur*	*Laghu Snigdha Pischil*	*Sheeta*	*Madhur*	*Pitta Shamaka*
16	*Masha*	*Phaseolus Mungo*	*Madhur*	*Guru, Snigdha*	*Ushna*	*Madhur*	*Vata Shamaka Pitta Kapha Vardhaka*

Table 2: Ingredients of *Dashmoolyadi kwatha*.[7]

S.N	***Name***	***Botanical Name***	***Rasa***	***Guna***	***Virya***	***Vipaka***	***Karma***
1	*Balamoola*	*Sida Cardifolia*	*Madhur*	*Laghu Snigdha Pischil*	*Sheeta*	*Madhur*	*Pitta Shamaka*
2	*Bilva*	*Aegla Marmelos*	*Kashaya, Tikta*	*Laghu, Ruksha*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
3	*Agnimantha*	*Premna Serratifolia*	*Katu, Tikta, Kashaya Madhur*	*Ruksha, Laghu*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
4	*Gambhari*	*Gmelina Arborea*	*Tikta, Kashya Madhur*	*Guru*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
5	*Shyonaka*	*Oroxylum Indicum*	*Madhur, Tikta, Kashaya*	*Laghu, Ruksha*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
6	*Patala*	*Stereospermum Suaveolens*	*Tikta, Kashaya*	*Ruksha, Laghu*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
7	*Brihati*	*Solanum Indicum*	*Katu, Tikta*	*Ruksha, Laghu Tikshna*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
8	*Kantakari*	*Solanum Xanthocarpum*	*Katu, Tikta*	*Laghu, Ruksha, Tikshna*	*Ushna*	*Katu*	*Kapha Vata Shamaka*
9	*Shalaparni*	*Desmodium Gangeticum*	*Madhur, Tikta*	*Guru, Snigdha*	*Ushna*	*Madhur*	*Tridosha Shamaka*
10	*Prishnaparni*	*UrariaPicta*	*Madhur, Tikta*	*Laghu, Snigdha*	*Ushna*	*Madhur*	*Tridosha Shamaka*
11	*Gokshura*	*Tribulus Terrestris*	*Madhur*	*Guru, Snigdha*	*Sheeta*	*Madhur*	*Vata Pitta Shamaka*
12	*Urad*	*Phaseolus Mungo*	*Madhur*	*Guru, Snigdha*	*Ushna*	*Madhur*	*Vata Shamaka, Pitta kaphavardhak*

Karpasasthyadi Taila is a *Vata-kaphahara* and *Brihmana Yoga* stated in *Sahasrayoga* that manifests as *Nasya* during circumstances such as *Avabahuka*.

The overall reduction in symptoms was assessed based on the patient's presentation and the doctor's observations, and it was documented before and after treatment. Tables 3 and 4 explain the method of scoring and assessment.

Table 3 (a, b, c & d): Criteria for assessment - Subjective.

3a. *Shoola* (pain)

A	No pain	0
B	Pain complained by asking	1
C	Frequent pain with painful look	2
D	Excruciating pain associated with painful cries and agonising look	3

3b. *Stambha* (Stiffness)

A	No stiffness	0
B	Daily stiffness lasting for 5-10 minutes	1

C	Daily stiffness lasting for 11-30 minutes	2
D	Daily stiffness lasting for 31 or more than 31 minutes.	3

3 c. *Spandana* (Throbbing/Pulsating pain)

A	No Throbbing/Pulsating pain	0
B	Occasional	1
C	Continuous after movement	2
D	Spontaneous and frequent	3

3 d. Muscle wasting

A	No wasting	0
B	Mild wasting	1
C	Moderate wasting	2
D	Severe wasting	3

VAS Scale assessment for pain

Grade	Pain
0	No pain
1-3	Mild pain
4-6	Moderate pain
7-9	Severe pain
10	Worst pain possible

Table 4 (a & b): Criteria for assessment – Objective.

4a. *Amsa sosha* (Muscle wasting)

Circumference	Before Treatment Right Left	After Treatment Right Left	Follow Up Right Left
Mid Arm	32 cm 32 cm	31.6 cm 31.6 cm	31 cm 31 cm
Elbow	27 cm 27 cm	26.5 cm 26.5 cm	26. 2 cm 26.2 cm
Cervical	36 cm	34 cm	34 cm

4b. Range of movement

Movement	BT Degree Right Left	15th Day Right Left	27th day Right Left	Fallow Up RightLeft
Flexion	100 90	110 110	140 150	160 175
Extension	40 35	40 40	45 50	50 50
Adduction	40 40	45 40	45 50	50 50
Abduction	120 130	130 140	150 160	160 175
External Rotation	40 45	50 60	70 80	80 90
Internal Rotation	50 60	60 60	70 80	90 90

DISCUSSION

According to *Acharya Vagabhata's* stated *'Nasa hi Shirasodwaram'*, the nose is the easiest and closest opening for conveying the dosage of medicines to the brain cavity. The Nasya *Dravya* works by reaching *'Sringataka Marma'*, from from which it distributes into various *Strotas* (vessels and nerves) and expels vitiated *Dosha* from the the brain. *Acharya Sushruta* considers *Shringhataka Marma* to be a *Sira* and *Sadyopranahara Marma*,[8] as well as a composite structure that consists of four Siras associated with four sense organs: nose, ear, eye, and tongue. The following three principles can help us understand how medicines enter the brain: To understand medication entrance into the brain, consider three concepts

1. General blood circulation after mucous membrane absorption.
2. Blood flows directly into the brain's venous sinuses through the inferior ophthalmic veins.
3. Absorption into the cerebrospinal fluid.

The nasal cavity opens directly into the frontal,

maxillary, and sphenoidal air sinuses. The epithelial layer is also continuous throughout its length. The prolonged retention of a medication in the nasopharynx, along with suction, allows drug particles to come out into the air sinuses. These sites have multiple blood vessels that enter the brain, and meningest through the existing foramens in the bones. As a result, this route has an increased probability of supporting the administration of drugs. One can observe the accuracy in Vagabhata's consider, as the medicine delivered goes through the paranasal sinuses. That is Shringhataka, where the ophthalmic and other veins branch out. The sphenoidal sinuses are closely associated with intracranial structures. The reference of the Shringataka in this context appears to be more appropriate. The first coating of a nerve fiber is the myelin sheath, which is made of lipid. The blood-brain barrier is extremely permeable to lipids and fat-soluble compounds. As a result, these chemicals can easily pass through the blood-brain barrier and exercise their effects. Because of its transport, the lipid contents of Karpasasthyadi Taila may easily flow through the blood-brain barrier, and some of the active principles may reach certain levels in the nervous system to exercise their Vataghna properties.[9]

RESULT

With these 27 days of treatment, the patient experienced considerable pain and stiffness reduction, as well as a significant improvement in the range of motion (ROM) in the affected hand, with no adverse effects. Tables 3 and 4 indicate the gradations of symptoms. Pain levels were also significantly reduced when assessed using the VAS pain scale. The visual analogue scale shown above represents the patient's pain grade on the first, 15th, and 27th days, respectively. On the first day, the pain level was 9 (severe). On the 7th day of Nasya, the pain level improved to 7 (moderate). The 15th day of examination reveals that the symptoms have significantly decreased, with the VAS now at 2 (mild pain). The follow-up to 35st day has made the pain scale to 1 (Mild pain) and on the 27th day the patient had no pain or any symptoms.

Table 5: Criteria for assessment – Subjective.

Symptoms	BT	15th day	27th day	Fallow Up
Pain	9	5	1	0
Stambha (Stiffness)	6	3	1	0
Spandana (Throbbing pain)	4	2	1	0
Muscle Wasting	2	1	0	0

CONCLUSION

The *Chikitsa Sutra* of *Avabahuka* has emphasized the significance of *Nasya Karma* in treating the disease. *Karpasasthyadi Taila* is a *Brihmana* with *Vata-Kapha Hara Yoga.*[10] It was administered under the name *Nasya*. As the case shown significant relief from symptoms such as pain, swelling, tenderness, and restricted range of motion within 27 days of management, it is possible to conclude that this treatment modality can be prescribed as a standard procedure for *Avabahuka* due to its effectiveness and safety. A large-scale clinical investigation is required to determine the efficacy of this treatment process with prolonged follow-ups.

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