A CASE STUDY ON MANAGEMENT OF FROZEN SHOULDER
BY AGNIKARMA.

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DEFINITION

- Frozen shoulder is limited function of the glenohumeral joint.
- Glenohumeral joint is articulation between the glenoid fossa of the scapula & the head of the humerus.
- In this condition shoulder capsule becomes adherent to the humeral head that why it is also termed as “adhesive capsulitis”.
- It is affecting up to 5% of the population. Approximately 70% of frozen shoulder patients are women.”
ETIOLOGY & TYPES

- Etiology unknown
- Two types identified – primary (idiopathic) & secondary.
- Idiopathic: may be due to an abnormal response from the immune system.
- Secondary: due to shoulder injury, surgery, diabetes, rotator cuff injury, thyroid disease.
SIGN & SYMPTOMS

- Two principal characteristics: Pain & stiffness (loss of range of movement).
- Pain: progressive & initially felt mostly at night.
- Stiffness: Due to contracture of the shoulder ligaments which decreases the volume of the capsule, thus limiting range of motion.
- There is progressive loss of passive range of movement (PROM) & active range of movement (AROM).
STAGE

3 STAGES

- Stage 1: “freezing” or painful stage
  - 6 weeks to 9 months.
  - Slow onset of pain & Gradually lose of range of motion.

- Stage 2: “frozen” or adhesive stage
  - 4 to 9 months
  - Slow improvement in pain but the stiffness remains.

- Stage 3: “thawing” or recovery
  - 5 to 26 months
  - Shoulder motion slowly returns towards normal.
AIM OF THE STUDY

- No promising management available in modern medicine for frozen shoulder.
- They use: Analgesics, NSAIDs, Steroids, Surgery for pain management.
  which have more adverse effects and high economical cost
- On the basis of sign & symptoms this disease can be closely correlated with Avabahuka. Avabhauka is vatakapha dominated disease.
- In this condition, Vata is localized in the shoulder region, getting aggravated, dries up the bindings (ligaments) of the shoulders, constricts the siras produces Avabahuka
- Agnikarma is considered as best therapy to pacify vatakapha dohas. Due to its Ushan, Sukshma, Ashukari guna. Therefore vatakapha pacifying management was planned for the present study.
CASE REPORT


- with the complaints of pain and stiffness of right shoulder joint along with severe restriction of upward elevation of shoulder joints.

- Pain is constant in nature that become worst at night, & when weather is colder. She is unable to perform even small tasks due to restricted upward movement of limb.

- There was a history of treatment for frozen shoulder under a private orthopedic surgeon for last 08 months with no significant relief.
Clinical Examination:

Dashvidha Pariksha

- Prakriti: Vata Pittaja
- Vikriti: Tridoshaja
- Sara: Avara
- Samhana: Avara
- Ahara Shakti:
  
  Abhyarana Shakt: Avara (i.e. Digestion is poor)

  Jarana Shakti: Avara (i.e. assimilation is poor)

- Vyayam Shakti: Avara
- Bala: Avara
- Satyama: Madhyam
- Satva: Madhyam
General Physical Examination:

- B.P. = 130/80 mmHg  
  P/R = 74/min.
- Pallor –ve, Icterus –ve,
- Clubbing –ve,
- CVS: S1 S2 Normal.
- CNS: Higher function normal,  
  with no loss of memory, no disturbance of speech etc.
- Reflexes: Upper limb-2+, 2+  
  Lower limb- knee Jerk +, diminished  
  Ankle Jerk - Absent  
  Plantar response - Flexor
- Cynosis –ve,  
- Oedema –ve.
- Chest: B/L equal air entry with no added sound
- Muscle Power- 5/5 in both Upper & lower limb
- Muscle tone – Normal.
- Muscular Atrophy – Not present.
- Musculoskeletal System- Right Shoulder joint examination
  - Swelling - mild
  - Tenderness- +++
- Restriction of range of movement – Adduction 0°
  - Abduction 60°
  - Flexion 60°
  - Extension 20°
INVESTIGATION

- X-ray right upper limb suggest inflammation of capsule and bursa, in subsynovial layer there was degeneration of collagen suggestive of adhesive capsulitis.

TREATMENT

- After careful assessment and examination, patient was treated with 3 sitting of Agnikarma. and oral medication of Ashwagandha powder 4 g, and Navajivana Rasa 250 mg, twice a day with luke warm water for 03 weeks.
- Vata vardhak ahara-vihar (diet and activities which aggravate vata dosha) was also restricted during the treatment and follow-up period
DISCUSSION

- Managing chronic disabling disease is the main contribution of Ayurveda to the society. People mainly come in the shelter of Ayurveda when all other measures tried by them failed.
- More than 60% of total cases coming to ayurvedic physician are of neuromuscular type having pain as main symptom.
- Before coming to Ayurveda mostly patients have been taken analgesics and even steroids (oral as well as intra-articular) for long duration, deranging their pain threshold and worsening the inflammation.
Avbhauka is produced: vata dosha with anubhandha of kapha.
- The properties of agni: sukhsma, laghu, thikhsna and usnaguna.

Agnikarma

- Usna & tikhsnaguna
  - Laghu, sukhsma, tikhhsna and usnaguna
  - Vata
  - Kaphadosa

Agnikarma → Therapeutic heat → Tvakdhatu
Aamdosha & shrotovaigunya → Shoth & Shul
Pain receptors are located in the skin and the motor end plates of the muscles. These pain receptors are stimulated by application of heat at about 45°C. Pathway for transmission of thermal signals and pain signals are almost parallel, but terminate at same area. So out of these two i.e. thermal and pain only the stronger one can be felt.

Properties of *Aswagandha* and *Navajivana Rasa*: *vata kapha shamak*,

*shothahara* (anti-inflammatory),

*vedana sthapan* (analgesic)

*rasayana* (immune modulator and anti-oxidant)
- After the treatment Pain & stiffness: Decreased.

- The improvement in range of movement: Abduction – 80° (+20° increment), Flexion- 80 (+20° increment), Extension-30° (+10° increment), External & Internal rotation-moderate improvement.

- Follow up for: After 1 month, scars of wound disappeared & no adverse effect noted of the treatment.
CONCLUSION

- Frozen shoulder is one of the most common problems which effect mostly in middle age group of patients.
- After Agni karma there is relief of signs and symptoms of Frozen Shoulder especially on local tenderness and stiffness.
- No adverse effects were observed during the course of treatment.
- The treatment applied was simple, economical and required no hospitalization and could be done at OPD level.
- Agni karma is effective in the management of frozen shoulder and hypothesis behind the study was found to be correct
Thank You