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Concept of sapeksha nidan of *avbhahuk* with special reference to frozen shoulder

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ABSTRACT

Basic concepts and methods of examination of patients for Roga-Rogi bala and RogaRogi pariksha, Nidan panchak and Sapeksha nidana are unique in Ayurveda. *Adhesive capsulitis, most commonly referred to as frozen shoulder (FS), is an idiopathic disease with 2 principal characteristics: pain and contracture. Clinical condition wherein the patient has restricted active and passive gleno-humeral motion for which no other cause can be identified.* This article is an attempt to present a coherent description of Ayurveda and demystify it, in particular, the concept of Ayurveda diagnosis and Pariksha, which form the basis of Ayurveda.

Keywords: *Sapeksha nidan, Avbhahuk, Frozen shoulder*

INTRODUCTION:

The importance of *Sapeksha Nidan* lies in the establishing the exact identity of the disease. Wherever, identical signs and symptoms prevailing in two or more of the disease, the chances of being misguided from arriving at a true diagnosis are indeed great. Hence, differential diagnosis is inevitable for accurate identity. Symptoms related to *Aansa Sandhi* are not only seen in *Avbhahuk*, but also in so many other conditions. *Aansha sandhi* comes under *Ulukhala sandhi*. Ball and Socket joint as per anatomical classification of joint.
Differential diagnosis" refers to the methods by which we consider the possible causes of patients' clinical findings before making final diagnoses. Differential diagnosis involves acts of selection: Differential diagnosis is a crucial skill for primary care physicians. General practice plays an increasing important role in undergraduate medical education. With an overview of the whole spectrum of differential diagnosis in regard to common symptoms should be encountered.

Frozen shoulder – Also known as Adhesive capsulitis. It is a condition in which, Glenohumeral restriction is present which ultimately limits range of motion of the Shoulder joint. It is associated with pain. Its cause is unclear. Generally it is Idiopathic. In this condition, the connective tissues around the Glenohumeral joint, becomes inflamed and stiff. This results into restricted movements and pain. The pain increases in night and in cold weather.

Incidence: In general population the incidence is approximately 3%. It peaks between 40 to 70 years of the age. More common in women than men. Diabetic patients are frequently found to be suffered. Age: 40-70 years • 2-5% in non-diabetics • 10-20% in diabetics

Pathology

- Chronic inflammation
- Perivascular infiltration
- Myo-fibroblastic proliferation – "Dupuytren's disease"
- Rarely subacromial bursitis
- Autoimmune causes
- Trigger points with myofascial pain syndrome •
- Local periarticular hypoxia

Types and stages of frozen shoulder:

• Primary or idiopathic (20% bilateralism)

Stages	Symptoms	Duration
Painful phase	Insidious / acute in onset • Present during activity and rest unlike other disorders • More at night affecting sleep • Distributed vaguely over the deltoid muscle area • Only point of tenderness is the bicipital groove • Upper back ache due to compensatory use of shoulder girdle muscles	2-9months
Stiffening phase	Loss of ROM is most prominent once the pain has subsided • "Empty end feel" at the end of the ROM • Internal rotation is lost initially followed by loss of flexion and external rotation HALLMARK: Terminally painful passive ROM (c.f. rotator cuff tendinitis and painful arc syndrome)	4-12 months
Thawing phase	As motion increases, pain diminishes • Usually occurs spontaneously over 4 to 9 months even without any treatment • May not regain full range of motion, but may feel normal as a result of compensatory mechanisms and adjustments in activities of daily living	6-24 months

• Secondary – ST injury, fractures or cuff tears

Location of Pathology: – "rotator interval" (SGHL, MGHL & CHL) – Circumferential capsular contracture with obliteration of recesses – Adherence of biceps and cuff to capsule

Examination findings

• *Neck examination*

• *Cuff and deltoid disuse*

• *Restricted ROM – Active and passive block – Reduced ER*

Shoulder pain associated with FS is progressive and initially felt mostly at night or when the shoulder is moved close to the end of its range of motion

(ROM). It can be caused by certain combined movements of the shoulder, such as abduction and external rotation (eg, grooming one's hair, reaching for a seatbelt overhead) or extension and internal rotation (eg, reaching for a back pocket or bra strap)

Differential Diagnosis:

Ayurvedic considerations: To get the clear idea regarding the disease, a comparative study of cardinal symptoms of similar diseases entities are given below The *Vyadhis* that can be taken under *vyavachedak nidan* are as follows; *Avabhahuk,Amsasosha,Aamvata,Vatarakta.*

Avabhahuk:

- *Nidan- Vata vriddhikar ahar vihar*
- *Poorvaroopa-Avyakta lakshana*
- *Roopa- Bahupraspand itahara,shoola*
- *Adhishthana-Amsasandhi*
- *Dosha-Vata kapha*
- *Upashaya-Ushna,Snigdha*

Amsasosha:

- *Nidan- Vata vriddhikar ahar vihar*
- *Poorvaroopa-Avyakta lakshana*
- *Roopa- Shosha,bahupraspand itahara,shoola.*
- *Adhishthana-Amsasandhi*
- *Dosha-Vata*
- *Upashaya- Ushna,Snigdha*

Aamvata:

- *Nidan- Viruddha ahar,cheshta,Mandagni*
- *Poorvaroopa-Avyakta lakshana*
- *Roopa- Shotha,daurbalya,Agnimandya, vrischika danshavat vedana,daha etc*
- *Adhishthana- Ansa sandhi ,Hasta,Pada, janu,gulpha,Trika*
- *Dosha-Vata kapha*
- *Upashaya-Ushna ruksha*

Vatarakta:

- *Nidan- Amla, Lavana,madhura,tikshna, Ushna,Snigdha ahara*
- *Poorvaroopa- Swedaatyartha,Karshnya,Sandhishaithilya Guruta etc.*
- *Roopa- Toda, Bheda,Shosha, Kandu,Daha,spurana,Paka, Grathita –pakishvayathhu, spreads like mooshaka visha starting from smaller joints*
- *Adhishthana-Paadmoola,Hasthmoola*
- *Dosha-Vata rakta*
- *Upashaya-sheeta*

Modern considerations: The following conditions can be taken as the differential diagnosis for frozen shoulder,

1. Trauma :
   - Fractures of shoulder region
   - Other fractures anywhere in upper extremity
   - Shoulder dislocation, especially a missed posterior dislocation
   - Hemarthosis of shoulder secondary to contusion
2. Other soft Tissue Disorders about the Shoulder
   - Tendonitis of rotator cuff
   - Tendonitis of long head of biceps
   - Subacromial bursitis
   - Impingement
   - Shoulder hand syndrome
   - Fibrositis
   - Soft tissue neoplasme
   - Suprascapular nerve entrapment
   - Thoracic outlet syndrome

- Neuralgic amyotrophy – personae turner syndrome
- Polymyalgia rheumatic

3. Joint Disorders
   - Degenerative arthritis of acromiaclavicular joint
   - Degenerative arthritis of glenohumeral joint
   - Inflammatory arthritis – monarticular /polyarticular
   - Septic arthritis
   - Neurophatic arthritis , e.g., syringomyelia, diabetes
   - Crystalline arthritis – gout, pseudogout
   - Hemophilic arthritis
   - Osteochondromatosis
4. Bone Disorders
   - Avascular necrosis – osteonecrosis
   - Metastatic tumor
   - Primary bone tumor, including multiple myeloma
   - Paget's disease
   - Osteomalacia
   - Hyperparathyroidism
5. Cervical Spine Disorders
   - Cervical spondylosis
   - Cervical disc herniation
   - Neoplasm
   - Infection
6. Intrathoracic Disorders
   - Diaphragmatic irritation
   - Pancoast tumor
   - Mycardial infarction
   - Esophagitis
7. Abdominal Disorders
   - Gastric ulcer
   - Cholecystitis or cholelithiasis
   - Subphrenic abscess
8. Psychogenic

DISCUSSION

Avabahuk is a condition characterized by morbid vata dosha localizing around the *Amsa Pradesh* and thereby responsible for *shoshana of Amsa bandha , akunchana* of *sira* resulting in pain and restricted movements.

Amsa sandhi sharira

According to Ayurveda human body is divided into Shadangas (su.Sha.5/3). Shadangas include *siras,madhyashareera, and 4 shakhas.Ekadash Indriyas* are explained in Ayurveda, which include *Panchakarmendriyas and Panch-dynanendriyas. Bahu* is one of the *Panchakarmendriyas.*

Shoulder joint is known as *Kaksha sandhi or Amsa sandhi*. It is a *chala and Ulookhala* type of *sandhi.* This is a major joint of upper limb. It is formed by combination of *Pragandasthi, Akshakasthi, and Amsafalakasthi (Su. Sha*).This joint is covered by *Pratanavayu* types of *Snayu. Snayu* is a binding material of *mamsa, asthi, and meda*. *Shleshmadhara kala* is present in this joint and secretes *shleshaka kapha (A.H.Su* 12/17). It acts as lubricant, gives protection to the joint. Helps in movements of the joint like *Prasarana, Akunchana*. Dryness of *kapha* or decrease in quantity of *kapha* leads to impaired range of movements. This is what actually happens in the pathophysiology of *Avabahuk*. This takes place due to the morbid *Vyana vayu* which localizes around the *amsa sandhi*. In the following diagram the *shleshmadhara kala* in shown by blue lining.

***Amsa marma*:** Situated within the line of the area joining head(murdha), neck(greeva),and the arm(bahu).It is a *snayu marma*. The physical matrix that

present in this *marma are mansa, sira, snayu,asthi* etc. It is *vaikalyakara marma* means any kind of injury to the marma will result into disability or deformity of the shoulder.

Functions of *amsa sandhi:* *Prasarana,Akunchana,Grahana, Dharana*

Stability of the joint is maintained by Coraco-acromial arch ,Musculotendinous cuff of the shoulder, Glenoid labrum ,Movements of the shoulder joint, Flexion and extension, Abduction and adduction, Medial and lateral rotation, circumduction.

In case of Apabahuka, specific Nidanas have not been mentioned, so the causative factors responsible for producing Vatavyadhi can be considered in this case.Only cahrakacharya and Bhavaprakasha have explained in detail about causative factors of vatavyadhi. Other Acharyas have explained the causes of vataprakopa rather than that of Vatavyadhi. Here mainly the predominance of vatakar ahara is considered as vataprakopak hetu, like tikta, kashaya, katu rasa yukta ahara (A.H.Su.1/16) Ruksha ,laghu,sheet ahara (A.H.Su1/11) Particular dravya also increases vata like Adhyasana ,Vishamasana, etc also called as viprikrustha hetu.

The symptoms of *Avabahuk* are *Bahupraspanditahara,Shoola,Amsashosha, Bahupraspanditahara. Term bahupraspanditahara* has 3 words *Bahu* – means upper limb,Praspandana – means movement or chalana, which is considered to be normal function of vyana vata. Hara – means loss of, or impaired, or difficulty. Thus in case of Avabahuka *Bahupraspanditahara* can be taken as difficulty in movement or impaired or loss of movement of the upper limb. In case of *Avabahuk*, drying up of kapha leads to the akunchana of sira in the *amsa pradesha as kapha* is responsible for structural stability of sira,kandara.

In the Marma context, it is told that 4 types of siras are present around marma region that nourishes *snayu, asthi, marma, sandhi*. Thus in this case, *akunchana of siras* will result in *shosha of the amsa pradesha.*

Table showing prominent features of Avabhahuk:

Dosha	*Vyana vayu, Pran vayu*
Kapha	*Sleshaka kapha*
Dushya	*Rakta, Meda, Asthi, Majja*
Upadhatu	*Sira, Snayu, Kandara*
Agni	*Jatharagni, Respective dhatwagni*
Strotas	*Asthivaha, Majjavaha*
Strotodushti	*prakar Sanga*
Rogamarga	*Madhyama*
Adhisthana	*Amsa pradesha*
Vyaktasthana	*Bahu*
Vyadhi swabhava	*Chirkari*

The process of weighing the probability of one disease versus that of other diseases possibly accounting for a patient's illness.

Diagnosis:

Clinical diagnosis • Campbell describes presence of 3 features to diagnose frozen shoulder

1. Internal rotation restricted upto the point when the patient cannot touch beyond his sacrum
2. 2. 50% loss of external rotation
3. < 90 degrees of abduction However, these criteria are not

definitive and presence of all 3 is not mandatory 32

Investigations: Do not have a significant role • PLAIN XRAY is normal. However, it can be used to rule out other conditions. Commonly revealed conditions are osteoporosis, degenerative changes, decreased space between acromion and humeral head, calcium deposits and cystic changes.

Arthrography:

- Can either be done fluoroscopically or with help of MRI
- 50 % reduction in joint fluid volume
- Joint volume capacity is only 5 to 10 ml (normal = 20 to 30 ml)
- Tight thickened capsule, loss of the axillary recess, subcoracoid folds and subscapular bursa and absence of dye in the biceps tendon sheath.

CONCLUSION:

Avabahuk symptoms can be related to frozen shoulder. While differentiating it from other shoulder joint disorders range of motion and associated symptoms play a vital role.

Among five factors of identification of disease (Nidan panchak) and differential diagnosis (Sapeksha nidana) are unique in Ayurveda. If necessary the Vaidya can use modern tools and methods to diagnose judiciously.

REFERENCES:

1. Acharya vYt. Sushruta Samhita trikamji vY, editor. Varanasi: Chaukhamba sanskrit series; 2004.
2. Upadhyaya Y. Madhav Nidana Upadhyaya Y, editor. varanasi: Chaukhamba Sanskrit pratishthana;2004.
3. Trikamaji vY. Chakara Samhita trikamaji Y, editor. Varanasi: Chaukhamba Sanskrita bhavan; 2001.
4. Tripathi DB. Ashtanga Hridayam Varanasi: Chaukhamba Sanskrita Pratishthana; 2003.
5. Tripathi DB. Ashtanga Hridayam Varanasi: Chaukhamba Sankrit Pratishtana; 2003.
6. Trikamaji VY. Charaka Samhita. 5th ed. Varanasi: Chaukhamba Sanskrit Bhavana; 2001.
7. A new arrival: evidence about differential diagnosisW Scott Richardson, MD1, Paul Glasziou, MBBS, PhD2, Walter A Polashenski, MD3, Mark C Wilson, MD, MPH

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